Royal Berkshire
NHS Foundation Trust

Public Board 27 March 2024

MEETING
27 March 2024 09:00 GMT

PUBLISHED
26 March 2024

Agenda

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Board of Directors

Wednesday 24 January 2024
09.00 – 11.50
Seminar Room, Trust Education Centre, Royal Berkshire Hospital

Present

Mr. Graham Sims	(Chair)
Mr. Steve McManus	(Chief Executive)
Dr. Bal Bahia	(Non-Executive Director)
Mr. Don Fairley	(Chief People Officer)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Priya Hunt	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

In attendance

Mrs. Caroline Lynch	(Trust Secretary)
Mr. Andrew Statham	(Director of Strategy)

Apologies

There were two Governors, ten members of staff and two members of the public present.

01/24 Patient Story

The Chief Nursing Officer introduced the Meet Patient Experience & Engagement Team (PEET) team. The Associate Chief Nurse, Patient Experience, Workforce and Education, advised that the Meet PEET team had been established in 2022 and was a community engagement project focused on equality of access to healthcare. The team was composed of nurses from various specialities and visited various community events to provide health checks as well as holding health and wellbeing conversations with members of the public, for example, PRIDE. The Board noted that the team were working with Voluntary Services and Reading Borough Council in the year ahead with a focus on cardiac health.

The Associate Chief Nurse, Patient Experience, Workforce and Education, played a video that demonstrated the work the team had been doing with the Whitley Community Hub over the last two years. Tricia Bennett, Community Worker, provided an overview of some success stories from the collaboration with the Meet PEET team including a local member of the community who had attended a health check, encouraged by his wife, and had discovered he had diabetes. Tricia explained that local members of the community felt safe at the Community Hub as they had lack of trust in officials and, therefore, by the team attending the Hub, they felt comfortable engaging.

The Chief Executive highlighted the importance of the Trust moving both resource and capability into the community to fundamentally work differently with a focus on prevention. The Associate Chief Nurse, Patient Experience, Workforce and Education, advised that the Trust

was working with GPs to raise awareness and GPs were attending Meet PEET sessions. The Board noted that the outcome of the health checks with members of the community were captured on their GP health record. The Board thanked Tricia and the Meet PEET team for their story.

02/24 Staff Story

The Chief Medical Officer advised that the Trust engaged in the Medical Support Worker (MSW) programme funded by NHS England and introduced Dr. Hannah Johnson. Hannah advised that that the programme started in March 2020 as a response to the pressure in the medical workforce exacerbated by the Covid pandemic. Since then, there had been two cohorts of MSWs; a total of 28 doctors. All participants were interviewed in relation to their specialities and grades and what their experience was. Hannah highlighted Sandy's story, who was the niece of the late Peter Tun. The Board noted that the Trust linked with the University of Reading's International Study and Language Institute who had supported MSWs in learning English.

Dr. Anita Phelan advised that she was an Irish graduate from the MSW programme. After a career break, she had decided to return to medicine and had learnt about the MSW programme whilst working as a vaccinator during the Covid period. Anita had started the programme in November 2021 and had achieved her General Medical Council (GMC) registration in 2022. She was now working as a specialty doctor in Elderly Care medicine at the Trust.

The Chief Medical Officer advised that the Trust required a more permanent funding stream. Work was ongoing with the Royal Berks Charity to ascertain if funding could be secured. The Board thanked Hannah and Anita for the presentation and agreed it was good to see, via Sandy's story, that Peter Tun's legacy lived on.

03/24 Health & Safety Moment

The Chief People Officer introduced Lisa Moyles and Sharon Hawkins. Sharon presented a case study of a 90-year-old lady who had been diagnosed for dementia for 10 years. The lady had been on the ward for several weeks. Following a quiet morning, the lady started wandering and had rummaging through one of the yellow clinical waste bins. She then picked up a water jug and threw it at another patient, so the staff had to intervene. Their approach was to retreat and return. The lady then started to undress herself and was kicking, punching and biting staff. Two male security guards arrive to assist staff and staff were unable to maintain her privacy and dignity as she was undressed. The incident also upset other patients. However, this was not uncommon incident on Burghfield ward due to the nature of the patients.

Lisa highlighted that there had been 55 incidents on the ward during May to October 2022. These incidents included sexual abuse to staff related to two male patients with dementia on the ward at that time. Ward moves also led to issues of violence from dementia patients and work was ongoing with the site team in relation to this. The Board noted that the team had held a round table exercise using Improving Together methodology, emotional and psychological support was provided from the Wellbeing Matters team, bespoke conflict resolution training (Maybo) was provided as well as increasing the number of (Dementia Education and Learning Through Simulation (DEALTS) courses, introduction of eDEALTS including security team as well as increasing night staffing numbers following a safer staffing review. The Board discussed the need for dementia patients to be cared for in the community rather than in an acute hospital.

The Board thanks Sharon and Lisa for their presentation.

04/24 Minutes for approval: 29 November 2024 and Matters Arising Schedule

The minutes of the meeting held on 29 November 2024 were agreed as a correct record and signed by the Chair.

The Board received the matters arising scheduled. All actions had been completed.

05/24 Minutes of Board Committee Meetings and Committee updates

Finance & Investment Committee: 16 November 2023

The Chair of the Finance & Investment Committee advised that the Committee had reviewed and recommended approval of the forecast outturn for 2023/24 at the November meeting maintaining its position to achieve a £10.05m at year-end. The Committee had also approved that the Chief Finance Officer should submit the National Cost Collection submission for 2023 to NHS England (NHSE).

Audit & Risk Committee: 16 November 2023 & 29 November 2023

The Chair of the Audit & Risk Committee advised that the Committee had received internal audit reports for both Integrated Board Reporting and Quality Governance both of which had been rated as 'significant assurance with minor improvement opportunities. The Committee had also noted that declarations of interest compliance had been currently at 75% and work was on-going in relation to obtain declarations of interest from contractors. The Committee had also reviewed and recommended approval of the Royal Berks Charity and HFMS Ltd annual report and accounts to the Charity Committee and HFMS Board respectively.

The Committee had also reviewed the Trust's compliance with the new Code of Governance and noted non-compliance with four items.

Charity Committee: 22 November 2023

The Chair of the Charity Committee advised that the Committee had discussed the challenge of income generation in the current climate and reviewed charity spend. The Charity had successfully been named, for the second year, as Charity of The Year for Reading Buses. The Committee had also approved the resolution of dissolution for linked charities and recommend approval of the unrestriction and amalgamation of restricted funds to the Charity Board. The Committee had also discussed ideas to seek donations from community businesses as well as raising the profile of the Charity with staff via the Workvivo platform. The Charity had also achieved Thames Valley Chamber of Commerce Charity of the Year status.

Quality Committee: 6 December 2023

The Chair of the Quality Committee advised that the Committee had received both internal and external assurance on the Trust's serious incident processes. Current trends included hypoglycaemia. The Committee had received a significant amount of information in relation to maternity and had noted the initial positive feedback from the recent Care Quality Commission (CQC) inspection.

The Committee had also undertaken a detailed review of 62-day cancer processes and received good assurance that actions were in place for this metric. However, the Committee had noted the Trust's financial constraints as well the impact of industrial action on patients in the pathway. Clinical watch metrics had also been reviewed by the Committee. A review of the Quality Governance structure was also on-going. The Committee had also reviewed and recommended the Quality Strategy to the Board for approval.

06/24 Chief Executive's Report

The Chief Executive advised that the Trust had submitted its response to the Thirwall Inquiry on 5 January 2024. The Trust was also engaged nationally on the work in relation to Martha's rule. The Chief Executive highlighted that Martha's rule was linked to a listening culture and the Trust's Quality Strategy was aligned to this.

The Chief Executive highlighted that there had been six days of industrial action during January 2024 and the cumulative effect of this was significant. The Trust worked with the teams affected providing additional support in relation to their wellbeing. However, industrial action impacted on cancer waiting lists and patients' frustration with appointments being rescheduled. The Board noted that there was a base level of training on violence and aggression for all staff. However, Berkshire Healthcare Foundation Trust (BHFT) had been commissioned to work with the Trust from January to June 2024, and V&A training would also be added to the Learning Matters platform. Staff Survey 2023 results were embargoed until February 2024. However, it was considered that the Trust had achieved its highest response to date. The Chief Executive highlighted that survey results would enable a review of responses to the specific V&A questions and enable local action plans to be developed.

The Chief Executive advised that, along with the Head of Communications, he had met with Trust colleagues to discuss healthcare workers and the humanitarian impact of global conflict. The Chief Executive highlighted that there were staff working at the Trust that were either directly or indirectly impacted by this. Further opportunities to provide additional support to staff impacted by catastrophic world events were being explored.

The Chief Executive highlighted that the interim Chair and Chief Executive of the Buckinghamshire, Oxfordshire and Berkshire (BOB) Integrated Care Board (ICB) were joining the private Board session later that day and the Trust was actively participating in the ICB's consultation on its Primary Care Strategy.

The Board noted that the Executive Management Committee (EMC) had approved the strategic case for a Reading Heath Data Institute earlier in the month. This would drive innovation and research for the betterment of patient care. A positive discussion had also been held with colleagues from Thames Valley Secure Data Environment (SDE).

The Chief Executive highlighted that the Trust was in the business planning cycle for 2024/25 although national guidance was still awaited.

07/24 Integrated Performance Report (IPR)

The Chief Operating Officer introduced the IPR and highlighted that turnover continued to trend downwards. This had been discussed at the Executive Management Committee (EMC) in relation to whether this would then result in a reduction in bank and agency spend. The Board discussed retention. The Chief People Officer advised that there had been focus on retention as many staff left within the first year of employment. Using Improving Together methodology there had been a focus on this metric. The Trust had been successful becoming a People Promise Exemplar organisation and resource would be provided as part of this.

The Chief Operating Officer advised that the EMC had also discussed DM01, Cancer and Referral to Treatment (RTT) metrics and had agreed that insourcing for radiology and gastroenterology had improved 2 week wait performance. There was a need to focus on first outpatient appointment and diagnostics due to the impact on the elective pathway. The Board noted that there had been interest expressed to undertake additional shifts following the EMC approval of an increased rate card. This had been a conscious decision to spend within budget. Further discussion at EMC included scoping costs for further additional shifts to reduce waiting lists versus the impact on budget as well whether there was capacity to deliver additional shifts. The Chief Operating Officer advised that this was due to be discussed at EMC

on 12 February 2024. The Board were concerned with the situation of patients with long waiting times.

The Chief Operating Officer advised that validation work was also on-going in relation to encounters captured on the Electronic Patient Record (EPR). In particular, when patients chose the private sector for their first outpatient appointment and the Trust for further appointments.

The Chief Operating Officer advised that the increasing higher acuity of patients impacted on Length of Stay (LoS). The Same Day Emergency Care (SDEC) and virtual hospital services ensured patients were not admitted unless necessary. It was anticipated that the Trust would be able to maintain the average LoS over the coming year. The Board discussed the profile change in relation to admissions as a result of SDEC and virtual hospital. It was considered that this could be discussed further at a Board seminar or committee. **Action: D Hardy**

The Chief Nursing Officer advised that there had been a 50% response rate for complaints for the third month in a row. A meeting had been held with Care Group Directors of Nursing and a policy change was required. The complaints team were being restructured and an additional post was being recruited to. Improving Together methodology would be used to deliver improvement and learning would be shared from Care Groups that managed complaints well.

The Chief People Officer provided an overview of the work being undertaken in relation to reducing the vacancy rate.

08/24 Building Berkshire Together (BBT)

The Director of Strategy introduced the report that set out the development of New Hospital Programme (NHP) that had recently been discussed with the Finance & Investment Committee. The Board noted that the Trust had had positive engagement with NHP team in relation to learning about standardised design as well as known issues on the current Reading site. A site viability report was being prepared and the Trust was working with system partners to review its Strategic Outline Case (SOC) assumptions. Further work was required in relation to options of moving to a new site and the impact on patients. Staff and public would need to be engaged on this. It was agreed that a session for governors would be scheduled. **Action: C Lynch**

The Board noted that a regular update at each meeting of the Finance & Investment Committee had been arranged to focus on BBT.

09/24 Quality Strategy 2023 – 2028

The Chief Nursing Officer introduced the Quality Strategy that had been reviewed by the Executive Management Committee and the Quality Committee and recommended for approval by the Board. The Quality Strategy had five new ambitions and aligned with the other sub-strategies and used Improving Together methodology. A dashboard would be developed and the Strategy would be launched on the Trust's intranet, Workvivo. The Board noted that patient safety and experience were key priorities of the Quality Strategy and metrics for Years 1 to 5 had been developed to measure delivery.

The Board approved the Quality Strategy.

10/24 Assessment of Freedom to Speak Up (FTSU) Guardian Arrangements

The Chief Nursing Officer introduced the report that required submission to NHS England by the end of January 2024. The review would then be undertaken on a 2-year basis going forward. The assessment had been reviewed with the Chief People Officer, Associate Chief Nurse, Chief Executive's team as well as the Audit & Risk Committee.

The Board noted that FTSU was one avenue via which staff were able to raise concerns. Other methods including Call4Concern as well as incident reporting via the Trust's risk management system. The FTSU Guardian provided bi-annual updates to the Audit & Risk Committee and monthly meetings were held with Chief Executive, Chief People and Chief Nursing Officer in order to escalate any barriers.

The Board discussed the importance to discuss safety and listening culture regularly and how this could be encouraged in the organisation. The Chief Nursing Officer advised that work was on-going to increase the number as well as the diversity of FTSU ambassadors in the Trust and it was anticipated that this would raise awareness of FTSU generally.

11/24 Standing Orders

The Trust Secretary introduced the Standing Orders that had been reviewed and recommended for approval by the Audit & Risk Committee. The Board approved the Standing Orders.

12/24 Work Plan

The work plan for 2024 was noted.

13/24 Date of the Next Meeting

It was agreed that the next meeting would be held on Wednesday 27 March 2024 at 09.00am

SIGNED:

DATE:

Public Board of Directors Matters Arising Schedule **Agenda Item 5**

Date	Minute Ref	Subject	Matter Arising	Owner	Update
24 January 2024	07/24	Integrated Performance Report	The Chief Operating Officer advised that the increasing higher acuity of patients impacted on Length of Stay (LoS). The Same Day Emergency Care (SDEC) and virtual hospital services ensured patients were not admitted unless necessary. It was anticipated that the Trust would be able to maintain the average LoS over the coming year. The Board discussed the profile change in relation to admissions as a result of SDEC and virtual hospital. It was considered that this could be discussed further at a Board seminar or committee	D Hardy	To be scheduled
24 January 2024	08/24	Building Berkshire Together (BBT)	A site viability report was being prepared and the Trust was working with system partners to review its Strategic Outline Case (SOC) assumptions. Further work was required in relation to options of moving to a new site and the impact on patients. Staff and public would need to be engaged on this. It was agreed that a session for governors would be scheduled	C Lynch	Completed. An engagement session for Governors was held on the 14 February 2024.

Audit & Risk Committee

Wednesday 10 January 2024
9.30 – 11.50
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike McEnaney	(Non-Executive Director) (Chair)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)

In attendance

Advisors

Mr. Ben Sherriff	(Associate Partner, Deloitte)
Mr. James Shortall	(Local Counter Fraud Specialist) (LCFS)
Mr. Neil Thomas	(Partner, KPMG)

Trust Staff

Mr. Mike Clements	(Director of Finance)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Andrew Statham	(Director of Strategy) (for minute 18/24)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

Apologies

01/24 Declarations of Interests

There were no declaration of interests.

02/24 Minutes: 8 November, 15 November and 29 November 2023 and Matters Arising Schedule

The minutes of the meetings held on 8, 15 and 29 November 2023 were agreed as a correct record and signed by the Chair subject to a minor typographical amendment to minute 135/23 in the meeting held on 8 November 2023.

The Committee received the matters arising schedule. All items were completed or included on the agenda.

Minute 137/23: Health & Safety Update: It was agreed that the Trust Secretary would advise the Chair of the revised reporting arrangements for the Health & Safety Committee.
Action: C Lynch

Minute 150/23: Cyber Security: The Chair advised that the Chief Operating Officer had provided a progress update on the IM&T Governance Model. It was agreed that this would be circulated to all members of the Committee. **Action: C Lynch**

03/24 Local Counter Fraud Progress Report

The LCFS introduced the report and highlighted that two hoax calls had been made to the Trust in December 2023. There had been a prompt reaction from Trust staff and a communications alert had been issued within an hour of the event. The call was specifically related to corporate credit cards. The Trust had also alerted the bank as well as other trusts.

The LCFS confirmed that all trusts participated in the NHS Counter Fraud Authority (NHSCFA's national proactive exercise into procurement fraud). This was scheduled for the LCFS's work plan for 2024/25 and would include contracts.

The Committee noted the National Fraud Intelligence Bureau Risk Annual Assessment for 2022/23.

04/24 External Audit Progress Report

The Associate Partner, Deloitte, highlighted are there was a Treasury consultation currently on-going in relation to valuation methodology changes that was due to end in March 2024. The Associate Partner, Deloitte, advised that organisations would be required to make disclosures in relation to carbon and climate reporting on a 3-year cycle. It was agreed that this guidance would be shared with the Trust Secretary. **Action: B Sherriff**

The Director of Finance advised that the new Group Financial Controller would review the new guidance in relation to valuation methodology and ensure the financial statements were prepared accordingly. In addition, as part of the lessons learned from the previous year end audit, staff responsible for the financial statements had been provided with technical training as part of a group session. The Chief Finance Officer also confirmed that the finance team had prepared a full suite of financial statements for both Month 6 and Month 8 in preparation for year-end.

05/24 Internal Audit Progress Report

The Partner, KPMG, introduced the report and advised that the core financial systems audit was in progress and the outcome would be provided to the March meeting.
Action: N Thomas

The Committee discussed the internal audit plan for 2024/25. The Partner, KPMG, advised that this would include some regulatory reviews that were required to inform the Head of Internal Audit Opinion. In addition, internal audit recommendations would be reviewed with the Chief Finance Officer as well as seeking recommendations from the Executive Management Committee as well as the Committee itself. The internal audit plan also included days kept free in the event of any issue during the year that required review or for any national requirements. It was agreed that the process for the development of the internal audit plan would be circulated to the Committee. **Action: N Thomas**

The Partner, KPMG, advised that the patients complaints review outcome was significant assurance with minor improvement opportunities; one amber and five green rated findings. The amber rating related to lack of documented evidence of staff statements or interviews from staff. The Chief Nursing Officer advised that a policy change had been made to address this action. The Committee queried whether the target dates were achievable. The Chief Nursing Officer confirmed that the complaints team had confirmed this to be the case.

The Partner, KPMG, advised that the violence and aggression review outcome was partial assurance with improvement required; five amber rated findings. The Committee noted that whilst the Trust had undertaken a significant amount of work in relation to violence and

aggression, processes had not yet been embedded and this was reflected in the target dates. The Partner, KPMG, confirmed that there had been good engagement during the review complaints team had confirmed that actions were appropriate and would be implemented. The Chief Nursing Officer advised that there were several violence and aggression work streams and there was a need to align these including management of violence and aggression as part of incident processes. The implementation plan would be monitored, and work was ongoing with the Chief People Officer as the lead for Health & Safety. It was agreed that some actions could be implemented ahead of the target date. The Chief Nursing Officer would review and confirm this. **Action: K Prichard-Thomas**

06/24 Internal Audit Recommendations Update

The Director of Finance introduced the report and advised that as at 3 January 2024, 15 of 65 actions were overdue. The Committee noted that the new Group Financial Controller would be reviewing internal processes related to the management of internal audit recommendations. The Committee noted that the Executive Management Committee reviewed overdue internal audit recommendations monthly. The Chair recommended that action owners should be challenged to reduce outstanding actions to zero by May 2024 and for this to be maintained.

The Committee noted that progress on the outstanding IM&T audit actions would be considered as part of the internal audit plan for 2024/25.

07/24 Year-End Audit 2022/23: Lessons Learned

The Committee noted that a group session had been facilitated to review feedback from Deloitte on the 20223/23 year-end audit. Five key actions had been identified from this. The committee noted that the Chief Finance Officer and the Director of Finance were undertaking a bi-monthly review of accruals. In addition, a full exercise had been undertaken at Month 9 on agreement of balances.

08/24 Finance Directorate Assessment 2024/25

The Committee received the report that set out the key risks highlighted by Deloitte as part of the year-end audit and how these were being addressed. It was agreed that confirmation that actions had been completed would be submitted to the March meeting. **Action: N Lloyd**

09/24 Annual Report Timetable

The Trust Secretary advised that the Head of Corporate Governance had developed the timetable to produce the Annual Report 2023/24 based on the planning agenda drafted by Deloitte. The timetable had been discussed at a recent Chief Executive's team meeting to ensure that all Directors were aware of the timetable and would ensure that their teams provided updates in a timely manner. The timetable would also be shared with the Executive Management Committee on 22 January 2024. The Head of Corporate Governance would provide guidance when issuing the Annual Report for updates and authors would be asked to provide the minimum content required. The Committee requested that the draft Annual Report should be scheduled for review by the Committee. **Action: C Lynch**

The Chief Finance Officer confirmed that financial statements for HFMS Ltd and the Royal Berks Charity would also be prepared for year end. Detailed planning had been undertaken and authors would be supported to provide their contributions.

10/24 North Block East Wing

The Chair advised that the Committee had received an update on North Block East Wing and noted that a specific piece of work was due for completion in March 2024. However, the building would remain a risk for some time. The Chief Finance Officer advised that a meeting had been scheduled to discuss the future use of the building and a programme of work for this would be discussed at the Finance & Investment Committee.

Action: N Lloyd

The Chief Finance Officer confirmed that capital prioritisation for 2024/25 would include North Block East Wing.

11/24 Standing Financial Instructions (SFIs)

The Chief Finance Officer introduced the SFIs and highlighted that some of the main changes included changes in procurement law, the addition of references to bids as well as increasing the scheme of delegation for both the Chief Executive and Chief Finance Officer to £2.5m and £1.5m respectively.

The Chief Finance Officer advised a short film on the SFIs process would be developed for staff. **Action: N Lloyd**

The Chief Finance Officer advised that the Executive Management Committee (EMC) had reviewed the SFIs and, in line with delegated decision making, the authority levels for Directors/Care Group Directors would need to be clarified. The Chief Finance Officer advised that these limits were set at £90k and authority levels below £90k were not included in the SFIs.

The Committee made several recommendations including:

- Explicitly that the SFIs applied to interim staff and contractors
- Contract to be included in the definitions section
- Clarity in relation to whether authority can be delegated
- Further clarity in relation to single tender waivers
- Explicitly in relation to special payments
- Table 1 to clearly state that authority was reliant on compliance to procurement processes
- Clarity of cumulative spend in relation to contract variations
- Clarification that early retirement payments were not funded by the Trust

It was agreed that the updated SFIs would be circulated to the Committee.

Action: N Lloyd

The Committee agreed that once these changes had been made, a recommendation would be submitted to the Board to approve the revised SFIs. **Action: M McEnaney**

12/24 Non-NHS Debt Report

The Committee noted that non-NHS debt was £7.5m as at 30 November 2023. It was agreed that the Chief Finance Officer would provide a 5-year history of overseas debt write-off to the Committee. **Action: N Lloyd**

13/24 Losses & Special Payments

The Committee noted that, since the last meeting, there had been four payments made for loss of property that totalled £4,237. There had been one other loss related to overseas bad debt written off totalling £8.212. [Section exempt under s.43 FOI Act]

14/24 Use of Single Tenders

The Committee noted there had been 21 single tenders awarded since the last meeting. The Chief Finance Officer highlighted that several single tender requests were regularly rejected.

15/24 Schedule of Significant Contracts

The Committee noted that six significant contracts had been awarded since the last meeting.

16/24 Bank Account Authorisations

The Committee noted that there had been one amendment to the Trust's signatory panel for the Trust since the last meeting. Two individuals had been removed and two individuals added. There had been no amendments to the Royal Berks Charity signatory panel.

17/24 Assessment of Freedom to Speak Up Guardian (FTSUG) Arrangements

The Chief Nursing Officer introduced the report and highlighted that the Trust had several mechanisms in place for staff to raise concerns including via the Freedom to Speak Up Guardian.

The Chief Nursing Officer highlighted that the assessment tool and advised that the Trust Board was required to evidence completion of the tool by the end of January 2024. The assessment tool contained 8 principles and following a review it was considered the Trust scored between 3 and 5 on 6 of these principles. The Committee noted that there were plans to increase the FTSUG resource to 5 days a week. The Committee queried whether the Trust was aligned with other acute organisations. It was agreed that the Chief Nursing Officer would confirm. **Action: K Prichard-Thomas**

The Committee discussed FTSU Ambassadors and noted the plan to increase the number to 30. It was agreed that the Chief Nursing Officer would confirm whether the types of staff that were FTSU Ambassadors provided assurance. **Action: K Prichard-Thomas**

It was agreed that the Chief Nursing Officer would confirm the balance of concerns raised in relation to patient safety and bullying and harassment. **Action: K Prichard-Thomas**

The Chief Nursing Officer advised that the improvement plan for 2024/25 would be monitored and progress updates would be provided to the Committee via the FTSU Guardian's updates. **Action: K Prichard-Thomas**

The FTSU assessment would be submitted to the Board for approval.

18/24 Critical Incident Review

The Director of Strategy introduced the report and advised that despite a substantial and sustained loss of power caused by the critical incident, the response of staff ensure that only minor harm occurred.

The Director of Strategy highlighted examples of the key themes identified from the review that included gaps in major incident training for staff responding to the incident, communication during the incident and how actions from previous incidents were monitored effectively through governance processes.

An action plan would be developed by the relevant teams and progress updates would be scheduled for the Committee. **Action: C Lynch**

19/24 Standing Orders

The Trust Secretary introduced the Standing Orders that were due for annual review. As requested by the Committee a review against the new NHS Code of Governance had been undertaken and no changes were required as a result of that review. The Committee recommended that Harborne should be added a site where the Trust provided services as well as the Workforce Committee being updated to the People Committee.

It was agreed that a recommendation would be submitted to the Board to approve the Standing Orders once these changes had been made. **Action: M McEnaney**

20/24 Work Plan

The Trust Secretary advised that the work plan would be updated to include a progress on the Critical Incident action plan. **Action: C Lynch**

21/24 Key Messages for the Board

It was agreed that key issues to draw to the attention of the Board included:

- Good assurance received on the Complaints internal audit
- Violence and aggression internal audit highlighted need for an integrated focus
- Good preparation for year-end processes noted
- Good assurance provided by the FTSUG assessment
- Critical incident review had highlighted learning and the positive response of staff managing the incident

22/24 Reflections of the Meeting

The Trust Secretary led a discussion.

23/24 Date of Next Meeting

It was agreed that the next meeting would be held on 6 March 2024 at 9.30.

24/24 Private Meeting with Internal Audit

A private meeting with KPMG was not held.

25/24 Private Meeting with External Audit

A private meeting with Deloitte was not held.

26/24 Private Meeting of the Committee

A private meeting of the Committee was not held.

Chair:

Date:

Audit & Risk Committee

Wednesday 6 March 2024
9.30 – 11.30
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike McEnaney	(Non-Executive Director) (Chair)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)

In attendance

Advisors

Mr. John Oladimeji	(Manager, Deloitte)
Mr. Ben Sherriff	(Associate Partner, Deloitte)
Mr. James Shortall	(Local Counter Fraud Specialist) (LCFS)
Mr. Neil Thomas	(Partner, KPMG)

Trust Staff

Mr. Mike Clements	(Director of Finance)
Mr. Blain Crosbie	(Information Governance Officer) (for minute 35/24)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

Apologies

27/24 Declarations of Interests

[Mike O'Donovan declared his interest as a Non-Executive Director of Frimley Health]

28/24 Minutes: 10 January 2024 and Matters Arising Schedule

The minutes of the meeting held on 10 January 2024 were agreed as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 02/24: (137/23): Minutes: 8 November, 15 November and 29 November 2023 and Matters Arising Schedule: Health & Safety Update: The Trust Secretary liaise with the Chief People Officer to confirm the revised reporting arrangements for the Health & Safety Committee. **Action: C Lynch**

Minute 02/24, (150/23): Minutes: 8 November, 15 November and 29 November 2023 and Matters Arising Schedule: Cyber Security: The Chair requested that updates on the Digital Data and Technology (DDaT) Governance Model should be scheduled for the Committee. **Action: C Lynch**

Minute 11/24: Standing Financial Instructions (SFIs): The Committee noted that the final SFIs would be submitted to the March Board. **Action: N Lloyd**

29/24 Local Counter Fraud Progress Report & Annual Plan 2024/25

The LCFS introduced the progress report and highlighted the referral in relation to an International English Language Test Service (IELTS) certificate presented by a student nurse that was checked and the scores obtained found to be invalid on the IELTS system. There was no evidence of tampering or forgery. However, the student nurse would be required to resit the examination.

The Committee noted the update in relation to an agency worker who had approved shifts for themselves at a higher grade than they were entitled to.

The LCFS advised that, whilst they had only received a small number of referrals this reflected the fact that issues were being dealt with at a local level. The LCFS highlighted that Trust staff always took swift action in relation to any issues raised.

The LCFS introduced the Annual Plan for 2024/25 and highlighted that there would be a focus on procurement fraud from April to September 2024 with a particular emphasis on due diligence and contract management. This work had been aligned with that of the internal audit team. The LCFS highlighted the additional responsibility for Audit & Risk Chairs in relation to the NHS Counter Fraud Authority (NHSCFA) strategy for 2023-26. This would be scheduled as part of the annual plan for 2024/25. **Action: J Shortall**

30/24 External Audit Progress Report

The Associate Partner, Deloitte, advised that planning work was on-going, and several reports had not yet been received at the time the report was issued. However, these had since been submitted to the audit team and feedback had been provided to management.

The Associate Partner, Deloitte, advised that several queries had been raised in relation to the Goods Received Not Invoiced (GRNI) accruals at Month 9. The Associate Partner, KPMG, advised that property valuations would be reviewed at year-end. [Section Exempt under S43 FOI ACT] .

The Committee noted the Sector Benchmarking and risk assessment report.

31/24 Finance Directorate Assessment 2024/25

The Director of Finance advised that reports identified as not being submitted to external audit for the interim audit included judgemental areas of accruals including GRNI release, capitalisation of costs associated with the New Hospital Programme, revenue recognition under IFRS 15 “Revenue from Contracts with Customers” and IFRS 16 Leases. However, these had all now been issued and feedback was awaited on two of these.

The Director of Finance provided an overview of the issue in relation to GRNI and report had been submitted to the auditors for review.

The Committee queried the confidence level of meeting the requirements for external audit. The Chief Finance Officer advised that, previously, only year-end financial statements were produced. However, during 2023/24 these had been prepared monthly. In relation to capital expenditure at year-end, the advice of the auditors had been accepted. There had also been several changes to the finance team structure to strengthen capacity and specialist skills.

The Trust Secretary confirmed that the timetable to produce the Annual Report had been shared with the Chief Executive's team as well as the Executive Management Committee (EMC) in good time and the additional requirement for Executive leads to approve contributions from their teams had been put in place. In addition, the Annual Reporting Manual (ARM) guidance had also been published earlier than in the previous year.

The Chair requested that a brief note from the Associate Partner, Deloitte and the Chief Finance Officer should be provided to the Committee ahead of the next meeting to provide assurance that issues were progressing. **Action: N Lloyd/B Sherriff**

32/24 Internal Audit Progress Report

The Partner, KPMG, introduced the report and provided an overview of progress against the internal audit plan for 2023/24. Some fieldwork was still in progress and the remaining 3 reviews would be submitted to the next meeting in May 2024. **Action: N Thomas**

The Partner, KPMG, advised that the core financial controls review rating was 'significant assurance with minor improvement opportunities' with one medium and four low risk ratings. The Committee noted that the issue of salary overpayments due to late notifications to the payroll team of leavers, by line managers was an issue for several trusts. The Chief Finance Officer advised that, previously monthly reports on overpayments, were issued to budget holders. However, these were only very low numbers. This had been repeated recently and issued to Care Groups. However, there were no areas that repeatedly had issues with overpayments.

The Partner, KPMG, advised that the Infection Prevention & Control Board Assurance Framework (IPC BAF) review rating was 'significant assurance with minor improvement opportunities' with two medium and three low risk ratings. The Chief Nursing Officer advised that review of the IPC BAF would be added to the Infection Prevention & Control work plan as a regular item.

33/24 Internal Audit Annual Plan 2024/25

The Partner, KPMG, highlighted that Trust management had confirmed that pathology rather than pharmacy had been selected for review during 2024/25. The Partner, KPMG, confirmed that the Digital, Data & Technology (DDaT) operations review would include planned and reactive maintenance as well as contract management.

The Committee approved the internal audit plan for 2024/25.

34/24 Board Assurance Framework

The Trust Secretary introduced the BAF and advised that sections had been updated with the relevant Executive leads and had been reviewed by the People and Finance & Investment Committees. Further reviews were required in relation to the Health & Safety section. The Comment recommended that evidencing cost efficiency and productivity in should be added a gap in assurance to Strategic Objective 5. **Action: C Lynch**

The Chair recommended that further consideration should be given to include a risk scoring to the BAF. **Action: C Lynch**

35/24 Data Security & Protection (DSP) Toolkit and Base line Submission

The Trust Secretary introduced the report that set out the Trust's baseline submission for the DSP Toolkit for 2023/24. The current position was that 3 out of 108 mandatory assertions would not be met by the final submission in June 2024. The Information Governance Officer provided an overview of the 3 assertions that were not expected to be met and the reasons for this. This included the removal of unwanted software devices as well identification of all medical devices connected to the Trust's network. The Trust Secretary confirmed that these assertions would be included on the relevant department's risk register. The Committee requested a further update should be submitted to the Committee in September 2024. **Action: C Lynch**

36/24 Losses & Special Payments

The Committee noted that, since the last meeting, there had been three payments made for loss of property that totalled £4,020. There had been 19 other losses related to overseas bad debt written off totalling £208,175.90. There had been two special payments related to refund of travel and parking costs to the value of £16.90.

37/24 Use of Single Tenders

The Committee noted there had been 8 single tenders awarded since the last meeting. The Chair recommended that future reports should include the total number of single tenders issued during the financial year. In addition, categories should be refined and include 'unavoidable', where there was only one available supplier. **Action: N Lloyd**

38/24 Schedule of Significant Contracts

The Committee noted that 15 significant contracts had been awarded since the last meeting. The Chief Finance Officer confirmed that significant contracts would still be submitted to the Committee on a regular basis despite the proposed increase in authority levels following the suggested update to the SFIs.

39/24 Bank Account Authorisations

The Committee noted that there had been no amendments to the Trust's signatory panel for the Trust or the Royal Berks Charity since the last meeting.

40/24 Finance Sustainability Checklist

The Director of Finance introduced the report that set out an updated self-assessment against the Financial Sustainability Checklist issued by Healthcare Financial Management Association (HFMA). The Committee noted the current position in comparison to that reported and audited in 2022. The Director of Finance advised that some areas still required improvement. The Chief Finance Officer advised that these areas would be included as part of the implementation of the Improving Together programme. In addition, a future focussed financial accountant would be appointed.

41/24 Non-NHS Debt Report

The Committee noted that non-NHS debt was £8.6m as at 31 January 2024. The Committee noted the additional detail included in the report in relation to the percentage of overseas debt. The Chief Finance advised that the collection rate of private patient debt needed improvement and work was ongoing with the various insurance companies.

42/24 Review of Committee Effectiveness and Terms of Reference

The Trust Secretary introduced the annual effectiveness review. The Committee recommended that a section should be included on risk management and a reference to the Freedom To Speak Up self-assessment as well as an explanation in relation to the additional meeting held in 2023/24. **Action: C Lynch**

It was agreed, that, subject to these changes a recommendation would be submitted to the Board to approve the report and terms of reference. **Action: M McEnaney**

It was agreed that any comments on the Terms of Reference would be submitted to the Trust Secretary.

43/24 Treasury Policy

The Director of Finance introduced the policy that had been updated as part of the review cycle. The Committee approved the policy.

44/24 Work Plan

The Chief Finance Officer highlighted that, due to technical issues, the updated internal audit recommendations report had not been available for the meeting. This would be circulated to the Committee when available, following issues with the JIRA system in extracting the relevant data for the report. **Action: N Lloyd**

The Committee received the work plan. The Chair recommended that a date should be scheduled for the Chief Operating Officer to provide a further update on the progression with the Digital Data & Technology (DDaT) directorate governance. **Action: C Lynch**

45/24 Key Messages for the Board

It was agreed that key issues to draw to the attention of the Board included:

- Review of External Audit/year-end plans in details with assurance received that improvements would be achieved in the current year
- Review of two 'significant assurance' rated internal audit reports
- Approval of internal audit plan for 2024/25 that reflected key risks for the organisation with flexibility to add other areas of review should priorities change
- Review of baseline DSP Toolkit submission with some key gaps that would be monitored.
- Approval of the Treasury Policy
- Approval of Committee's Effectiveness review and Terms of Reference

46/24 Reflections of the Meeting

Mike O'Donovan led a discussion. The Committee considered the future agendas should be set out to schedule review of historic, current and forward-looking items respectively. **Action: C Lynch**

47/24 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 8 May 2024 at 9.30.

Chair:

Date:

Audit and Risk Committee Annual Report 2023/24

Mike McEnaney
Chair, Audit and Risk Committee

Caroline Lynch
Secretary to Audit and Risk Committee

1. Governance

1.1. The Committee met formally on nine occasions during the year:

- 3 May 2023
- 22 June 2023 (Special Meeting)
- 28 June 2023 (Special Meeting)
- 12 July 2023
- 7 September 2023
- 8 November 2023
- 16 November 2023
- 29 November 2023
- 10 January 2023

The Committee held a Special Meeting on 22 June 2023 to discuss the progress of the Trust's External Audit and Annual Report. At the Special Meeting held on 28 June 2023, the Committee recommended the Trust's Annual Report and Financial Statements 2022/23 to the Board for approval.

1.2. The attendance record of members of the Committee is as follows:

Member	Maximum Number of Meetings	Number Attended
Peter Milhofer	5	5
Sue Hunt	5	5
Helen Mackenzie	9	9
Mike McEnaney	4	4
Mike O'Donovan	4	4

1.3. The Chief Finance Officer or equivalent has attended all meetings. The Trust Secretary or a nominated deputy has attended all meetings. The Deputy Director of Finance and Chief Executive or equivalent were regular attendees at meetings. The Chair of the Trust attended seven meetings as an observer. Other Directors and staff have attended the meeting during the course of the year to advise and respond to questions from the Committee. These have included the Chief Operating Officer, Freedom to Speak Up Guardian, Head of IM&T, Director of IM&T, Director of Strategy and the Director of Estates & Facilities.

1.4. The Committee underwent some in-year changes to its membership. Peter Milhofer, Chair of Audit & Risk and Sue Hunt (member) stepped down in September 2023 and October 2023 respectively. Mike McEnaney was appointed Chair of the Committee in October 2023 and Mike O'Donovan was appointed a member in November 2023.

1.5. The Committee reviewed the Corporate Risk Register in detail at six meetings. The Chief Nursing Officer provides a report that incorporates decisions from the Integrated Risk Management Committee. The Committee received updates on the Board Assurance Framework at six meetings.

1.6. The Committee has received updates in respect of Freedom to Speak Up and Cyber Security at a number of its meetings. The Committee also received an update on the Charity Annual Report and Accounts for the financial year 2022/23.

1.7. The Committee received update reports on Health & Safety at five meetings and reviewed the Health & Safety Annual Report at the 11 November 2023 meeting.

1.8. The Committee followed a scheduled programme of work over the course of the year. This was developed with our Internal Audit team to ensure that the Committee gives the appropriate level of consideration to all areas within its terms of reference.

2. Internal Audit

2.1. KPMG were appointed Internal Auditor from 1 April 2022 and have continued in the role throughout 2023.

2.2. The Committee has continued to oversee the delivery of a robust internal audit programme during 2022/23.

2.3. The Internal Audit plan was delivered within an overall budget of £114,900. As of the date of this report the following reports have been issued in final:

KPMG
- Data Protection & Security Toolkit, July 2023
- Outpatients Data Quality, July 2023
- Quality Governance, November 2023
- Integrated Board Reporting, November 2023
- Patient Complaints Handling, January 2024
- Violence & Aggression, January 2024

2.4. The following reports are in progress:

- Cyber Security
- Implementation of Cerner modules
- Data Protection & Security Toolkit
- Core Financial Systems

2.5. Internal Audit did not provide any non-audit services to the Trust.

2.6. The Committee received the Internal Audit plan for 2022/23 at its meeting on 3 May 2023.

2.7. The annual effectiveness review of the performance of Internal Audit will be submitted for review by the Committee at its meeting on 8 May 2024.

3. Counter Fraud

3.1. The Committee has continued to receive a progress report from the Local Counter Fraud Service at each meeting. The reports have provided a comprehensive briefing to the

Committee on the actions being taken to develop a counter fraud culture within the Trust and progress with any investigations.

3.2. The Counter Fraud plan for 2023/2024 was submitted to the Audit & Risk Committee in March 2023.

3.3. The annual effectiveness review of the performance of Counter Fraud will be submitted for review by the Committee at its meeting on 8 May 2024.

4. External Audit

4.1. Deloitte LLP were appointed as External Auditor in 2016 and were re-appointed for a further three years from April 2022.

4.2. The work of the External Auditors and the Committee has been carried out within a framework set by NHS Improvement and the requirements of the National Audit Office's Code of Audit Practice 2020. The work of the external audit has been focussed on the Financial Statements, the Trust's Value for Money arrangements, and considering the consistency of the Annual Report (including the Annual Governance Statement) with information obtained in the audit.

4.3. Over the course of the year, Deloitte LLP delivered a range of assurance reports to the Committee including:

- the ISA260 report outlining the findings of the 2022/23 audit of the Trust's Group 2021/22 financial statements
- regular progress updates on the delivery of the audit and technical updates to members of the Audit Committee
- the ISA260 report outlining the findings of the 2022/23 audit of the Royal Berkshire NHS Foundation Trust Charity
- the ISA260 report outlining the findings of the 2022/23 audit of Healthcare Facilities Management Services Limited.

4.4. Deloitte LLP have provided the External Audit work plan, technical updates highlighting NHS FT and health sector issues of relevance and contributed to the 2022/23 Annual Report and Financial Statements reporting process.

4.5. Deloitte LLP have not provided any non-audit services to the Trust.

4.6. Private meetings with External Audit are scheduled on each agenda and held as required.

4.7. The Committee received the annual effectiveness review of the Performance of External Audit at its meeting on 7 September 2023. The review will be repeated in September 2024.

Risk Management

The Committee co-ordinates and prioritises non-clinical governance and non clinical risk issues. The Committee is also responsible for the ensuring the development and implementation of the Risk Management Strategy and Policy and risk management systems.

The Committee reviews the Corporate Risk Register on a regular basis at each meeting as well as receiving details updates on risk findings from internal audit reviews as set out in section 2.

The Committee

5. Monitoring of Processes

5.1. The Committee has, at each meeting, kept under review

- Losses and special payments
- The use of single tenders
- Significant contracts entered into by the Trust
- Levels of non-NHS debt
- New bank account authorisations

5.2. The Committee has reviewed a number of Trust policy and procedural documents, including:

- review of the Trust Standing Orders
- review of the Trust's Freedom to Speak Up arrangements

5.3. The Committee received technical updates as part of its continuing development. Updates received during the year have included:-

- Declarations of Interest Update
- NHS Code of Governance review
- Trust Seal Update

5.4. The Committee Terms of Reference were reviewed at the meeting on the 8 March 2023.

6. Other Items

6.1. The Committee agreed the 2022/23 financial statements.

6.2. The Committee approved the Annual Report and Accounts for 2022/23 for submission to the Board.

6.3. The Committee agreed the Charity Annual Report and Accounts for 2022/23 for submission to the Charity Committee.

6.4. The Committee agreed the HFMS Ltd Annual Report and Financial Statements for 2022/23 for submission to the HFMS Board.

6.5 The Committee agreed and recommended to the Board, the Trust's Assessment of Freedom to Speak Up Guardian (FTSUG) Arrangements.

Audit and Risk Committee
Terms of Reference

Constitution and Membership

The Committee will be appointed by the Board to oversee risk and audit issues within the Trust.

The Committee is authorised by the Board of Directors to investigate any activity necessary to gain assurance. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board of Directors to obtain outside independent professional advice and to secure the attendance of individuals with relevant experience and expertise if it considers this necessary whilst still complying with the Trust budget management process.

The Committee is non-executive in nature and will review and scrutinise papers and recommend to the Board and advise as necessary.

The Committee shall be appointed by the Board from amongst the Non-Executive directors of the Trust and shall consist of not less than three members. A quorum shall be two members. One of the members will be appointed Chair of the Committee by the Board of Directors. The Chair of the Trust shall not be a member of the Committee. Substitutes are not permitted.

Members are expected to attend three quarters of meetings in any one financial year.

Attendance

The Chief Finance Officer and representatives from Internal and External Audit shall normally attend meetings. At least once a year the Committee should meet privately with the External Auditors and the Internal Auditors.

Other directors and staff will be invited to attend as appropriate depending on the topics being discussed.

The Chair and the Chief Executive would attend three meetings annually. The Chief Executive should be invited to attend to discuss with the Committee the process for assurance that supports the Annual Governance Statement. Executive leads will be invited to attend the meeting when a high risk rated report has been submitted to the Committee

The Trust Secretary (or their nominee) will act as secretary to the Committee.

Frequency of meetings

The Committee will meet at least six times a year and one meeting must coincide with the financial year end timetable. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

Monitoring

The Committee will conduct an annual review of its effectiveness with its terms of reference and submit any findings and proposals for changes to the Board of Directors for

consideration. The Committee shall also once a year prepare an annual report. Both reports shall be presented to the Board.

The Committee will review its terms of reference annually and submit them for approval to the Board together with any recommendations for change.

Risk Management Duties

The Committee will co-ordinate and prioritise non-clinical governance and non clinical risk issues. The Committee will ensure development and implementation of the Risk Management Strategy and Policy and risk management systems to:

- Ensure that the risk management system meets the Trust's statutory obligations and other relevant standards
- Ensure risk management systems and policies are effective and are appropriately implemented
- Ensure the Trust Board, staff and other appropriate stakeholders are advised of significant risks.

In fulfilling these functions the Committee will:

1. Provide assurance to the Board in respect of arrangements to ensure data quality in the Trust, including oversight of the data quality policy. To approve, monitor progress and review projects to develop data quality within the Trust.

2. Review the Corporate Risk Register and Board Assurance Framework at every meeting. Thereby reviewing the risk analysis of the Annual Plan through the corporate risk register. Advise on proposed treatment and prioritising, for review and agreement by the Board.

3. Review and respond to information from the Executive Integrated Risk Management Committee on risk concerns and issues escalated from its work, including regular reviews of departmental risk registers. The Risk Manager will provide a report on the work of the Integrated Risk Management Committee to every meeting of the Committee.

4. Recommend the approval of Trust Health and Safety and Risk Management policies to the Board and receive updates at each meeting on the work of the Health & Safety Committee.

Audit Duties

The Committee shall review the effectiveness of financial systems for internal control and reporting and report to the Board of Directors on the levels of assurance.

The Committee will satisfy itself that reporting to the Board of Directors is consistent and subject to audit review, especially as to completeness and accuracy which may include reviewing the performance of the other Board Committees and satisfying itself that the outcomes are adequate.

The Committee will review for the Trust and its subsidiaries:

- The Annual Report and Financial Statements of the Trust
- Associated audit reports to the Annual Financial Statements
- The Annual Financial Statements of the Trust Charitable Funds
- All associated audit reports to the Trust Charitable Funds Annual Financial Statements

- The annual statement of internal control
- External Audit Plan
- Internal Audit Plan
- Corporate Risk Register and Board Assurance Framework (at every meeting)
- Receive updates from the Quality Committee on their review of the clinical risks in the Corporate Risk Register
- Risk and control related disclosure statements (in particular the Statement on Internal Control and declarations of compliance with the CQC Standards), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board of Directors
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements
- the work of local Counter Fraud
- all work related to fraud and corruption
- Freedom to Speak Up reports

Additional Issues

In carrying out its work the Committee will consider the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

Relationship with Internal Audit

The Committee shall ensure that management establishes an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Board of Directors. This will be achieved by:

- an annual review of the effectiveness of internal audit
- review of any resignation and dismissal of internal audit
- approval of the appointment of the Internal Auditor and if internal audit is outsourced to participate in the process for and approval of the selection of internal auditors
- review of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organization
- consideration of the reports of internal audit work (including management's responses), and promoting co-ordination between the Internal and External Auditors.
- satisfying itself that the Internal Audit function has appropriate standing within the organisation.
- reporting to the Board of Directors any issues on the adequacy of Internal Audit resources

The Internal Auditor shall have direct access to the Chairman of the Committee and of the Board.

Management of Internal Audit is the responsibility of the Chief Finance Officer.

Relationship with External Audit
The Committee shall review the work and findings of the External Auditor.

This will include:

- Participating in the process for and the approval of the selection of the External Auditor.
- Submitting the recommendation to the Council of Governors for the appointment of the External Auditors.
- Consideration of the skills, experience and independence of the External Auditor
- Consideration of the performance of the External Auditor,
- Satisfying itself that management has discussed and agreed with the External Auditor, before the audit commences, the nature and scope of the audit as set out in the Annual Plan,
- Discussion with the External Auditors of their evaluation of audit risks and assessment of the Trust
- The review of all External Audit reports, including the annual audit letter before submission to the Board of Directors and any audit work carried outside the annual audit plan.
- The Committee shall review and approve the scope of non-audit services provided by external auditors to ensure there is no impairment of independence

Non audit services will not exceed 40% of the Audit Fee unless specifically authorised by the Committee

Management of External Audit is the responsibility of the Chief Finance Officer.

The Committee will recommend the audit fee to the Board of Directors.

Relationship with Counter Fraud Service

The Committee shall satisfy itself that management establishes an effective counter fraud function that provides appropriate independent assurance to the Board of Directors.

This will be achieved by:

- Reviewing the systems, plans and actions taken to develop an anti-fraud culture
- Reviewing the detailed operational plan
- Consideration of reports produced by the counter fraud service
- Ensuring that the counter fraud function has appropriate standing within the organisation.
- Conducting the annual review of the effectiveness of the counter fraud function.

Management of the Counter Fraud Service is the responsibility of the Chief Finance Officer.

Other Sources of Assurance

The Audit Committee shall satisfy itself that the findings of other assurance reports and studies relating to the Trust, is drawn to its attention by the Board or management, are reviewed and the implications to the governance of the organisation considered. These reports may be instigated by, for example Department of Health bodies, Regulators/Inspectors (e.g. NHS Improvement/ NHS England, Care Quality Commission, NHS Litigation Authority, etc.), and professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).

The Committee may request and review reports and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

Annual Financial Reporting

The Audit Committee shall review the Annual Report and Financial Statements before submission to the Board of Directors focusing particularly on:

- The wording in the Statement on Internal Control and other disclosures
- Any changes in, and compliance with, accounting policies and practices
- Any unadjusted mis-statements in the financial statements
- Major judgemental areas
- Any significant adjustments resulting from the audit.

Reporting
The minutes of meetings will be formally recorded and submitted to the Board after each meeting.

The Committee will review these terms of reference on an annual basis and report to the Board accordingly.

Reviewed by the Committee: 6 March 2024

Approved by the Board:

Royal Berkshire
NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Wednesday 17 January 2024
11.00 – 12.20
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike O'Donovan	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mr. Mike McEnaney	(Non-Executive Director)
Mr. Graham Sims	(Chair of the Trust)

In Attendance

Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)
Mr. Andrew Statham	(Director of Strategy)

Apologies

Ms. Priya Hunt	(Non-Executive Director)

01/24 Declarations of Interest

There were no declarations of interest.

02/24 Minutes for Approval: 16 November 2023 & Matters Arising Schedule

The minutes of the meeting held on 16 November 2023 were approved as a correct record and signed by the Chair.

The Committee received the matters arising schedule. All items were completed or scheduled on the work plan.

03/24 December 2023 Financial Update

The Chief Finance Officer provided an overview of Month 9 financial performance; £10.06 deficit; £1.84m adverse to plan year to date. Pay costs year to date were £267.94m which was £8.5m adverse to plan. [Section Exempt under FOI Section 43]. Cash held at the end of December 2023 was £37.89m.

The Trust had delivered £10.49m of the £28.86m capital programme for 2023/24. Due to the risk to delivery of the full capital plan for 2023/244 it had been agreed to relinquish £6.0m of 2023/24 allocation of CDEL to other organisations within Buckinghamshire, Oxfordshire, and Berkshire ICB.

The Chief Finance Officer advised discussions were ongoing with NHSE regional colleagues to re-phase the expenditure planned through the Targeted Investment Fund (TIF) for Elective Recovery on the South Block Annex.

The Committee discussed the challenge in relation to the run rate of spend. The Chief Finance Officer confirmed that monthly meetings were in place, chaired by the Chief Executive, where all categories of spend were reviewed. As a result, it was considered that the Trust planned to achieve the forecasted £10.06m deficit noting that the cost of industrial action during December 2023 and January 2024 was still being collated. [Section Exempt under FOI Section 43]

The Chief Finance Officer advised that a review of the savings programme for 2023/24 was on-going to identify both recurrent and non-recurrent savings.

04/24 2024/25 Business Plan and Budget Setting

[Section Exempt under FOI Section 43]

05/24 Insurance 2024/25

The Chief Finance Officer introduced the report that set out the NHS Resolution contributions for 2024/25. [Section Exempt under FOI Section 43]

[Section Exempt under FOI Section 43]. The Chief Finance Officer advised that the contribution was calculated using a blended methodology. However, this would be discussed with the NHS Resolution account manager. An update would be provided at the next meeting, including whether the Trust could reduce its contribution for the following year. **Action: N Lloyd**

The Committee agreed that a recommendation should be submitted to the Board to approve the NHS Resolution contributions for 2024/25. **Action: M O'Donovan**

06/24 Long Term Resourcing Model (LTRM)

The Committee noted the timeline for the development of the LTRM. The Chief Finance Officer confirmed that this would include a historical trend analysis to show productivity levels. A further update would be provided at the next meeting. **Action: N Lloyd**

07/24 Key Messages for the Board

Key messages for the Board included:

- Month 9 financial performance noted with plan for £10.06m deficit forecast for year-end with challenges noted
- Business planning process noted and principles for budget setting agreed with further clarity required
- Recommendation to approve the NHS Resolution contributions for 2024/25
- LTRM timeline noted

08/24 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 21 February 2024 at 11.00am.

SIGNED:

DATE:

Royal Berkshire
NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Wednesday 21 February 2024
11.00 – 12.45
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike O'Donovan	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Ms. Priya Hunt	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

In Attendance

Mr. Mike Clements	(Director of Finance)
Ms. Rebecca Cullen	(Associate Director of Strategy & Performance) (for minute 24/24)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)
Mrs. Kirsty Phillips	(Corporate Governance Manager)
Mr. Graham Sims	(Chair of the Trust)
Mr. Andrew Statham	(Director of Strategy)

Apologies

18/24 Declarations of Interest

There were no declarations of interest.

19/24 Minutes for Approval: 17 January 2024 & Matters Arising Schedule

The minutes of the meeting held on 17 January 2024 were approved as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 04/24: 2024/25 Business Plan and Budget Setting: The Chief Finance Officer advised that draft planning guidance had been issued.

Minute 05/24: Insurance 2024/25: The Chief Finance Officer advised that a meeting had been scheduled with the Trust's Account Manager from NHS Resolution for 27 February 2024 to discuss possibilities to reduce the Trust's contribution for 2025/26.

Action: N Lloyd

20/24 Standing Financial Instructions (SFIs)

The Chief Finance Officer introduced the SFIs and advised that these had been reviewed by the Executive Management Committee (EMC) and the Audit & Risk Committee. They had been updated in line with new Procurement Regulations and the delegated levels of

authority for both the Chief Executive and the Chief Finance Officer had been increased to £2.5m and £1.5m respectively. Care Group Directors authority levels had also been increased. The Chief Finance Officer highlighted that any potential reputational issues below these delegated levels would still be submitted to the Committee for review.

The Chief Operating Officer highlighted that EMC had requested consistency of delegated levels of authority for both Care Group and Corporate colleagues. The Chief Finance Officer confirmed that the delegated limits would be aligned on the E-Fin system, and this would be submitted to EMC for review. **Action: N Lloyd**

The Committee noted that the SFIs would be submitted to the public Board in March 2024 for approval and changes would be implemented from April 2024 onwards.

21/24 January 2024 Financial Update including Capital Plan and Savings Programme and Month 10 Forecast

The Chief Finance Officer highlighted that the run rate of expenditure in Month 10 had changed significantly from the previous Month 9 year to date run rate, and thus the expected forecast outturn position reported to the last meeting, based on the information available at that time had worsened. The Month 10 year to date position was a deficit of £13.83m which was £4.55m behind plan year to date. There had been an increase in pay spend which was now £11.01m adverse to plan year to date, in part because of the cost of cover for doctors' industrial action and overspending on pay. The run rate of expenditure on non-pay had increased, because of a catch up on receipting goods and services and there had also been a larger than expected movement on the Goods Received Not Invoiced (GRNI) accrual. A briefing note on this would be provided to the next meeting. The Committee noted that financial performance would be discussed with Care Group Performance meetings later in the week. The challenge was to seek an improvement of the forecast position by a further £0.5m reduction in corporate areas expenditure and a further £0.5m reduction in Care Groups expenditure before the end of the financial year.

The Chief Finance Officer confirmed that the original £10.05m forecast deficit discussed at the last meeting had assumed no further industrial action. However, there had since been an announcement by the British Medical Association (BMA) of further industrial action in February 2024 at an estimated cost of circa £300k. The Committee queried whether there was an issue with the accruals process and what controls were in place to enable spend when budget holders were spending at levels more than their planned budgets. The Chief Finance Officer explained that, following the investigation into the causes of worsening run rate between Month 9 and Month 10, it had become apparent that additional staff in other than medical grades had been booked to support safe staffing during the industrial action. However, these shifts had not been booked to the codes set up specifically to record the costs of industrial action. Budget holders had been reminded of the need to record costs against the correct codes, and the summary of costs returns for industrial action had now been amended and resubmitted with correct data. It was agreed that the Chief Finance Officer would provide further details of this at the next meeting. **Action: N Lloyd**

The Chief Operating Officer highlighted that bank and agency spend in Month 10 was £290k lower compared with Month 10 in 2022/23. Therefore, this demonstrated that controls were taking effect. In addition, work was on-going with Care Groups in relation to controls on spend.

The Chief Executive also suggested that the Committee would need to have details of whether the increase in pay was related to activity and/or increase in patient acuity and what the workforce profile was. **Action: N Lloyd**

The Chief Finance Officer advised that Month 11 position was currently being reviewed. However, early indications were that pay spend was less than Month 10.

[Section Exempt under FOI Section 43]

The Committee noted that the forecasted cash position for the end of March 2024 was £23.6m and this was close to the cash floor agreed by the Board.

22/24 Business Plan and Budget 2024/25 and Long-Term Resourcing Model (LTRM)

[Section Exempt under FOI Section 43]

The Committee noted the LTRM. The Chief Finance Officer confirmed that the next reiteration of the LTRM would be clearer on assumptions as work progressed to refine the modelling. **Action: N Lloyd**

23/24 Digital Progress Report

The Chief Operating Officer introduced the report and advised that this set out the work in progress to reset the Digital, Data and Technology directorate in line with the Fullerton review recommendations. This included the on-going development of a target operating model as well as established a substantive senior structure for the team.
[Section Exempt under FOI Section 43]

It was agreed that a meeting would be scheduled for the Chair of the Audit & Risk Committee to meet with the Trust Secretary, Deputy Director of DDaT, and the Chief Operating Officer to discuss the Digital Governance model in relation to Information Governance. **Action: C Lynch**

24/24 Integrated Performance Report (IPR) Metrics Review

The Chief Operating Officer advised that the IPR metrics had been reviewed through other Board committees. The Committee discussed the proposal for strategic metrics for Strategic Objective 5. It was agreed that, as well as living within our means, this should also be 'reduce impact on the environment: CO2 emissions. **Action: D Hardy**

The Committee queried why there was only one strategic metric for Strategic Objectives 2 and 4 when there were two metrics for all other Strategic Objectives. It was agreed that this would be reviewed. **Action: D Hardy**

The Chief Operating Officer advised that EMC would review the final metrics ahead of submission to the Board in March 2024. **Action: D Hardy**

25/24 Board Assurance Framework (BAF)

The Trust Secretary introduced the BAF and advised that updates had been included following review by other Board Committees and Executive leads. It was agreed that the responsible Committee for Digital Hospital Committee would be updated to the Finance & Investment Committee. **Action: C Lynch**

26/24 Corporate Risk Register (CRR)

The Chief Nursing Officer advised that the CRR had been reviewed by the Integrated Risk Management Committee (IRMC) in December 2023 and the Committee was due to meet

the following week. It was agreed that IRMC meeting dates would be reviewed to align with the Committee to ensure the latest updates were available.

Action: K Prichard-Thomas

The Chief Nursing Officer highlighted that there were four red risks on the CRR. The Committee noted that North Block East Wing (NBEW) had not been included on the current report. The Chief Executive advised that he received a weekly update on the risk as this was highest risk on the CRR. It was agreed that the latest update on NBEW would be circulated to the Committee and future reports to the Committee would include this risk.

Action: K Prichard-Thomas

27/24 Key Messages for the Board

Key messages for the Board included:

- Month 10 forecast of £15.1m deficit discussed with further detail requested in relation to the accruals process, the increase in pay expenditure run rate and reasons for this.
- [Section Exempt under FOI Section 43]

28/24 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 20 March 2024 at 11.00am.

SIGNED:

DATE:

Finance & Investment Committee

Annual Review of Effectiveness 2023/24

Mike O'Donovan
Chair, Finance & Investment Committee

Caroline Lynch
Secretary, Finance & Investment Committee

1 Summary

1.1 The purpose of this report is to provide an update on the work on the Finance & Investment Committee over the past year, and to provide assurance to the Board that the Committee has carried out its obligations in accordance with its terms of reference.

2 Governance

2.1 The role of the Committee is to give detailed consideration to finance, estates, investments and IT and to recommend to the Board, for approval, any business cases and contracts that fall beyond the delegated approval limits of the Executive team.

2.2 The Committee is a sub-committee of the Board. The Chair is responsible for escalating matters which the Committee considers need to be drawn to the attention of the Board when presenting the minutes of the Committee to the next meeting of the Board.

2.3 Sue Hunt was the Chair of the Finance & Investment Committee from 2014 to 31 October 2023. Mike O'Donovan was appointed the Chair of the Committee from 1 November 2023. Peter Milhofer resigned as a Committee member ending his term on the 30 September 2023. Mike McEnaney was appointed a Committee member on 01 October 2023.

2.4 The Committee's terms of reference are to be reviewed for recommendation to the Board at the meeting on 20 March 2024. The Committee also maintains an annual work plan.

3 Meetings and Membership

3.1 The Committee met formally on ten occasions between April 2023 and March 2024 as follows:

• 20 April 2023 • 18 May 2023 • 22 June 2023 • 20 July 2023 • 30 August 2023	• 21 September 2023 • 18 October 2023 • 16 November 2023 • 17 January 2024 • 21 February 2024

3.2 The attendance record of members of the Committee is as follows

Member	Maximum Number of Meetings	Number Attended
Mike O'Donovan	3	3
Mike McEnaney	4	4
Priya Hunt	10	8
Chief Finance Officer	10	10
Chief Nursing Officer*	10	10
Chief Medical Officer*	10	10
Chief Operating Officer	10	10
Chair of the Trust**	10	9
Chief Executive**	7	4
Sue Hunt***	7	7
Peter Milhofer***	6	6

*Either Chief Medical Officer or Chief Nursing Officer required to attend.

** The Chief Executive/Chair of the Trust are only required to attend 6 meetings a year.

3.3 The Trust Secretary or their nominee has attended all meetings. Other Directors and staff have attended meetings during the course of the year to advise and to respond to questions from the Committee. These have included the Director of Finance, Deputy Director of Finance, Director of Strategy and Care Group Directors.

4 Assurance

4.1 The Committee reviewed financial performance at each meeting.

4.2 During 2023/24, the Committee received regular updates at each meeting or regular intervals that included Board Assurance Framework, budget updates, capital plan updates, Insurance, transformation projects, business plans, quarterly forecasts, acute and non-acute contracts updates and contract approvals.

4.3 Other items received throughout the year included:

- Post Implementation Business Case review
- New Hospital Programme/Building Berkshire Together Updates
- Retail Strategy
- National Cost Collection Assurance
- National Costing Return
- Healthcare Facilities Management (HFMS) loan
- Business rates
- Benefits from charitable fundraising across RBFT sites
- Premises Assurance Model
- 2023/24 ICS budget discussions
- Bracknell Decarbonisation Bid
- Corporate Risk Register
- West Berkshire Community Hospital MRI
- Finance, IT and Estates Watch Metrics
- Estates Horizon Scanning

4.4 The Committee reviewed a number of projects in relation to value for money.

5 Attachments

5.1 The following are attached to this report:

Appendix 1 – Terms of Reference

Finance & Investment Committee

Terms of Reference

Constitution and Membership

The Committee will be appointed by the Board to give detailed consideration to finance estates, investment and IT, and to recommend to the Board any business cases and contracts that fall beyond the delegated approval limits of the Executive.

It will advise the Executive and Board on issues to achieve the best value for money and use of resources. It will seek to ensure that agreed strategies for finance, estates and IT are developed, implemented, monitored and reviewed.

The Committee and will review and scrutinise papers and recommend to the Board and advise as necessary. Meetings will consist of two parts and will be minuted separately. Part 2 of the meeting will consider investment items and the Outline Business Case (OBC) as part of the Estate Redevelopment.

The Committee will be chaired by a Non-Executive Director. The membership will include at least two further Non-Executive Directors, Chief Finance Officer, Chief Operating Officer and the Chief Medical Officer or the Chief Nursing Officer. Substitutes are not permitted.

The quorum of the Committee will be five members and will include at least three Non-Executive Directors.

Members are expected to attend three quarters of meetings in any one financial year.

Attendance

The Director of Estates and Facilities, Director of Strategy and Director of IM&T will be invited to attend part 2 of meetings as required. The Chief Executive and the Chair will attend five meetings annually.

The Trust Secretary (or their nominee) will act as secretary to the Committee.
The Committee may invite other staff and external advisors to attend for all or part of any meeting.

Frequency of Meetings

The Committee will meet monthly with the exception of August and December.

Monitoring

The work of the Committee will be kept under review by the Board.
The Committee will conduct an annual review of its effectiveness with its terms of reference and submit any findings and proposals for changes to the Board of Directors for consideration.

Duties

The main duties of the Committee will be:

a) To confirm a broad and long-term Financial Strategy is developed in support of the wider integrated business plan and to review the overall financial performance of the Trust.

b) To monitor the performance of the Trust in respect of its key Financial Performance targets, delivery of the NHS Improvement Single Oversight Framework and the overall cost improvement programme.

c) To confirm the Trust manages its asset base efficiently and effectively and to confirm projects of significant value, whether related to property or other assets, are properly identified, managed and controlled and that business cases are robust.

d) To review the Trust's Estates Strategy, its formulation, development and implementation, its links to other related strategies and thus ensure that the Trust's capital assets are properly and effectively utilised.

e) To review the Trust's IT Strategy, its formulation, development and implementation, its links to service and financial strategies.

f) To review the negotiation of contracts with the organisation's commissioners and to review and recommend the approval of any procurement contracts beyond the delegated authority of the Executive to the Board.

g) To review and make recommendations to the Board in respect of any business cases that fall beyond the delegated authority of the Executive.

h) To review post implementation investment appraisals and to advise the Board on the level of benefits realised from such investments.

i) To make recommendations to the Board and to the Chief Executive as to appropriate actions required in respect of finance, estates and IT to ensure the Trust is operating effectively, efficiently and economically.

j) To consider and approve all business cases, clinical and or commercial in line with the delegated limits of authorisation as stipulated in the Trust's Standing Financial Instructions in relation to the Estates Redevelopment Programme.

k) To review in detail any other relevant issue referred to it by the Board for more detailed consideration.

Estates

For the period that the Trust is preparing and submitting business cases in relation to the Estates redevelopment (including the Outline Business Case (OBC) and Full Business Case (FBC) the Committee will take on additional governance responsibilities for oversight and review and to make recommendations to the Trust Board.
The recommendations would include financial and economic elements which underpin the various stages of the business cases ahead of submission to approval to NHS England/ NHS Improvement (NHSI/E) / Treasury. The Director of Estates and Facilities and Director of Strategy will attend for this part of the meeting.

Reporting

The minutes of meetings will be formally recorded and submitted to the Board after each meeting. The investment section of the meeting will be minuted as a private meeting and submitted to the private Board.

The Committee will review these terms of reference on an annual basis and report to the Board accordingly.

Reviewed by the Committee: 20 March 2024

Approved by the Board:

Royal Berkshire NHS Foundation Trust

Minutes

Charity Committee

Thursday 14 March 2024
13.00 – 15.00
Video Conference Call

Present

Dr. Bal Bahia	(Non-Executive Director) (Chair)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Don Fairley	(Chief People Officer)
Dr. Sunila Lobo	(Public Governor, Reading)
Ms. Adenike Omogbehin	(Staff Representative)
Mr. John Stannard	(Patient Representative) (from minute 07/24)
Ms. Jo Warrior	(Charity Director)

In attendance

Dr Bannin De Witt Jansen	(Head of Corporate Governance)
Mrs. Charlene Sables	(Deputy Director of Finance, Financial Control)
Mr. Graham Sims	(Chair of the Trust)

Apologies

Mr. Mike Clements	(Director of Finance)
Mrs. Caroline Lynch	(Trust Secretary)

01/24 Declarations of Interest

There were no declarations of interest.

02/24 Minutes for Approval 22 November 2023 and Matters Arising Schedule

The minutes of the meeting held on the 22 November 2023 were agreed as a correct record subject to the following amendment:

Minute 33/23: Charity Director's Report: The Charity Director confirmed that the Charity was working with Trust staff Charity Champions across the Trust to raise awareness and identify fundraising and project grant opportunities.

03/24 Charity Director's Report

The Charity Director provided an overview of the report. The letter to retailers was due to be disseminated at the end of March 2024 and an update on responses received would be provided to the next meeting. The Committee agreed that the final draft would be sent to the Chair for review and approval and circulated to the Committee for information.

Action: J Warrior

The Charity Director advised that year-to-date income was lower than it was at this time last year; however, major donor income had exceeded the target and corporate donations were expected to surpass the annual target.

The Christmas concert was well attended and had raised £5k. The large turnout of Trust staff demonstrated the impact of the work of the Charity Champions across the Trust. The 2024 concert would be held on the 6 December 2024. The Charity had appointed a Charity Coordinator.

The Committee noted the reduction in income and asked what could be done to encourage charitable giving in the challenging economic environment. The Charity Director advised that the Charity was building on the Trust's reputation as a major provider of local acute healthcare services across the community to elicit donations. However, identifying large estates, equipment and facilities projects was key to attracting larger donations and substantial grant applications.

The Charity Director had met with the Director of Research & Innovation and a list of potential projects involving the University of Reading had been developed. Additional meetings with the Care Groups had been scheduled to identify opportunities for larger estates, facilities and equipment projects.

04/24 Grant Applications for Approval: Buscot Ward Ventilators

The Charity Director provided an overview of the application. The Committee requested clarification in relation to the amount of funding required. The Charity Director advised that the total cost of £102k would be divided equally between three charities, Babies In Buscot (BIB), New Life & the Royal Berks Charity. Funds would be received from BIBs and New Life by the Royal Berks Charity who would raise the purchase order.

The Committee approved the application.

05/24 RBC Trusts and Grants Fundraising Strategy 2024/2027

The Charity Director introduced the report. The Charity Director highlighted that the Charity team had an active presence in all Trust sites and members of the team frequently worked across sites to promote the Charity and identify fundraising and grants opportunities.

The Charity Director highlighted that the West Berkshire site was owned by Berkshire Healthcare NHS Foundation Trust who had their own charity. Therefore, fundraising on this site had to be carefully considered.

The Committee discussed whether the current strategy was ambitious. The Charity Director highlighted that the strategy had been developed in consideration of the economic environment, team capacity and other factors and was therefore realistic. Benchmarking against the strategies of other Trust Charities had been carried out and identified large variation in income targets which ranged from £40k to £400k. Additional work was ongoing to identify commercial and other donors' maximum grant allowances to ensure that the team focused on those applications which would increase income stream.

The Committee discussed the Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis and agreed that the Charity Director would engage relevant stakeholders in the Trust

to address the weaknesses and threats, including the approval times required to sign off grants. **Action: J Warrior**

06/24 Charity Draft Budget 2024/25

The Committee received the report. The Charity's legacy income was lower than in any previous year and work was ongoing to identify ways of working with others across the Trust and the community to improve that.

The Committee queried whether the Charity would receive the £2.0m legacy. The Charity Director advised that the donation would be realised; however, lengthy probate requirements would delay its receipt until next year. The Charity Director clarified that the legacy would be split equally between the Charity and Guide Dogs for the Blind.

The Committee discussed the balance between income and expenditure on pay and non-pay costs. The current operating costs were currently at 44%. The year-on-year increase in income was relatively small in comparison to the rate of increase in staffing. The Charity Director advised that the higher rate of operating costs were in part attributable to the recent rebranding; however, as this had been completed, this would be reduced next year.

The Committee agreed that the budget would include an additional Key Performance Indicator (KPI) to monitor operational costs against income. **Action: J Warrior**

The Committee requested clarification on the £1.0m total for activity expenditure on buildings and refurbishment as this figure was quite high. The Charity Director advised that estates and building refurbishments were typically high cost projects. The Charity had already received £450k funding for a Cardiology refurbishment, £120k for a playroom renovation and £100k for the refurbishment of the Eating Hub therefore the target had been set for £1.0m.

The Committee agreed that the rate of interest should be included in the budget. **Action: J Warrior**

The Committee agreed that future reports would clearly identify projects which specifically benefitted staff and those which benefited patients to increase transparency in relation to how charitable funds were invested. **Action: J Warrior**

The Committee queried whether progress had been made to find an investment adviser. The Charity Director advised that four bids had been received in response to the Charity's tender; however, all four bidders subsequently declined the contract. A revised tender would be resubmitted in due course.

The Committee approved the Budget for 2024/25.

07/24 Finance Update

The Deputy Director of Finance, Financial Control, provided an overview of the financial statements and advised that the finance report was fully aligned with the Charity Director's report as requested by the Committee. The Charity had used just over 50% of its funds and 71% of total income had been generated from the Trust's top nine funds.

The Committee recommended future budgets should include a forecast outturn and year-end forecast. **Action: J Warrior**

08/24 Terms of Reference

The Committee approved the Terms of Reference.

The Committee recommended that the approval limit for the Charity Director was increased to £250k in line with approval limits for other Directors. **Action: M Clements**

09/24 Work plan

The Committee received the work plan.

10/24 Key Messages for the Board

The Committee agreed the following key messages:

- The Committee approved the Charity Budget for 2024/25
- The Committee approved the Buscot Ward Grant Application.
- The RBC Trust and Grants Strategy 2024-27 was approved
- The Committee recommended that the approval limit for the Charity Director was increased to £250k in line with other Trust Directors.
- The Charity Christmas Concert would take place on 6 December 2024.

11/24 Reflections of the Meeting

The Chair led the discussion.

12/24 Date of the Next Meeting

It was agreed that the next meeting would be held on Wednesday 1 May 2024 at 10.00am.

SIGNED:

DATE:

Charity Committee

Terms of Reference

Constitution and Membership

The Royal Berkshire Hospital Trust Charitable Fund (Charity Registration Number 1052720) is governed by the Trust Deed which was approved by the Trustees. Under the terms of the deed the Charitable Fund is administered and managed by the Trustees, the members of the Royal Berkshire NHS Foundation Trust as a body corporate.

The Trustees derive their authority to act from the Trust deed of the NHS Trust Charitable Fund, approved by the Trustees.

The Corporate trustee is the Board of Directors and they delegate operational accountability to the Head of Charity, monitored by the Charity Committee.

The Committee will be chaired by a Non-Executive Director of the Trust. Additional membership will include the Chief People Officer, Trust Secretary, Director of Finance, two public Governors nominated by the Council of Governors, a staff representative, a patient representative and the Charity Director.

Attendance

The quorum will be four members including the committee Chair, Chief People Officer, Charity Director and one other member.

External advisers may attend as necessary at the request of members. The Chief Executive and the Chair will attend two meetings annually.

The Trust Secretary (or their nominee) will act as a member and secretary to the Committee.

Frequency of meetings

The Committee will meet at least four times a year. Note, the Charity Board will meet twice per year in each case the committee will meet one week before these. The Charity Director will attend the Charity Board.

Monitoring

The work of the Charity Committee will be kept under review by the Charity Board.

The Committee will conduct an annual review of its effectiveness with its terms of reference and submit any findings and proposals for changes to the Charity Board for consideration.

The Committee shall have the delegated authority to act on behalf of the Board of Directors in accordance with the Constitution of the Charity and the Standing Orders, Standing Financial Instructions of the Trust.

The minutes of Committee meetings will be formally recorded and submitted to the Board of Directors.

Committee Duties

The members of the committee are responsible for the oversight and enquiry of the management of the Charitable Funds, through the Head of Charity. They are required to:

a) satisfy themselves that best practice is followed in terms of guidance from the Charity Commission, National Audit Office, Department of Health and other relevant organisations;

b) ensure that the appropriate policies and procedures are in place to support the Charitable Funds Strategy and to advise Fund Managers on income and expenditure and that this is reviewed at regular intervals;

c) develop the Foundation Trust's Charitable Funds Strategy and on an annual basis and recommend changes to the Charity Board where appropriate;

d) obtain assurance that a separate register of interests is compiled for both Trustees and Fund Managers, and that this is reviewed and updated on a regular basis;

e) approve fundraising policies that comply with statutory requirements in conjunction with the Charity Board and CFO.

f) on an annual basis, review and recommend income and expenditure plans, compiled from Fund Managers' detailed plans, ensuring that they complement the strategy.

g) seek assurance that an effective mechanism exists whereby equipment needs are identified and satisfied, within resource constraints, through an equitable bidding process underpinned by business plans.

h) receive assurance that all research monies paid into charitable funds meet the criteria for charitable status as specified by the Charity Commission;

i) review the number of funds on an annual basis and undertake a programme of rationalisation, where appropriate;

j) keep the equivalent of one year's running costs in reserves

Reviewed by the Committee:

Approved by the Board:

Quality Committee

Monday 5 February 2024
10.00 – 12.00
Boardroom, Level 4

Members

Mrs. Helen Mackenzie	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Janet Lippett	(Acting Chief Executive)
Mr. Mike McEnaney	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

In Attendance

Mrs. Christine Harding	(Director of Midwifery) (for minute 03/24 and 06/24)
Ms. Louisa Harris	(Patient) (for minute 03/24)
Mrs. Sharon Herring	(Associate Chief Nurse) (from minute 03/24 and 08/24)
Dr. Bannin De Witt Jansen	(Head of Corporate Governance)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive Officer)
Mrs. Maria Walker	(Senior Patient Experience Facilitator) (for minute 03/24)
Mx. Lucy Walker	(CAT 3 Patient Pathway Manager)

Apologies

Dr. Bal Bahia	(Non-Executive Director)

01/24 Declarations of Interest

There were no declarations of interest.

02/24 Minutes from the previous meeting: 6 December and Matters Arising Schedule

The minutes of the meeting held on 6 December 2023 were approved as a correct record and signed by the Chair.

The Committee noted the matters arising schedule. All items had been completed or included on the agenda.

03/24 Patient Story

The Chief Nursing Officer introduced Ms Harris, a patient of the Trust. The Committee watched a short video in which Ms Harris described her experience of the birth and loss of her first child as a result of a group B streptococcus (GBS) infection. Ms Harris spoke to the Committee about the work she was involved in to raise awareness of GBS testing for pregnant mothers and birthing people. Ms Harris highlighted the support provided to her by the Trust's Rainbow Service and the end-of-life care her father received at the Trust.

The Director of Midwifery provided an overview of changes implemented in the Trust's midwifery practice as a result of the lessons learned from Ms Harris' experience. These changes had been recognised by the Care Quality Commission (CQC) and the Healthcare Safety Investigation Branch (HSIB) as significant improvements in practice. Ms Harris highlighted the support she received from the bereavement midwife team who cared for her after the loss of their first child and through the birth of her second child. The Committee commended Ms Harris for attending to speak on a highly emotive topic and acknowledged the work of the maternity department in implementing the relevant changes to practice.

04/24 Serious Incidents including Maternity (SIs)

The Chief Nursing Officer introduced the report and advised that the new Patient Safety Incident Response Framework (PSIRF) would change the way in which SIs would be described and reported and future reports would be amended to adhere to the new reporting standard. The Committee requested that additional context was added to the SI report to enable non-clinical Committee members to better understand the context of SI events. The Committee agreed that future reports would detail which actions and learning had been implemented as a result of an event. **Action: K Prichard-Thomas**

The Committee raised a query in relation to the pre-operative incident (2023/22456) and the mitigations put in place to prevent future occurrences. The Chief Medical Officer advised that the incident occurred due to the team referring to the incorrect patient notes during the consent process. The Trust had since purchased additional equipment for the team that should prevent a future occurrence. The Chief Medical Officer emphasised that Care Groups were being encouraged to identify and escalate such risks at their scoping meetings so issues such as this could be addressed.

The Trust had recently hosted a well-attended event to celebrate the 15-year anniversary of the World Health Organisation (WHO) Safety Checklist. The national training team delivered training and all attendees were encouraged to share this learning with their teams to ensure best practice was implemented across care groups and non-theatre teams.

05/24 Integrated Performance Review (IPR) Metrics Review

The Chief Operating Officer introduced the report. The Friends and Family Test (FFT) is being proposed as a new strategic objective measure to replace the number of complaints. The FFT provides all patients, families and visitors an opportunity to provide feedback to the Trust. This enables the Trust to monitor feedback across the whole organisation and identify trends and hot spots that require improvement. Patient complaints would remain a watch metric. The Chief Operating Officer advised that work was ongoing with the Transformation Team to identify ways to further analyse the FFT data to drive improvement across the Trust. A review of how other Trusts were using the FFT scorecard was underway. The committee supported the change in metrics.

The Committee noted that the report referred to both 'minimising harm' and 'reducing harm' and requested that the same terminology was used throughout the report for consistency. **Action: D Hardy**

Overall, the committee agreed with the direction of the new IPR.

06/24 Maternity CQC Inspection Update

The Chief Nursing Officer provided a high-level overview of the draft report received from the Care Quality Commission (CQC) team following an announced 1-day inspection in November 2023. The Trust had received ratings of Good for maternity services overall,

Good for Well-Led and Requires Improvement for safety. The report recommended two 'must do' and seven 'should do' actions for the Trust. A factual accuracy review would be carried out and submitted to the CQC in the next ten working days. The Director of Midwifery advised that the review would seek to provide evidence that both 'must do' actions were already embedded in the Trust's routine practices. The Chief Nursing Officer advised that the current version of the report was still in draft and the full results were embargoed until the final report had been issued by the CQC. The Committee acknowledged the significant effort and work carried out by the maternity unit to improve maternity services over the past four years.

07/24 Learning Disabilities and Autism (LD&A) Update

The Chief Nursing Officer introduced the report. The Trust was working with partners in the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System (BOB ICB) to produce a local audit report and better understand providers' responsibilities under the Autism Act. The Trust aimed to expand Tier 1 of the Oliver McGowan training and roll out Tier 2 training for all clinical staff. The Committee agreed that the Executive Management Committee should review the Mandatory and Statutory Training (MAST) requirements with a view to removing another item of MAST to ensure staff had the time and opportunity to complete the Oliver McGowan training.

A discussion regarding the development of a neurodiversity and autism strategy in relation to patients was had and an update would be submitted to the Committee by the end of the 2024 calendar year. **Action: K Prichard-Thomas**

08/24 Complaints and Patient Relations Annual Report

The Associate Chief Nurse introduced the report. Internal audit recommendations in relation to tracking actions and patient surveys had been actioned and changes made to the Trust's complaints policy. Work was ongoing in collaboration with the Trust's Transformation team to ensure the patient complaint handling process was as robust as it could be.

The Associate Chief Nurse highlighted that the complaints and patient relations team were working closely with Care Groups to reduce the time required to collate essential information and evidence relating to complaints. The Trust was also considering options for producing patient complaints information leaflets in different languages to ensure that all communities served by the Trust were able to access and use the service. The committee also noted the recent good internal audit report into the complaints process.

The Associate Chief Nurse advised that future reports would highlight any themes and identify areas where Care Groups had committed to improvement. Further amendments were being made to the Patient Complaints policy to clarify processes for managing vexatious complaints. The next report would be submitted to the Committee for review in September 2023. **Action: K Prichard-Thomas**

09/24 National Survey 2022/2023

The Chief Nursing Officer introduced the report. This round of the survey had focused on maternity, inpatients and the Emergency Department (ED). The Trust was benchmarking well against other trusts. Three areas where the Trust required improvement included sleep, discharge and self-medication. The results for maternity were under embargo. The Committee noted the report and the actions in progress.

10/24 Quality Impact Assessment Policy

The Committee received the policy and noted that the Policy Approval Group had approved it in January 2024.

11/24 Watch Metrics

The Chief Medical Officer introduced the report. The Committee agreed that future reports would indicate those watch metrics that were nationally set and those that were specific to the Trust. The Committee agreed that a summary should be included on the front page to highlight the watch metrics that required specific focus by the Committee. The Chief Medical Officer would provide this feedback to the Informatics team. **Action: J Lippett**

12/24 Committee Terms of Reference

The Committee requested the following amendments to the Terms of Reference:

- Quorum should be five members comprising three Non-Executive and two Executive Directors
- The phrase 'non-executive in nature' would be removed
- The Quality Assurance & Learning Committee would be amended to Quality Governance Committee.
- Under the Attendance subheading, the sentence would be amended to remove the job titles and read 'Other staff may be asked to attend'.
- The Trust Secretary would review the terms of reference with a specific focus on the Committee's duties in relation to Improving Together. **Action: C Lynch**

13/24 Work Plan

The Committee agreed that the work plan would be updated as follows:

- An update on the Quality Strategy would be added
- Quarterly reporting on the national patient survey would be added
- The frequency of IPR Watch Metrics would be amended to every meeting
- An annual review of the IPR report would be added
- A review of return of Referral-To-Treatment waiting lists would be submitted annually with the next report due in 2025.

Action: C Lynch

14/23 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- The Committee received a powerful and moving patient story and clearly understood the impact that the experience had had on the patient and their family. The Committee received good assurance in relation to the improvements made to the maternity practice in light of the patient's experience.
- The Committee received the maternity CQC update
- The Committee received the Learning Disabilities & Autism (LD&A) update and acknowledged that further work was required in an area that was becoming increasingly complex.
- The Committee received Complaints and Patient Relations Annual report and noted the update on improvements made to the processes for managing Patient Complaints

- The Committee received the reports for and acknowledged the overall positive outcomes of the national patient survey results for maternity, ED and inpatients.
- The Committee reviewed the Watch Metrics.
- The Committee reviewed and recommended the Terms of Reference for approval subject to the agreed amendments.

15/24 Reflections of the Meeting

The Trust Secretary led the discussion.

16/24 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 10 April 2024 at 10.00am.

SIGNED:

DATE:

Quality Committee

Terms of Reference

Constitution and Membership

The Committee will be appointed by the Board to give detailed consideration to all components of the quality of care provided by the Trust including clinical effectiveness, patient safety and patient experience.

The Committee is primarily concerned with the delivery of safe, high quality patient care. This will be achieved through its engagement with the Quality Assurance & Learning Committee and other sub-committees to obtain and provide assurance to the Board that:-

(a) appropriate structures, processes and controls are in place to assure quality in clinical care and the patient experience

(b) the key risks to safety and quality of clinical services are recognised and are being addressed to ensure their resolution in a timely manner.

The Committee will review and scrutinise papers and recommend to the Board as necessary.

The Committee will be chaired by a Non-Executive Director. The membership will include at least two further Non-Executive Directors, Chief Medical Officer or Chief Nursing Officer and the Chief Operating Officer.

Members will be expected to attend four out of six meetings.

The quorum of the Committee will be four members, including at least two Non-Executive Directors and two Executive Directors.

Attendance

The Chief Medical Officer or the Chief Nursing Officer are expected to attend all meetings. The Chief Executive and the Chair will attend 3 meetings annually.

Other staff may be asked to attend, including the Care Group Directors, Care Group Directors of Nursing, Head of Pharmacy and Head of Patient Safety, Head of Risk Management, Head of Patient Experience, Head of Research and Development and Deputy Chief Nurse for specific items only.

The Trust Secretary (or their nominee) will act as secretary to the Committee.

Frequency of Meetings

The Committee will meet at least six times a year and such other times as may be required.

Monitoring

The work of the Committee will be kept under review by the Board.

The Committee will conduct an annual review of its effectiveness with its terms of reference and submit any findings and proposals for changes to the Board of Directors for consideration.

Duties

The Committee will:-

(a) monitor the Quality Account including related actions and their impact

(b) receive regular reports from the Quality Assurance & Learning Committee on the actions being taken to ensure effective clinical governance in the Trust

(c) examine issues of concern escalated by the Quality Assurance & Learning Committee or its sub-committees or referred by the Board in respect of clinical governance matters in the Trust, consider action plans to deal with them and monitor their effectiveness

(d) develop an annual work programme setting out key areas for attention in the coming year including, as a minimum:-

- regular updates on the implementation and effectiveness of clinical outcomes, quality improvement, patient safety and patient experience
- regular updates on progress against the Quality Account objectives
- the implementation of actions plans following relevant regulatory inspections
- gaps in assurance as identified on the Board Assurance Framework.

(e) review KPIs and other metrics through the quality account dashboard, including those in respect of learning from serious incidents and never events, to provide assurance to the Committee and the Board in respect of the effectiveness of the clinical governance in the Trust

(f) identify areas of significant risk to clinical safety, patient outcomes and patient experience, set priorities and place actions using the Board Assurance Framework

(g) review clinical risks included in the Corporate Risk Register in terms of the effectiveness and timeliness of mitigating actions taken and to report to the Board and to the Audit & Risk Committee

(h) receive periodic assurance reports on the progression of the Continuous Quality Improvement programme.

(i) ensure that actions for improvement identified in incident reports, reports from HM Coroner and other similar documents are addressed

(j) identify areas for improvement in respect of learning from incidents and complaints, from the results of national and local patient surveys/PALS and ensure appropriate action is taken

(k) oversee the system within the Trust for obtaining and maintaining any licences relevant to clinical activity in the trust (e.g. Human Tissue Authority)

(l) monitor the Trust's compliances with the national standards of quality and safety of the Care Quality Committee, and NHS Improvement's licence conditions relevant to patient safety and quality

(m) Review clinical audit plans and related improvement including recommendations from external bodies being incorporated by the Trust (e.g. National Confidential Enquiry into Patient Outcomes and Death or Care Quality Commission)

(n) Review the implications of confidential enquiry reports for the Trust and to endorse, approve and monitor the internal action plans arising from them.

(o) Receive regular reports related to maternity services including Healthcare Safety Investigation Branch (HSIB) investigations.

Reporting

The minutes of meetings will be formally recorded and submitted to the Board after each meeting.

The Committee will review these terms of reference on an annual basis and report to the Board accordingly.

Reviewed by the Committee: 5 February 2024

Approved by the Board:

Royal Berkshire NHS Foundation Trust

Minutes

People Committee

Thursday 15 February 2024
10.00 – 11.50
Video Conference Call

Members

Mrs. Priya Hunt	(Non-Executive Director) (Chair)
Mr. Don Fairley	(Chief People Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mr. Graham Sims	(Chair of the Trust)
Prof. Parveen Yaqoob	(Non-Executive Director)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

In Attendance

Miss. Kerrie Brent	(Corporate Governance Officer)
Ms. Rebecca Cullen	(Associate Director of Strategy and Performance) (from minute 09/24 to 11/24)
Ms. Val Davis	(Associate Director for Resourcing and Relations)
Mrs Suzanne Emerson-Dam	(Deputy Chief People Officer)
Ms. Sharon Gill	(People and Change Partner, Urgent Care)
Ms. Cindy Kouris	(Head of Workforce Information and Systems)
Mrs. Caroline Lynch	(Trust Secretary)
Dr. Jess Palmer	(Guardian of Safe Working) (for minute 07/24)
Mr. Pete Sandham	(Head of Organisational Development, Engagement and Inclusion)

Apologies

Mrs. Helen Mackenzie	(Non-Executive Director)

01/24 Declarations of Interest

There were no declarations of interest.

02/24 Minutes: 9 November 2023 and Matters Arising Schedule

The minutes of the meeting held on 9 November 2024 were approved as a correct record subject to a minor typographical amendment on minute 59/23.

The Committee received the matters arising schedule. All items had been completed or included on the agenda.

03/24 Chief People Officer Report

The Chief People Officer introduced the report. The Committee noted the announcement further industrial action from 24 February 2024 to 28 February 2024.

An update was provided in relation to the national proposal to develop a separate pay spine for nurses. It was noted that the Chief People Officer and Chief Nursing Officer would attend a meeting on this topic next week.

The Committee noted the health and wellbeing update and acknowledged that the Trust was amongst the top trusts in the South East region and high performing nationally for its uptake on COVID and flu vaccinations. However, the overall national uptake had reduced.

Staff health checks was progressing well with over 1000 completed. Further work was underway to encourage remaining staff over 40 to take up offer. Expansion of the staff health checks to over 35s was being considered.

The Chief People Officer provided advised that the rollout of the Recognising Individuals Success and Excellence (RISE) talent management programme was on target. The rollout was anticipated for completion by 2025. To support this, the Trust would also rollout the 360 feedback tool currently available to Tier 2 staff to all staff groups.

The Committee noted that the Trust had been successful in its Health Innovation Partnership (HIP) project bid submission. £22k had been received to deliver a research project on improving staff retention at the Trust in partnership with University of Reading Department of Economics and Henley Business School.

Additionally, the Trust had been successful in its bid to join cohort 2 of the NHS People Promise Exemplar Programme. £72.5k had been received to employ a People Promise Manager to lead and manage programmes of work aligned to People Promise imperatives including specific work on staff retention.

A question was raised in relation to decision making for RISE talent management pathways and whether data could be provided for gender, disability and minority staff groups. The Chief People Officer advised that data was available. However, the programme had not yet been fully implemented across the Trust and a further phase of the rollout required to include 360 feedback tool. The Committee noted that once the programme had been fully implemented further data would be reviewed. It was noted that the talent review board regularly reviewed and challenged departments that had a higher percentage of gold and green rated appraisals. Discussions were on-going in relation to senior leadership appraisals rating and the consideration as to whether they had completed their teams appraisals. An update would be provided at the next meeting. **Action: D Fairley**

A question was raised in relation to staff morale and whether senior leadership regularly visited departments. The Chief Nursing Officer provided assurance that this was evidenced by all levels of senior leadership through drop in visits as well as Improving Together department huddles. It was noted that the huddles had proved effective by enabling teams to re-huddle and boost morale, enthusiasm and teamwork. Feedback from frontline staff was that they felt supported. The Head of Organisational Development, Engagement and Inclusion highlight that data from the recent staff survey results evidenced that morale had improved despite difficult circumstances.

04/24 Chief People Officer Metrics

The Chief People Officer introduced the Driver Metrics and highlighted the positive reduction in staff turnover rate.

An increase in the vacancy rate was noted in December 2023. However, the metric remained on a downward trend. A number of actions were progressing to ensure information on Electronic System Record (ESR) was aligned to data on the finance system. It was anticipated that the vacancy rate would decrease once this work had been completed. The Chief People Officer advised that work was on-going to review ways to reduce the risk of competition from nearby trusts including finalising a recruitment and retention guidance for incentives and allowances.

The Committee discussed the effectiveness of exit interviews. The Chief People Officer confirmed that exit interview surveys were issued to all staff leaving the organisation and they were also provided with the option of a formal follow up interview. The Committee noted that there was often a low response rate. The Deputy Chief People Officer advised that if a concern was highlighted from a specific department additional exit surveys could be issued to leavers after a specific time period from leaving the Trust. The Committee noted that exit surveys and interviews would be a specific area of focus for the People Promise Manager once recruited. It was agreed that a report would be submitted to the next meeting to provide data currently held in relation to surveys and interviews over the last two year period. **Action: D Fairley**

The Committee noted the challenges for international staff being able to receive a letter of support from the Trust when renting accommodation. The Chief Finance Officer was currently reviewing whether the Trust could become a guarantor for private leasing recognising that this could have a detrimental effect on Trust finance.

The Chief People Officer advised that the Care Groups had reviewed their driver metrics and were in the process of changing their focus from turnover to appraisals and Mandatory And Statutory Training (MAST). The variation of appraisal rates across clinical areas was discussed. It was agreed that a report would be submitted to the next meeting providing further detail on the variation. **Action: D Fairley**

05/24 People Strategy Operational Plans

The Chief People Officer introduced the high level summary of the operational delivery plan. The plan highlighted the ambitions and set out the priorities, actions and measures for the next two years in order to realise the Trust's People Strategy 2023/27 vision.

The Committee acknowledged the challenges of delivering the ambition of clinical apprenticeship expansion due to resistance and funding. The Chief People Officer advised that there had been early notification of expected NHS England funding for apprenticeships in 2024/25. However, it was not yet confirmed yet how the funding could be utilised. The areas of focus over the two year period were; nursing, midwifery, physiotherapy, occupational therapy and speech and language.

06/24 Staff Survey Results

The Head of Organisational Development, Engagement and Inclusion advised that the Trust had achieved its highest ever response rate of 60% in the 2023 Staff Survey. The Committee discussed and acknowledged the positive results and noted the areas for improvement. When benchmarked nationally against other trusts, the Trust was ranked in the fifth best in the overall table of 62 acute and joint community trusts. An improvement from seventh in 2022 and tenth in 2021.

The Chief People Officer highlighted key areas that the Trust had achieved a good rating. Areas that required improvement included satisfaction with pay, increased incidents of violence and aggression experienced by staff from members by the public and the increased negative staff experience caused by discrimination. It was noted that a specific project focused on addressing violence and aggression towards trust staff was due to commence in the coming weeks and would be communicated via trust channels.

The Chief People Officer advised that local action plans were being developed and would be submitted to the Executive Management Committee for discussion and review as well as a high level thematic improvement plan for continued Trust-wide improvement.

The Committee noted eight performance themes against the nine NHS People Promise themes had improved; one remained the same and none had deteriorated.

The Trust also benchmarked well in key headline measures such as recommendation of the Trust as a place to work; place to receive treatment and satisfaction with standard of care provided by the Trust.

The Committee noted the results would be communicated through social media channels once the embargo was lifted. The full report would be submitted to the Committee following the National publication of the results in February 2024. **Action: D Fairley**

07/24 Guardian of Safe Working Update

The Guardian of Safe Working advised that the number of exception reports had increased in the last three months. However, this had reduced in comparison to the same reporting period 2022/23; the majority related to late finishes. A detailed review was on-going with General Surgery, Paediatrics and Psychiatry. Work was also on-going to improve the accuracy of data provided as well as a benchmarking with other local trusts.

The Committee noted that a large number of locum shifts requested and booked indicated a large number of vacancies or rota gaps. Departments were required to ensure that they were planning in advance for known vacancies, in order to reduce the impact on other doctors, including requesting locum cover.

The balance of fine funds as at 31 December 2023 was circa £28k. It was noted that as previously agreed allocated funds would be used for the expenditure for the Junior Doctor's Mess refurbishment as well as predictable patterns.

A question was raised in relation to the plan to address the quality of the system for collating accurate data on exception reports. It was noted that work was on-going to address and replace the system with the review of two current options Care Record Service (CRS) and Patchwork as well as discussions with Patchwork to develop a long term solution system within for exception reporting.

08/24 Gender Pay Gap 2023 Report

The Head of Organisational Development, Engagement and Inclusion provided an overview of the Trust's Gender Pay Gap positon for the financial year 2022/23. An increase in Gender Pay Gap of 0.95% since 2022 and an increase of 5.6% in the median gap was noted. The Committee also acknowledged the Trust's gender bonus pay gap position was 28%; an increase from 2022 and the 0% median bonus pay gap due to changes to how the Clinical Excellence Awards (CEA's) were distributed. The Committee noted the overview of workforce composition and adversity in the data range were key factors affecting the reported position. A number of actions were being progressed including improvements recommended as part of the national Mend the Gap report publication.

A question was raised in relation to the comparison with other trusts given that the Gender Pay Gap had increased nationally. The Chief People Officer would review the data for the South East Region and provide an update. **Action: D Fairley**

The Committee approved the Gender Pay Gap report for 2023.

09/24 Womens+ Network

The Associate Director of Strategy and Performance provided an overview of the launch of the Womens+ Network scheduled for 8 March 2024 on International Women's Day. It was noted that communications would circulated including an engagement survey. Visits to areas that did not have regular access to Workvivo had also been arranged.

The Committee noted that the Women's network would be open to all genders, including those that identified as male. It was agreed that a list of all employee networks at the Trust would be circulated to the Committee. **Action: D Fairley**

A suggestion was made to approach the National Womens' networks for shared learning as well as already established networks within the Trust.

A query was made as to whether all staff that required access to a mentor or a coach.. The Head of Organisational Development, Engagement and Inclusion advised that there was currently circa 60 mentors. However, demand was increasing. The Chief People Officer advised that a further review would be carried out and the South East Leadership Academy would be approached for review of access to mentors outside of the Trust as well as the consideration of a coaching and mentoring platform. **Action: D Fairley**

10/24 Nursing & Midwifery Safer Staffing Review

The Chief Nursing Officer provided an overview of the outcome of the annual audit for Nursing, Midwifery and Allied Health Professionals.

The results concluded that investment was required in two areas; two whole time equivalents (WTE) in midwifery and four WTE in elderly care based on the skill mix ratio, clinical outcomes and professional balance.

Further areas required additional scrutiny and support, along with focused activity by the safer staffing lead to strengthen processes. A safer staffing cycle has been developed to support processes.

The Committee approved the recommendations set out in the report.

11/24 Annual IPR Metrics Review

The Associate Director of Strategy and Performance introduced the report for review. The Committee noted the recent discussions held at Executive Management Committee and Quality Committee. The draft recommendations for review were discussed and the following was agreed:

- Strategic Metric 2: Improve retention: turnover rate would be reworded to improve retention: stability rate. A description would be included to highlight that the metric related to staff turnover within the first 12 months. **Action: D Hardy**

The Committee noted that the final set of recommendations would be submitted to the Executive Management Committee and Board of Directors in March 2024.

12/24 Committee Annual Review of Effectiveness and Terms of Reference

The Committee approved the annual review of effectiveness subject to the addition of appraisals to section 4.4 bullet point 1. **Action: C Lynch**

The Committee approved the terms of reference for approval by the Board. **Action: P Hunt**

13/24 Work Plan

The Committee received the work plan. It was agreed that the work plan would be updated to reflect the themes from the updated people strategy. **Action: C Lynch**

14/24 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- Care Groups decision to add Appraisals and MAST driver metric noted
- Approval of the recommendations in the Nursing & Midwifery Safer Staffing review
- Highest ever response rate of 60% in the 2023 Staff Survey
- Positive discussion in relation to the Guardian of Safe Working report
- Actions to address the Agenda Pay Gap increase discussed
- Launch of the Women's+ Network on 8 March 2024
- Annual IPR metrics review feedback provided
- Approval of the Committee's annual review of effectiveness and r terms of reference

15/24 Reflections of the Meeting

The Deputy Chief People Officer led the discussion.

16/24 Date of the Next Meeting

It was agreed that the next meeting would be held on Thursday 2 May 2024 at 10.00am

Chair:

Date:

Royal Berkshire
NHS Foundation Trust

February 2024

People Committee Annual Report 2023

Priya Hunt
Chair, People Committee

Caroline Lynch
Trust Secretary, People Committee

1 Summary

1.1 The purpose of this report is to give an update on the work on the People Committee over the past year, and to provide assurance to the Board that the Committee has carried out its obligations in accordance with its terms of reference.

2 Governance

2.1 The role of the Committee is to keep abreast of the external environment and the workforce consequences and implications, and support the development of the people strategy and ensure strategic priorities are being addressed.

2.2 The Committee capture and review the views of staff via relevant staff engagement mechanisms and develop effective strategies to respond to feedback.

2.3 The People Committee monitor workforce metrics, review areas of concern and report issues and plans to address them to the Board. The Committee requests and reviews reports and positive assurances from executives on the overall arrangement for Human Resources, workforce planning and learning and development.

2.4 Priya Hunt was appointed Chair of the People Committee from December 2022.

2.5 The Committee's terms of reference were approved by the Board in March 2023. The Committee maintains an annual work plan.

3 Meetings and Membership

3.1 The Committee met formally on four occasions between February 2023 and December 2023.

- 9 February 2023
- 19 May 2023
- 13 September 2023
- 9 November 2023

3.2 The attendance record of members of the Committee is as follows:

Member	Maximum Number of Meetings	Number Attended
Priya Hunt	4	4
Don Fairley	4	4
Eamonn Sullivan or	2	2
Hannah Spencer or	2	2
Janet Lippett	4	4
Helen Mackenzie	4	4
Parveen Yaqoob	4	4

3.3 The Trust Secretary or a nominated deputy has attended all meetings. The Chair of the Trust and the Chief Executive attend two meetings a year. Other Non-Executive Directors have also attended the meetings. Other Directors and staff have attended meetings during the course of the year to advise and to respond to questions from the Committee. These have included the Deputy Chief People Officer, Guardian of Safe Working, Head of

Organisational Development, Engagement and Inclusion, Head of Workforce Information and Systems and the Occupational Health Nurse Manager.

4 Assurance

4.1 The Committee has received the following annual reports and strategies during the year:

- Guardian of Safe Working Annual Report
- Long-Term Workforce Plan
- NHS Staff Survey Results
- Safer Staffing Review 2022
- Occupational Health Annual Report
- Workforce Race Standard Equality Annual Report
- Workforce Disability Standard Equality Annual Report
- Medical Revalidation Annual Report
- Gender Pay Gap Report
- Education Strategy
- People Strategy
- Birthrate Plus

4.2 The Committee also received regular quarterly reports including:

- Guardian of Safe Working
- People Strategy
- Workforce Key Performance Indicators
- Occupational Health
- Board Assurance Framework
- Corporate Risk Register

4.3 The Chief People Officer provided a report on a quarterly basis to provide assurance on key issues that included:

- Industrial action
- MAST and appraisal compliance
- Availability of staff accommodation
- What Matters 24
- Recruitment driver metrics
- See Me First initiatives
- Violence & Aggression
- Medical e-Rostering
- International recruitment and accommodation

4.4 In addition to the regular assurance received from items on the work plan, the Committee has sought and received assurance on the following specific issues:

- Mandatory and Statutory Training (MAST)

- Workforce Health & Safety
- Recruitment & Retention
- Mitigations to reduce violence and aggression against staff
- Trust structures that enable staff to speak up about incidents of violence, aggression and racism and other forms of discrimination
- Talent Management and Succession Planning
- Leadership Behaviours Framework
- Health Education England Provider Self-Assessment 2023 submission
- Birthrate Plus

People Committee

Terms of Reference

Constitution and Membership

The Committee will be appointed by the Board to develop and oversee delivery of the People strategy.

The Committee is non-executive in nature and will review and scrutinise papers and recommend to the Board and advise as necessary.

The Committee will be chaired by a non-executive director. The membership will include at least two further non-executive directors, the Chief People Officer and the Chief Medical Officer or Chief Nursing Officer.

The quorum will be four members and will include at least two non-executive directors and two executive directors.

Members are expected to attend three quarters of meetings in any one financial year.

Attendance

The Chief People Officer will be expected to attend all meetings. The Chief Executive and the Chair will attend two meetings annually.

The Trust Secretary (or their nominee) will act as secretary to the Committee.

The Committee may invite other staff or external advisors to attend for all or part of any meeting.

Frequency of Meetings

The Committee will meet at least four times a year and at such other times as may be required.

Monitoring

The work of the Committee will be kept under review by the Board.

The Committee will conduct an annual review of its effectiveness with its terms of reference and submit any findings and proposals for changes to the Board of Directors for consideration.

Duties

The main duties of the group will be:

To keep abreast of the external environment and the workforce consequences and implications.

To capture and review the views of staff via relevant staff engagement mechanisms and develop effective strategies to respond to feedback.

To support the development of the OD strategy to include recruitment and retention, education and training and employee wellbeing, prior to approval by the Board.

To support the development of the People strategy, develop and monitor key measures to ensure strategic priorities are being addressed.

To identify and monitor key workforce risks and ensure risks are appropriately included in the Board Assurance Framework.

To monitor workforce metrics, review areas of concern and report issues and plans to address them to the Board. The Committee shall request and review reports and positive assurances from executives (directors and managers) on the overall arrangement for Human Resources, workforce planning and learning and development.

To scrutinise systems and controls to ensure statutory and regulatory standards regarding workforce are met.

To monitor workforce and data and review issues in relation to the development and implementation of relevant HR policies.

Reporting

The minutes of meetings will be formally recorded and submitted to the Board after each meeting.

The Committee will review these terms of reference on an annual basis and report to the Board accordingly.

Reviewed by the Committee: 15 February 2024

Approved by the Board:

NHS
Royal Berkshire
NHS Foundation Trust

Title:	**Chief Executive Report**
Agenda item no:	7
Meeting:	Board of Directors
Date:	27 March 2024
Presented by:	Steve McManus, Chief Executive
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	• To update the Board with an overview of key issues since the previous Board meeting. • To update the Board with an overview of key national and local strategic environmental and planning developments • This includes items that may impact on policy, quality and financial risks to the Trust.

Report History	None

What action is required?	
Assurance	
Information	For information and discussion: The Board is asked to note the report
Discussion/input	
Decision/approval	

Resource Impact:	None
Relationship to Risk in BAF:	
Corporate Risk Register (CRR) Reference /score	
Title of CRR	

Strategic objectives This report impacts on (tick all that apply)**:**							
Provide the highest quality care for all							✓
Invest in our people and live out our values							✓
Deliver in Partnership							✓
Cultivate innovation and improvement							✓
Achieve Long Term-Sustainability							✓
Well Led Framework applicability:						Not applicable ☐	
1. Leadership ☐	2. Vision & Strategy ☐	3. Culture ☐				4. Governance	☐
5. Risks, Issues & ☐ Performance	6. Information ☐ Management	7. Engagement ☐				8. Learning & Innovation	✓
Publication							
Published on website		Confidentiality (FoI)		Private		Public	✓

1. Strategic Objective 1: Provide the Highest Quality Care for all

Care Quality Commission (CQC) Update

1.1 Our Maternity services were inspected by the CQC on 21 November 2023 as part of the national maternity programme of inspections. Two of the five CQC standards were inspected these being, safe and well led. The final report was published on 1 March 2024 where it was confirmed that our service was upgraded in the Safe domain from Requires Improvement to Good, Well Led remained as Good and, overall, the service maintained a rating of 'Good'.

1.2 The CQC found areas of outstanding practice that related to areas such as multi-professional obstetric training to address health inequalities, the early labour room for women and birthing people who experience anxiety and the recruitment & training of registered nurses providing additional care for women post operatively. Our work with the local voluntary sector and public health partners on the "seeking sanctuary" project aimed at families who may be refugees, asylum seekers, trafficked or fleeing conflict to access maternity care has been used as an example of best practice within the NHS England 3 Year Delivery Plan for Maternity and Neonatal Services.

1.3 This outcome places the Trust in the top third of trusts with a rating of 'good' in the safety domain, with none of the 124 trusts inspected being rated as outstanding in the safe domain. Monthly CQC multi-professional meetings are continuing to be led by Alex Baker (Head of Compliance) to ensure the maternity department continue their journey to Outstanding.

Operational Status /Industrial Action

1.4 The last period of junior doctor industrial action was at the end of February and the Trust was able to provide safe cover utilising consultants and other healthcare staff as before. Thanks to the hard work of our teams no derogation requests were required. As a result of the industrial action, 549 outpatient attendances, 8 inpatient encounters and 49 day case procedures required rescheduling.

1.5 The British Medical Association (BMA) has balloted its members on whether to take further industrial action which would extend the mandate to strike until the end of September. Doctors in training have voted to extend the industrial action. Consultants are currently being balloted in whether to accept a pay deal; which, if agreed, would prevent any further industrial action by consultants.

1.6 The Trust has remained operationally very busy during the month of March. Teams have maintained a clear focus on maximising elective capacity, in the absence of any periods of industrial action, and aimed to increase productivity. This has enabled the Trust to continue to reduce the backlog of patients waiting for first outpatient appointments and make progress in improving performance against key cancer standards.

1.7 The Trust will meet and exceed the national requirement to have no patients on elective pathways waiting over 65 weeks by the end of March and will end the financial year with slightly more patients waiting over 62 days on cancer pathways than planned, although this number is falling. Teams across the organisation have worked hard to try to meet the national target of having 76% or more of patients attending ED seen, treated and admitted or discharged within 4 hours. Performance currently falls short of that target owing to higher levels of attendances and admissions than expected through the month to date.

Fuller Inquiry

1.8 The Independent Inquiry into the issues raised by the David Fuller case was established to investigate how David Fuller was able to carry out inappropriate and unlawful actions in the mortuaries at Maidstone and Tunbridge Wells NHS Trust and why they went apparently unnoticed.

1.9 This first phase of the Inquiry, on matters relating to Maidstone and Tunbridge Wells NHS Trust, concluded in November 2023 with the publication of the Phase 1 Report. This report made 17 recommendations which have been reviewed to confirm compliance across all mortuaries within our partnership that makes up the Berkshire and Surrey Pathology Service (BSPS).

1.10 Phase 2 of the Inquiry is now underway and will look at the broader national picture and consider if procedures and practices in other hospital and non-hospital settings, where deceased people are kept, safeguard the security and dignity of the deceased. We responded to a national request from the enquiry to complete an extensive questionnaire looking at all aspects of mortuary care on the 8 March.

2. Strategic Objective 2: Invest in our people and live out our values

Staff Survey

2.1 The results evidenced strong and consistent in year improvements across all People Promise themes. The Trust has a very strong benchmarked position nationally and was the top Acute Trust in the South East across the majority of People Promise themes. The results are based on our highest ever response rate of 60% and provide positive assurance on the cultural health of the organisation.

Equality, Diversity & Inclusivity (EDI)

2.2 On Friday 8 March, we celebrated International Women's Day by launching our RBFT Women's+ Network. The event started with a welcome from the Chief Medical Officer (CMO), Janet Lippett, followed by experiences and advice from our Executive Sponsors, Nicky Lloyd and Katie Prichard-Thomas. We finished the event by encouraging the network members to have their say on what is important to them, what they want the network to focus on and what they felt the trust was doing well.

What Matters 2024

2.3 Our What Matters 2024 programme launched on the 18 March 2024. Running until August 2024, the programme will build on previous highly successful iterations and provide a platform for a Trust wide conversation about our organisational values and the key factors underpinning them. We are aiming to connect with over 4000 staff voices through a variety of feedback mechanisms – from short 15-minute sessions to 60-minute detailed reviews staggered across all four of our organisational values.

Senior Leaders Forum

2.4 Our Senior Leaders Forum on 6 March 2024 focussed on Voluntary Sector and Community Partnerships. The keynote speakers were Stephen Barnett (Director of Buckinghamshire, Oxfordshire and Berkshire West Voluntary & Community Organisations and Social Enterprises Health Alliance) and Fiona Price (Chief Executive of Age UK Berkshire).

Following on from the external keynotes, we heard from Trust services with strong partnership links within the sector – our Meet PEET and the Florey Clinic teams.

RISE Talent Management:

2.5 As part of our ongoing roll out of our Recognising Individuals' Success & Excellence (RISE) Talent Management programme, on 21 February 2024 we delivered our first masterclass for Gold rated colleagues from across the organisation. Professor Nick Kelmsley from the Henley Business School, provided keynote insights into the Talent and Leadership landscape and the event provided a great platform for colleagues to network, engage with the programme and access Continuing Professional Development (CPD).

3. Strategic Objective 3: Deliver in Partnership

Primary Care Strategy Presentation to Council of Governors

3.1 The Chief Medical Officer of Buckinghamshire, Oxfordshire & Berkshire (BOB) Integrated Care Board (ICB, Dr Rachel de Caux attended the Council of Governors on 28 February 2024 to engage governors on their Primary Care Strategy. The Primary Care Delivery Programme would bring together multidisciplinary teams from across Neighbourhood, Place and ICB level to deliver three high impact actions around Non-Complex Same-Day Care; Integrated Neighbourhood Teams and Cardiovascular Disease across a three-year period. The strategy was designed to enable staff in primary care and system partners to work together to deliver the strategy.

BOB System Governance Development

3.2 On Friday 15 March 2024, the Chair of the Trust, together with other Non-Executive Directors, the Trust Secretary and our Lead Governor attended a BOB Integrated Care System (ICS) development session on 'Governing in a System'. The session was led by Sim Scavazza, Interim Chair of the ICB and was attended by Executive Directors, Chairs and Lead Governors from Trusts within the BOB ICS region. The session included a presentation by the Chief Executive of the Good Governance Institute on models of good governance and how well-led boards could work in system partnerships. This was followed by panel discussions and a workshop activity. The main take away from the session was the need to continue the journey of integration.

4. Strategic Objective 4: Cultivate Innovation and Improvement

Improving Together

4.1 The Improving Together Programme roll out continues with wave six coming to an end in March 2024 and wave seven starting in April 2024. Wave seven will consist of 10 frontline teams, one directorate and one corporate team aiming to bring the number of improvement huddles across the trust to 57. Improving Together will be aligning the work it does to the wider organisation for the 2024/25 financial year focussing on a Value Stream Analysis approach.

4.2 This innovative approach will seek to provide a fresh perspective to the challenges of patient flow, focussing on a specific patient pathway to test and embed improvements. Initial engagement with key stakeholders to identify the most impactful value stream is being initiated with a scoping meeting planned for April 2024.

Health Data Institute

4.3 The health data institute (HDI) plans continue. Roll out will follow a phased development over the next 3-years commencing with a soft internal launch in April 2024. The Trust signed Provider Terms in February 2024 to work in partnership with the Thames Valley and Surrey Secure Data Environment (TVS SDE) and signed a Memorandum of Understanding with Oxford University Hospitals for £200,000 in support of the TVS SDE and our HDI. Further funding opportunities are being sought to maximise the value of the HDI.

5. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

5.1 At month 11, February year to date, we are slightly behind our year to date Forecast revenue position, with a year to date deficit of £8.6m, however, we have mitigations in place to be back on track by year end to achieve an adjusted forecast deficit of £7.55m for the year ended 31 March 2024.

5.2 We are working on finalising our budget for 2024/25, having made a draft revenue submission to NHSE and BOB ICS on 21 March. This is in the context of a challenging financial environment, for the Trust, BOB ICS, and the wider NHS. We are continuing to progress opportunities for further efficiencies both within the organisation and through the Acute Provider Collaborative ahead of submitting our final plans to NHSE in early May.

5.3 As yet, the final operating framework/plan for 2024/25 from NHS England has not been published.

Building Berkshire Together (BBT)

5.4 The report into the viability of redeveloping the RBH site is progressing well. The contractors have identified challenges with delivering the phased development option set out in the 2020 Strategic Outline Case due to the requirements of clinical services, the issues of our site and the nature of the New Hospital Programme's (NHP) Hospital 2.0 designs. Revised options will be set out and costed and compared with the option to build a new hospital on a new site.

5.5 Programme funding has been received for the first 6 months of 2024/25 programme team costs and additional funding for the remaining year and related activities to progress the SOC is expected to be approved in mid-April.

5.6 Public engagement on the criteria for a new hospital site has completed with a survey response of 2,300. The team are now progressing the Impact Assessment alongside Due Diligence on alternative sites to support the work needed on a public consultation.

NHS
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Title:	**2023 NHS Staff Survey Results – Full Update**
Agenda item no:	8
Meeting:	Board of Directors
Date:	27 March 2024
Presented by:	Don Fairley, Chief People Officer
Prepared by:	Pete Sandham, Associate Director – Staff Experience and Inclusion

Purpose of the Report	To provide the Board with a high level Trust overview of the RBFT results from the 2023 NHS Staff Survey following the publication of the full National Data set on the 9 March 2024.

Report History	

What action is required?	
Assurance	✓
Information	✓
Discussion/input	✓
Decision/approval	

Resource Impact:	None
Relationship to Risk in BAF:	Failure to be a Great Place to Work
Corporate Risk Register (CRR) Reference /score	N/A
Title of CRR	Links To 4176/4177 - Staff Recruitment and Retention

Strategic objectives This report impacts on (tick all that apply)**:**							
Provide the highest quality care							✓
Invest in our staff and live out our values							✓
Drive the development of integrated services							✓
Cultivate innovation and transformation							✓
Achieve long-term financial sustainability							✓
Well Led Framework applicability:						Not applicable ☐	
1. Leadership	✓	2. Vision & Strategy	☐	3. Culture	✓	4. Governance	☐
5. Risks, Issues & Performance	☐	6. Information Management	☐	7. Engagement	✓	8. Learning & Innovation	☐

Publication						
Published on website	✓	Confidentiality (FoI)	Private		Public	

1 Executive Summary

1.1 The 2023 NHS Staff Survey results were officially released on the 9 March 2024.

1.2 3815 staff engaged with the survey at the RBFT (our highest ever number of respondents), driving our overall response rate up to 60% in 2023 compared to 57% and 52% in 2022 and 2021 respectively. Our response rate for 2023 was in the Top 10% of Acute Trust. The Acute Trust 2023 median response rate was 45%

1.3 The 2023 survey was once more aligned to the 9 People Promise Themes set out in the National People Plan.

1.4 The Trust is a top 5% performer nationally in 2 themes; top 10% performer in 4 themes and top 15% performer in 2 themes. One theme is yet to be fully reported nationally (*We are Safe and Healthy*).

1.5 The RBFT is the top performing Acute Trust in the South East in 6 out of the 9 themes

1.6 Looking at in year trends in RBFT performance, improvement is reported across all 9 People Promise themes (7 of the themes evidencing statistically significant improvement).

1.7 Summary ranked benchmarked performance on each theme relative to all Acute providers at National and Regional level is set out in the table below. Bracketed figures show the RBFT 2022 ranked position. The National benchmark ranking is out of 122 Acute Trusts, the South East benchmark is out of 17 Trusts.

	People Promise Theme from the 2023 Survey	2023 RBFT Ranked position	RBFT National Percentile performance	South East Region Ranking of RBFT
People Promise Themes	We are compassionate and inclusive	**11(15th)**	Top 10%	**1st (= 2nd)**
	We are recognised and rewarded	**12 (12th)**	Top 10%	**1st (=1st)**
	We each have a voice that counts	**4 (8th)**	Top 5%	**1st (=2nd)**
	* We are safe and healthy	**TBC (8th)**	TBC	**TBC**
	We are always learning	**15(10th)**	Top 15%	**3rd (2nd)**
	We work flexibly	**17(12th)**	Top 15%	**2nd (=2nd)**
	We are a team	**8 (14th)**	Top 10%	**1st (=1st)**
	Staff Engagement	**3 (3rd)**	Top 5%	**1st (1st)**
	Morale	**9 (14th)**	Top 10%	**1st (=1st)**
Recommendation Rates	I would recommend my organisation as a place to work	**6** (8th)	Top 5%	**1st (2nd)**
	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	**8** (8th)	Top 10%	**1st (2nd)**

**Theme not yet fully reported nationally as data quality and assurance checks continue on the full National data set*

1.8 The National Data trend for Acute Trusts is generally one of improvement in 2023 following the largely declining position evidenced in 2022. Our rank position therefore is both a function of our continued internal improvement in the context of overall performance improvement across the whole Acute sector.

1.9 The 9 survey themes are comprised of 21 sub themes. In year performance across every one of the 21 themes has improved in 2023 compared to 2022.

1.10 Our ranked National position against the benchmark of 122 Acute Trusts on each sub theme is set out below. Bracketed figures show our 2022 ranking. A high ranking (e.g 1st) is always favourable. Although this seems counter-intuitive when considering themes such as 'stressors' or 'burnout' – for some survey themes the survey logic and ranking asses the absence, rather than the presence of such factors e.g. absence of stressors equates to high ranking.

Sub Theme – Improved Ranking Position 2023	**Sub Themes – Declining Ranking Position 2023**	**Sub Themes – No change in position**
Team Working: **2nd** (9th)	Involvement: **6th** (4th)	Autonomy and Control: **6th** (6th)
Compassionate Culture: **4th** (6th)	Motivation: **6th** (5th)	Support for Work Like Balance **9th** (9th)
Raising Concerns: **5th** (7th)	Burnout: **9th** (6th)	
Advocacy: **6th** (8th)	Thinking about leaving: **27th** (20th)	
Work Pressures: **6th** (9th)	Flexible Working: **33rd** (20th)	**Sub Themes not yet fully reported for 2023**
Development: **7th** (8th)		
Stressors: **11th** (14th)		Health and Safety Climate (8th)
Line Management: **16th** (22nd)		Negative Experiences (22nd)
Inclusion: **20th** (27th)		
Compassionate Leadership: **22nd** (29th)		
Appraisals: **25th** (26th)		
Diversity and Equality: **32nd** (50th)		

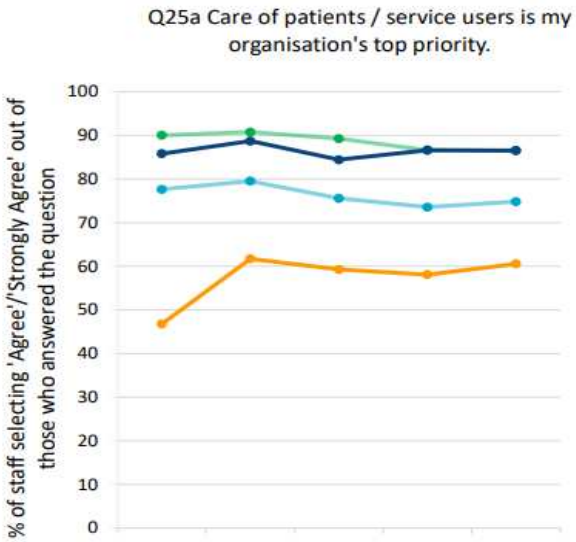
1.11 Our ranked position has declined in year in some areas. Whilst in year performance has improved in each of these areas, other Trusts have improved at a faster pace.

2 Key Issues

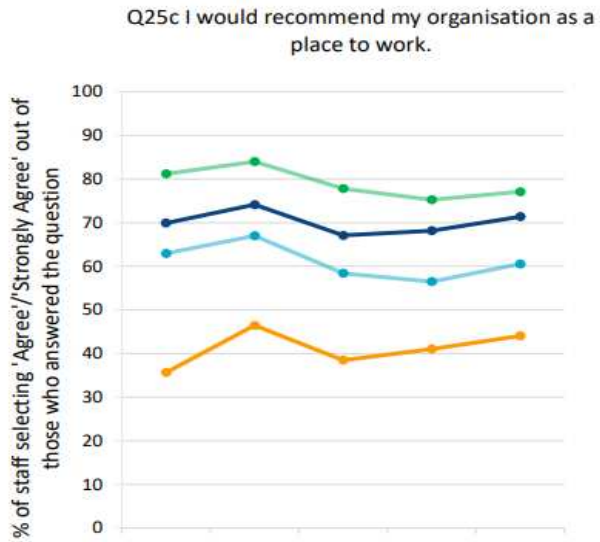
2.1 The following section extracts key headlines, focussing on the Trust level position, whilst also picking up granular question level trends of note that risk being masked by a sole focus on high level thematic performance.

(a) Recommendation Rates

Headline recommendation rate of the Trust as a place to work has improved in year whilst overall satisfaction with the standard of care provided by the Trust has dropped slightly in year (but still a top 10 National Performer). The Trust is 2nd best National Performer on staff agreeing that '*Care of Patients/Service users is my organisations top priority'* (0.05% from top spot). Staff Engagement is amongst the very best in the country.



	2019	2020	2021	2022	2023
Your org	85.81%	88.71%	84.43%	86.61%	86.52%
Best result	90.05%	90.77%	89.25%	86.61%	86.57%
Average result	77.64%	79.53%	75.57%	73.56%	74.83%
Worst result	46.76%	61.70%	59.27%	58.09%	60.55%
Responses	2721	2663	3006	3397	3786



	2019	2020	2021	2022	2023
Your org	69.91%	74.10%	67.08%	68.16%	71.37%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	2719	2661	3001	3393	3785

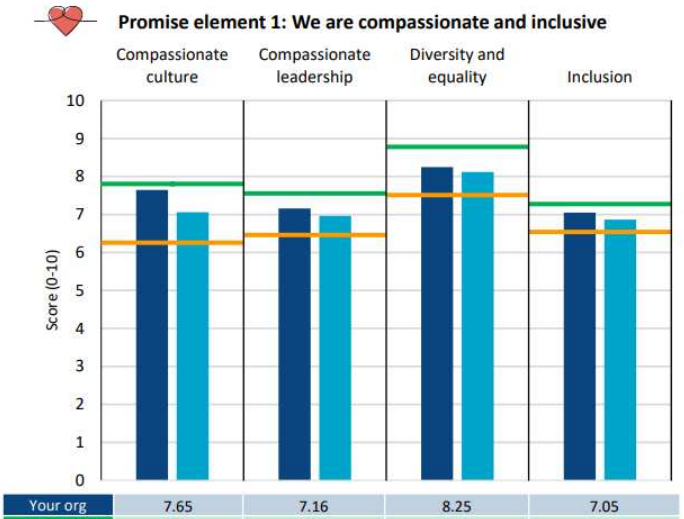
The Trust is also the Top National Acute performer on the following questions:

(i) I am able to make improvements happen in my area of work

(ii) In the last three months have you ever come to work despite not feeling well enough to perform your duties

(b) We are compassionate and inclusive

The trend of very strong reported evidence of 'Compassionate Culture' within the Trust continues from 2022. Consistent and strong improvements in immediate managers supporting, listening, caring and taking action to support staff is noted. Overall measures of 'Compassionate Leadership', 'Inclusion' and 'Diversity and Equality' all improving in year.



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	7.65	7.16	8.25	7.05
Best result	7.81	7.55	8.78	7.27
Average result	7.06	6.96	8.12	6.86
Worst result	6.26	6.46	7.51	6.54
Responses	3789	3802	3796	3798

Key details

1) A 3% decrease in the % of staff **experiencing discrimination at work from patients**, relatives/public is reported. 9.7% have experienced such behaviours, compared to 8% nationally.
2) **8% of staff reported experiencing discrimination from manager/team leader**. A decrease from 2021 and lower than the National average.
3) **3rd best Trust Nationally in staff reporting that organisation acts on concerns raised by patients.**

(c) We are recognised and rewarded

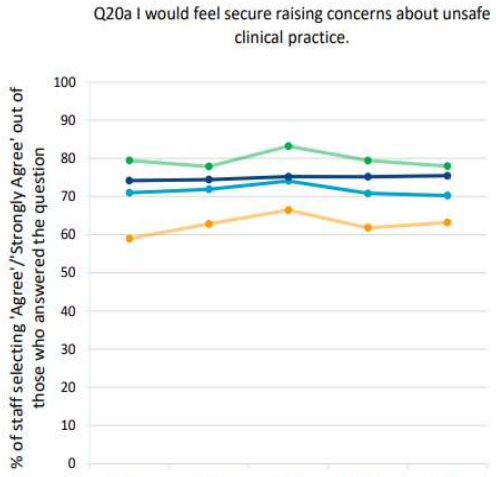
This theme evidences good in year improvement – with measures of recognition for good work and organisation/ managers valuing staff all improving and confirming the Trust position amongst the very best acute performers on these areas.

Key details

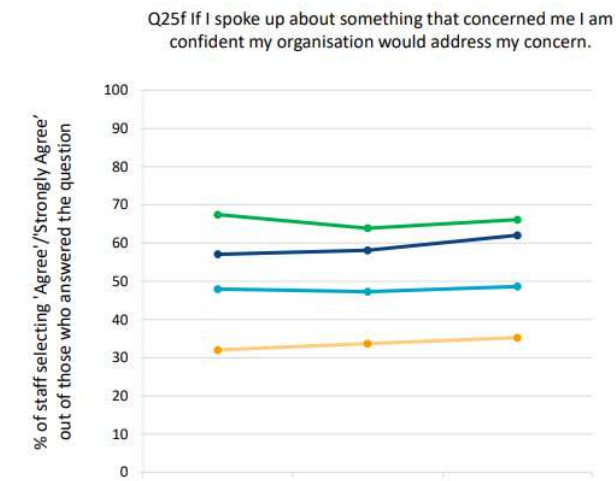
1) **Satisfaction with Pay** has improved in year but at a pace below the National average. 28.7% Trust satisfaction compared to 30.6% National Average

(d) We each have a voice that counts

The RBFT is one of the very best National performers in this theme. The primary theme is made up of two sub themes – (i)Autonomy and Control (ii) Raising Concerns



	2019	2020	2021	2022	2023
Your org	74.19%	74.44%	75.21%	75.19%	75.45%
Best result	79.47%	77.87%	83.19%	79.44%	77.96%
Average result	71.00%	71.89%	74.07%	70.82%	70.24%
Worst result	58.96%	62.81%	66.44%	61.78%	63.19%
Responses	2736	2675	3023	3397	3790



	2021	2022	2023
Your org	57.04%	58.11%	62.04%
Best result	67.43%	63.87%	66.13%
Average result	47.97%	47.28%	48.65%
Worst result	32.02%	33.68%	35.26%
Responses	3004	3394	3782

(e) We are safe and healthy

As noted, this theme has not been fully reported nationally due to ongoing data quality checks relating to certain component parts – notably staff experience of physical violence. This is a National, not a Trust level reporting issue. Those thematic components that have been reported – namely **burnout measures**; **organisational action on staff health and wellbeing** and experience of **Bullying and Harassment** are generally trending positively in year and favourable to the acute average

Key Issues

1) The RBFT is the third best Trust Nationally in staff believing the **organisation takes positive action on health and wellbeing**.

2) Staff experience of **MSK** problems as a result of work activities and also **work related stress are down** in year and favourable to the acute average

3) 27% of staff have experienced bullying, harassment or abuse at work from patients, relatives or other members of the public. Whilst this is a 1.5% drop since 2022, it remains above the National Average of 25.8%.

4) Reported levels of bullying, harassment or abuse from managers or other colleagues are in the lowest 30% of Acute Trusts. Where the source is managers, levels have increased fractionally up to 8.8% - Acute Average is 10.5%. Levels of bullying from colleagues has dropped in year.

(f) We are Always Learning

In year improvements are reported across all constituent parts relating to both 'development' and 'appraisal' sub themes. Whilst measures of appraisal quality benchmark well above National average, opportunities exist to seek to close the gap on the very best performers in this area in terms of appraisals driving improvement and delivering clarity on work objectives.

(g) We Work Flexibly

Despite consistent in year improvements across a range of its component parts and continued better than National average performance, this is the theme where nationally reported improvements have most significantly outpaced those delivered locally at the Trust. Survey evidences that (a) Opportunities for flexible working patterns and (b) approachability of immediate managers to talk openly about flexible working provide avenues where improvement could be accelerated.

(h) Morale

Cumulative measures of morale place the RBFT in the top 10 of Acute Trusts and the best acute Trust in South East. Despite this, there is a requirement to be watchful and respond to particular trends relating to retention/risk of leaving the Trust.

Key Issues

1) 19.5% of staff note a strong probability of looking for a job at a new organisation in the next 12 months (a drop and improvement from the 21% in 2022) and favourable to the Acute average of 20.7%
2) The RBFT is the 5th best survey performer in colleagues believing there is enough staff at the organisation for them to do their job properly.

3 Conclusion

The 2023 survey results provide positive assurance on the cultural health of the organisation as reported by nearly 4000 Trust colleagues.

The survey results provide evidence of strong and consistent in year improvement; the continuation of our very strong benchmarked position nationally and the confirmation of our position as the top Acute Trust in the South East across the majority of People Promise themes.

Whilst our in year and benchmarked position is extremely strong, it is still the case that a continued focus on delivering an excellent staff experience is required in order to deliver on our People Strategy Vision to become the best and most inclusive place work in the NHS.

Specifically, themes and sub themes requiring continued focus in the year ahead to further drive improvements in the experience for our staff:

- Flexible Working
- Diversity and Equality
- Appraisals
- Engagement driving Retention
- Bullying, Harassment and Abuse of staff by patients

A focussed high level Trust thematic improvement plan has been developed ***(Appendix 1),*** with 10 headline priorities for action. Actions are set in the overall context of our **People Strategy 2023-2027** priorities and programmes of work.

Local results and analysis by Care Group, Corporate, E&F, Directorate and Speciality have already been cascaded and results have been communicated across the organisation. Local development plans developed and delivered by local leaders and managers through engagement with their staff on the key areas 'that matter' are being shaped.

4 Attachments

The following are attached to this report:

(a) Appendix 1 **– Trust Level Thematic Improvement (Plan on a Page 2024/25)**

2023 NHS Staff Survey: Trust Level Thematic Improvement (Plan on a Page 2024/25)				
Priority Theme	**Action**	**When**	**Who**	**Updates**
Diversity and Equality	Trust wide cultural interventions to set a clear Anti Racist/Anti Ableist position accompanied by focus on EDI accreditation; allyship, active bystanders and civility.	Q3	CR	
	Amplify and grow our staff networks - governance; voice; impact	Q2	PS	
Appraisals	Care Group driver metric focus on appraisal compliance and quality improvements with associated PDSA plans	Q1	PCP's	
	System enhancements and scope option to switch to one annual appraisal window process.	Q2	NKS	
Flexible Working	Re-set and re-invigorate our Hybrid Working policy, practice and associated provisions	Q2	SED	
	Investigate and eliminate unwarranted variation in our people's experience of flexible working	Q2	SED	
Engagement driving Retention	Deliver What Matters 2024 engagement programme Trust wide	Q1-Q3	PS/NKS	
	Lock in and enhance key improvement interventions delivered through our Retention Impact Team – stay interviews; onboarding and induction enhancements; pastoral care	Ongoing	Various	
	Predictive Analytics development to proactively respond to foreseen retention risks	Q4	PS	
Bullying, Harassment and Abuse from Patients	Trust wide communication, awareness, and enforcement programme to reduce our peoples experience of bullying, violence and abuse from patients	Q2	Various	

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Title:	**Integrated Performance Report (IPR)**
Agenda item no:	9
Meeting:	Board of Directors
Date:	27 March 2024
Presented by:	Don Fairley, Chief People Officer
Prepared by:	Executive Team

Purpose of the Report	The purpose of this report is to provide the Board with an analysis of quality performance to the end of February 2024

Report History	N/A

What action is required?	
Assurance	
Information	The Committee is asked to note the report
Discussion/input	
Decision/approval	

Resource Impact:	None
Relationship to Risk in BAF:	N/A
Corporate Risk Register (CRR) Reference /score	
Title of CRR	

Strategic objectives This report impacts on (tick all that apply)**:**							
Provide the highest quality care for all							✓
Invest in our people and live out our values							✓
Deliver in partnership							✓
Cultivate innovation and improvement							✓
Achieve long-term sustainability							
Well Led Framework applicability:						Not applicable ☐	
1. Leadership ☐		2. Vision & Strategy ☐		3. Culture ☐		4. Governance ☐	
5. Risks, Issues & Performance ☐		6. Information Management ☐		7. Engagement ☐		8. Learning & Innovation ☐	
Publication							
Published on website		Confidentiality (FoI)		Private		Public	✓

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Integrated Performance Report

February 2024

Improving together to deliver
outstanding care for our community

Improving Together

February 2024 performance summary

Royal Berkshire NHS Foundation Trust

The data in this report relates to the period up to 29th February during which the Trust experienced significant pressures across non-elective care and 5 days of Junior Doctor Industrial Action undertaken.

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

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

The Trust's **rate of turnover** (page 6) has continued to improve, reflecting the increased focus on this area from across the organisation. The Trust's vacancy rate now sits at 7.02%, rapidly approaching the breakthrough priority target of 7%.

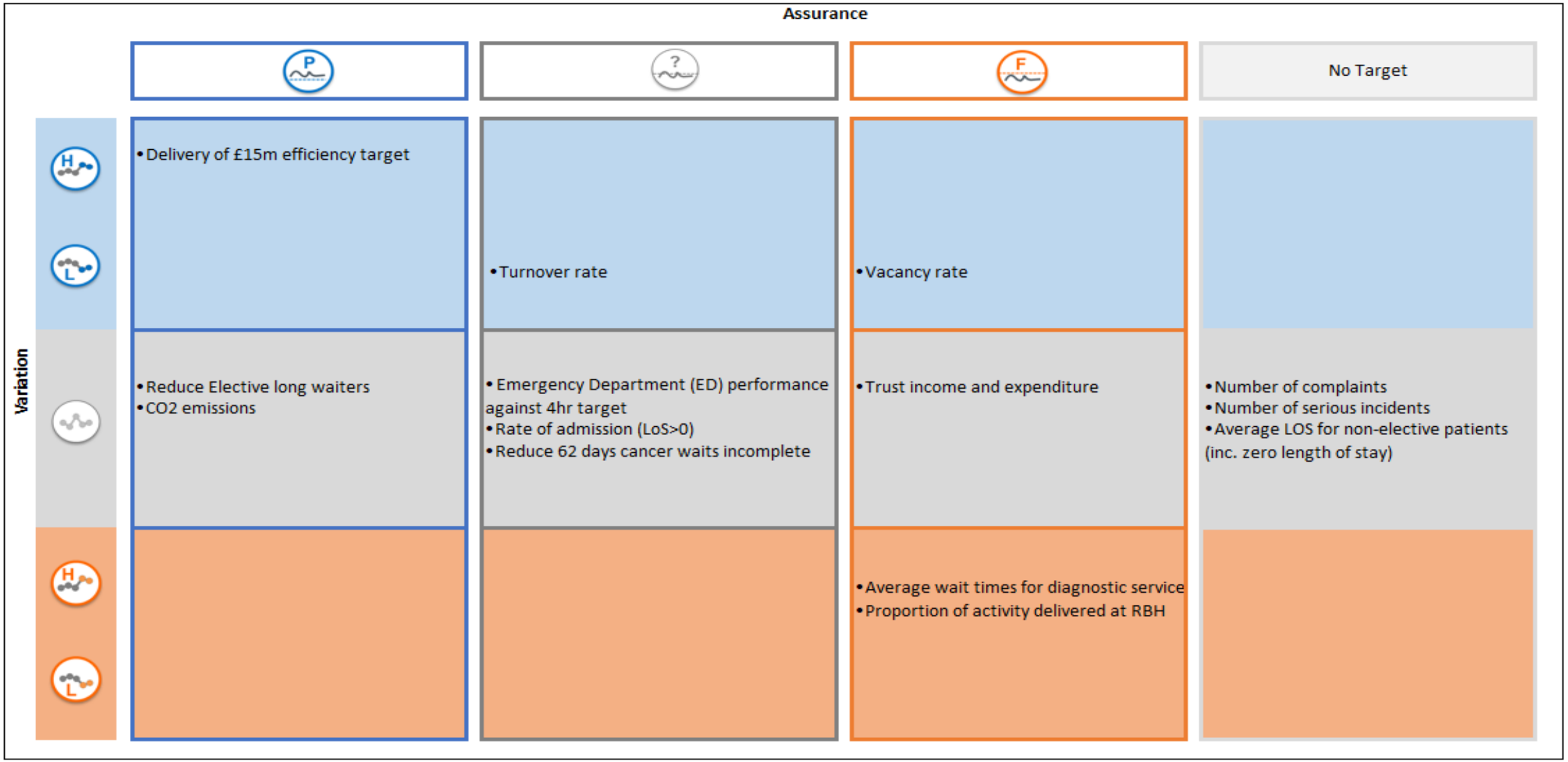
Financial performance as at Month 11 YTD is a deficit £8.6m which is £(5.75)m worse than the adjusted plan of £2.85m deficit and £(1.78)m off adjusted forecast (FOT) of £6.8m deficit, due to an increase in both pay run rate (albeit lower than M10 actual pay and the drugs expenditure run rate). There are risks to deliver our adjusted forecast (FOT) full year financial position of £7.55m deficit, however we are working to mitigate these risks through non recurrent means. We have now received additional income from NHSE to address some of the underlying deficit (£6.4m, of which £5.87m has been recognised in the M11 YTD position) and £1.17m for industrial action for the period Dec through January. Efficiency savings of £15m as planned at the outset are due to be delivered in full by year end.

As in previous months, several **watch metrics** are outside of statistical control. Most relate to the operational pressures experienced in the Trust and are expected to improve in line with strategic metrics and there are two new alerting watch metrics related to Category 3 and 4 avoidable Pressure Ulcers (SIs) and Cancer 31 day drug treatments

Strategic Objectives	Page	Strategic Metric	SPC flag
Provide the highest quality care for all	5	**Improve patient experience:** Number of complaints	
	6	**Reduce harm:** Number of serious incidents	
Invest in our people and live out our values	7	**Improve retention:** Turnover rate	
Delivering in partnership	8-10	**Improve waiting times:** Reduce Elective long waiters Average wait times for diagnostic services Emergency Department (ED) performance against 4hr target	
	11	**Reduce inpatient admissions:** Rate of admission (LoS>0)	
Cultivate innovation and improvement	12	**Increase care closer to home:** Proportion of activity delivered at RBH	
Achieve long-term sustainability	13	**Live within our means:** Trust income and expenditure	
	14	**Reduce impact on the environment:** CO2 emissions	
Breakthrough priorities	16	**Recruit to establishment** (Vacancy %)	
	17	**Improve flow:** Average LOS for non-elective patients (inc. zero length of stay)	
	18	**Support patients with cancer** Reduce 62 days cancer waits incomplete	
	19	Delivery of £15m efficiency target	
Watch metrics	21-30		N/A

Summary Grid

Royal Berkshire NHS Foundation Trust



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Strategic Metrics

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

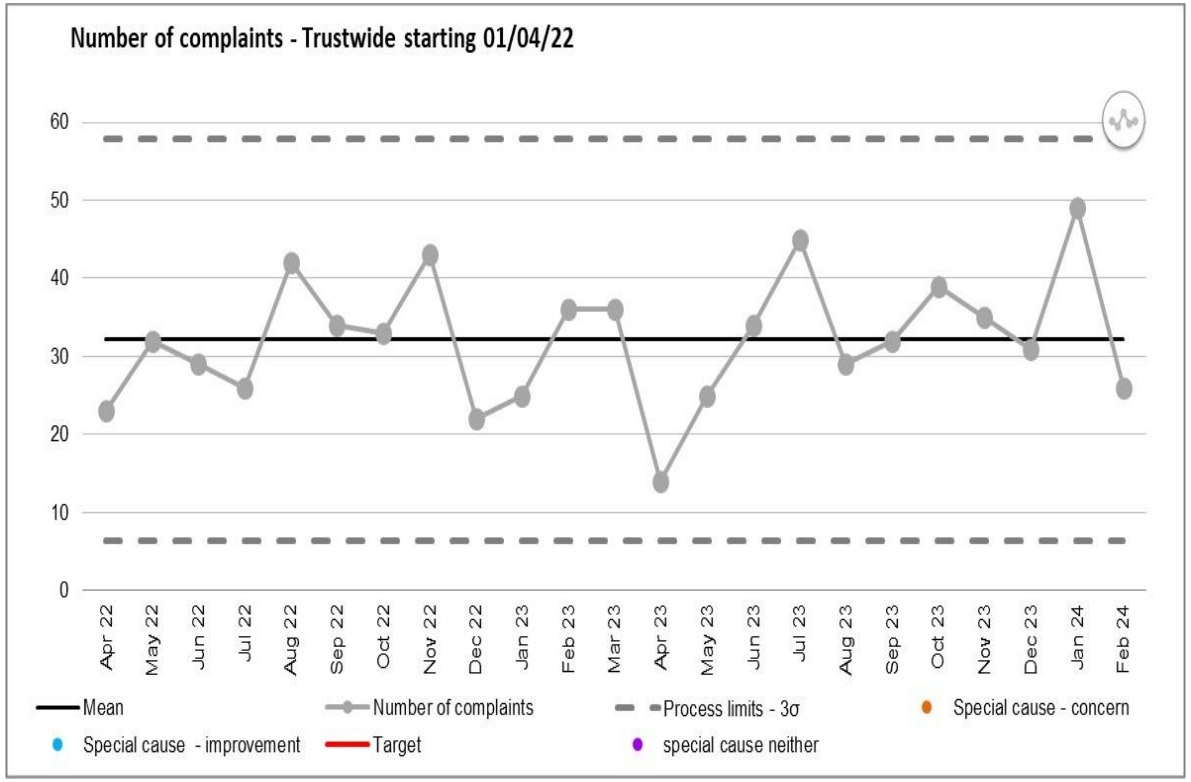
Strategic metric: Improve patient experience

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Number of complaints received	32	39	35	31	49	26
Complaints turnaround time within 25 days (%)	65%	50%	52%	50%	56%	48%
No. of Vulnerable persons complaints	3	3	1	2	11	5

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

How are we performing:
The Trust received 26 formal complaints this month with the top two themes being clinical treatment and communication.

Hotspots:
Complaints – ENT (3). Patient Advice and Liaison Service (PALS) - ED (23) and Trauma and Orthopaedics (19)

Overdue Complaint Responses / Reopened Complaints:
14 overdue complaints for Urgent Care (reduction of 6 from Jan 2024) and 11 reopened complaints outstanding.
4 overdue complaints for Networked Care and 4 reopened complaints outstanding.
9 overdue complaints for Planned Care (reduction of 1 from Jan 2024) and 8 reopened complaints outstanding.

Complaint Action Tracker:
124 open actions on the Urgent Care tracker (51% overdue). The team are working with the care groups to reduce the number of actions overdue.

Actions:
- Continuous PALS monitoring to gauge current issues
- Pals and Complaints training **completed (23/02/2024)**
- Weekly Chief Nursing Officer (CNO), Chief Medical Officer (CMO), Patient Experience & Safety Huddles to identify Trust wide themes
- Feed into communication working group **(Q4 23/24)**
- Complaint structure review completed, increase complaints senior leadership **(Q4 23/24)**
- KPMG review action plan **(Q3 24/25)**
- Transformation rerun complaints response data to highlight delays & plan **(Q4 24/25)**
- CNO/Care Group overdue complaints meetings & CNO driver metric (**Q4 24/25**)

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

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

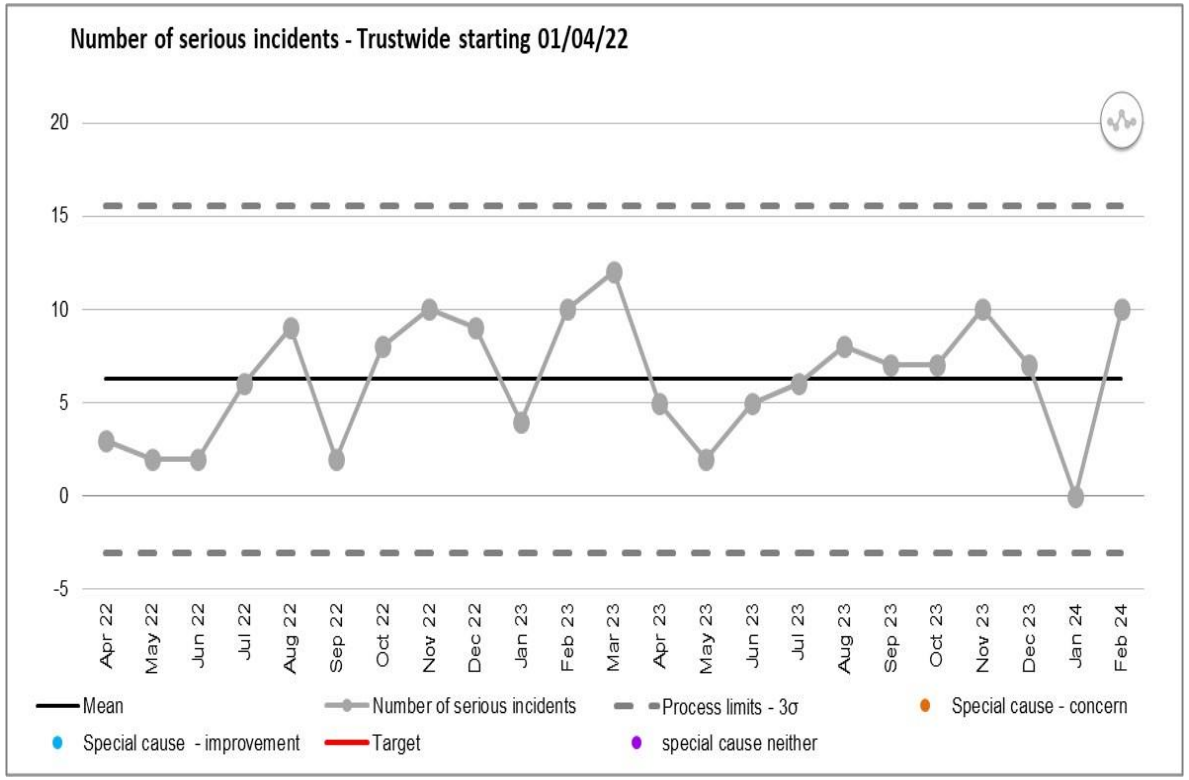
Strategic metric: All declared serious incidents (SI's)

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Number of serious incidents reported	7	7	10	7	0	10
Serious Incidents related to vulnerable persons	0	0	1	1	0	1

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

How are we performing:
There were 10 Serious incidents (SI's) reported in February 2024.

One never event was declared within the Urgent Care Group. No long-term harm has been sustained from the never event and immediate learning was put in place.

Duty of Candour was met in all incidents and learning disseminated. Key learning themes from February SI's include further work on reduction of Trust acquired pressure damage, highlighting to the mattress library where pumps and mattresses
are not functioning and raising awareness through safety huddles of falls protocols.

1 SI from Nov 2023 has been downgraded at ICB sign off panel corrected total for Nov is 10.

Actions:
- Transition from SI Framework (2015) to Patient Safety Incident Review Framework (PSIRF) implementation continues with a target transition in **April 2024**
- RBFT PSIRF draft plan and policy have been completed in collaboration with the ICB, and a pilot with PSIRF pilot areas are ongoing.
- Patient safety have reviewed with the transformation team how we demonstrate this metric in line with the new PSIRF.

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

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

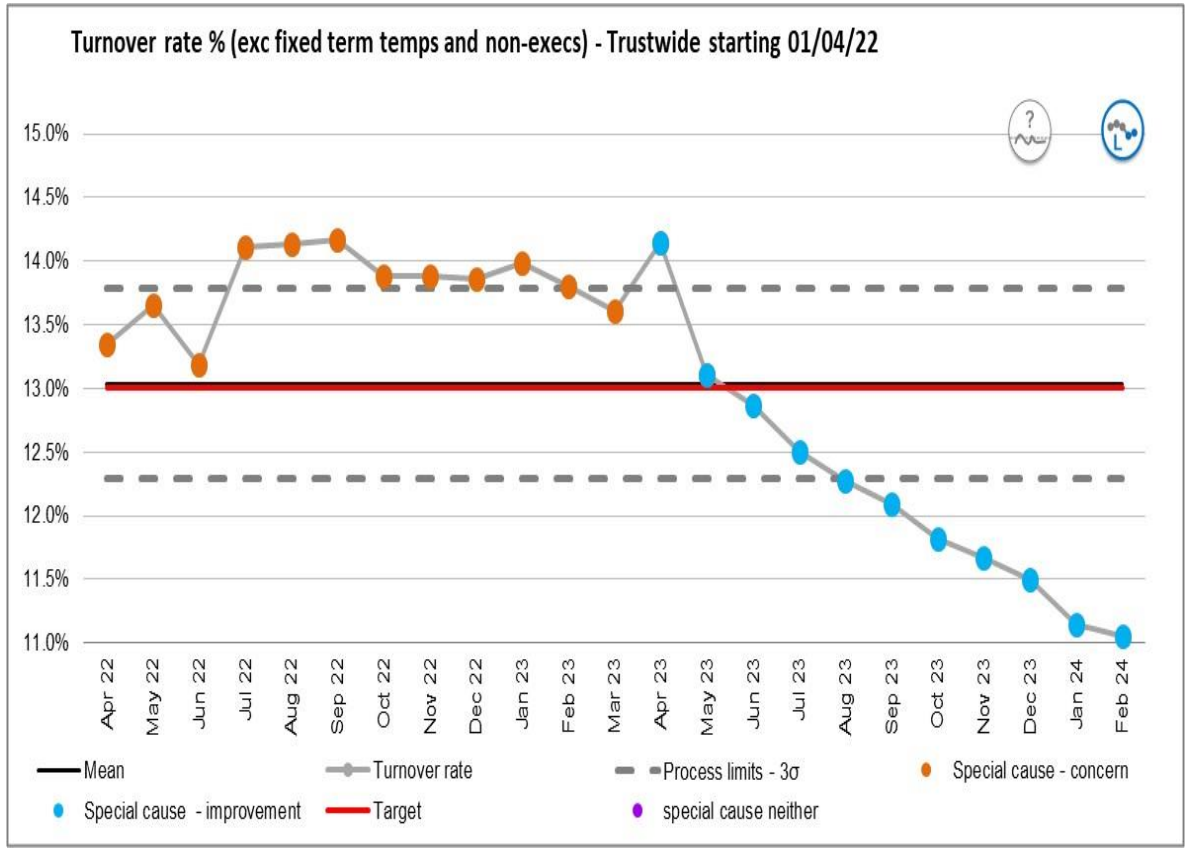
Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
?	L

Royal Berkshire NHS Foundation Trust



	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Staff turnover rate	12.09%	11.82%	11.67%	11.50%	11.15%	11.06%

This metric measures:
Our vision is to improve the retention and stability of staff within the Trust as we know this helps us to avoid the use of bank and agency staff (which impacts on both quality and financial objectives). We have chosen to measure Turnover Rate which is defined as number of Whole Time Equivalent (WTE) leavers over the last 12 months divided by the average of the WTE of staff in post. The Trust has an ambition to reduce turnover to 11.5% in 2024/25. This will be continually monitored and reviewed.

How are we performing:
- Turnover has continued to reduce, meeting our ambition of 11.50% (excluding fixed term/temp) for a third month
- Turnover is a local driver metric for services where it continues to be a concern (for example Occupational Therapy and Pharmacy) but is no longer a Care Group Metric

Actions:
- Care Group People Plans completed by People & Change Partners (PCP's) and being reviewed
- Retention and Recruitment standard operating procedures (SOPs) being reviewed and decision to be made on what to stop, carry on and who assumes responsibility
- Focus on staff health and wellbeing including recent Health check data and financial support across Care Groups
- Ethnic Minorities (EM) Aspiring Leaders Programme live with 14 placements available, closing date for applications extended to 10 March 2024
- National Staff Survey (NSS) results shared with a focus on early communication and action planning to address areas of concern

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

Strategic objective: **Deliver in partnership**

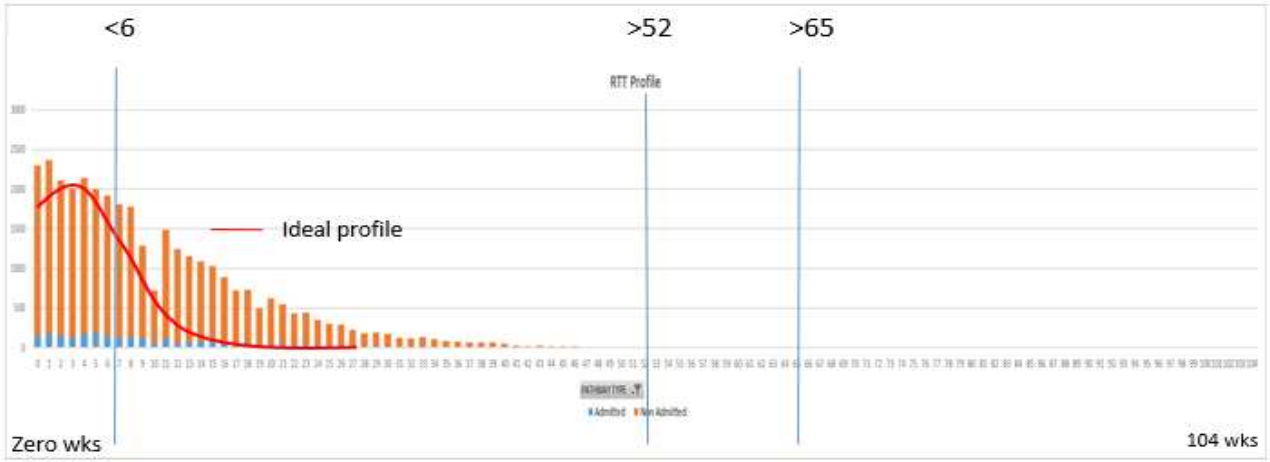
Strategic metric: Reduce Elective long waiters

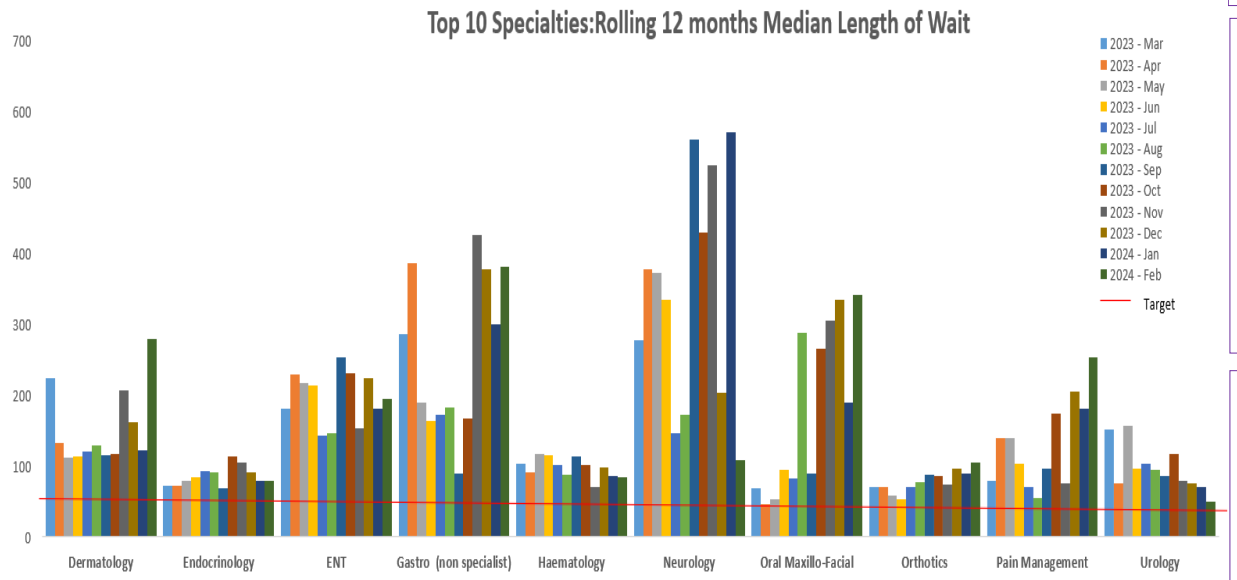
Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
	N/A

Royal Berkshire NHS Foundation Trust





This metric measures

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

How are we performing:

- The Trust is maintaining a low number of >52 week wait RTT pathways (<20)
- However, whilst the Patient Tracking List (PTL) size is comparable to 2019 we are seeing the impact of Industrial Action (IA) and local rate card extending the waiting time profile. The <18 PTL volume is now significantly higher than Jan 23 and continuing to increase. Without intervention we expect to see the numbers >18 and >52 begin to increase through Q4 and an increase in tip over volume for >52 and >65 from May 24
- First outpatient appointment (OPA) and diagnostic waiting times are the primary drivers for extended waiting times against the RTT standard. Maintaining our position and making further improvement to the RTT profile will be achieved through shortening **stages of treatment** across the elective pathway, in particular waiting times to 1st OPA

Actions:

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

Risks:

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

Strategic objective: **Deliver in partnership**

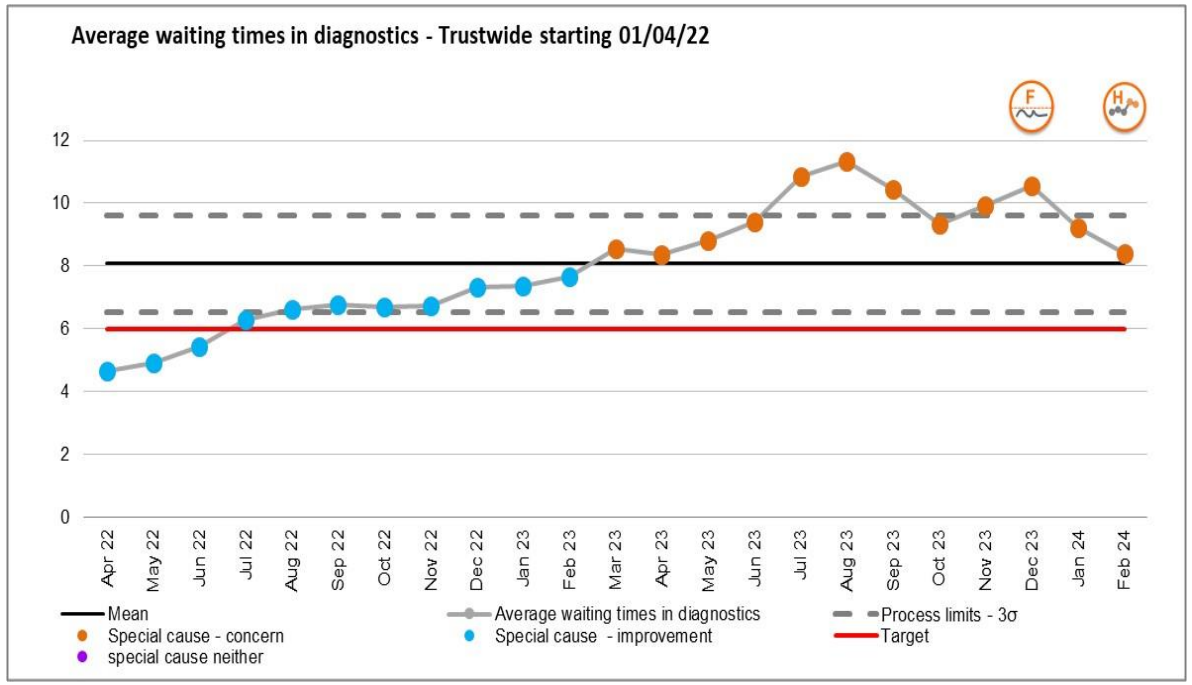
Strategic metric: Average waiting times in diagnostics DM01

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Average wait all modalities (wks)	**10.44**	**9.32**	**9.94**	**10.55**	**9.23**	**8.40**
Imaging	3.18	2.57	2.14	3.14	2.69	2.48
Physiological Measurement	8.04	6.78	9.73	10.67	9.27	7.53
Endoscopy	27.51	27.70	29.06	28.78	27.95	28.47
Cancer	2.29	2.02	1.85	3.27	2.80	2.04
Urgent	15.39	14.80	15.28	15.69	15.32	13.88
Routine	9.83	8.39	8.99	9.49	7.99	7.28

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

How are we performing:
- We remain significantly behind the 99% within 6-week standard. However we have seen performance increase from 72% in Jan to 80% in Feb
- The total waiting list size has increased slightly but >6 week waits are reduced by c. 25% with >13 week waits reduced by 13%.
- Reduction in >6 weeks is driven primarily by MRI. However both CT and the endoscopy modalities have also shown a sizeable reduction.

Actions:
- As previously reported at public Board, the Endoscopy service have a comprehensive plan for recruitment, capacity and utilisation that is being worked through. However, these are focused upon the long term
- In the short term, work is being insourced for gastroenterology, with medium term options being explored i.e., use of theatres and CDC
- We have also introduced a time-limited additional sessional rate for the remainder of this year and this is enabling additional clinics to be undertaken

Risks:

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

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

Strategic objective: **Deliver in partnership**

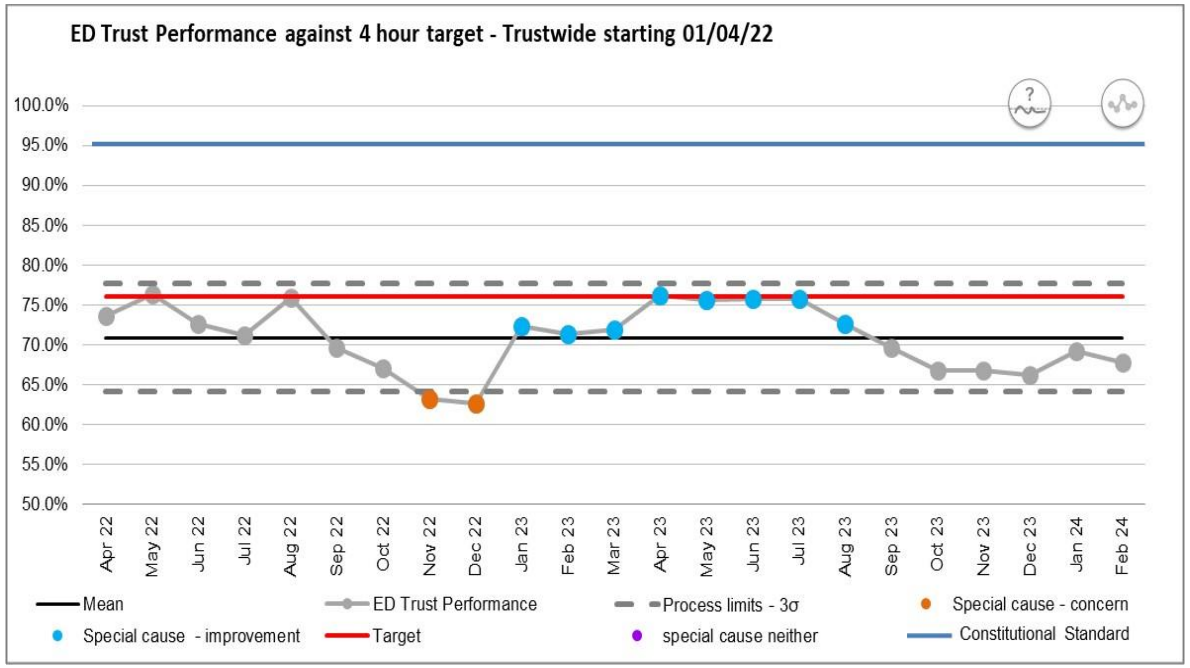
Strategic metric: Performance against 4hr A&E target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
	

Royal Berkshire NHS Foundation Trust



	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
4hour Performance (%)	69.66%	66.74%	66.80%	66.21%	69.16%	67.83%
Total Attendances	14606	15133	14832	14411	14574	14416
Total Breaches	4431	5033	4924	4869	4494	4637
4hour Performance (%) 2022	69.64%	67.08%	63.23%	62.65%	72.31%	71.36%
Total Attendances 2022	14182	15533	15196	15352	13556	13392
Total Breaches 2022	4306	5114	5587	5734	3753	3835

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

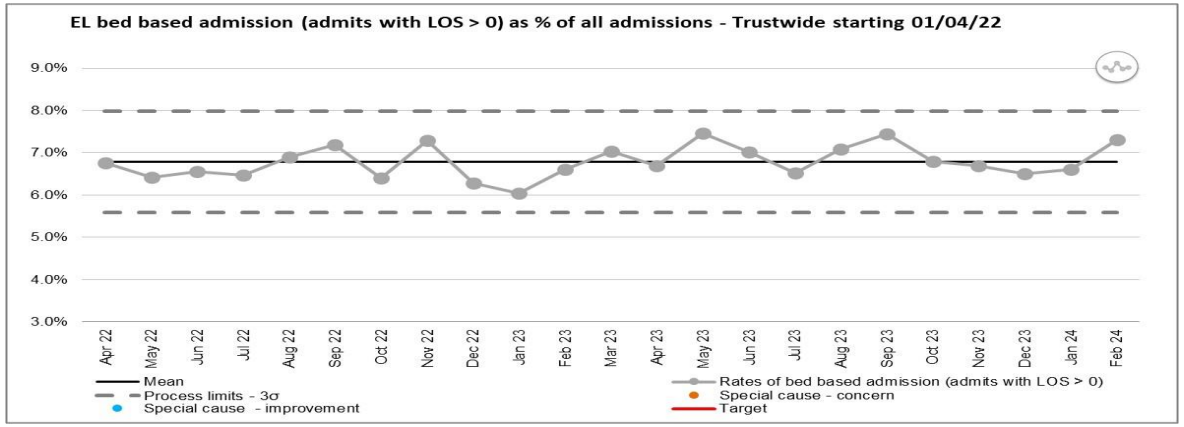
How are performing:
- In February 67.83% of patients were seen within 4 hours. High daily attendances continue with an average of 424 per day and greater than 420 attendances for over half the month
- ED Minors Unit activity increased to an average of 89 patients per day in February
- Actively pushing to increase use of EDMU and throughput to alleviate main department challenges
- >60 minutes handover performance is 205 for month of February from 230 in January. >30 minutes handover performance is 318 for month of February from 405 in January. Further improvement challenged with decision to admit (DTA) capacity issues

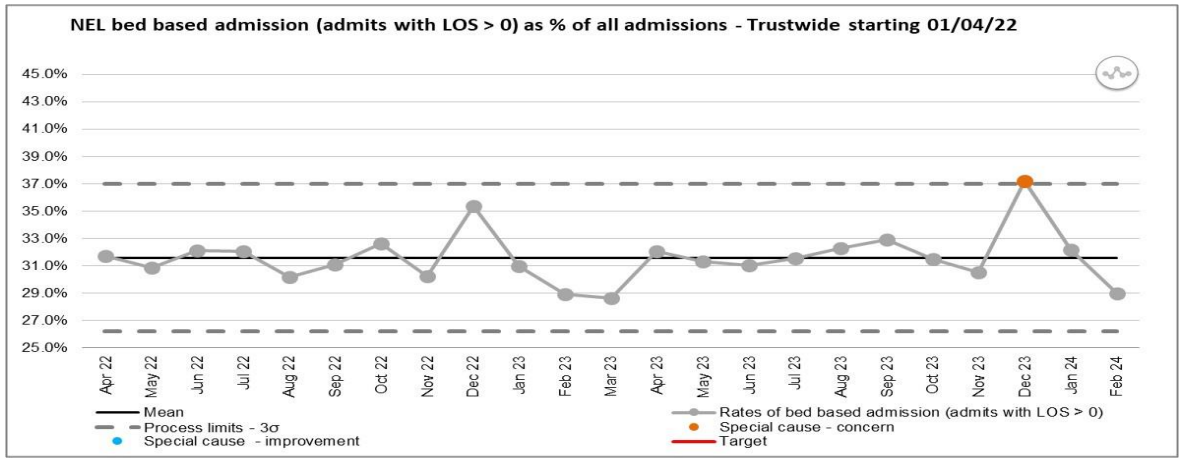
Actions:
- Reading Urgent Care Centre appointment booking via EMIS® fully functioning. February saw an average of 16 slots utilised each day, an improvement from January which had an average of 14
- 12 o'clock huddle embedded with a focus on improving daily performance
- Single Point of Access programme continues focus on GP referrals via ED with 'Go Live' planned for March 24 and work underway to ensure this is efficient
- Continued focus on streaming patients to Results chairs to relieve pressure in main department
- Focus on reducing the number of queuing ambulances and improving ambulance handover times

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

Strategic objective: **Deliver in partnership**

Strategic metric: Reduce inpatient admissions





% of admissions with Los>0	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Elective	7.4%	6.8%	6.7%	6.5%	6.6%	7.3%
Non-elective	32.9%	31.5%	30.5%	37.2%	32.2%	29.0%

Board Committee: Quality Committee

SRO: Dom Hardy

EL Variation	NEL Variation
	

Royal Berkshire NHS Foundation Trust

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

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

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

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

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

Strategic objective: **Cultivate Innovation and Improvement**

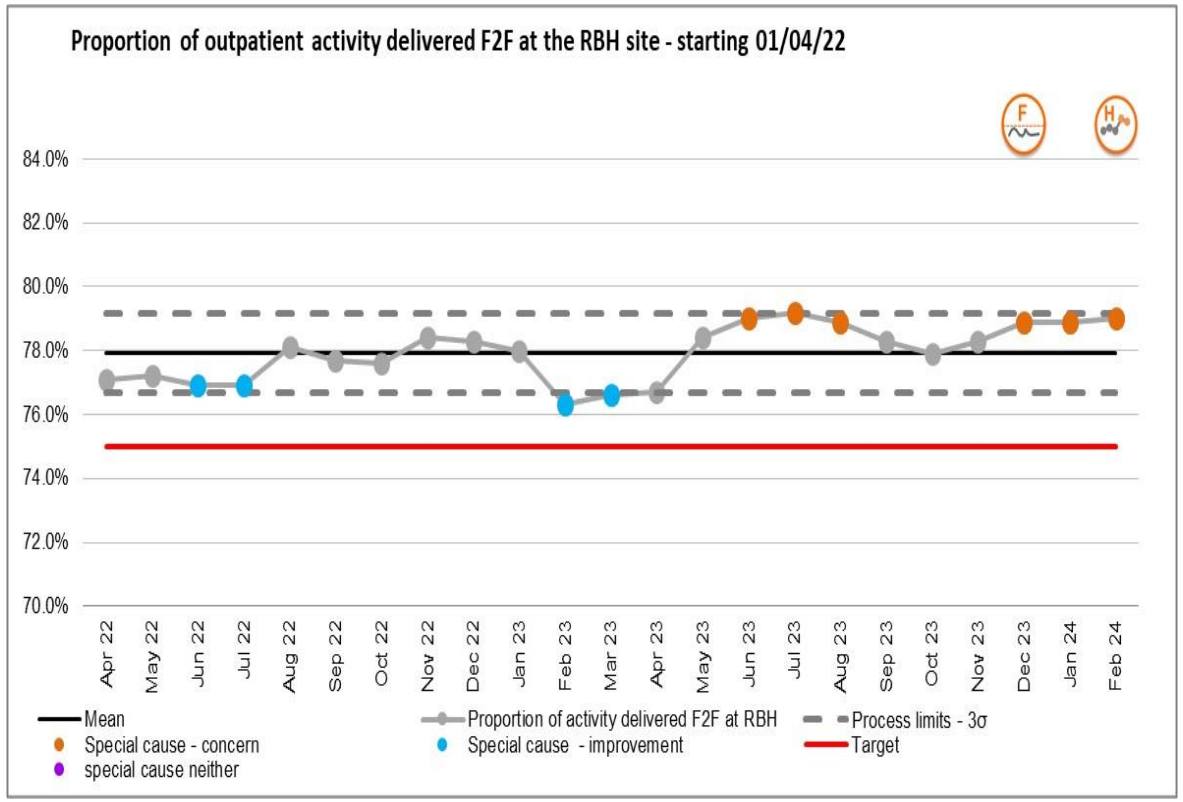
Strategic metric: Increase care closer to home

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
% of all care provided from RBH site	78.3%	77.9%	78.3%	78.9%	78.9%	79.0%

This measures:
Our objective is to deliver as much care as possible at locations close to patients own homes or places of residence. This will in ensure that all our communities benefit from high quality care, we will be able to reduce unnecessary journeys and we will make best use of our digital and built infrastructure.

We are tracking the volume of outpatient care that is delivered face to face (F2F) at the RBH site as we believe that delivery of our clinical services strategy should result in this proportion falling as we take advantage of our investments

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

In February, 79% of all contacts in the Trust were delivered face-to-face from the RBH site – with performance still above the 75% target. In recent (and coming) months, this metric is likely to have been impacted by industrial action.

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

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

Risks:

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

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

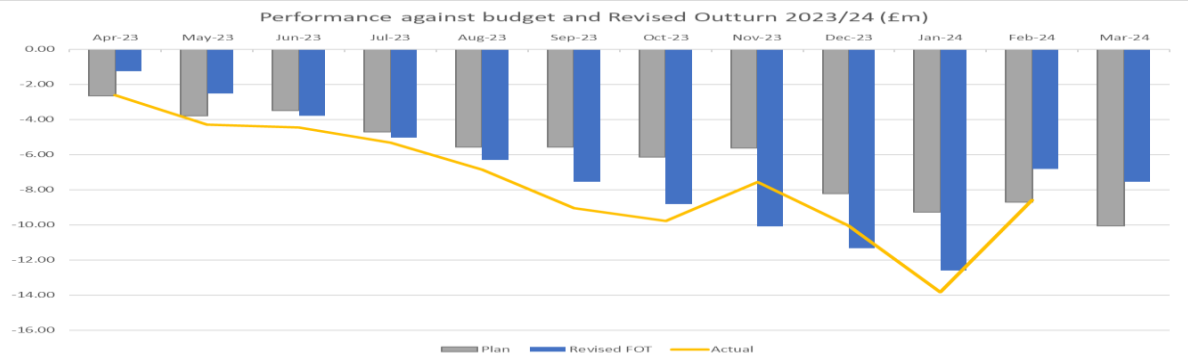
Strategic metric: Trust income & expenditure performance

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Year to date						Full Year	Full Year
	Actual	Plan	Variance against plan	RAG	Forecast (FOT)	Variance against FOT	Plan	FOT
Income (ind pass through)	£559.55m	£536.59m	£22.96m		£545.08m	£14.48m	£585.51m	£594.63m
Pay	£330.59m	£316.08m	-£14.51m		£329.32m	-£1.27m	£345.31m	£359.26m
Non Pay (incl pass through)	£230.84m	£215.73m	-£15.11m		£222.63m	-£8.21m	£235.53m	£242.87m
Other	£6.30m	£7.63m	£1.33m		£6.99m	£0.69m	£8.32m	£7.62m
Surplus/(Deficit)	-£8.62m	-£8.72m	**£0.10m**		-£13.86m	**£5.24m**	-£10.05m	-£15.12m
Further Funding Received	£0.00m	£5.87m	£0.00m		£7.04m	£0.00m	£6.40m	£7.57m
Revised Surplus/(Deficit)	-£8.62m	-£2.85m	-£5.77m		-£6.82m	-£1.80m	-£3.65m	-£7.55m
Exclude donated Asset Effect, centrally funded PPE and Impairment	£0.02m	£0.00m	£0.02m		£0.02m	£0.02m	£0.00m	**£0.00m**
Adjusted Financial Performance (NHSE Plan)	-£8.60m	-£2.85m	-£5.75m		-£6.80m	-£1.78m	-£3.65m	-£7.55m

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

How are we performing:
Month 11 YTD, financial performance is a £8.6m deficit, £(5.75)m worse than adjusted plan and £(1.78)m off adjusted forecast.
Income is ahead of plan by £22.96m, the variance is primarily driven by £5.94m income from NHSE to cover the impact of industrial action, £5.87m additional funding towards the planned deficit, £1m funding to cover the revenue impacts of IFRS 16, £1.3m Covid testing income and the over performance in high-cost drugs of £4.60m.

The Pay position is £(14.51)m adverse to plan YTD, this includes the Lighthouse costs of £1.82m (this is offset by income), and the cost of industrial action YTD M11 February 24 £2.24m, now fully funded by NHSE.

Non-Pay costs are £(15.11)m worse than budget, however these are offset by additional income at M11 YTD.

£14.02m YTD efficiency savings were achieved at M11 and these are projected to deliver in full by the year end.

Actions:
- Focus is needed to make run-rate reductions in pay expenditure
- We continue to identify further savings delivery across specific contracts and spend areas
- The focus continues to identify schemes that are recurrent and could be taken forward to the next financial year 2024/25 and to work with professional leads to consider further workforce transformation to reduce pay costs relative to activity delivery

Risks:
- Sourcing further savings to address the YTD overspend and absorb any further spending in excess of adjusted forecast levels between now and the end of the year

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

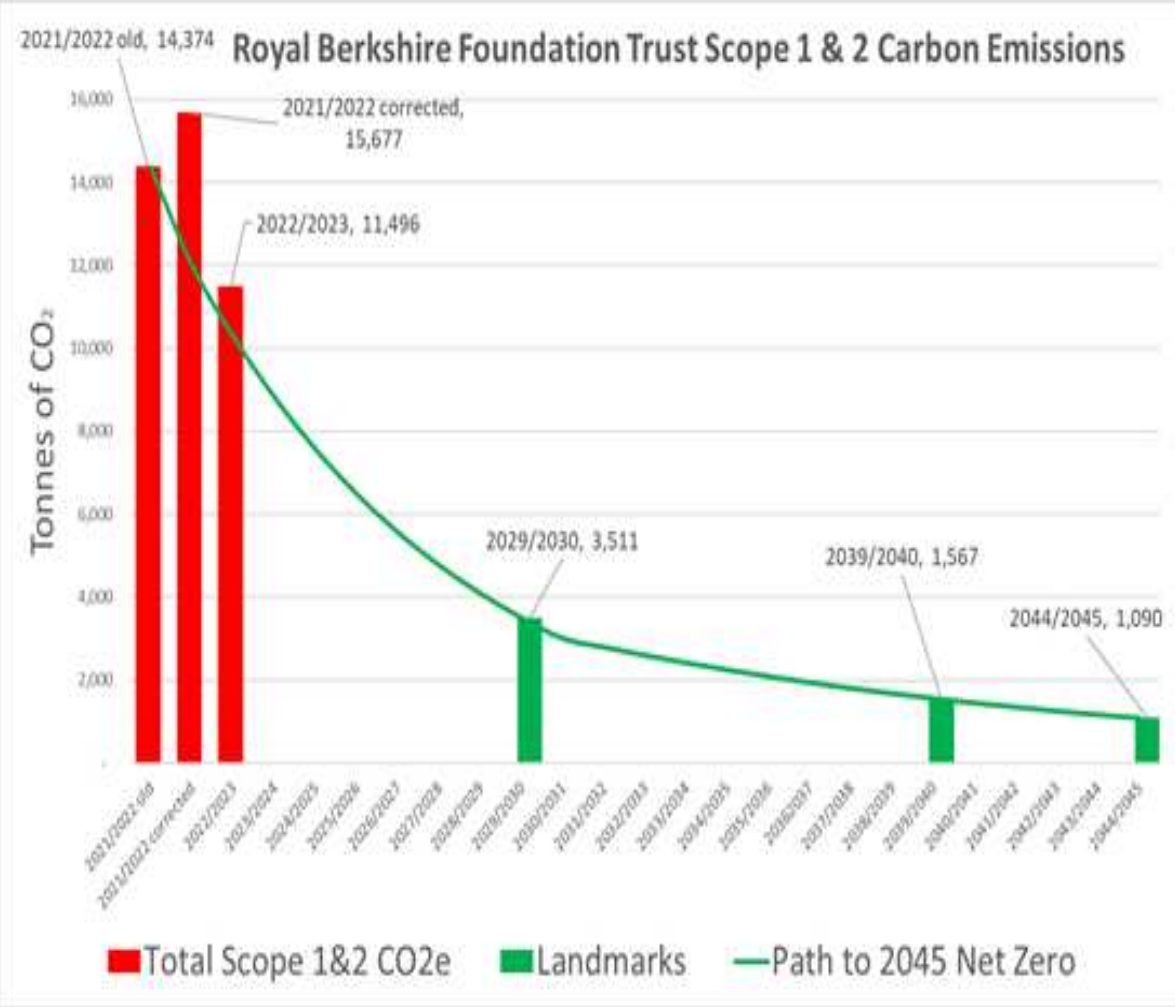
Strategic metric: CO2 emissions

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Validation
P	N/A

Royal Berkshire NHS Foundation Trust



This measures:
Our ambition is to reduce the impact we have on the environment and deliver on our net zero goal for 2040. We have finalised the 2022/23 full year report and are progressing establishing quarterly in year reporting. We are exploring how we benchmark our performance against other organisations and our own planned trajectory, in conjunction with other organisations across BOB ICS.

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

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

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

Risks:
- Lack of in year reporting poses a risk on certainty as to achievement of our Green Plan
- Achievement at pace of major net zero actions requires investment
- Dedicated PMO resource is required to continue momentum and funding for this is not yet secured

Royal Berkshire
NHS Foundation Trust

Breakthrough Priorities

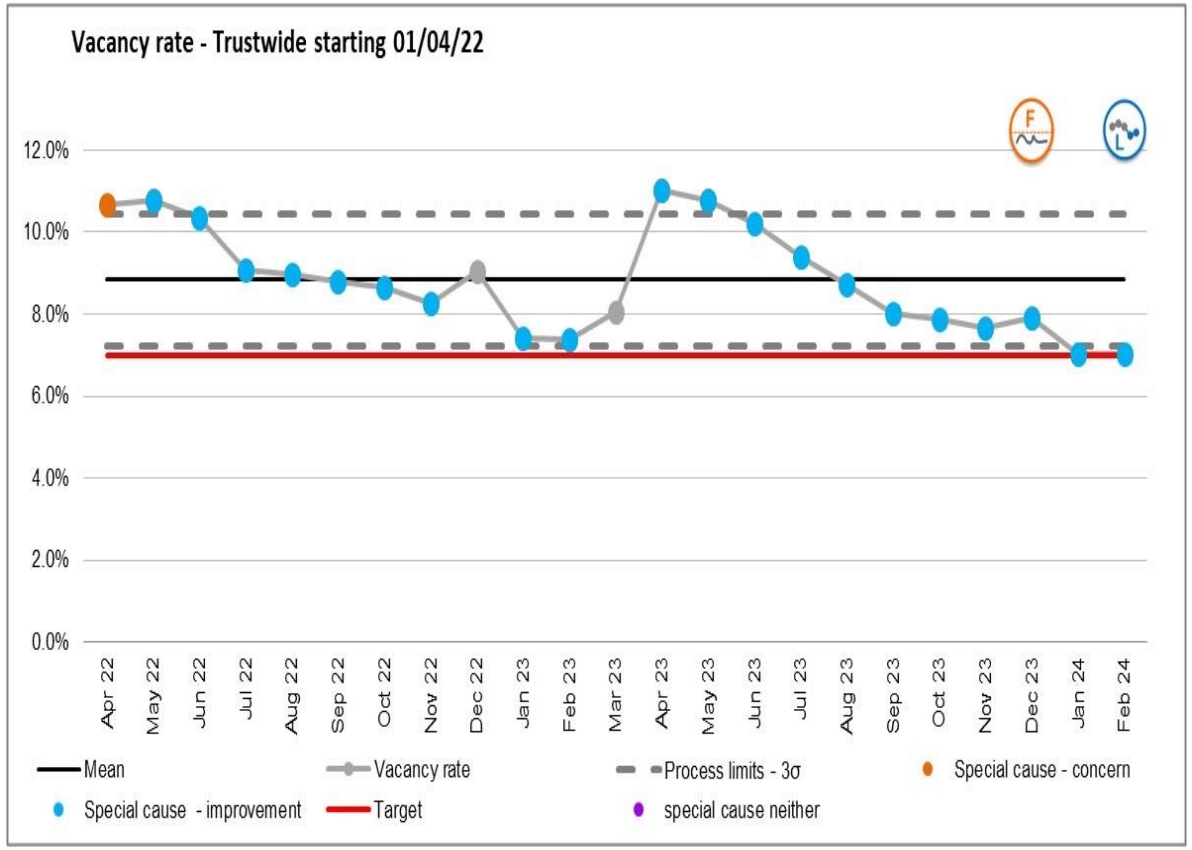
Breakthrough priority metric:
Vacancy rate

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
F	L

Royal Berkshire NHS Foundation Trust



	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Trust Performance	8.03%	7.86%	7.67%	7.91%	7.03%	7.02%

**please note*: *there was an increase in establishment between FYs 21/22 & 22/23 which is why there is a significant increase in the vacancy rate from March 22 to April 23*

This metric measures:
We are seeking to make significant inroads into our vacancy rate as we know that having substantive staff in role will provide quality and financial benefits across the organisation. We are tracking our progress by monitoring the unfilled substantive full time equivalent (FTE) as a percentage of the total staffing budgeted FTE.

How We are Performing:
- 147 vacancies were advertised in February, equivalent to 157.21 full time equivalent (FTE)
- 86 vacancies are at the shortlisting stage
- 26 vacancies are at the interview stage
- 35 vacancies are at the offer/starting stage
- 3 Internationally educated nurse (IEN's) commenced in February
- Clinical Time-to-Hire for February was 62.2 days, marking the second-best performance of the year and a 6.5% decrease month on month
- Non-clinical Time-to-Hire was 48.9 days, showing a 2% decrease on the previous month
- 229.8 FTE were recruited in Q3

Actions:
- Nurse and Midwife Open Day taking place in March 2024
- Attending Allied health professional (AHP) Job Fair in Dublin in March 2024
- 3 week training employability workshop with Career Camp commencing
- Recruitment and Selection Policy reviewed and updated
- Go and See Meetings with Pharmacy and Blood Sciences have taken place
- Meeting being arranged with John Lewis Partnership (Reading) regarding future accommodation
- ESR / Budget Alignment to be completed March 2024

Risks:
- Environmental factors – High cost of living

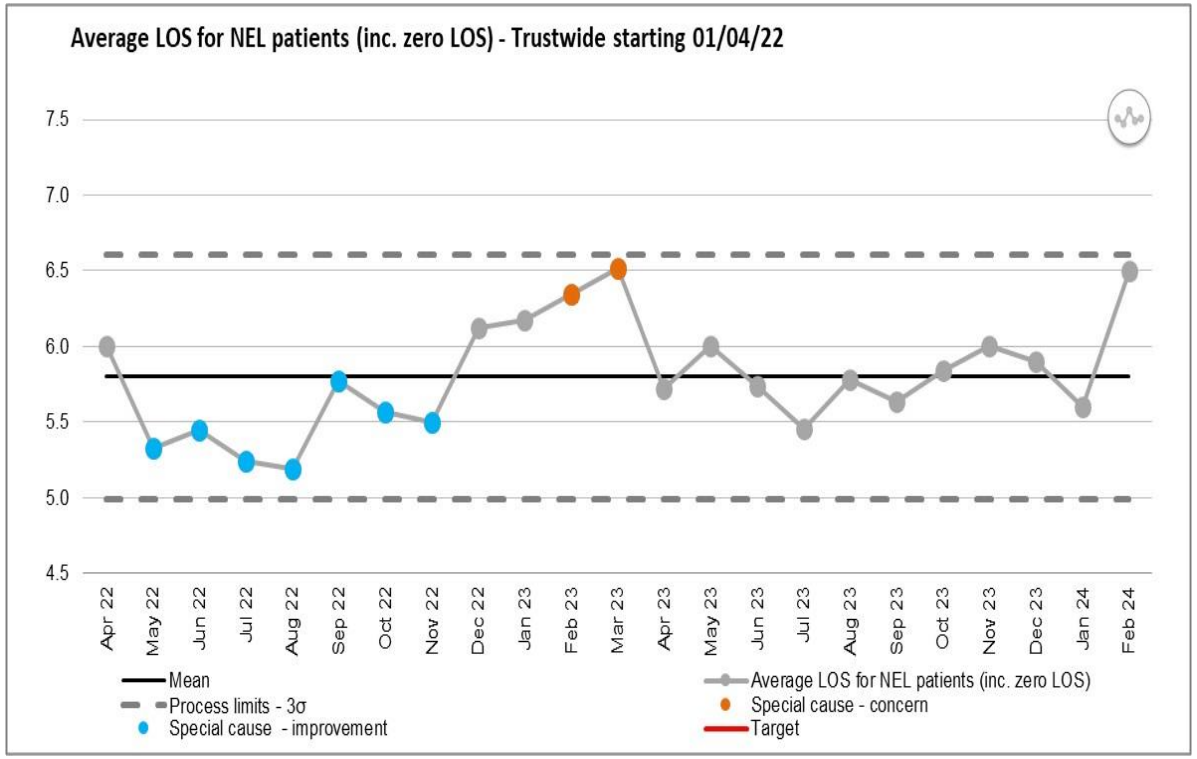
Breakthrough priority metric:
Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Ave LOS for NEL patients (inc. zero LOS	5.7	5.8	6.0	5.9	5.6	6.5

This metric measures:

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

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

How are we performing:

- Following a recent decline in LOS, for non-elective patients this increased to 6.5 days on average in February. This was the result of a number of difficult weeks discharging patients, and an extended impact of multiple infection challenges across the Trust.

Actions:

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

- Minimising admission rates and unwarranted variation
- Reducing unnecessary moves between the wards
- Improving processes that facilitate discharge, through training days and communications
- Identifying and tackling the cultural changes required to support effective patient flow

Risks:

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

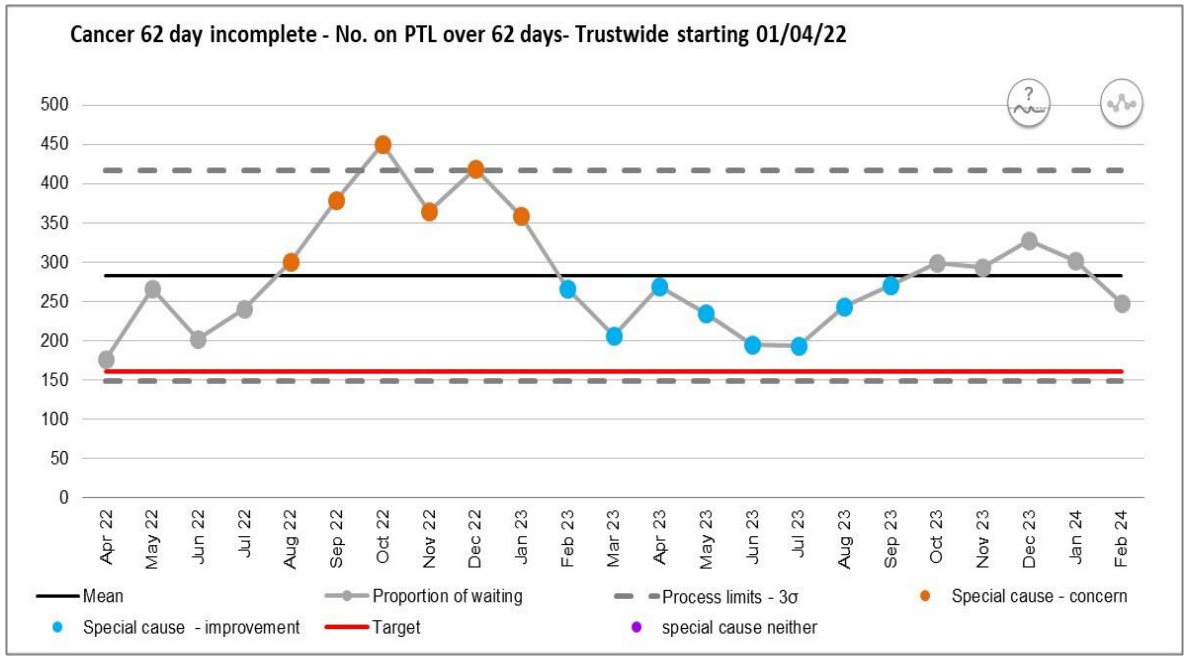
Breakthrough Priority metric:
Reduce 62 days cancer waits

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Trust Performance	62.00%	63.90%	69.10%	70.90%	61.90%	64.10%
Total Cancer PTL list	2377	2451	2219	2207	2327	2526
No. on PTL > 62 days	270	299	294	327	302	248
Incomplete - % on PTL over 62 days	11.6	12.2	13.2	14.8	13.0	9.8
Cancer 28 day Faster Diagnosis	75.2	74.8	75.7	77.5	71.8	75.8

This measures:
We have identified our cancer waits as a breakthrough priority because of the underlying performance challenges in this area and the impact on patient care delays to this pathway can cause. We are tracking our progress by measuring the total number of patients on an incomplete cancer patient tracking list (PTL) waiting >62 days. This is also the principal metric NHS England are using nationally and the target is 161 patients by March 2024. We are also tracking the proportion of patients treated within 62 days. The national target is 85%

How are we performing:
- In Jan 61.9% of patients on a cancer pathway were treated within 62days (85% standard)
- Feb performance is un-validated at 64.1%
- The total number of patients on the PTL >62 days has fallen to 248. Still predominantly within skin, gynae and gastro
- 31 day and 62 day is unlikely to pass / improve with several additional lists via the Risk assessed targeted initiatives (RATI) process coming on stream which will address backlog but will result in more breaches in Feb and Mar (skin, gynaecology, GI)

Actions:
- Executive Management Committee approval and additional sessions booked through insourcing and targeted additional payments for Apr – Jun
- £38k additional funding secured from Thames Valley Cancer Alliance (TVCA) for additional sessions
- Additional Plastics capacity needed – Oxford University Hospitals (OUH) are not able to meet, reviewing Bucks support. Escalated to ICB and TVCA for support
- Additional skin activity for Apr and planning for Super Saturday in May
- Dashboard being developed in informatics with Great Western Hospital (GWH) logic/learning
- Confirmed all national guidance re PTL exclusions have been in place since Oct

Risks:
- Continued improvement dependent on additional capacity (staff willingness) and funding (RATI, insourcing and outsourcing)
- Funding from TVCA is non-recurrent and will add pressure to budgets next year
- Additional Industrial Action

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

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
P	H

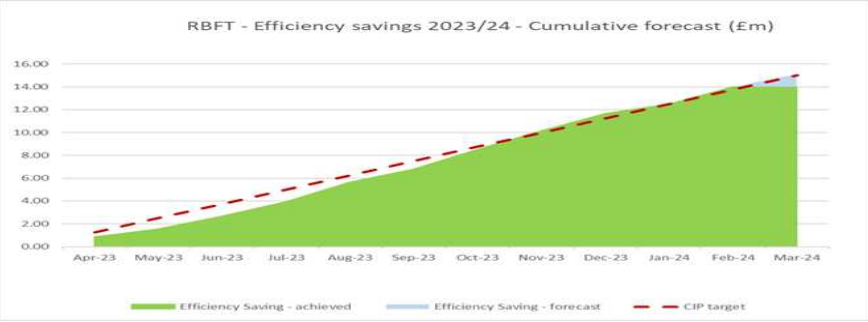
Royal Berkshire NHS Foundation Trust

Efficiency saving by Care Group - £m

Area	Target	Full year	In year	Risk adjusted	Gap	M01 planned £m	M02 Planned £m	M03 Planned £m	M04 Planned £m	M05 Planned £m	M06 Planned £m	M07 Planned £m	M08 Planned £m	M09 Planned £m	M10 Planned £m	M11 Planned £m	M01 actual £m	M02 actual £m	M03 actual £m	M04 actual £m	M05 actual £m	M06 actual £m	M07 actual £m	M08 actual £m	M09 actual £m	M10 actual £m	M11 actual £m	YTD_M11 delivered
Urgent Care	4.14	5.38	5.05	4.00	(0.14)	0.27	0.27	0.26	0.30	0.31	0.32	0.32	0.32	0.32	0.30	0.30	0.29	0.18	0.51	0.35	0.47	0.23	0.15	0.56	0.12	0.37	0.10	3.32
Planned Care	4.53	4.34	3.94	3.31	(1.22)	0.09	0.10	0.21	0.47	0.25	0.24	0.23	0.19	0.18	0.17	0.17	0.09	0.09	0.21	0.46	0.28	0.38	0.55	0.34	0.38	0.21	0.17	3.16
Networked Care	3.70	2.25	2.09	1.75	(1.95)	0.08	0.08	0.08	0.26	0.08	0.14	0.14	0.14	0.14	0.14	0.14	0.08	0.12	0.08	0.28	0.08	0.11	0.16	0.09	0.06	0.05	0.00	1.11
CEO	0.09	0.06	0.05	0.05	(0.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.01	0.00	0.00	0.01	-	-	0.01	-	-	0.02
COO	0.01	0.01	0.01	0.01	0.00	-	-	-	-	-	0.00	0.00	0.00	0.00	0.00	0.00	-	-	-	-	-	-	-	-	-	-	-	-
CMO	0.08	0.44	0.44	0.31	0.23	0.04	0.04	0.04	0.04	0.04	0.04	0.02	0.02	0.02	0.00	0.00	-	-	-	-	0.03	-	0.14	0.02	0.07	0.03	0.03	0.32
CNO	0.22	0.47	0.46	0.23	0.01	-	-	-	-	-	-	-	-	0.14	0.05	0.02	-	-	-	-	-	-	-	-	0.14	0.06	0.02	0.22
Estates and Facilities	1.02	1.52	1.47	1.13	0.11	0.06	0.06	0.07	0.05	0.17	0.09	0.09	0.09	0.09	0.09	0.09	0.07	0.06	0.09	0.05	0.20	0.18	0.16	0.08	0.04	0.05	0.07	1.04
IM&T	0.64	1.09	0.91	0.96	0.32	0.02	0.02	0.02	0.02	0.17	0.04	0.04	0.04	0.04	0.04	0.04	0.05	0.02	0.02	0.01	0.25	0.05	0.15	0.08	0.07	0.05	0.18	0.83
Finance	0.17	1.50	1.45	1.40	1.23	0.02	0.01	0.13	0.12	0.13	0.13	0.14	0.14	0.14	0.14	0.14	0.17	0.14	0.12	0.03	0.14	0.03	0.12	0.09	0.03	0.02	0.07	0.95
CPO	0.17	0.22	0.20	0.20	0.03	0.00	0.00	0.00	0.01	0.01	0.03	0.03	0.03	0.03	0.03	0.02	0.00	0.00	0.00	0.00	0.00	0.02	0.14	0.03	0.04	0.08	0.04	0.37
Strategy & Transformation	0.07	0.31	0.31	0.24	0.17	0.01	0.01	0.01	0.01	0.01	0.02	0.02	0.02	0.02	0.02	0.03	0.01	0.01	0.01	0.01	0.00	0.01	0.08	0.01	0.01	0.01	0.01	0.18
R&D	0.06	0.29	0.24	0.24	0.18	0.06	-	-	-	0.13	-	-	-	-	-	0.05	0.06	-	-	-	0.13	-	-	-	-	-	-	0.19
Trustwide	0.10	3.05	3.14	1.21	1.11	0.02	0.02	0.03	0.02	0.13	0.14	0.13	0.13	0.13	0.13	0.13	0.03	0.04	0.03	-	0.10	0.02	0.00	0.22	0.03	-	0.01	0.48
Travel and Transport	-	0.42	0.34	0.11	0.11	-	-	-	-	0.01	0.01	0.01	0.01	0.01	0.01	0.01	-	-	-	-	-	0.03	-	-	-	-	-	0.03
Other procurement				0.04		0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.16	0.14	0.16	0.01	0.02	0.08	0.03	0.03	0.08	0.08	0.10	0.53	0.03	0.81	1.79
Total	15.00	21.35	20.11	15.18	0.14	0.83	0.78	1.02	1.46	1.60	1.37	1.33	1.29	1.43	1.27	1.30	0.88	0.68	1.16	1.23	1.70	1.16	1.75	1.61	1.52	0.84	1.50	14.02

Efficiency saving by Care Group - £m

Area	Risk adjusted	YTD_M11 delivered	M12 forecast £m	Total forecast £m
Urgent Care	4.00	3.32	0.06	0.06
Planned Care	3.31	3.16	0.05	0.05
Networked Care	1.75	1.11	0.04	0.04
CEO	0.05	0.02	0.01	0.01
COO	0.01	-	0.01	0.01
CMO	0.31	0.32	0.01	0.01
CNO	0.23	0.22	0.02	0.02
Estates and Facilities	1.13	1.04	0.03	0.03
IM&T	0.96	0.83	0.07	0.07
Finance	1.40	0.95	0.04	0.04
CPO	0.20	0.37	0.02	0.02
Strategy & Transformation	0.24	0.18	0.03	0.03
R&D	0.24	0.19	0.05	0.05
Trustwide	1.21	0.48	0.05	0.05
Travel and Transport	0.11	0.03	0.03	0.03
Other procurement	0.04	1.79	0.46	0.46
Total	**15.18**	**14.02**	**0.98**	**0.98**



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

How are we performing:
The plan is to deliver £15m of cash releasing efficiency savings in 2023/24, of which £21.35m is so far identified for the full year and £20.12m of in year effect. We have risk assessed this at £15.18m, £14.02m has been delivered in YTD M11, compared to the straight line phased plan of £13.75m..

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

Risks:
- Given the level of overspend at month 11 YTD, there is a requirement to recover the 2023/24 financial position to achieve the £7.55m adjusted deficit forecast (FOT)
- Developing recurrent savings to underpin 2024/25 budgets and the return to financial balance continues to be an area of focus

Royal Berkshire
NHS Foundation Trust

Watch Metrics

Summary of alerting watch metrics

Royal Berkshire NHS Foundation Trust

Introduction:

Across our five strategic objectives we have identified 127 metrics that we routinely monitor, we subject these to the same statistical tests as our strategic metrics and report on performance to our Board committees.

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

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

Alerting Metrics February 2024:

In the last month 18 of the 127 metrics exceeded their process controls. These are set out in the table opposite.

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

For this month there are 2 new alerting metrics:

- Category 3 and 4 avoidable Pressure Ulcers (SIs)
- Cancer 31 day drug treatments

Provide the highest quality of care for all

- Category 3 and 4 avoidable Pressure Ulcers (Sis)
- VTE inpatient compliance
- Ecoli
- Mixed sex accommodation breaches
- Abuse/V&A (Patient to Staff)
- FFT Response – Maternity

Invest in our staff and live out or values

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

Deliver in Partnership

- 12 hrs from arrival in ED
- Seen by Stroke Consultant within 14 hours
- Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit
- Proportion of patients with high risk TIA fully investigated and treated within 24 hours
- Cancer 31 day drug treatments
- Cancer Incomplete 104 day waits

Cultivate innovation and improvement

- % OP treated virtually

Achieve long term sustainability

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

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

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-23	Jan-24	Feb-24	Feb-23
Never Events			0	1	0	1	0
Patient Safety incidents/100 admissions			7.00%	11.59%	11.48%	11.38%	10.58%
Pressure ulcer incidence per 1000 bed days			1.00	0.10	0.05	0.10	0.06
Category 2 avoidable pressure ulcers			5	2	1	4	1
Category 3 or 4 avoidable pressure ulcers (SI)			0	0	2	4	1
Patient Falls per 1 000 bed days			5.00	3.04	3.61	3.78	3.95
Patient falls resulting in harm (SI) avoidable			-	0	0	0	0
No. of DOLS applications applied for			-	24	20	23	21
No. of detentions under the MH act to RBH			-	2	1	2	2
% of staff: Safeguarding children L1 training			90.00%	95.20%	96.00%	96.30%	93.40%
No. of child safeguarding concerns by the Trust			-	121	117	148	147
No. of adult safeguarding concerns by the Trust			-	30	38	44	27
No. of safeguarding concerns against the Trust			-	3	4	4	4
Unborn babies on child protection (CP) / child in need plans (CIP)			-	41	39	43	41
C.Diff (Cumulative)			44	31	37	40	46
C.Diff lapses in care			-	3	4	0	1
MRSA			0	0	0	0	1
Ecoli (trust acquired) infections			-	12	8	12	3
Ecoli (trust acquired) infections (Cumulative)			92	99	107	119	107
MSSA surveillance (trust acquired)			-	3	2	0	3
Hand Hygiene			-	96.39%	97.92%	96.44%	
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance			95.00%	80.00%	Arrears	Arrears	
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions			0	3	Arrears	Arrears	

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

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-23	Jan-24	Feb-24	Feb-23
No. of compliments			-	36	37	40	40
FFT Satisfaction Rates Inpatients: i.Inpatients			99%	96%	96%	94%	99%
FFT Satisfaction Rates Inpatients: ii.ED			99%	81%	85%	80%	85%
FFT Satisfaction Rates Inpatients: iii.OPA			99%	95%	95%	96%	95%
Mixed sex accommodation - breaches			0	256	383	326	390
Crude mortality			-	1.60	1.70	1.40	1.40
HSMR			-	Arrears	Arrears	Arrears	85.5
SMR			-	Arrears	Arrears	Arrears	85.9
SHMI			-	Arrears	Arrears	Arrears	0.96
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes			97%	94%	71%	Arrears	100%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes			86%	86%	50%	Arrears	85%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes			82%	93%	83%	Arrears	92%

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

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-23	Jan-24	Feb-24	Feb-23
RIDDOR reportable Incidents			-	0	2	0	0
Abuse/V&A (Patient to staff)			-	61	61	72	44
Body fluid exposure/needle stick injury			-	20	32	21	9
Environment Related Incidents			-	24	24	17	7
Manual Handling non patient every 3 years		?	90%	95%	94%	93%	91%
Conflict Resolution		?	90%	88%	89%	88%	87%
Fire (Annual)	H	?	90%	92%	92%	92%	89%
Nursing and AHP Manual handling training every 3 years	H	?	90%	90%	91%	91%	85%
Doctors manual handling training every 3 years	H	F	90%	95%	94%	93%	57%
Health and Safety Training	H		-	95%	96%	96%	92%
Slips and Trips			-	6	2	2	1
Musculoskeletal - Inanimate object			-	2	2	3	3
Total non clinical incidents reported			-	284	214	251	206

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

Maternity Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-23	Jan-24	Feb-24	Feb-23
FFT Satisfaction Maternity		?	99.0%	95.0%	95.0%	98.0%	96.4%
FFT Response Maternity		F	50.0%	4.0%	9.6%	13.0%	11.0%
Complaints - % response in 25 days		?	78.0%	33.0%	0.0%	20.0%	100.0%
Number of Serious Incidents in the Maternity Service		?	1	1	0	1	2
% bookings with ethnicity documented / recorded			-	100.0%	99.8%	100.0%	100.0%
% women with a documented CO result at booking	H	?	95.0%	89.2%	90.0%	88.3%	87.6%
% women with a documented CO result at 34-36 weeks		?	95.0%	91.0%	89.0%	91.6%	93.0%
% of pre-term (less than 34+0),singleton, live births receiving a full course of antenatal corticosteroids, within seven days of birth		?	80.0%	0.0%	33.0%	28.6%	0.0%
Post Partum haemorrhage>1500mls		?	3.5%	3.3%	3.2%	2.0%	3.8%
Percentage of term babies admitted to Neonatal Unit		?	5.0%	3.7%	6.6%	5.4%	5.2%
Percentage of Perinatal Deaths		?	0.5%	0.4%	0.3%	0.3%	0.4%
Number of occasions MLU service suspended for 4 hours or more			-	13	6	5	8
Midwifery staffing vacancy rate			-	7.5%	7.2%	10.2%	16.3%
Midwifery staffing turnover	L	?	14.0%	8.1%	7.7%	9.0%	15.0%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring		?	90.0%	93.2%	91.6%	94.4%	94.3%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring		?	90.0%	93.5%	97.8%	97.0%	93.8%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT		?	90.0%	81.8%	89.5%	95.0%	91.7%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT		?	90.0%	91.1%	96.1%	94.6%	97.1%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT	H	F	90.0%	86.8%	92.5%	93.0%	86.5%

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

Watch metrics:

SRO: Don Fairley

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-23	Jan-24	Feb-24	Feb-23
Ethnicity Progression Disparity ratio between middle and upper pay bands		F	1.66	1.99	2.06	2.00	
Stability rates %			-	99.0%	84.8%	84.8%	81.7%
Rolling 12 month Sickness absence	L	F	3.3%	3.6%	3.6%	Arrears	4.1%
% Fill rate of Registered Nurse Shifts (RN)	H	P	90.0%	99.2%	101.7%	100.0%	96.2%
% Fill rate of Care Support Worker Shifts (CSW)	H	P	90.0%	111.8%	111.7%	112.9%	94.1%
Completed Mandatory Training	H	?	90.0%	92.8%	92.3%	92.4%	89.1%
Appraisals		F	90.0%	87.5%	82.9%	82.4%	78.6%
Nurse Staffing Red Flags			-	43	33	15	31

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-23	Jan-24	Feb-24	Feb-23
12 hours from arrival in ED (%)	H	?	2%	6%	6%	5%	4%
12hr DTA (Trolley Waits)			-	0	0	0	0
Percent of Ambulatory Care of Non elective Admissions	L		-	0.5%	0.4%	0.5%	0.6%
Average non-elective length of stay - excluding 0 day LOS (Length of Stay)			-	6.0	6.3	6.9	6.7
Urgent Operations Cancelled 2nd time			-	0	0	0	0
Fractured Neck of Femur: Surg in 36 hours		?	75.0%	62.2%	0.0%	Arrears	55.6%
Seen by Stroke Consultant within 14 hours		F	95.0%	54.0%	60.0%	52.0%	58.0%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival		P	90.0%	53.0%	70.0%	47.0%	58.0%
Proportion of stroke patients scanned within 12 hours of hospital arrival	L	P	90.0%	100.0%	98.0%	89.0%	97.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)	L	?	80.0%	80.0%	75.0%	65.0%	68.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)		F	90.0%	14.0%	14.0%	19.0%	33.0%
Average Length of Stay (LOS) from admission to discharge (days)		?	14	16	16	10	17
Door to needle time <60mins		?	95.0%	100.0%	100.0%	91.0%	50.0%
No. of weekend discharges		F	783	682	517	470	456
Rate of Emergency readmissions within 30 days of discharge	L		-	Arears	Arears	Arrears	15.9
Rate of Emergency readmissions within 30 days of discharge - Paediatrics (<16ys)	H		-	Arears	Arears	Arrears	10.2
Rate of Emergency readmissions within 30 days of discharge - Adults (16yrs+)	L		-	Arears	Arears	Arrears	17.1

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-23	Jan-24	Feb-24	Feb-23
Cancer 2 week wait: cancer suspected	L	?	93.0%	66.5%	58.9%	68.9%	94.1%
Cancer 2 week wait: breast patients		?	93.0%	96.6%	93.4%	95.0%	100.0%
Cancer 31 day wait: to first treatment		?	96.0%	96.3%	89.6%	96.2%	97.3%
Cancer 31 day wait: drug treatments	L	?	98.0%	98.5%	96.3%	92.1%	98.9%
Cancer 31 day wait: surgery		?	94.0%	78.6%	80.0%	84.9%	94.4%
Cancer 31 day wait: radiotherapy		?	94.0%	86.7%	79.4%	92.1%	94.8%
62 day consultant upgrade: all cancers			-	84.3%	69.5%	81.3%	89.1%
62 Day screen Ref		?	80.0%	88.7%	85.0%	45.5%	83.3%
Incomplete 104 day waits	H	F	0	120	112	103	92

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-23	Jan-24	Feb-24	Feb-23
Cancelled Ops not re-scheduled < 28 days (%)		P	5%	0%	0%	0%	0%
% OP appointments done virtually	L		-	21.1%	21.1%	20.9%	23.7%
New to follow up ratio	H		-	2.1	2.0	1.9	1.8
Number of OPPROC			-	7350	9514	9592	7656
Number of MDT OP			-	530	753	649	
Clinic room utilisation (esp utilisation at non RBH sites)			-	29%	33%	34%	
Number of PIs	↑		-	100	104	106	67
Number of active research trials	↑		-	118	122	123	102
Number of projects supported by HIP	↑		-	54	65	63	50

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

Watch metrics

SRO: Nicky Lloyd

NHS
Royal Berkshire
NHS Foundation Trust

Metric	Variation	Assurance	Target	Dec-23	Jan-24	Feb-24	Feb-23
Pay cost vs Budget (£m)			-	-1.11	-2.51	-3.50	-0.35
Non pay cost vs Budget (£m)			-	-1.58	-3.09	-2.91	-1.22
Income vs Plan (£m)			-	2.74	2.81	5.18	1.09
Daycase actual vs Plan (£m)			-	-0.23	0.17	0.37	0.40
Elective actual vs Plan (£m)			-	0.06	0.23	0.18	-0.28
Outpatients actual vs Plan (£m)			-	-0.51	0.57	0.63	0.24
Non-elective actual vs plan (£m)			-	0.48	-0.42	0.14	1.39
A&E actual vs plan (£m)			-	-0.12	0.21	0.16	0.86
Drugs & devices actual vs plan (£m)			-	0.07	0.47	0.77	0.46
Other patient income (£m)	H		-	0.12	0.16	0.24	0.34
Delivery of capital programme (£m)			-	1.22	3.03	3.84	6.56
Cash position (£m)	L		-	37.89	24.26	33.47	54.88
Agency spend % of total staff cost (%)	L		-	2.2%	2.2%	2.2%	3.9%
Creditors (£m)			-	-75.15	-75.86	-80.29	-83.48
Debtors (£m)			-	24.15	27.09	34.47	15.54
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) YTD		F	95.00%	58.30%	57.80%	58.00%	
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) In Month		F	95.00%	56.80%	53.70%	60.40%	

Royal Berkshire NHS Foundation Trust

Title:	**Integrated Performance Report Refresh 24/25 - Final Recommendations**
Agenda item no:	10
Meeting:	Board of Directors
Date:	27 March 2024
Presented by:	Dom Hardy, Chief Operating Officer
Prepared by:	Rebecca Cullen, Associate Director of Strategy and Performance

Purpose of the Report	Presentation of findings and recommendations to the Board following the 24/25 IPR Annual Refresh

Report History	Executive Management Committee: 22 January 2024 Quality Committee: 5 February 2024 People Committee: 15 February 2024 Finance and Investment Committee: 21 February 2024 Executive Management Committee: 11 March 2024

What action is required?	
Assurance	
Information	
Discussion/input	
Decision/approval	✓

Resource Impact:	None
Relationship to Risk in BAF:	
Corporate Risk Register (CRR) Reference /score	
Title of CRR	

Strategic objectives This report impacts on (tick all that apply)**:**				
Provide the highest quality care for all				✓
Invest in our people and live out our values				✓
Deliver in partnership				✓
Cultivate innovation and improvement				✓
Achieve long-term sustainability				✓
Well Led Framework applicability:				
1. Leadership ✓	2. Vision & Strategy ✓	3. Culture ✓	4. Governance ✓	
5. Risks, Issues & Performance ✓	6. Information Management ✓	7. Engagement ✓	8. Learning & Innovation ✓	

Publication						
Published on website		Confidentiality (FoI)	Private		Public	✓

Royal Berkshire
NHS Foundation Trust

1. Executive summary

1.1. This paper presents the recommendations to the Board following the annual Integrated Performance Report (IPR) Review.

1.2. The review comprised extensive engagement across the Senior Responsible Officers (SROs), Executive Management Committee (EMC), Care Groups, Non-Executive Directors (NEDs) and Subject Matter Experts (SMEs), alongside benchmarking research with comparator trusts and national best practise.

1.3. The Board are asked to discuss, and approve if in agreement, the recommendations set out in this paper for:

- Strategic Metrics
- Breakthrough Priorities
- Watch Metrics
- Performance Report Presentation

2. Background to the Integrated Performance Report (IPR)

2.1. The current formatting of IPR was launched in November 2022. The IPR is a key part of the Trustwide Performance Oversight Architecture which shows alignment through all governance levels of the Trust – from *Ward to Board* (Appendix 1).

2.2. The IPR should be reviewed and refreshed at least annually, aligned to financial year end. It is important to note that the choices we make regarding strategic metrics and breakthrough priorities require alignment with our resource allocation as part of near-term business planning and capital allocation, and longer-term resource model.

3. IPR Refresh Process

3.1. In October, EMC agreed that the strategic metrics and breakthrough priorities would be reviewed against the following 6 criteria:

Clarity – is movement in the metric definitively clear and understandable? E.g. is an increase or decrease unarguably good or bad?
Influenceable – is the metric amenable to intervention over the course of the reporting cycle? i.e. will the metric demonstrate whether changes are making improvements in the monthly cycle of the IPR
Outcome-driven – does the metric/priority measure outcomes and not inputs?
Effective - Is the metric the best measure of success/failure for the strategic objective? Or is it a surrogate or proxy measure?
Comprehensive –is this metric/priority inclusive and representative of the staff, patients and communities we serve? And is this metric representative of all/multiple specialties?
Accurate – is the data used for this metric accurate, reliable and up-to-date?

3.2. These criteria have now been applied to each of the strategic metrics as part of an extensive engagement exercise across all SRO's, Care Groups, EMC, NEDs, and SMEs in both performance and informatics. Benchmarking and best practise research was also undertaken.

4. Recommendations

4.1. The recommendations following the IPR review process are presented below. Each recommendation considers:

- **The alignment of these strategic metrics and breakthrough priorities** through both the Trust Performance Oversight Architecture, and the near-term business planning and capital allocation, and longer-term resource allocation.

- **Our Strategy: Improving Together**. Each strategic metric was chosen to reflect and measure one or more of the aims set out in Our Strategy: Improving Together (Appendix 2).

Strategic Metric Recommendations:

SO1: Provide the highest quality care for all
Current Strategic Metric: Improve patient experience: Number of complaints
Recommendation: Move to Friends and Family Test (FFT) response to RBFT's additional question: 'I was listened to, well informed, and involved in decisions about my care', with the addition of response rate as a supporting 'insight metric'. It is suggested that number of complaints is moved to a watch metric.
Rationale: Current complaints metric does not meet the criteria set out as part of this review. Extensive comparator research showed FFT to be a popular measure of patient experience amongst NHS Acute Trusts. RBFT's additional question was identified as important to our patients and a common theme in complaints received.
Current Strategic Metric: Reduce harm: Number of serious incidents (SIs)
Recommendation: In line with the introduction of the Patient Safety Incident Response Framework (PSIRF), and removal of the distinction of serious incidents, it is proposed this measure becomes 'learning from incidents to reduce harm' with a primary measure of Patient Safety Incident Investigation (PSII) with other response data (Swarm huddles; After Action Review; MDT roundtable) included as 'insight metrics' in the supplementary table on the slide.
Rationale: Agreed across the Board engagement that it is important to keep a harm metric, recognising that how we currently track Serious Incidents is changing. In April this year, the NHS England Serious Incident Framework is being replaced by the PSIRF. This is a fundamental shift from the previous distinctions between 'patient safety incidents' and 'serious incidents', to a focus on the appropriate and proportionate response, it is designed to increase the focus on understanding how incidents happen – including the factors which contribute to them. The PSIRF is a contractual requirement and mandatory for all providers of NHS care.
SO2: Invest in our people and live out our values
Current Strategic Metric: Improve retention: Turnover rate
Recommendation: To maintain turnover rate as the key strategic metric, but to also include a trust level Stability rate in the report alongside this data.
Rationale: Turnover rate is felt across the engagement to be the most strategic metric in line with Our Strategy: Improving Together. Our Staff are incredibly important, and the addition of the Trustwide stability rate (leavers within the first 12 months) as an Insight Metric will further support Board discussion. It is important to note that the Stability metric is best represented at Trust level to avoid misrepresentation of stability in rotational and training posts, and colleagues attaining promotion within the Trust.
SO3: Delivering in partnership
Current Strategic Metric: Improve waiting times: Emergency Department (ED) performance against 4hr target
Recommendation: Current metric to remain with addition of ambulance handover delays and 12hr Decision to Admit (DTA) delays added to the supplementary table
Rationale: ED performance remains challenging and it is felt this metric should remain, the additions of ambulance handover and DTA delays reflect high priorities locally and nationally.
Current Strategic Metric: Improve waiting times: Average wait times for diagnostic services (DM01)
Recommendation: Retain DM01 but move to volume of patients for whom we're not meeting the 6 hours standard
Rationale: DM01 is broadly seen as the right thing for us to be measuring, but SMEs have suggested that this moves from average wait time to volume or percentage of patients to avoid skew from specialties with short waiting times such as Imaging which tends to be affected by 2 week wait referrals.
Current Strategic Metric: Improve waiting times: Reduce Elective long waiters

Recommendation: No change
Rationale: Reducing elective long wait position remains a priority for the Trust and a key performance indicator.
Current Strategic Metric: Reduce inpatient admissions: Rate of admission (LoS>0)
Recommendation: Metric to be removed
Rationale: Patient flow recommended to be retained as a breakthrough priority.
SO4: Cultivate Innovation and Improvement
Current Strategic Metric: Increase care closer to home: Proportion of outpatient activity delivered on RBH site
Recommendation: To update this metric to postcode analysis measurement of care closer to home
Rationale: This metric prompted much discussion, but to remain consistent with Our Strategy: Improving Together, it is recommended to continue measuring care closer to home, but to use postcode analysis to capture this rather than the previous proxy of proportion of activity delivered away from the RBH site (which may or may not be closer to patient home).
SO5: Achieve Long-Term Sustainability
Current Strategic Metric: Live within our means: Trust income and expenditure
Recommendation: No change
Rationale: Trust I&E remains a priority for RBFT
Strategic Metric: Reduce impact on the environment: CO2 emissions
Recommendation: Retain reduce impact on the environment as a strategic metric, but use kilowatt-hours (kWh) as a measure of the energy used
Rationale: Environmental sustainability remains an important strategic aim at RBFT. A move to kWh was felt to be a more accurate measure and more directly amenable to intervention within the reporting cycle.

Breakthrough Priorities (BTP):

BTP: Recruit to establishment: (Vacancy %)
Recommendation: An alternative BPT is identified through the process. e.g. Progress towards BBT (New Hospital Programme milestones); delivery of services within WTE establishment; Digital hospital
Rationale: There is reconciliation work happening on this data (workforce and finance) that will show a lower than previous reported vacancy (which has shown improvement for many months now) which would take it below target.
BTP: **Improve flow: Average length of stay**
Recommendation: No change
Rationale: This metric has only been in place for 6 months and it is therefore recommended to retain to see a full year's data.
BTP: **Support patients with cancer: reduce 62-day cancer waits incomplete**
Recommendation: Change to total number of 1st outpatient appointments.
Rationale: This is a key metric to watch for a range of reasons - contribution to elective and cancer standards, indicator of productivity relative to previous years, and important marker of whether we are on track to deliver the increased elective activity in which our financial plan will be based. Cancer 62-day waits incomplete will remain a driver metric for the Planned Care Group (in which Cancer services sit).
BTP: **Delivery of £15m efficiency target**
Recommendation: Metric to change to reflect the 24/25 efficiency target (if there is one) or to restoration of financial balance. Alternatively, this could be replaced with a system wide WTE target if that is agreed across BOB.
Rationale: The £15m efficiency target is for FY23/24 but it is noted this will be different for 24/25.

4.2. **Insight metrics** – alongside the recommendations set out about for the strategic metrics and breakthrough priorities, it is also recommended that the 'insight metrics' (the supplementary and supporting metrics on the IPR) are reviewed to ensure they are the correct metrics and contain an SPC indicator to reflect trends in this data.

Watch metrics:

4.3. SRO's have reviewed their watch metrics with a view to reducing the total number and how they are used in the sub-committees of the Board, including the action plans for any alerting watch metrics and triangulation of interrelated metrics.

Report Presentation Recommendations

4.4. **Report presentation:**

Brevity: The RBFT IPR is one of the shorter IPR's amongst peers, but it remains important to keep the report succinct and clear. It is also key to ensure that it is understandable by the public and all our staff as it is a public facing document. It is recommended that the volume of text is reduced throughout and the font size increased.

Data series: It is recommended that the data series is updated across the pack to reflect April 2022 onwards to give a more recent and accurate representation.

Summary: It is also recommended that the summary slide at the front of the pack moves to include a matrix (example in Appendix 3) to guide Board discussions and provide an overview of the various strategic metrics and breakthrough priorities.

Accessibility: The latest version of the IPR must be accessible, for example the clear and understandable language outlined above, and a move away from red/green to a colour-blindness friendly palette.

4.5. **Report narrative:** Alongside a move to bullet points, the narrative will also be encouraged further into the 'so what' and 'what next' as highlighted by many during the engagement. It is recommended that the SRO oversight of the IPR is increased whilst the new changes are embedded. The Informatics and Performance teams will work closely with contributors and issue revised guidance following approval of the IPR Refresh recommendations.

4.6. **Health Inequalities**: As part of our work to highlight and address Health Inequalities, it is recommended that the IPR is ran additionally once per quarter against different characteristics (e.g. race; gender; deprivation index).

5. Next steps

5.1. Following approval of the IPR Refresh recommendations at Board, these will be made in reporting from April 2024's performance data (presented at May Public Board).

5.2. Some initial changes in narrative have been piloted for the February IPR as agreed by Board members in the February Board Seminar.

Royal Berkshire
NHS Foundation Trust

Title:	**Standing Financial Instructions (SFIs)**
Agenda item no:	11
Meeting:	Board of Directors
Date:	27 March 2024
Presented by:	Nicky Lloyd, Chief Finance Officer
Prepared by:	Michael Clements, Director of Finance

Purpose of the Report	To recommend to the Board of Directors, the approval of the Trust's Standing Financial Instructions.

Report History	Executive Management Committee: 8 January 2024 Audit & Risk Committee 10 January 2024 Finance & Investment Committee 21 February 2024 Executive Management Committee 11 March 2024

What action is required?	
Assurance	
Information	
Discussion/input	
Decision/approval	To APPROVE the Standing Financial Instructions

Resource Impact:	
Relationship to Risk in BAF:	Failure to achieve Financial Sustainability
Corporate Risk Register (CRR) Reference /score	4182
Title of CRR	Risk to achieving strategic objective of financial sustainability

Strategic objectives This report impacts on (tick all that apply)**:**	
Provide the highest quality care for all	
Invest in our people and live out our values	
Deliver in partnership	
Cultivate innovation and improvement	
Achieve long-term sustainability	

Well Led Framework applicability:			Not applicable ☐
1. Leadership ☐	2. Vision & Strategy ☐	3. Culture ☐	4. Governance ☐
5. Risks, Issues & Performance ☐	6. Information Management ☐	7. Engagement ☐	8. Learning & Innovation ☐

Publication						
Published on website		Confidentiality (FoI)	Private		Public	

1 Background

1.1 The updated Standing Financial Instructions ("SFIs") are attached at **Appendix 1**, marked up with changes from the SFIs reviewed and approved by the Board in 2022.

1.2 The finance team has undertaken a review of the delegated levels of authority, and the relationship these levels of authority have to each other, including those for the Chief Finance Officer (CFO), Chief Executive Officer (CEO) and Board. This review has incorporated a benchmarking exercise with other organisations and a review of previous Board decisions to demonstrate the volume of decisions that would have been considered at a sub- Board level had the recommended new levels been already in place.

(i) This review has identified that over the previous four years the Board has been asked to approve 28 items, including contract renewals and capital purchases, which are scheduled for review by the Finance and Investment Committee under the Post Implementation Review process. The change in threshold would have enabled the CEO to have approved 9 of these items and the CFO 4

(ii) Generally, decisions within the CFO or CEO delegated limits, but above departmental level, will be presented to the Executive Management Committee (EMC) to ensure corporate ownership of these decisions. The limit vesting with the individual post-holder allows nimble decision making where required, although such decisions will always be reported to the EMC

(iii) The benchmarking exercise has identified that there are differential levels of delegation in the local area.
- Requirement for Board approval ranges from £1m to £5m
- Directors, other that the CEO and CFO, have a limit of £0.25m in a similarly sized trust.

1.3 The SFIs have been updated to reflect the following:

(a) Delegated authority levels for CFO, CEO and Board

(b) Changes to reflect the Procurement Act 2023 which comes into force in 2024

(c) Increased scope to include bids for external funding

(d) Following review by the Audit & Risk committee on 10 January, further clarifications and definitions have been added to explain terms and roles within the document

(e) Approvers for Credit Card spend

(f) Budget holder sign off threshold increased to £0.05m

(g) Recruitment/Retention premium outside national terms and conditions sign off by Chief People Officer (CPO) and CEO

(h) £0.05m threshold for business case submission

(i) Business case process for reprofiled external funding to be agreed by Director of Finance (DoF)

(j) Following review by the Finance and Investment Committee on 24 January, we can confirm that the current approval limit of £0.09m is set within the Procurement system for Directors (including Care Group Directors and Directors of Operations). Following the benchmarking exercise and given the proposed change in CEO and CFO approval limits, it is proposed that this is increased to £0.25m.

1.4 There are no other changes of substance.

1.5 Committees, as a stand-alone body, do not have specified approval limits. These are held by post-holders/Board of Directors as detailed in the SFIs.

2 Conclusions

2.1 The Board of Directors is asked to approve the Standing Financial Instructions

3 Attachments

3.1 The following are attached to this report:

(a) **Appendix 1** – Draft Standing Financial Instructions

Standing Financial Instructions (CG101)

Approval Group	Job Title, Chair of Committee	Date
~~Finance & Investment~~Executive Management Committee	Chair, ~~Finance & Investment~~Executive Management Committee	~~18/11/2021~~08/01/2024
Audit & Risk Committee	Chair, Audit & Risk Committee	~~24/11/2021~~10/01/2024
Board	Chair, Board	~~26/01/2022~~24/01/2024

Change History

Version	Date	Author	Reason
Version 2.1	April 2013	Angela Gardiner	Update of existing version
Version 3.1	April 2014	Angela Gardiner	Update of existing version
Version 4.1	April 2015	Angela Gardiner	Update of existing version
Version 5.1	April 2016	Angela Gardiner	Update of existing version
Version 6.1	April 2017	Angela Gardiner	Update of existing version
Version 6.2	April 2018	Angela Gardiner	Update of existing version
Version 6.3	April 2019	Angela Gardiner	Update of existing version
Version 7.1	November 2020	Angela Gardiner	Update of existing version
Version 7.2	November 2021	Angela Gardiner	Update of existing version
Version 8.1	December 2023	Nicky Lloyd	Refresh to reflect inclusion of bids and changes to public procurement legislation

Table of contents

Preface

In this update to the Standing Financial Instructions (SFIs) the document has been structured into:

- Section 1: that part that is relevant to **all** directors, staff, **officers** and agents (pages 4 to 15); and
- Section 2: that part that is relevant just to the Chief Executive (CEO) and Chief Finance Officer (CFO) (pages 16 to 33); and
- appendices

We hope that this makes the document an easier read for users and therefore easier to understand and apply.

An abridged version of these SFIs is available also [insert link].

If using a printed copy of these SFIs, please also check that there have been no later updates by checking online [insert link] where a current version of these will always be held.

These SFIs are intended to enable all staff to operate within safely defined parameters, ensuring segregation of duties, to secure value for money and protect the Trust against conflicts of interest, with appropriate delegation to enable nimble and well governed decision making and commitment of taxpayer funds.

Should you need any assistance please do not hesitate to contact me or my team.

Nicky Lloyd
Chief Finance Officer
December 2023

Section 1

Introduction including definitions

This section, page 4 – 14) is applicable to all readers of this document.

Purpose

These Standing Financial Instructions (SFIs) are issued for the regulation of the conduct of the Foundation Trust (including its subsidiary and charity), its Directors, staff, **officers** and agents in relation to all financial matters.

HM Treasury "Managing Public Money" sets out that the principles for managing public resources run through many diverse organisations delivering public services in the UK. The requirements for the different kinds of body reflect their duties, responsibilities and public expectations. The demanding standards expected of public services are:

Honesty	Impartiality	Openness	Accountability	Accuracy
Fairness	Integrity	Transparency	Objectivity	Reliability

Carried out

- in the spirit of, as well as to the letter of, the law
- in the public interest
- to high ethical standards
- achieving value for money

These SFIs explain the financial responsibilities, policies, processes and procedures adopted by the Trust. They are designed to ensure that its financial transactions are carried out in accordance with the law, Government policy and best practice in order to achieve probity, accuracy, economy, efficiency and effectiveness in the way in which the Trust manages its finances.

They identify the financial responsibilities which apply to everyone working for or on behalf of the Trust.

They do not provide all the detailed procedural advice. These statements must therefore be read in conjunction with the detailed financial procedure notes and other policies referred to within this document. All Trust policies are available on the Trust internal website or from the finance function. All financial responsibilities, policies, processes and procedures relating to the Trust and subsidiaries must be approved by the CFO.

Authority and compliance

These SFIs have been compiled under the authority of the Board of Directors of the Foundation Trust. They have been reviewed by the Trust Audit and Risk Committee and by the full Board of Directors and have their full approval. All staff employed by the Trust will comply with these instructions at all times. Failure to comply will result in disciplinary action up to and including dismissal. These SFIs supersede all previous editions.

All breaches of these regulations, including evidence of fraud or irregularity will be investigated in accordance with the Trust's Human Resources and Local Counter Fraud Policy (CG155). Any significant breaches of Financial Regulations will be referred to the CFO and the Audit and Risk Committee. The CFO will consider the necessary course of action, which may in certain circumstances include taking disciplinary action.

In the event that a staff or Board member becomes aware of an irregularity or breach of any of the SFIs, or systematic breach or abuse of the levels of delegated authority, and is concerned about the reporting or notification of such actions through the normal management channels, the Trust has a clear 'Raising Concerns at Work (Whistleblowing) Policy (CG055)' on the intranet which should be followed in such circumstances.

All such matters will be reported to Audit and Risk Committee by the Chief Finance Officer.

Certification

All **Officers** with One Advanced eProcurement system (eproc) authority and all **Officers** who are ~~cost centre~~budget holders~~managers~~ will be required to certify that they have read, understood and will comply with these SFI's.

Definitions

CEO	Chief Executive Officer
CFO	Chief Finance Officer
HMRC	~~Her~~ His Majesty's Revenue and Customs
PO	Purchase Order
Employee	An **officer** who is paid through the Trust payroll system
Officer	All **employees**, temporary staff, agency staff (including through a contractor relationship) or self-employed consultants of the Trust,

	including nursing and medical staff, and consultants practising upon Trust premises for whatever reason.
Scheme of Delegation	The system of delegated powers from the Board of Directors to enable appropriate **officers** of the Trust to manage the day to day activities.
Trust Approved Procurement Systems	~~Oracle i-procurement~~One Advanced eProcurement (eProc); JAC; Atticus; NHS Supplies; NHS Professionals
Contract	A legal relationship creating rights and obligations with a supplier or customer, whether written or not

Wherever the title **CEO**, **CFO**, or other nominated **officer** is used in these instructions, it should be deemed to include such other **officers** who have been duly authorised to represent them. However, it is a fundamental tenet of these instructions that no **officer** of the Trust is empowered in any way to provide authorisation to represent themselves to persons who are not under their organisational control, unless specifically authorised within these SFIs.

Powers of Authority and Delegation

This section is applicable to all readers of this document.

Principles of delegated powers of authority and Schemes of Delegation

The Board of Directors will delegate responsibility for the performance of its functions in accordance with the Scheme of Delegation adopted by the Trust. The Board of Directors have determined that they shall reserve for their sole approval certain financial transactions based around types or values as set out in the Scheme of Delegation.

Those aside, all executive powers are vested in the **CEO**, who in turn will provide delegated powers to relevant **officers**. The **CEO** and **CFO** will, where appropriate, delegate their detailed responsibilities but will remain accountable for financial control.

The Scheme of Delegation is a collection of schedules setting out various powers of authority delegated to a post holder. The first schedule sets out Board of Directors powers and the extent to which they are delegated to the **CEO** and other Executive Directors. Separate schedules will be retained by the **CFO** setting out the powers delegated to identify post holders. A full record of each scheme of delegation will be reviewed at least annually to ensure all authorised individuals understand and are fulfilling their responsibilities.

Board of Directors

The Board of Directors have retained sole rights to approve all financial transactions with a value in excess of the level specified for this purpose in the Scheme of Delegation, subject to the exclusion of any item covered by specific delegated authority. This applies to individual transactions and to term contracts for the provision of goods, services or capital works over a period of time.

The only exception to this instruction is on the extremely rare occasions where time is a critical factor. Then the Board of Directors can instruct the **CEO** to approve specified transactions that are required in the interest of the Trust. In such circumstances the **CEO** must provide a full report to the Board of Directors at the next available opportunity.

The Board of Directors acts as corporate trustee for all charitable funds. The Board of Directors delegates the management of the charitable funds to the Charity Committee.

The Board of Directors are responsible for ensuring appropriate governance arrangements are in place for the Trust's wholly owned subsidiary company, Healthcare Facilities Management Services Limited.

The Board of Directors will maintain adequate policies and safeguards to prevent bribery and ensure compliance with the requirements of the Bribery Act 2010. (nb. The key policies affected are those relating to gifts/hospitality/sponsorship; staff recruitment and disciplinary; declarations of interests, gifts and hospitality).

Chief Executive Officer

Within the SFIs, it is acknowledged that the Board of Directors is responsible for ensuring that the Trust meets its obligation to perform its functions within the available financial resources. The **CEO** has overall executive responsibility for the Trust's activities and is responsible to the Board of Directors for ensuring that its financial obligations and targets are met. Further, the **CEO** is recognised by Statute as the Accounting Officer of the Trust and as such can be called upon to report to Parliament for all actions undertaken by the Trust.

Save for the requirements under Board of Directors powers, the **CEO** is provided with full operational powers to approve financial transactions within the Trust and to delegate such powers as per the Scheme of Delegation.

Chief Finance Officer

The **CEO** delegates powers to the **CFO** in his/her role as a first line budget holder responsible for the Finance Directorate. In addition to these, the **CFO** is provided with further powers to manage

the approval of financial transactions initiated by other directorates across the Trust, and other financial transactions on behalf of the Trust.

The Board of Directors instruct that the **CFO** is required to implement the Trust's financial policies, ensure that detailed financial procedures and systems are established, incorporating the principles of separation of duties and internal control to supplement these instructions, and ensure that sufficient records are maintained to show and explain the Trust's transactions, in order to disclose the financial position of the Trust at any time.

In relation to any **officer** who is involved in a financial or procurement process or function, the **CFO** shall set out the requirements, the manner in which the **officer** discharges his/her duties and the form in which financial records are kept. All finance and procurement processes must be to the standard and satisfaction of the **CFO**.

In addition to these, the **CFO** is provided with further powers to control the approval of financial transactions relating to the Trust capital programmes, in accordance with the Schemes of Delegation.

Corporate responsibilities of all Trust employees and staff

This section is applicable to all readers of this document

The SFIs set out specific Trust policies and procedures across a number of areas and all **officers** must comply with these requirements in all cases. Where exceptions are deemed necessary, prior approval from the **CFO** must be obtained, as set out in the SFIs.

It is not possible to govern all the financial affairs of the entire Trust through a single set of instructions. Therefore, these Instructions make reference in a number of areas where it is considered appropriate for the **CEO** or the **CFO** to develop, on behalf of the Trust, a series of detailed policies, procedures and processes, which are not included in these Instructions. In such cases it is the responsibility of all **employees** of the Trust to ensure they understand fully the existence, contents and requirements of all such policies and procedures and to comply with them on the basis that they have received full authority from the Board of Directors.

Guidance on the existence and relevance of policies and procedures to specific situations is available on the Trusts internal website or is available from the **CEO**, the **CFO** or the Deputy Director of Finance. If you are unsure as to the most appropriate course of action in a particular situation then consult one of these sources, especially so if you are about to make a financial commitment on behalf of the Trust, because breach of these requirements will be regarded as a disciplinary offence.

You must comply with principles of Public Sector Values

You should be committed to the highest standards of corporate and personal conduct in all aspects of their work within the Trust, based on recognition of public service values. There are three crucial public service values which must be understood and accepted by everyone working in the Trust:

- **Accountability -** everything done by those who work in the Trust must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.
- **Probity -** there is a requirement for an absolute standard of honesty in dealing with the income, assets and financial interests of the Trust. Integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of Trust duties.
- **Openness -** there must be sufficient transparency about Trust activities to promote confidence between the Trust and its staff, patients and the public. All staff must disclose possible conflicts

of interest.

You have a duty of stewardship

Proper stewardship requires value for money to be high on the agenda of the Board of Directors and all **officers**, so:

You must	You must not
• **Safeguard the Trust's financial resources**. Financial resources may take the obvious tangible form of fixed assets, income and cash as well as others that are less clear, such as lost or foregone income through failure to notify income sources or lost opportunities to earn or recover income due to the Trust. • **Conduct Trust business as efficiently, effectively and economically** as possible. • **Comply with the Trust's policies and processes** covering all aspects of money, assets and other Trust resources. • **Avoid unauthorised acts** that may result in the Trust incurring liabilities (directly or indirectly) or which may diminish the value of any of the Trust's assets (including the Trust's brand or reputation). • **Report all new income sources** immediately to the **CFO**. • Inform the **CFO** promptly of any and all money due arising from transactions which they deal with, including contracts, leases, tenancy agreements, private patients and other transactions. • **report damage to or losses** of the Trust's premises, assets, supplies or other resources must be reported to the **CFO** immediately in accordance with procedures of Losses and Special Payments. • Inform either the **CFO** or the Local Counter Fraud Officer if you discover or suspect a loss that you think may be fraud. You should fully understand the Trust's Human Resources and Local Counter Fraud Policy (CG155). • **Send all signed copies of contracts** (however described) so that they are lodged with	• **Incur expenditure for which there is not an approved budget**, unless authorised to do so by the **CFO**, **CEO**, or Board of Directors, as appropriate. • **Use a budget for a purpose other than that for which it was provided**, unless authorised to do so by the **CFO**, or **CEO**, as appropriate. • Approve any contract or transaction which **binds the Trust** to credit finance commitments without the clear written prior authority of the **CFO**. This includes all Executive and Care Group Directors of the Trust and all other **officers**. • Order any goods or services, including agency staff, other than by using one of the Trust Approved Procurement Systems, unless previously authorised to do so by the **CFO.** • Order goods or services **directly from suppliers**. Procurement will negotiate contracts which will provide catalogues of goods and services, from which orders may be raised. These instructions provide clear guidance on purchasing and contract tendering and these must be followed. In exceptional circumstances, where senior **officers** of the Trust wish to operate direct ordering procedures, the approval of the **CEO** and **CFO** must be obtained.

You must	You must not
Procurement within one month of formal approval. • Only order goods and services through the Trust's Approved Procurement Systems (unless authorised in writing by the CFO to do otherwise). • Upon delivery of goods or services immediately record the receipt on the relevant Trust Approved Procurement System. • Quote a valid Trust PO number to suppliers when placing an order for goods or services. • Comply with the Trust's Guidance on Hospitality, Gifts & Commercial Sponsorship. • Obtain approval from the CFO before submitting bids for funding to external bodies, eg NHS England or charitable organisations • Obtain approval from the CFO before submitting bids to undertake work currently commissioned to another provider in whole or in part	

Unofficial funds

The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Trust is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Trust from responsibility for any loss.

Non-exchequer funds (eg ward funds and funds from donated sources)

Where **officers** of the Trust wish to manage non-exchequer Trust funds such as ward funds or funds from donated sources, they are required to operate under the control of the Trust Charitable Funds who will operate the accounts on their behalf. All funds donated must be passed to Finance (either to the Cash Office or to the Finance Department) and only banked in the Trust Charitable Funds. No donations shall be passed to another charitable fund. It is not appropriate for any **officer** of the Trust to hold any such account in their own names as it creates a lack of openness in the handling of such funds and may allow that **officer**'s integrity to be called into question.

The only exception to the above will be where the **CFO** has expressly issued written authorisation to **officers** to maintain accounts which have been deemed acceptable, such as accounts for social

or sports clubs. The **CFO** will maintain a register of such accounts, and the details will be reported annually to the Audit and Risk Committee.

Compliance with rules of delegated powers of authority

The Board of Directors has absolute authority for the conduct of the financial affairs of the Trust, but has established a system of delegated powers to enable appropriate **officers** of the Trust to manage the day to day activities. This system of delegated powers is referred to throughout these Instructions as the Scheme of Delegation.

The detailed scheme of delegation, including ~~lower level~~lower-level authorities, must be approved by the **CFO** and a full register will be maintained by the **CFO**.

The principles of the Scheme of Delegation

- Approval limits will be determined based on an assessment of need in each specific area.
- An **officer** who is not an **employee** cannot hold responsibility for approvals unless pre-authorised by the **CFO**.
- All delegated powers must remain within the limits set out in Scheme of Delegation.
- An **officer** must not approve a transaction outside their written delegated power.
- A power is delegated on condition that it cannot be further delegated at that same level of power, except in cases of temporary holiday cover, when it can be delegated to another **officer** who already holds delegated power at that level or a lower level. Delegation over and above this must be requested in writing in advance to the **CFO**.
- Only the CFO may delegate powers to **officers** outside of his/her direct control.
- All proposed powers, or variation to powers, of delegation, other than temporary holiday cover, must be provided in writing and duly authorised by the **CFO**.
- **Officers** with delegated authority on eproc must set up in advance a vacation rule for periods they will be absent from the office. Vacation rules can give delegated authority to deputies
- Applications for other short term powers must be requested in writing by the delegating officer, and approved by the **CFO** prior to the period for which approval is sought.
- Only the **CEO** and **CFO** are authorised to sign and authorise extensions to supplier contracts.
- Where a member of the Board of Directors is through incapacity unable to utilise their authority or appropriate delegation, the **CEO** and **CFO** will implement an interim arrangement until the next available Board Meeting. At that meeting a formal arrangement will be agreed.

- If the **CEO** is incapacitated the Chairman and **CFO** will implement an interim arrangement until the next available Board Meeting. At that meeting a formal arrangement will be agreed.
- The **CFO** may reject any delegation of powers if in his/her opinion, there is a financial risk to the organisation or it may result in a reduction of financial control or it may affect the Trust reputation with respect to counter-fraud.

Failure to comply with these principles, or a material breach thereof, will be recognised as a disciplinary offence. Where such a breach results in clear financial loss, the employee may be personally liable to compensate the Trust.

Tendering and contracting for goods and services

The instructions in this section concern purchasing decisions for goods and services required where the Trust needs to enter into formal tendering and contractual arrangements.

All purchasing must be undertaken through one of the Trust Approved Purchasing Systems, unless explicit approval to alternative arrangements have been agreed in advance by the **CFO**.

The **CFO** shall advise the Board of Directors regarding the setting of thresholds above which quotations or formal tenders must be obtained. This will take into account legal requirements to comply with UK Government "Find a Tender" (FTS) requirements, European Community and General Agreement on Tariffs and Trade (GATT) rules on public procurement ,The Public Contract Regulations 2015 and the Procurement Bill coming into force 2024. These shall be set out within Schemes of Delegation (See Table 2).

The **CFO** shall be responsible for establishing appropriate procedures to ensure that competitive tenders are invited for the supply of goods and services under contractual arrangements wherever possible. These shall include the procedures to be followed in the event of competitive tendering of in-house services. In such circumstances it must be ensured that no member of the in-house tender group may participate in the evaluation of the tender.

The **CFO** shall maintain lists of firms from whom the Trust may invite tenders and quotations. These lists shall be kept under frequent review and shall include all firms who have applied for permission to tender. The Trust will undertake appropriate compliance vetting of suppliers invited to supply goods and services to the Trust. In addition all firms will be assessed by Finance on their

technical and financial competences. In this regard, the **CFO** shall be responsible for establishing procedures to carry out financial appraisals, and shall instruct the appropriate requisitioning directorate to provide evidence of technical competence.

Where there are no, or insufficient, contractors listed which are suitable to be invited to tender for a particular contract, only after receipt of evidence as to their technical and financial competence will a contractor be invited to tender and be selected for inclusion on the list.

The **CFO** shall be consulted as regards financial competence and a suitable **officer** within the Finance Directorate who will provide advice on financial status and recommended contract limits. Where there are no, or insufficient, contractors listed which are suitable to be invited to tender for a particular contract, any contractor invited to tender shall only be selected for invitation after receipt of evidence as to its technical and financial competence and inclusion on the approved list.

All contract negotiations must be undertaken with the involvement of a member of the Procurement Team.

All **employees** must demonstrate effective and efficient use of resources in awarding contracts, ideally through the use of competitive selection. Where by exception it is considered competitive selection to be inappropriate, undesirable or not possible, approval for single quote exercises in accordance with financial limits set out under the Scheme of Delegation may be requested in writing to the **CFO**. These powers are provided by the **CEO** and it is expected that they shall be exercised in exceptional cases only.

The **CFO** shall advise the Board of Directors of circumstances where it would be appropriate for goods or services to be obtained under contract from sources that have not been subject to competitive selection. For details of the grounds when single quote actions may be authorised see CFO Responsibilities in Section 2 of this document

Corporate credit cards

Corporate credit cards are **only** for use in situations where it is not possible to purchase goods or service via eproc (Purchase Order). Procurement must be consulted prior to a transaction taking place to determine if there is no other alternative purchase options.

Employee~~'~~s allocated a corporate credit card must not permit any other individual to use the card or to give the card to any other individual and must not give any other individual the details of the card i.e. card number, pin number or security number.

Employees making purchases by corporate credit card must retain all receipts including receipts from on-line purchases.

Monthly statements will be issued by the credit card company to those **employees~~'~~** with cards allocated to them. Upon arrival of the statement, the receipts for the transactions on the statement must be attached to it. Against each line on the statement must be written the cost centre and subjective/account code or PO number ~~that~~ to which the transactions should be coded ~~to~~.

It is the **employee's** responsibility to advise the Trust Treasury team of any transactions on a statement that are not recognisable for investigating.

The employee must send completed statements and receipts to the Trust's Treasury Team at Level 1 in Princes House.

Stores

All **employees** with day-to-day responsibility for stores shall ensure systems are in place to minimise any losses from obsolete, slow moving or unserviceable items. The **CFO** shall ensure a system is in place to review stockholdings for slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. All **employees** shall report to the **CFO** any evidence of significant overstocking and of any negligence or malpractice. Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods. All write offs must be approved by the **CFO** and reported to the Audit and Risk Committee at least annually.

Section 2

This section is Chief Executive (CEO) and Chief Finance Officer (CFO) (pages 16 to 33) only. Go to Table 1 on page 34 if this section is not applicable;

Responsibilities of the Chief Executive Officer

Annual plan

The **CEO**, with the assistance of the Director of Strategy and **CFO**, shall compile and submit to the Board of Directors strategic plans and operational plans as required by the Board of Directors and which meet the requirements of ~~the Independent Regulator~~NHSE (as described in NHSE~~I~~s published Guidance, Directions and Risk Assessment Framework).

The operational plan shall be reconcilable with the annual submission of ~~NHSI's~~ NHSE's Operational, Strategic and Financial proforma in its Annual Plan Review.

The **CEO** shall require the **CFO** to report to the Board of Directors any significant in-year variance from the budget and to advise the Board of Directors on action to be taken.

The **CFO** shall also be required to compile and submit to the Board of Directors, any and all such financial estimates and forecasts, of both revenue and capital nature as may be required from time to time. As a consequence, the **CFO** shall have full and complete right of access to all budget holders on financial related matters.

All Officers shall provide the **CFO** with all financial, statistical and other relevant information as necessary for the compilation of such budgets, estimates and forecasts, in accordance with the timetable required by the **CFO**.

Budgets

The **CFO** shall, on behalf of the **CEO**, and in advance of the financial year to which they refer, prepare and submit all revenue and capital budgets within the forecast limits of available resources and planning policies to the Board of Directors for its approval.

The **CEO** shall require the **CFO** to devise and maintain systems of budgetary control. All **officers** shall comply with the requirements of those systems. The systems of budgetary control shall incorporate the reporting of, and investigation into, financial, activity or workforce variances from budget.

The **CFO** shall be responsible for providing budgetary information and advice to enable the **CEO** and other **officers** to carry out their budgetary responsibilities.

The **CEO** may delegate management of a budget or part of a budget to **officers** to permit the performance of defined activities. The Scheme of Delegation shall include a clear definition of individual and group responsibilities for control of expenditure, exercise of virement, achievement of planned levels of services and the provision of regular reports upon the discharge of those delegated functions to the **CEO**. In carrying out their duties no **officers** shall exceed the budgetary limits set them by the **CEO**.

Except where otherwise approved by the **CEO**, taking account of advice of the **CFO**, budgets shall be used only for the purpose for which they were provided and any budgeted funds not required for their designated purpose shall revert to the immediate control of the Trust.

Expenditure for which no provision has been made in an approved budget and which is not subject to funding under the delegated powers of virement shall only be incurred after authorisation by the **CEO** and **CFO** or the Board of Directors as appropriate.

The **CFO** shall keep the **CEO** and the Board of Directors informed of the financial consequences of changes in policy, pay awards and other events and trends affecting budgets and shall advise on the financial and economic aspects of future plans and projects.

Any in year changes to budgets must be approved in advance by the **CFO**, or by the ~~Deputy~~ Director of Finance (**DOF**) or a Care Group **DOF**, as set out separately in the delegation of authority for budget virements.

Contracts for the provision of healthcare services

The Board of Directors will approve standard terms and conditions for legally binding contracts, on the basis of which the Trust will provide healthcare services. Any variations to the standard terms and conditions will be approved in accordance with the Scheme of Delegation. The **CEO** is responsible for negotiating contracts for the provision of services to patient

s in accordance with the budget. In carrying out these functions, the **CEO** should take into account the advice of the **CFO** regarding costing, pricing of services, payment terms and conditions of service agreements.

Contracts should be as devised as to achieve activity and performance targets, minimise risk, and to maximise the Trust's opportunity to generate income where appropriate.

The Trust will produce a reference cost tariff in accordance with NHS guidelines.

The Trust will comply with the Department of Health and Social Care Guidance on setting prices for the provision of NHS healthcare (i.e. ~~Payment by Results Guidance~~NHS Payment Scheme) as far as this allows. Other prices and tariffs must be approved by the **CFO**.

The **CFO** shall ensure that a summary of the Trust's contract income is reported annually to the Board of Directors. The **CFO** shall also produce regular reports detailing actual and forecast contract income with a detailed assessment of the impact of the variable elements of income.

Any pricing of contracts at marginal cost should be undertaken by the **CFO** in accordance with a policy and tariff reported to the Board of Directors.

All copies of signed contracts will be retained by the Head of Procurement and registered on the Trust contract register, Atamis.~~.~~ It is essential that all staff ensure that signed copies of all contracts (however described) are lodged with Procurement within 1 month of formal approval.

Capital expenditure

The **CEO** is ultimately responsible for all capital expenditure of the Trust, including expenditure on assets under construction. To discharge this duty, the **CEO** will arrange for the issue of a Scheme of Delegation for approval of capital commitments, and will arrange for the development of detailed policies and procedures covering all aspects of capital investment management, including scheme appraisals, contract awarding, contract management and financial control.

The **CEO** shall provide executive delegation to the **CFO** to control programmes for capital expenditure, including assets under construction, within the restrictions of Scheme of Delegation.

All expenditure on capital assets will be authorised in line with Scheme of Delegation.
Any commitment in excess of the limits currently specified shall be referred to the Chief Executive and the Board of Directors respectively for approval before such commitment is made.

Tendering and contracting

The **CEO** has overall responsibility to ensure that the Trust applies the principles of Value for Money in the procurement of goods, services and capital programmes. The **CEO** shall liaise with the **CFO** to develop processes and procedures for competitive selection in all procurement exercises. The **CEO** shall ensure that these procedures are open and clearly demonstrate fair and adequate competition. In particular, the processes and procedures will incorporate NHS and Trust requirements for disclosure of any commercial sponsorship or inducements offered by or received from actual or potential suppliers to the Trust.

The **CEO** shall establish procedures in accordance with the Public Contract Regulations 2015 and Procurement Bill coming into force in 2024, to ensure compliance regarding the issuing, receipt and appropriate records maintenance in connection with full tender exercises. Copies of all signed contracts will be retained by Procurement and registered on the Trust contract register. Atamis. It is essential all staff ensure signed copies of all contracts (however described) are lodged with Procurement within 1 month of formal approval.

Risk management and insurance

The **CEO** shall ensure that the Trust has a programme of risk management which will be approved and monitored by the Board of Directors, by using the Trust Board Assurance Framework.

The programme of risk management shall include:

a) processes for identifying and quantifying risks and potential liabilities;
b) engendering among all levels of staff a positive attitude towards the control of risk;
c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
d) contingency plans to offset the impact of adverse events;
e) audit arrangements including external audit, internal audit, clinical audit and health & safety review;
f) arrangements to review the risk management programme.

The existence, integration and evaluation of the above elements will provide a basis to make statements on the effectiveness of internal control within the Annual Report and Accounts as required by current guidance.

The **CFO** shall ensure that appropriate insurance arrangements exist to mitigate the risks of the Trust across all areas, and that documented procedures cover these arrangements.

Retention of documents

The **CEO** shall be responsible for maintaining archives for all documents required to be retained under the direction contained in the Records Management Code of Practice for Health and Social Care (the Code, available at https://transform.england.nhs.uk/information-governance/guidance/records-management-code/records-management-code-of-practice/)~~HSC1999/053~~. A summary of the retention periods for key documents and records will be produced. A copy of the document will be available to all members of staff.

The documents held in archives shall be capable of retrieval by authorised persons. Documents held under ~~HSC1999/053~~the Code shall only be destroyed at the express instigation of the **CEO**; records shall be maintained of documents so destroyed.

The **CFO** shall provide advice on the retention of financial records.

Detailed policies covering money, assets and other Trust resources

The **CEO**, in consultation with the **CFO** will develop, maintain and monitor detailed policies, procedures and instructions covering all aspects of the security of money, assets and other Trust resources

Patients' property

The Trust has a responsibility to provide safe custody for money and other personal property handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.

The **CEO** shall be responsible for ensuring patients or their guardians, as appropriate, are informed before or at admission that the Trust will not accept responsibility or liability for patients' property brought into the Trust premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

The **CEO** shall require the **CFO**, in conjunction with the Care Group Directors, to provide detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of

patients' property for all staff whose duty it is to administer the property of patients. Patient property must be recorded on the EPR (Electronic Patient Record) System under: Assessment/Fluid Balance/Adult Systems Assessment/Patient Property/property Review Stage

Hospitality

The **CEO** shall be responsible for maintaining comprehensive records of all offers of hospitality, both accepted and rejected. The record shall be in a form designed by the **CFO** and completed records shall be available for inspection by the designated auditors or **CFO**, at all reasonable times.

Responsibilities of the Chief Finance Officer

This section is applicable to the CFO, all others readers should read this section to understand their responsibilities within this part of the document

General

The **CFO** shall prepare, document and maintain detailed financial policies, procedures, processes and systems incorporating the principles of separation of duties and internal control to supplement these Instructions. The **CFO** shall require in relation to any **officer** who carries out a financial process, that the form in which the records are kept and the manner in which the **officer** discharges his/her duties shall be to the satisfaction of the **CFO**.

The **CFO** shall ensure appropriate arrangements are in place to pay and recover tax, and shall be responsible for seeking professional advice in this regard, as necessary.

Income

The **CFO** is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and income coding of all monies due. The **CFO** is also responsible for ensuring the prompt banking of all monies received.

The **CFO** is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.

The **CFO** is responsible for the appropriate recovery action on all outstanding debts. Income not received should be dealt with in accordance with losses procedures. Overpayments should be detected (or preferably prevented) and recovery initiated.

The **CFO** is responsible for approving the form of all receipt documents, agreement forms, or other means of officially acknowledging or recording monies received or receivable.

The **CFO** is responsible for the provision of adequate facilities and systems for **officers**, whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys and for coin operated machines.

The **CFO** is responsible for proscribing systems and procedures for handling cash and negotiable securities on behalf of the Trust. Official money shall not under any circumstances be used for the encashment of private cheques. All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the **CFO**.

No contract relating to the provision of Private Patient treatment should be signed without confirmation being provided to the **CFO** that the contract will not be actioned to the detriment of NHS patients.

Annual accounts and reports

The **CFO**, on behalf of the Trust, will prepare financial returns in accordance with the guidance given by the ~~Independent Regulator~~NHSE and the Treasury, the Trust's accounting policies, and International Financial Reporting Standards.

The **CFO**, on behalf of the Trust, will prepare and certify Annual Report and Accounts, and submit them and any report of the auditor on them, for laying before Parliament. Following this, copies of the documents must be sent to the ~~Independent Regulator~~NHSE.

The Trust's Annual Report and Accounts must be audited by an auditor approved by the Council of Governors in accordance with the appointment process agreed by the Trust.

The Trust will publish an Annual Report and Accounts, in accordance with guidelines on local accountability, and present it at a public meeting. The document will include inter alia, the Audited Annual Accounts of the Trust. The Annual Report and Accounts will be sent to the ~~Independent Regulator~~NHSE.

Bank and GBS accounts including charitable funds

The **CFO** is responsible for managing the Trust's banking arrangements and for advising the Trust on the provision of banking services and operation of accounts. This advice will take into account

guidance and directions issued from time to time by the ~~Independent Regulator~~NHSE. The Board of Directors shall approve the banking arrangements.

The **CFO** is responsible for all bank accounts and Government Banking Service (GBS) accounts. The **CFO** is responsible for ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made. Further the CFO must report to the Board of Directors all arrangements made with the Trust's bankers for accounts to be overdrawn.

The **CFO** and **CEO** authority to open, operate and close accounts with banks, Building Societies and the Government Banking Service where Trust funds are received or expended. It shall be a disciplinary offence for any **officer** of the Trust outside the organisational control of the **CFO** to operate any such account.

The **CFO** will report to the Audit and Risk Committee of any changes to the Trust bank accounts including the opening / closing of accounts and changes in signatory panel.

The **CFO** will prepare detailed instructions on the operation of bank and GBS accounts which must include the conditions under which each bank and GBS account is to be operated, the limit to be applied to any overdraft, and those authorised to sign cheques or other orders drawn on the Trust's accounts.

The **CFO** will advise the Trust's bankers in writing of the conditions under which each account will be operated. The **CFO** will review the banking arrangements of the Trust at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the Trust's banking business.

Competitive tenders should be considered at least every 5 years. The results of the tendering exercise should be reported to the Board of Directors. The Audit and Risk Committee will review this on behalf of the Board of Directors.

Cash management and investments

The **CFO** will produce cash management, treasury management and investment policy (Treasury Policy - CG401), in accordance with guidance received from the ~~Independent Regulator~~NHSE, for approval by the Board of Directors. The investment may include investment by forming, or participating in forming, bodies corporate, and/or otherwise acquiring membership of bodies corporate.

The Treasury policy (CG401) will set out the **CFO**'s responsibilities for advising the Board of Directors on investments and reporting periodically to the Board of Directors concerning the performance of investments held.

The **CFO** will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

External borrowing and Public Dividend Capital

The **CFO** will advise the Board of Directors concerning the Trust's ability to pay interest on, and repay the Public Dividend Capital and any proposed commercial borrowing, within the limits set by the Foundation Trust's authorisation. The **CFO** will authorise and is also responsible for reporting periodically to the Board of Directors concerning the Public Dividend Capital and all loans and overdrafts.

Any application for a loan or overdraft will only be made by the **CFO** or by an **employee** acting on his/ her behalf, and in accordance with the Scheme of Delegation, as appropriate.

The **CFO** will prepare detailed procedural instructions concerning applications for loans and overdrafts.

All short-term borrowings should be kept to the minimum period of time possible, consistent with the overall cash flow position. Any short term borrowing requirement in excess of one month must be authorised by the **CFO**. All long-term borrowing must be consistent with the plans outlined in the current budget.

Capital expenditure

The **CFO** shall be responsible for preparing detailed procedural guides for the financial management and control of expenditure on capital assets, including the maintenance of an asset register in accordance with the minimum data set as specified in the Capital Accounting Manual.

The **CFO** shall implement procedures to comply with guidance on valuation contained within the DHSC Group Accounting Manual, depreciation and revaluation.

The **CFO** shall establish procedures covering the identification and recording of capital additions. The financial cost of capital additions, including expenditure on assets under construction, must be clearly identified to the appropriate budget holder and be validated by reference to appropriate

supporting documentation. The **CFO** shall also develop procedures covering the physical verification of assets on a periodic basis.

The **CFO** shall develop policies and procedures for the management and documentation of asset disposals, whether by sale, part exchange, scrap, theft or other loss. Such procedures shall include the rules on evidence and supporting documentation, the application of sales proceeds and the amendment of financial records including the asset register.

All capital schemes will be subject to the procedures as set out in the Capital regime, investment and property business case approval guidance for NHS Trusts and Foundations Trust (available on the NHS Improvement website), together with approved local guidelines. Business Justification Case thresholds are set in line with budgeting approval parameters. Currently changes in annual revenue budget below £50k do not require submission through the Business Case process. When external funding is awarded, and such funding profiles changes over the implementation of an approved case, this must be approved by the Director of Finance. Where appropriate, alternative measures of control deemed appropriate may be adopted by the Trust on the advice of the **CFO**, following discussion with the **CEO**. Where material these will be brought to the attention of the Board of Directors.

Payment of staff

The **CFO** shall make arrangements for the provision of payroll services to the Trust, to ensure the accurate determination of pay entitlement and to enable prompt and accurate payment to **employees**.

The **CFO** shall be responsible for establishing procedures covering advice to managers on the prompt and accurate submission of payroll data to support the determination of pay including, where appropriate, timetables and specifications for submission of properly authorised notification of new **employees**, amendments to standing pay data and terminations.

The **CFO** will issue detailed procedures covering payments to staff including rules on handling and security of bank credit payments.

Tendering and contracting for goods and services

The instructions in this section concern purchasing decisions for goods and services required where the Trust needs to enter into formal tendering and contractual arrangements.

All purchasing must be undertaken through one of the Trust Approved Purchasing Systems, unless explicit approval to use alternative arrangements has been agreed in advance by the **CFO**.

The **CFO** shall advise the Board of Directors regarding the setting of thresholds above which quotations or formal tenders must be obtained. This will take into account legal requirements to comply with UK Government "Find a Tender" (FTS) requirements, European Community and GATT rules on public procurement, The Public Contract Regulations (2015) and The Procurement Bill coming into 2024. These shall be set out within Schemes of Delegation (See Table 2).

The **CFO** shall be responsible for establishing appropriate procedures to ensure that competitive tenders are invited for the supply of goods and services under contractual arrangements wherever possible. These shall include the procedures to be followed in the event of competitive tendering of in-house services. In such circumstances it must be ensured that no member of the in-house tender group may participate in the evaluation of the tender.

The **CFO** shall maintain lists of firms from whom the Trust may invite tenders and quotations. These lists shall be kept under frequent review and shall include all firms who have applied for permission to tender. The Trust will undertake appropriate compliance vetting of suppliers invited to supply goods and services to the Trust. In addition all firms will be assessed by Finance on their technical and financial competences. In this regard, the **CFO** shall be responsible for establishing procedures to carry out financial appraisals, and shall instruct the appropriate requisitioning directorate to provide evidence of technical competence.

~~Where there are no, or insufficient, contractors listed which are suitable to be invited to tender for a particular contract, only after receipt of evidence as to their technical and financial competence will a contractor be invited to tender and be selected for inclusion on the list.~~

The **CFO** shall be consulted as regards financial competence and a suitable **officer** within the Finance Directorate who will provide advice on financial status and recommended contract limits. Where there are no, or insufficient, contractors listed which are suitable to be invited to tender for a particular contract, any contractor invited to tender shall only be selected for invitation after receipt of evidence as to its technical and financial competence and inclusion on the approved list.

All contract negotiations must be undertaken with the involvement of a member of the Procurement Team.

All **employees** must demonstrate effective and efficient use of resources in awarding contracts, ideally through the use of competitive selection. Where by exception it is considered competitive selection to be inappropriate, undesirable or not possible, approval for single quote exercises in

accordance with financial limits set out under the Scheme of Delegation may be requested in writing to the **CFO**. These powers are provided by the **CEO** and it is expected that they shall be exercised in exceptional cases only.

The **CFO** shall advise the Board of Directors of circumstances where it would be appropriate for goods or services to be obtained under contract from sources that have not been subject to competitive selection. The outcome of the waiver process will be monitored by the Audit and Risk Committee on behalf of the Board of Directors.

The grounds where such single quote actions may be authorised are as follows, although approval is not to be regarded as automatic and each case shall be treated on its own merit:

- Where the requirement is ordered under existing contracts which themselves were sourced under competitive selection.
- Where the estimated expenditure or income would not warrant formal tendering procedures or competition would not be practicable taking into account all the circumstances. The limits for such single quote exemptions are set out in Schemes of Delegation.
- Where in the opinion of the **CFO**, or the **CEO** if in excess of financial limits set out in Schemes of Delegation, it is considered against the interest of the Trust to enter into open competitive selection procedures. This may include procurement exercises where time is a critical factor in the interest of the Trust, or extreme urgency.
- For the supply of proprietary goods or services for which it is not possible or desirable to obtain competitive quotations, and/or, the authority did not receive any suitable bids in response to competitive procedure.
- Where in the opinion of the **CFO**, or the **CEO**, according to the financial limits set out in Schemes of Delegation, it is considered against the interest of the Trust to enter into open competitive selection procedures. This may include procurement exercises where in the opinion of the **CFO** time is a critical factor in the interest of the Trust.
- Separate authorisation arrangements, as set out in the Scheme of Delegation, shall apply to maintenance or other contracts for existing goods or assets where the Trust is contractually tied to specific companies. Details of such contracts shall be recorded in a register by Procurement.
- The extent to which relevant **officers** can exercise these powers is set out in the Scheme of Delegation. All **officers** of the Trust must be aware that single quote actions are to be the exception to the preferred procedures of competitive selection, and in all cases they must be able to fully explain their rationale before a decision is authorised. Records shall be maintained to enable the use of single quote and other non-competitive actions to be monitored and reported upon to the Audit and Risk Committee at least annually.
- Where an approved waiver or Voluntary Ex-Ante Transparency notice (VEAT notice) is in

place.]

- A contracting authority will be publish a transparency notice in advance of appointing a supplier through an the use an STW
- Project of life and public security – Ministers have specified contracts or categories which can be directly awarded under Clause 40, Procurement Bill 2023.
-

In all cases the **CFO** shall keep appropriate records of single quote actions including a full justification of the reasons why competitive selection procedures were not adopted. The **CEO** shall require the **CFO** to monitor the use of single quote actions in the awarding of contracts and to report to the Audit and Risk Committee on the extent of the use of single quote and other non-competitive actions.

Procurement and purchasing

The **CFO** shall advise the Board of Directors regarding the setting of thresholds above which quotations or formal tenders must be obtained. This will take into account the obligation on the Trust to comply with the UK Government "Find a Tender" (FTS) requirements, European Union Procurement Directives, Tthe Public Contract Regulations 2015 and The Procurement Bill coming into force 2024. ~~(as amended from time to time)~~ and the GATT rules on public procurement. These shall be set out within the Scheme of Delegation.

The **CFO** shall prepare procedural instructions on the obtaining of goods, services and works, incorporating the thresholds set by the Trust.

The **CFO** shall determine that no goods, services or works, other than works and services executed in accordance with a contract and purchases from petty cash, shall be ordered except on an official order, raised following receipt by the ordering **officer** of a properly authorised requisition, and suppliers/contractors shall be notified that they should not accept orders unless on an official form.

Official orders shall be consecutively numbered, in a form approved by the **CFO** and shall include such information concerning prices or costs as may be required. The order shall incorporate an obligation on the contractor to comply with the conditions thereon as regards delivery, carriage, documentation, variations, etc.

Order requisitions shall only be issued to and approved by **officers** so authorised by the Scheme of Delegation. Lists of authorised **officers** shall be maintained by the **CFO**.

The **CFO** shall ensure that no order shall be issued for any item or items for which there is no budget provision, unless authorised by the **CFO** on behalf of the **CEO**. Goods and services for which Trust contracts are in place should be purchased within those contracts. Any purchasing request outside of such contracts must be referred in the first instance to the Head of Procurement for approval.

All copies of signed contracts will be retained by the Head of Procurement and registered on the Trust contract register, Atamis. It is essential all staff ensure signed copies of all contracts (however described) are lodged with Procurement within 1 month of formal approval.

Payment of suppliers

The **CFO** shall be responsible for the proper payment of all supplier invoices and claims. The **CFO** shall establish and communicate procedures to ensure that all **officers** provide prompt notification of all money payable by the Trust arising from transactions which they initiate, including contracts, leases, tenancy agreements and other transactions.

The **CFO** shall establish detailed procedures covering the approval of invoices for payment.

The **CFO** shall develop procedures for the prompt payment of invoices once verified for settlement. Such procedures will include the taking of settlement discounts where offered, and rules covering independent control and security of payment transactions. The **CFO** will implement procedures to retain approval of all payments made in advance of receipt of the related goods or services.

Stores and stocks

All stores and stocks maintained by the Trust in wards, clinics or main stores must comply with the systems of control designated and approved by the **CFO**. Overall responsibility for the control of stores and stocks shall be delegated to the **CFO** by the **CEO**. The day-to-day responsibility may be delegated to departmental **officers** and stores managers/ keepers, subject to such delegation being entered in a record available to the **CFO**.

The **CFO** shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses. All **officers** with day-to-day responsibility for stores must maintain such records to enable the value of the stockholding to be ascertained at any time. The **CFO** will ensure adequate physical stocktaking arrangements exist and there shall be a physical check covering all items in store at least once a year to confirm the value of the stockholdings with the system records.

Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the **CFO**.

All **officers** with day-to-day responsibility for stores shall ensure systems are in place to minimise any losses from obsolete, slow moving or unserviceable items. The **CFO** shall ensure a system is in place to review stockholdings for slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. All **officers** shall report to the **CFO** any evidence of significant overstocking and of any negligence or malpractice. Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods. All write offs must be approved by the **CFO** and reported to the Audit and Risk Committee at least annually.

All managers must order and requisition all goods and services through the Trust's ~~Oracle i-~~ One Advanced eProcurement System or such other systems as specified by the **CFO**. The only exception to this instruction is where managers have the express written permission from the **CFO** to do otherwise. As a part of this process managers are required to ensure the accurate and timely recording of the receipt of goods and services on the relevant approved Procurement System.

Financial systems

The **CFO** shall be responsible for the accuracy and security of the computerised financial data of the Trust. This supplements the responsibility of the Trust Secretary for Information Governance across the Trust in respect of non-financial data. In terms of the Trust's financial systems, the **CFO** shall ensure that:

- Appropriate controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system.
- Adequate controls exist such that the computer operation is separated from development, maintenance and amendment.
- An adequate management (audit) trail exists through the computerised system and that such computer audit reviews as he/she may consider necessary are being carried out.

The **CFO** shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them prior to implementation.

The **CFO** shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the

security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

Where another health organisation or any other agency provides a computer service for financial applications, the **CFO** shall periodically seek assurances that adequate controls are in operation.

The **CFO** shall satisfy himself / herself with regard to any computer systems which have an impact on corporate financial systems that:

- data produced for use with financial systems is adequate, accurate, complete, timely ,and appropriate for the requirements of the operation of the Trust financial systems;
- all systems are closed down with adequate cut off processes at each month end;
- all processes occur in line with the Trust financial month end timetable
- a management (audit) trail exists;
- Finance staff have open and complete access to such data; and
- such computer audit reviews as are considered necessary are being carried out.

Audit

It is the responsibility of the **CFO** to ensure an adequate internal audit service is provided and the Audit and Risk Committee shall be involved in the selection process when an internal audit service provider is changed.

In line with their responsibilities as set out in HSG(96)12, the **CEO** and **CFO** shall monitor and ensure compliance with Secretary of State Directions on fraud and corruption.

The Trust shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the NHS fraud and corruption manual and guidance. The Local Counter Fraud Specialist shall report to the **CFO**.

The **CFO** is responsible for:

- ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control by the establishment of an internal audit function;
- ensuring that the internal audit is adequate and meets the NHS mandatory audit standards;
- deciding at what stage to involve the police in cases of misappropriation and other irregularities (subject to earlier sections of these Instructions);
- Ensuring that an annual audit report is prepared for the consideration of the Audit and Risk Committee and the Board of Directors. The report must cover:

- progress against plan over the previous year,
- major internal financial control weaknesses discovered,
- progress on the implementation of internal audit recommendations,
- strategic audit plan covering the coming three years,
- a detailed audit plan for the coming year.

The **CFO** or designated auditors are entitled without necessarily giving prior notice to require and receive:

- access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- access at all reasonable times to any land, premises or **officer** of the Trust;
- the production of any information, cash, stores or other property of the Trust under an **officer's** control; and
- explanations concerning any matter under investigation.

Any lack of co-operation in these matters, by any **officer**, will be considered a disciplinary matter and may result in dismissal.

Whenever any matter arises which involves, or is thought to involve, irregularities concerning Information, cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature; the **CFO** must be notified immediately.

The Head of Internal Audit will normally attend Audit and Risk Committee meetings and has a right of access to all Audit and Risk Committee Members, the Chairman and **CEO** of the Trust.

Staff expenses

The **CFO** shall be responsible for establishing procedures for the management of expense claims submitted by Trust **employees**. The **CFO** shall arrange for duly approved expense claims to be processed through the Trust payroll system, unless separately approved by the **CFO** or the ~~Deputy~~ Director of Finance (ensuring that appropriate entries are made to the relevant cost centre. Expense claims shall be authorised in accordance with the Scheme of Delegation.

The **CFO** shall refer to the Trust's general policies on staff relocation and business expenses and may reject expense claims where there are material breaches of Trust policies. In this regard the **CFO** shall liaise with the **CEO** where appropriate.

Fraud

The Board of Directors recognises that in extreme cases financial loss may be the result of fraud (i.e. intentional deception to secure unlawful gain) or corruption. While the Board of Directors has every confidence in the integrity of Trust **employees**, it has a duty to put in place controls to minimise the opportunity for illegal appropriation of Trust resources. Accordingly, the **CFO** shall ensure appropriate compliance with the Secretary of State's Directions to NHS Trusts regarding counter-fraud measures, which are referred to in these instructions.

The **CFO** will ensure that procedures are in place that specify the action to be taken both by persons detecting a suspected fraud and those persons responsible for investigating it.

For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the **CFO** will notify the Board of Directors.

The **CFO** will also ensure that procedures are in place that specify the action to be taken both by persons detecting a suspected fraud and those persons responsible for investigating it.

The Trust HR Local Counter Fraud Policy (CG155) will be updated regularly by the **CFO**.

Losses and special payments

The **CFO** will establish a procedure for losses and special payments.

Special payments include the following, but if in any doubt, officers should confirm with the CFO if a payment is a special payment:

- *Extra-contractual payments*: payments which, though not legally due under contract, appear to place an obligation on a public sector organisation which the courts might uphold. Typically these arise from the organisation's action or inaction in relation to a contract. Payments may be extra-contractual even where there is some doubt about the organisation's liability to pay, eg where the contract provides for arbitration but a settlement is reached without it. (A payment made as a result of an arbitration award is contractual.)
- *Extra-statutory and extra-regulatory payments* are within the broad intention of the statute or regulation, respectively, but go beyond a strict interpretation of its terms.
- *Compensation payments* are made to provide redress for personal injuries (except for payments under the Civil Service Injury Benefits Scheme), traffic accidents, damage to

property etc, suffered by civil servants or others. They include other payments to those in the public service outside statutory schemes or outside contracts.

- *Special severance payments* are paid to employees, contractors and others outside of normal statutory or contractual requirements when leaving employment in public service whether they resign, are dismissed or reach an agreed termination of contract. All severance payments must be approved in accordance with the delegated authorities set out in Table 1 of these instructions
- *Ex gratia payments* go beyond statutory cover, legal liability, or administrative rules, including:
  - payments made to meet hardship caused by official failure or delay
  - out of court settlements to avoid legal action on grounds of official inadequacy
  - payments to contractors outside a binding contract, eg on grounds of hardship.
- *Correction of Salary underpayment* are paid when it is identified that an error has taken place in relation to contractually entitled salary or other related payments a

Credit finance arrangements including leasing commitments

There are no grounds where any **employee** of the Trust can approve any contract or transaction which binds the Trust to credit finance commitments without the clear written prior authority of the **CFO**. This includes all Executive and Care Group Directors of the Trust and all other **officers**.

The Board of Directors has provided the **CFO** with sole authority to enter into such commitments, although these powers can be delegated by him/her to appropriate **officers** under his/her organisational control.

This instruction applies to potential or actual leasing agreements and Hire Purchase undertakings which must be sent to the **CFO** for prior approval. No **officer** of the Trust outside the organisational control of the **CFO** has any powers to approve such commitments. Failure to comply with this instruction shall be a prima facie breach of any **officer**'s contract of employment.

Joint finance arrangements with local authorities

Payments to and arrangements with local authorities made under the powers of the NHS Act 2012 shall comply with procedures laid down by the **CFO** which shall be in accordance with the Act.

TABLE 1:

Scheme of delegation of powers from the Board of Directors to Officers of the Trust

1.0	**Capital & asset purchases** (including capital funded via lease finance or charitable grants)	**Delegation arrangements**	**Additional information**
1.1	**Approval of the overall Trust Capital Budget and any in-year variations**	Board of Directors	
1.2	**Approval of overall budget allocation to individual capital projects and monitoring**	Capital Investment Group (CEO, CFO, CGDs, MD, DoN, DoEF)	Monthly report to Board of Directors
1.3	**Approval of individual capital projects within the overall Capital Budget (including approval of variations)**		
	Up to £1,500,000 **Between £1,500,000 - £~~1~~2,500,000** **Over £~~1~~2,500,000**	Chief Finance Officer Chief Executive Officer Board of Directors	All asset leasing or financing arrangements (whatever value) must also be approved by the Chief Finance Officer.
1.4	**Management of individual capital projects**	Allocated Capital Project Manager	Project Monitoring by Capital Investment Group
1.5	**Management of assets under construction**	Allocated Capital Project Manager	Project Monitoring by Capital Investment Group
1.6	**Maintenance of Trust Asset register**	Chief Finance Officer	
1.7	**Approval of Asset Disposals**		

	Land & Buildings (any value) **Other – where the asset has a residual value or there is a potential write off of value** **Other – where the asset has no residual value and there is no write off of value**	Board of Directors Chief Finance Officer Care Group Director after notification to the Head of Procurement	The Head of Procurement is responsible for ensuring the Trust receives best value from disposals and so must be notified of potential disposal where an asset may have any value. The Chief Finance Officer must always be informed, by way of an Asset Disposal Form, of any asset disposals to enable the asset register to be updated. The Financial Controller must confirm on the Asset Disposal Form the residual book value of the asset.
1.8	**Capital Budget Approval Process**	Chief Finance Officer	
2.0	**Contracts for expenditure, including intra NHS trading**	**Delegation arrangements**	**Additional information**
2.1	**Financial appraisal of companies identified as potential tenderers**	Chief Finance Officer	May be delegated to Head of Procurement
2.2	**Maintenance of list of approved potential suppliers**	Chief Finance Officer	Delegated to Heads of Procurement
2.3	**Authorisation of less than the requisite number of quotes and/or tenders, including single tenders/quotes:**		
	For individual contracts up to £1,500,000 **For individual contracts between £1,500,000 and £~~1~~2,500,000** **For individual contracts over £~~1~~2,500,000**	Chief Finance Officer Chief Executive Officer Board of Directors	Regular report to the Board of all recorded incidents of between £1,500,000 and £~~1~~2,500,000
2.4	**Monitoring the use of single tender/single quote action**	Audit and Risk Committee on behalf of the Board of Directors	
2.5	**Receipt of Tenders**	Chief Finance Officer	
2.6	**Opening of Tenders**	Any two from the list of trust Officers authorised by the Chief Finance Officer	As defined by Chief Finance Officer, ensuring independence from Procurement Process

		to open tenders	
2.7	**Permission to consider late tenders**	Chief Executive	With advice from Chief Finance Officer
2.8	**Tender ratification and award, including authorisation of any actions resulting from post tender clarification:**		
	Up to £1,500,000 **Between £1,500,000 and £12,500,000** **Over £12,500,000**	Chief Finance Officer Chief Executive Officer Board of Directors	Post tender clarification will be led by Chief Finance Officer or his/her delegate. Process overseen by Head of Procurement
2.9	**Signing of Contracts (including letters of intent)**	Chief Executive or Chief Finance Officer	All building/works projects above £500,000 should be sealed: Other contracts may be sealed if in the interest of the Trust
2.10	**Approval of variation or extensions to the use of existing approved contract**		After taking advice from the Head of Procurement
	All Contract Variations **Variations of over 5% where the revised contract value is between £350,000 and £700,0001,5000,000 and £2,500,000** **Variations of over 5% where the revised contract value is over £700,0002,500,000**	Chief Finance Officer and if above limits the CEO or Board Chief Executive Officer Board of Directors	All variations to be assessed over the life of the contract such that multiple variations are consolidated and measured against the stated limits
2.11	**Sealing of Documents**	Two directors (the Chief Executive and other Executive Board Director) or One Executive Board Director and the Trust Secretary	

3.0	**Contracts for income, including intra NHS trading**	**Delegation Arrangements**	**Additional information**
3.1	**Approval of Healthcare Contracts**	Chief Executive or Chief Finance Officer	Following acceptance of commercial terms by Chief Finance Officer

3.2	**Approval of all other income contracts including research & development**	Chief Executive or Chief Finance Officer	This may be delegated to the Chief Finance Officer
3.3	**Approval of variations to Acute healthcare and all income contracts**	Chief Executive or Chief Finance Officer	
3.4	**Authorisation of individual Credit Notes relating to healthcare contracts**		
	Invoicing adjustment to "on-account" invoicing under NHS Standard Contract. **Otherwise:** **E.g. if relating to a pricing discount or loss of potential income then:** **Up to £1,500,000** **Between £1,500,000 and £~~1~~2,500,000** **Over £~~1~~2,500,000**	Chief Finance Officer Chief Finance Officer Chief Executive Officer Board of Directors	Authorisation of Credit Notes below £25,000 may be delegated by the Chief Finance Officer
3.5	**Approval and variation of all contracts for recharges of costs and income generation**	Chief Finance Officer	Training income and Training recharges will be managed in accordance with a policy approved by the ~~Director of Workforce and Organisational Development~~Chief People Officer

4.0	**Purchasing and payments (excluding Capital) of Budgeted Expenditure**	**Delegation arrangements**	**Additional information**
4.1	**Authorisation of Requisitions** (limits include irrecoverable VAT)	NOTE: Delegated authority to commit the Trust is only available where the proposed expenditure is within budget. Written authority is required from the Chief Finance Officer before incurring	Heads of Corporate Departments, Care Group Directors and Care Group Directors of Finance have key responsibilities for monitoring budgets and ensuring budget holders are aware of this limitation on approvals.

		expenditure above the budgeted limit.	
	The maximum delegated limits which may be varied downwards by the CEO or CFO are:		Expenditure of £250k and above to be certified as being within budget by the Care Group DOF or by the Deputy Director of Finance
	Charity grant expenditure up to £1,000	Two Fund Advisor Panel members	To be notified to the Audit and Risk Committee
	Up to £50,000	Schemes of delegation within these limits may be determined by Care Group Directors, DoEF and Heads of Corporate Departments but such delegation must be approved by CFO before implementation.	Specific arrangements for delegating authority for amounts below £20,000 but only if agreed by the CFO and where it can be demonstrated that financial control will not be compromised. To be notified to the Audit and Risk Committee
	Charity grant expenditure up to £~~10~~25,000	One Fund Advisor Panel member and Charity Director	
	Charity grant expenditure up to £50,000	Care Group Manager/Director/Matron and Charity Grant Panel	
	Up to £~~90~~250,000 including charity grant expenditure	Executive Directors (including Care Group Directors) with restricted powers of delegation	
		Charity Committee for Charity grant expenditure	
		Chief Finance Officer	
	Up to £1,500,000 including Charity grant	Chief Executive	

	expenditure **Up to £~~1~~2,500,000 including Charity grant expenditure** **Above £~~1~~2,500,000 including charity grant expenditure**	~~Finance & Investment Committee on behalf of Board of Directors~~Board of Directors	
4.2	**Authorisation of individual invoices due for payment where the approved order process has not been followed**	Not Allowed	All purchases should be made via Trust ~~i-proce~~Proc ordering system, JAC or Atticus. Only in extenuating circumstances should such invoices be presented for authorisation to the CFO or the Deputy Chief Finance Officer
4.3	**Authorisation of petty cash payments**	Authorisation by line manager (must be budget manager or have delegated authority)	
4.0	**Purchasing and payments (excluding Capital) of Budgeted Expenditure**	Delegation arrangements	Additional information
4.4	**Authorisation of expenses claims**	Authorisation by line manager (must be budget manager or have delegated authority)	Only via Trust On-line System
4.5	**Authorisation of time sheets**	Authorisation by line manager (must be budget manager or have delegated authority)	
4.6	**Authorisation of Agency expenditure**	Non ward and non clinic based agency staff: approval by any 2 of CEO, CFO, Chief Nursing Officer~~Director of Nursing~~, ~~Director of Workforce and Organisational Development~~Chief People Officer, ~~Medical Director~~Chief Medical Officer and Chief Operating Officer Ward and clinic based agency staff:	

		ordered through NHS Professionals or eproc	
4.7	**Authorisation of Overtime and additional hours**	Pre-Authorisation only via Trust -On-line System	

5.0	**Staff appointments, secondments and severance payments**	**Delegation arrangements**	**Additional information**
5.1	**Clinical appointments**	To be approved by any two of CEO, CFO, ~~Director of Nursing~~Chief Nursing Officer, ~~Director of Workforce and Organisational Development~~Chief People Officer, ~~Medical Director~~Chief Medical Officer and Chief Operating Officer	No appointment can be made unless it is within the budgeted establishment and the appointment has followed the process as established by the ~~Director of Workforce and Organisational Development~~Chief People Officer Any recruitment/retention premiums outside of national Terms and Conditions also requires Chief People Officer and CEO approval.
5.2	**Non-clinical appointments**	To be approved by any one of CEO, CFO, ~~Director of Nursing~~Chief Nursing Officer, ~~Director of Workforce and Organisational Development~~Chief People Officer, ~~Medical Director~~Chief Medical Officer and Chief Operating Officer	No appointment can be made unless it is within the budgeted establishment and appointment has followed the process as established by the ~~Director of Workforce and Organisational Development~~Chief People Officer Any recruitment/retention premiums outside of national Terms and Conditions also requires Chief People Officer and CEO approval.
5.3	**Severance payments**	Nominations and Remuneration Committee approve all severance payments (contracted and non-contracted) for the Chief Executive and Directors.	Severance payments resulting from industrial tribunals need not go to Nominations and Remunerations Committee but must still be signed by both the ~~Director of Workforce and Organisational Development~~Chief People Officer and by the CFO.

		The Nominations and Remuneration Committee delegates other contracted and non-contracted severance payments as follows. For all staff below Director level approval of contractual severance payments delegated to the Chief Executive ~~and the,~~ the Chief Finance Officer and ~~Director of Workforce~~the Chief People Officer. The Committee will approval non-contractual severance payments over £50,000. Approval for non-contractual severance payments below £50,000 will be delegated to the Chief Executive and the Chief Finance Officer and ~~Director of Workforce~~Chief People Officer. Once authorised, authority to pay will only be valid if signed by both the ~~Director of Workforce and Organisational Development~~Chief People Officer and by the CFO and having obtained the regulatory approval where required by relevant policies and procedures.	

6.0	Income and debt write off	Delegation arrangements	Additional information
6.1	**Invoicing**	Chief Finance Officer	All invoices to be raised by the Finance Department
6.2	**Requests for Invoicing to be raised**	Budget Managers may raise a request	All requests for invoicing should be passed to Finance.

		for Finance to generate an invoice. For clarity no-one outside of Finance is authorised to raise an invoice.	
6.3	**Authorisation of discounts, credit notes (non healthcare income)**	Chief Finance Officer	See under 3.4 for Credit Notes related to Healthcare income
6.4	**Collection of debts and use of debt collection agencies**	Chief Finance Officer	
6.5	**Authorisation of individual debt write off**		This delegation also applies to the effective write off through lack of invoicing for income to which the Trust is entitled. Whether it occurs through action, lack of action or the passing of time
	Less than £50,000 **Less than £~~100~~150,000** **Between £~~100~~150,000 and £~~200~~350,000** **Over £~~200~~350,000**	Financial Controller or ~~Deputy~~ Director of Finance Chief Finance Officer Chief Executive Board of Directors	To be reported to the Audit and Risk Committee.

7.0	**Losses and special payments**	**Delegation arrangements**	**Additional information**
7.1	**Authorisation of individual losses and special payments**		All special payments subject to having obtained the regulatory approval where required by relevant policies and procedures.
	Less than £~~100~~150,000 **Between £~~100~~150,000 and £~~200~~350,000** **Over £~~200~~350,000**	Chief Finance Officer Chief Executive Board of Directors	Up to £10,000 delegated to the Head of Legal Services for payments resulting from legal claims. To be reported to the Audit and Risk Committee
7.2	**Authorisation of clinical negligence payments**	Chief Finance Officer	To be reported to the Audit and Risk Committee
7.3	**Monitoring of losses and special payments**	Audit and Risk Committee	On behalf of the Board of Directors
7.4	**Authorisation of early retirement payments to**		

	staff		
	Less than £~~100~~150,000 **Between £~~100~~150,000 and £~~200~~350,000** **Above £~~200~~350,000**	Chief Finance Officer Chief Executive Board of Directors	Only after advice from the ~~Director of Workforce and Organisational Development~~Chief People Officer
7.5	**Authorisation of redundancy and all other termination payments to staff**	Nominations and Remuneration Committee and having obtained the regulatory approval where required by relevant policies and procedures.	Only after advice from the Chief People Officer and reference to the Severance Protocol
7.6	**Authorise payment of salary underpayment corrections**	Chief Finance Officer	Only after advice from the Chief People Office

8.0	**Budgetary control**	**Delegation arrangements**	**Additional information**
8.1	**Delegation of budgets**	Chief Executive and Chief Finance Officer	
8.2	**Request for budget virement**	Initiator and recipient Budget Manager	To be approved by CGDOFs
8.3	**Authorisation of budget virement**	Chief Finance Officer	This may be delegated by the CFO to the Deputy Director of Finance or the CGDOFs
8.4	**Overall Trust budget and planning process**	Chief Finance Officer	
8.5	**Staff expenses, including relocation expenses**	Routine expenses - approval by line manager Relocation expenses – approval by ~~Director of Workforce and Organisational Development~~Chief People Officer	Routine expenses must be claimed via the Trust's on-line expense claim system. Details available from Payroll. Relocation expenses must be claimed in accordance with the Trust's Relocation Expenses Policy

9.0	**Stores and stock controls**	**Delegation arrangements**	**Additional information**
9.1	**Management and control systems for stores and stocks**	Chief Finance Officer	Delegated to Head of Procurement. Orders may be generated automatically based on agreed minimum and maximum stock quantities.

10.0	Bank account and payment methods	Delegation arrangements	Additional information
10.1	Opening of bank accounts	Chief Finance Officer	
10.2	Signing of cheques, BACS schedules and PGO authorisation	Chief Finance Officer	This may be delegated within the Finance Department.

11.0	Bank account and working capital facilities fees and charges	Delegation arrangements	Additional information
11.1	Approval of Fees and Charges	Chief Finance Officer	

12.0	Standards of business conduct	Delegation arrangements	Additional information
12.1	Maintenance of register of interests and secondary employments		
	Board of Directors All other staff	Chief Executive Chief Executive	Maintained by the Trust Secretary
12.2	Maintenance of gifts and hospitality registers		
	Board of Directors All other staff	Chief Executive Chief Executive	Maintained by the Trust Secretary

13.0	Insurances	Delegation arrangements	Additional information
13.1	Insurance arrangements	Chief Finance Officer	

14.0	Fraud and irregularity	Delegation arrangements	Additional information
14.1	Counter Fraud and corruption work	Chief Finance Officer	It is expected that Local Counter Fraud Service would be involved in any investigation.
14.2	Investigation of suspected cases of irregularity not related to fraud or corruption	~~Director of Workforce and Organisational Development~~Chief People Officer	

15.0	Investments	Delegation arrangements	Additional information
15.1	**Approval of Treasury Policy (CG401)**	Board of Directors	After review by the Audit and Risk Committee
15.2	**Investment Decisions**	Chief Finance Officer	

16.0	Borrowings	Delegation arrangements	Additional information
16.1	**Approval of loans and loan facilities, (including working capital facilities)**	Board of Directors	
16.2	**Use of loans and loan facilities as approved by the Board of Directors**	Chief Finance Officer	
16.3	**Use of leasing and non-conventional funding**	Chief Finance Officer	

17.0	Credit cards	Delegation arrangements	Additional information
17.1	**Approval for new credit card**	**Director of Finance**	
17.2	**Approval of single transaction value:-** **Below £1,000** **£1,001 and above**	**Card holder** **Director of Finance**	**The 'second pair of eyes' principle applies, CFO expenditure needs sign off by another Executive Director and DoF expenditure by the CFO** **Delegated authority is given to the Deputy ~~Director of Workforce~~Chief People Officer and ~~OD~~ Recruitment Service Manager for UK Border Authority transactions only at a single transaction limit of £4,000**
17.3	**Approval of total daily transaction value** **Below £10,000** **£10,001 and above**	**Card holder** **Director of Finance**	**The 'second pair of eyes' principle applies, CFO expenditure needs sign off by another Executive Director and DoF expenditure by the CFO** **Delegated authority is given to the Deputy Chief People Officer~~Director of Workforce~~ and Recruitment Service Manager ~~OD~~ for UK Border Authority transactions only at a daily limit of £~~16~~25,000**

TABLE 2 – Tendering and contracting thresholds

(a)	Up to £~~2~~10,000 (b)	£~~5~~10,001 - £~~50~~75,000 (c~~d~~)	£~~50~~75,001 Trust Tender Threshold (see column ~~g~~f) (d~~e~~)	Over FTS limit (See column ~~g~~f) (e~~f~~)	Public Contract Regulations 2015 (under FTS)~~EC Journal Advertisement - FTS~~ (f)~~(g)~~
Services & Supplies	Single written quotation~~Verbal quotation~~	3 written competitive quotations	3 formal tenders	Normally minimum of 5 tenders through FTS	£139,~~668~~8,760 and over~~* (£70,778 and over for small lots)*~~
Works	Single written quotation~~Verbal quotation~~	3 written competitive quotations	3 formal tenders	Normally minimum of 5 tenders through FTS~~FTS~~	£5,372,609~~36,937~~ and over (£884,720 and over for small lots)

- For tendering and contractual purposes, the Trust is a Governmental Procurement Authority (GPA) and the procurement thresholds shown for Services and Supplies are those for GPAs.
- Even where estimated amounts are below legislative ~~the FTS~~ thresholds, quotes and tenders are to be conducted inline with Public Contract Regulation 2015 and/or The Procurement Bill 2024 depending upon when tenders or contracts are awarded. ~~within the spirit of FTS Tenders in terms of~~ Ddefinitions of outputs required from the goods or services, pre-defined evaluation criteria should be defined with evaluation and awards conducted in a transparent and equitable manner capable of withstanding audit and challenge by unsuccessful suppliers.
- For all levels the figures shown are those for the aggregate of the requirement. Artificial subdivision of lots into smaller lots to stay below thresholds of the applicable legislation~~is unacceptable for non-FTS tenders and unlawful for FTS ones.~~
- Where requirements are for a combination of supplies / services and works, the estimated value of the majority value within the total determines which procedure and, thereby, which threshold to apply.

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Certification

I _____ certify that I have read, understood and will comply with the Standing Financial Instructions dated ~~26~~ January ~~2022~~2024

Signature: _____

Date: _____

Royal Berkshire
NHS Foundation Trust

Title:	**Board Assurance Framework (BAF)**
Agenda item no:	29 February 2024
Meeting:	Board of Directors
Date:	27 March 2024
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	To provide the Board with a summary of the Trust's Key risks reviewed by Board Committees. The relevant sections of the BAF continue to be reviewed at the relevant Board Committees.

Report History	People Committee: 9 November 2024 Integrated Risk Management Committee: 29 February 2024 Audit & Risk: 6 March 2024 Finance & Investment: 21 February 2024

What action is required?	
Assurance	
Information	The Board is asked to note the current updated Framework in relation to the assurances, gaps and actions in place to manage strategic risks.
Discussion/input	
Decision/approval	

Resource Impact:	Not applicable
Relationship to Risk in BAF:	Not applicable
Corporate Risk Register (CRR) Reference /score	Not applicable
Title of CRR	Not applicable

Strategic objectives This report impacts on (tick all that apply)::	
Provide the highest quality care for all	✓
Invest in our people and live out our values	✓
Deliver in partnership	✓
Cultivate innovation and improvement	✓
Achieve long-term sustainability	✓

Well Led Framework applicability:			Not applicable ☐
1. Leadership ☐	2. Vision & Strategy ☐	3. Culture ☐	4. Governance ☐
5. Risks, Issues & Performance ☐	6. Information Management ☐	7. Engagement ☐	8. Learning & Innovation ☐

- Board understands the internal and external factors affecting delivery of the plan.
- Main risks are identified. No significant control issues/ gaps and clear responsibilities.
- Effective process in place to monitor, understand and address current & future risks

Publication						
		Confidentiality (FoI)	Private		Public	✓

Trust Board Assurance Framework

March 2024

Summary Board Assurance Framework 2023					
Strategic Objective	**BAF Risk**		**Risk Appetite Description**	**Sub Committee**	**Lead Director**
Strategic Objective 1: Provide the highest quality care for all	1.1	If we allow material lapses in the quality of care, including access to care, the Trust will not meet its regulatory standards for quality and safety	The quality of our services, measured by patient outcomes, safety and experience as well as our ability to be responsive to our patient's is paramount. The Trust has a low appetite to risk that could result in poor quality of care and will seek to avoid taking risks that compromise patient safety. This cautious appetite extends to compliance with Care Quality Commission standards.	Quality Committee	Chief Nursing Officer
	1.2	If we do not deliver our clinical and quality ambitions at the intended pace we will lose opportunities to improve patient outcomes and experience		Quality Committee	Chief Medical Officer
Strategic Objective 2: Invest in our people and live out our values	2.1	If we do not recruit and retain a competent workforce we will fail to deliver on the Trust's strategic objectives	The Trust seeks to be recognised through its values as a great place to work. It will innovate and challenge traditional working practices. As such, it is prepared to take a flexible view on the development of its workforce and conditions of employment. There is a medium appetite for risk where this does not compromise staff and values and be proven to benefit patient and staff safety.	People Committee	Chief People Officer
	2.2	If we fail to uphold our Values (CARE and Diversity & Inclusion) the Trust will not be an employer of choice or considered an exemplar organisation for staff		People Committee	Chief People Officer
Strategic Objective 3: Deliver in Partnership	3.1	If Berkshire West Place and BOB ICS plans and programmes do not deliver the envisaged improvements in care and value the Trust's financial and operational performance will be impacted	The Board is keen to drive the development of integrated care with its local Berkshire West Place and regional (ICS) partners at pace. In doing so, the Board is willing to take decisions where the potential benefits to patients and providers are seen to outweigh risks. It sees the development of new ideas and partnerships as potentially enhancing quality and financial sustainability and so where collectively shared it has a relatively high appetite for integration risk.	Board	Chief Executive (Director of Strategy)
	3.2	If we do not realise the opportunities presented by our strategic partnership with UoR we will not deliver on our education, training and research ambitions		Board	Chief Executive Officer

Strategic Objective 4: Cultivate innovation and improvement	4.1	If we do not continue to invest in digital infrastructure and development we will not be able to deliver Our Strategy and our Clinical Services Strategy and we will face challenges in running a modern efficient healthcare service	The Trust will actively seek and encourage a culture of innovation and improvement. It is willing to accept a relatively high level of risk associated with opportunities where positive quality of care, service delivery and financial benefits and rewards can be anticipated.	Quality Committee	Chief Nursing Officer (Director of Strategy)
	4.2	Failure to realise benefits/secure commercial advantage from innovation and digital investments		Audit & Risk Committee Finance & Investment Committee	Chief Operating Officer
Strategic Objective 5: Achieve long-term sustainability	5.1	If the organisation does not generate sufficient cash to meet its day to day liquidity requirements and capital programme the organisation will fail	The Board's key objective is to be financially sustainable, with its primary concern being the optimal value for money. The Board will view risk and reward and consider return on investment and other benefits or constraints when pursuing business opportunities. There is a low appetite for risk unless the Trust is living within its means.	Finance & Investment Committee	Chief Finance Officer
	5.2	If we do not robustly represent the organisation in national and regional and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System decision making, we will fail to secure sufficient income to deliver Improving Together and strategic objectives.		Finance & Investment Committee	Chief Finance Officer
	5.3	If we do not create and maintain a built environment suitable for current and future needs, we risk delivery of Improving Together If we do not take action on sustainability agenda we risk impact on the Trust's reputation		Finance & Investment Committee	Chief Finance Officer

Strategic Objective 1: Provide the highest quality care for all				
Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective - • If we allow material lapses in the quality of care, including access to care, the Trust will not meet its regulatory standards for quality and safety • If we do not deliver our clinical and quality ambitions at the intended pace we will lose opportunities to improve patient outcomes and experience				
Key Controls	**Control Assurance**	**Gap in Assurance**	**Improvement / Action**	**Responsible Committee**
• CQC programme	• Well led self-assessment • Peer review process • Core service annual updates • Core service self-assessment • Relationship with lead CQC inspector • CQC Peer Review • IPC BAF	• Mixed sex accommodation monitoring due to COVID	• CQC Action Plan	• Board • Quality Committee
• Quality and Clinical Services Monitoring	• Quality account • Clinical audit program • Patient feedback – NHS choices, family & Friends and Inpatient annual survey • GIRFT program • Internal Audit, • External Audit, • Monitoring progress against the CSS and Quality Strategy • IPR • EMC • Maternity Incentive Scheme • Maternity Strategy • Ockenden and Kirkup Assurance	• Patient Experience Feedback • Health Equalities • ED capacity National and regional staffing and education	• Implementation of Quality Priority actions • Additional POC testing • New triage process to meet 15 minute assessment target • BW system working • Ongoing regular ED improvement programme meetings • Maternity inquest lessons learned action plan • Ockenden Action Plan	• Quality Committee
• Quality reporting schedule	• Safeguarding annual report • Infection control annual report • Patient relations quarterly reports • Mortality review process • Freedom to speak up reporting to the Board • Bi monthly quality assurance and learning exception report		• Safeguarding Annual Plan • Maternity Board reports	• Quality Committee • Board
• Performance management Process	• Monthly Care Group & Corporate performance meetings • Integrated performance report • QIA process to monitor impact of QIPP programmes • Care Group Driver Metrics & Breakthrough Priorities • Quality Committee oversight and annual detailed review of access standards	• Compliance with national access targets • Quality Impact assessments • Elective standards performance	• Continuous review of data / metric and exception reports as required	• Quality Committee

• Risk management & incident reporting process	• Risk register review including thematic risks reviews • Incident reporting and learning • NRLS reporting • SI thematic review/Learning from inquests • Annual report to the Board • EMC • Emergency preparedness, resilience & response Procedures • Ockenden Report	• Estate not fit for purpose	• Never events action plan • Estates Redevelopment programme	• Quality Committee

Strategic Objective 2: Invest in our people and live out our values

Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective -

- If we do not recruit and retain a competent workforce, we will fail to deliver on the Trust's strategic objectives.
- Failure to deliver on our Values (CARE and Diversity & Inclusion) will result in the Trust not being an employer of choice or considered an exemplar organisation for staff

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
RBFT and ICS People Strategy RBFT Education Strategy What Matters Engagement Programme Annual Staff Survey and results People Committee Action Plan Chief People Officer Quarterly Report Workforce Metrics Quarterly Report Chief People Officer Driver Metrics	**Your Experience** • Recruitment and Retention framework • International recruitment programme • Staff Survey Reports and Improvement Plans • Guardian of Safe Working Reports	**Your Experience** • Appraisal quality measures •	**Your Experience** • Targeted recruitment and retention programmes • ICS Joint Initiatives across the agenda • Possibilities to address affordable housing and increase available accommodation for staff	People Committee Responsible for All
	Your Development • Annual medical revalidation • Education strategy – Delivery Progress Updates • Annual Skill Mix Review • Birth Rate Plus • NHSE Education Self-Assessment	**Your Development** • Talent Management Framework/succession planning fully embedded • Appraisal Compliance Plan • Development of management competencies throughout the whole organization	**Your Development** • Mandatory training compliance programme • Middle management programme • ICS wide programmes • MAST and appraisal detailed reviews	
	Your Health • Health Safety and Wellbeing Champions embedded across the Trust • Staff Health & Wellbeing Group • Staff Health Checks for 40+ yrs old • Staff Psychological Support Services (SPSS)	**Your Health** • Addressing the impact of service demand on OH waiting times • Health & Wellbeing Forward Plan • Resourcing the SPSS to develop the service including future provision of 1-1 support	**Your Health** • NHS Health & Wellbeing Framework Assessment Tool • Health & Wellbeing Improvement Plan including updated Strategy • Recruit to vacant OH & WB posts • Utilisation of Staff HWB check + data to drive HWB agenda	
	Your Inclusion • National Equality Standard Reports – WRES, WDES, Gender Pay Gap (GPG) • Behaviours framework and values-based people processes • Equality Forums	**Your Inclusion** • Direct link to equality forums and qualitative insights • Pace of improvements for EDI groups	**Your Inclusion** • Inclusive Culture Programme as part of People Strategy • Progression Disparity Ratios and associated improvements • Programme to tackle poor behaviours and discrimination at work	
	Your Future Workplace • Digital Strategy • Hybrid Working • Number of new roles created and implemented	**Your Future Workforce** • Digital Strategy – People Implications • Workforce Transformation and Reform and embedding new roles	**Your Future Workforce** • NHS LTWP Implementation • Workforce transformation embedded into annual planning process • Digital Strategy and Technological Enablement	

Strategic Objective 3: Deliver in Partnership

Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective -

- Our involvement in BW place (BWP) Integrated Care Partnership (ICP) and Integrated Care System (ICS) plans and programmes fail to deliver the envisaged improvements in care and value.
- The Trust's position and understanding of the sustainability agenda

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
ICP and ICS programmes • Active involvement of CEO and Director team in BWP and ICS programme governance • CEO membership of the BOB ICB Board • Involvement of senior leaders, clinicians and managers in service design and programme delivery at Place, ICB and Network level • Regular bilateral meetings at exec level with BWP and ICS colleagues • ICS and BWP priority work programme and project scopes • Health Innovation Partnership (HIP) Programme	• Bi-monthly report to board on progress of ICS and ICP as part of CEO report • ICS and BWP leadership meetings • Biannual tripartite assurance meetings between the Trust, ICB, and NHS England. • 2022/23 programmes for ICS and Place reported on to Unified Exec monthly.	• Clarity from the ICB on its future operating model including the role of PLACE, delegated responsibilities and commissioning functions • Clarity on Joint Forward Plan (JFP) priorities for 2024/25 • Clarity on priority programmes across the ICS in support of the 2024/25 operating plan.	• Development of the ICS operating plan for 2024/25 including delivery of national planning priorities as well as the ICS JFP Year 2. .	• Board of Directors • Finance & Investment Committee
Sustainability agenda • Trust sustainability assessment	• Discussion of the sustainability assessment (June)	• Formal position statement on sustainability • Understanding of sustainability issues facing the Trust • Trust programme on sustainability	• Establish Trust team to develop the sustainability strategy as part of Vision 2025 reset. This will need to examine the current state position and set out a plan of action for the organisation • Development of sustainability action plan following assessment	• Board of Directors

Strategic Objective 4: Cultivate innovation and improvement				
Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective - • The capability culture and capacity in the organisation to deliver change • Our continued commitment to invest in and develop our digital environment • Our ability to realise benefits/secure commercial advantage from innovation, investment and digital investment				
Key Controls	**Control Assurance**	**Gap in Assurance**	**Improvement / Action**	**Responsible Committee**
• Improving Together (IT)	• Integrated Performance Report • Quality Committee (QC) Improving Together Update • CQC Well Led report	• Improving Together roll out plan	• Improving Together roll out plan to be agreed by EMC and discussed at QC	• Quality Committee
• Trust Transformation Programme	• Quality Committee Improving Together update • Go-live assurances • Digital Strategy	• Confirmation of the Trust Projects for 2023/24 and associated benefits	• Review of proposed projects by EMC and discussion at Board Committee	• Quality Committee
• Digital Hospital Committee	• Monthly finance reports • Commercial strategy updates	• Response to the Fullerton review	• Revised IM&T Governance Structure	• Finance and Investment Committee
• Commercial Strategy		• Cycle of reporting on commercial strategy • Commercial capacity within the organisation	• Commercial Strategy (part of the Finance Strategy) to be added to work plan bi-annually	• Finance & Investment Committee
• R&D programme	• R&D updates • Monthly finance reports	• Annual update on R&D to committees • Clarify on next 3 year strategy	• R&D update and proposal on future strategy to come to committee	• Quality Committee

Strategic Objective 5: Achieve long-term sustainability

Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective. If the organization does not generate sufficient cash to meet its day to day liquidity requirements and capital programme the organisation will fail.

- If we do not robustly represent the organization in national and regional and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System decision making, we will fail to secure sufficient income to deliver Improving Together and strategic objectives (including Access Standards)
- If we do not create and maintain a built environment suitable for current and future needs, we risk delivery of Improving Together

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
Finance				
• Prioritised Capital Programme • Budget setting process • Standing Financial Instructions (SFIs) • Performance Reviews • Long Term Resourcing Model • Improving Together • Finance Strategy (including • Commercial strategy) • Established Improving Together Hub in Princes House as HQ for Improvement actions across Finance Matters agenda • Multiple sets of financial statements produced during the year across all entities (in preparation for statutory year-end audit).	• External Audit annual process • Internal Audit annual review • Counter Fraud Annual Plan • Detailed Monthly and Quarterly submissions to NHS England and BOB ICS • Cash flow, revenue & capital forecasting • Daily cash flash reports • Budget approval process • Monthly reports to EMC, Finance & Investment Committee / Board, comparing budget to actual, balance sheet and liquidity position • Monthly performance meetings with Care Groups and corporate areas • HFMA Sustainability checklist • Efficiency & Productivity Committee • Business Case Post Implementation Reviews • Efficiency Savings identified and deliverable within year	• Development of 5-year financial plan at speciality level, to deliver Clinical Services Strategy (CSS) • Greater visibility of roll-out of Service Line Reporting and use of Getting It Right First Time (GIRFT) to highlight variation compared to national norms • Performance management and accountability framework • Improving together methodology being rolled out to all areas • Sustainable run rate of expenditure, and the need to contain labour costs to deliver services	• Implementation of Service Line Reporting at specialty level • Development of 5-year resourcing model (LTRM) to deliver the Clinical Services Strategy • Through Improving Together programme holding budget managers to account to deliver their service within allocated resources. • Forecast assumptions and modelling • Implementation of performance management framework and upward reporting of highlights from monthly performance meetings • Development of recurrent savings programme for 2024/25	• Audit & Risk Committee • Finance & Investment Committee • Finance & Investment Committee
Estates & Facilities				
• Management of backlog maintenance • Food safety/catering standards • Estates Programme Committee • New Hard Facilities Managementsupply and management arrangements • Estate Compliance Oversight Group	• NHS Premises Assurance Model (PAM) • External Regulator Inspections (e.g. Fire) • MODEL hospital • ERIC (Estates Reference Information Collection) • Six Facet Survey • Estates management and governance process including Hospital Technical Management (HTM) compliance • Estates Strategy • Hospital redevelopment • Capital prioritisation process • Audit processes eg Authorised Engineer •	• Capacity and expertise constraints in the directorate (National shortage of project management with estate skills) • HTM compliance due to backlog maintenance • High and medium critical infrastructure risks • • Sources of capital for major estate programme and to address backlog maintenance • Successful embedding of new Hard FM change programme	• Prioritisation and risk management of backlog maintenance and critical infrastructure risks • Geo-technical site survey • Estates governance reporting as part of Improving Together programme • Six-month post implementation review and on-going contract management	• Finance & Investment Committee • Audit & Risk Committee • Finance & Investment Committee
• Net Zero Carbon Plan	•	• Funding and delivery of Net Zero action plan • Tracking and measurement of in year carbon reduction • Lack of dedicated resource	• Revenue/budget setting to consider and reflect allocation and resources • Mapping capex with carbon impact • Executive prioritsation/portfolio reviews during October 2023 to	• Finance & Investment Committee

			establish resources/commitment/capital/revenue to deliver published Green Plan intentions	
• Building Berkshire Together (BBT)	• PMO established	• OBC funding not secured • Full BBT team not fully recruited	• Regular dialogue with New Hospital Programme Team (OBC) • Full BBT team not recruited • Funding for OBC development costs confirmed • Recruitment of clinical leads in progress	• Finance & Investment Committee
Health & Safety				
• Health & safety Policy • Health & safety mandatory training • Risk Assessments / Corporate Risk Register • Health & Safety governance processes	• Health & safety Committee reporting to IRMC/EMC/Audit & Risk Committee/ Board • Health & Safety dashboard • RIDDOR reporting • Contractor reporting on Specialist compliance on critical estates safety • Health & Safety Moment at Public Board • Big 4 Health & Safety messages • Health & Safety Training	• Health & Safety Dashboard being developed • Contractor assurance required validation • Substantive Health & Safety Advisor not in post • Face to Face manual handling	Streamline automatic data collection and dashboard in IPR with thematic analysis • Reshaping delivery of hard FM Services • Advisory assurance by Internal Audit (to move to S02)	• Audit & Risk Committee

Royal Berkshire
NHS Foundation Trust

Title:	**Corporate Risk Register (CRR)**
Agenda item no:	13
Meeting:	Board of Directors
Date:	27 March 2024
Presented by:	Katie Prichard-Thomas, Chief Nursing Officer
Prepared by:	Dawn Estabrook, Head of Risk

Purpose of the Report	To update the Board of Directors on the Trust's Management of risk including the review of the Corporate Risk Register

Report History	Integrated Risk Management Committee: 29 February 2024 Executive Management Committee: 11 March 2024

What action is required?	
Assurance	
Information	
Discussion/input	✓
Decision/approval	✓

Resource Impact:	
Relationship to Risk in BAF:	
Corporate Risk Register (CRR) Reference /score	
Title of CRR	

Strategic objectives This report impacts on (tick all that apply)**:**							
Provide the highest quality care							✓
Invest in our staff and live out our values							✓
Drive the development of integrated services							✓
Cultivate innovation and transformation							✓
Achieve long-term financial sustainability							✓
Well Led Framework applicability:						Not applicable ☐	
1. Leadership	✓	2. Vision & Strategy	✓	3. Culture	✓	4. Governance	✓
5. Risks, Issues & Performance	✓	6. Information Management	☐	7. Engagement	☐	8. Learning & Innovation	☐

Publication						
Published on website		Confidentiality (FoI)	Private	✓	Public	

1 Executive Summary

This discussion paper provides the Board with an update on the Trust's corporate risks following the Integrated Risk Management Committee (IRMC) meeting on Thursday 29th February 2024.

2 Corporate Risk Register

The table below outlines the current corporate risks and outcome of discussion at IRMC.

Datix ID	Title	Current Risk Rating	Previous Risk Rating	Target Risk Rating	Board Sub-Committee	Outcome of IRMC
4839	North Block East Wing	25	25	6	Audit & Risk Finance & Investment	Approved
4183	Management of Estates Infrastructure / Backlogged Maintenance	20	20	6	Finance & Investment	Approved
4182	Risk to achieving strategic objective of financial sustainability	25	20	4	Finance & Investment	IRMC discussed the risk rating and it was agreed it should be increased to 25 (C4 L5 – almost certain)
5080	Fire Safety	20	20	4	Audit & Risk	Approved
4241	Compliance with cancer standards due to capacity issues in diagnostic modalities	20	20	6	Quality	Approved
5698	Risk to compliance of DM01 Standard	16	15	4	Quality	IRMC approved increased risk rating from 15 (C3 L5) to 16 (C4 L4)
5611	Industrial Action	16	16	6	People	Approved
5995	Failure to achieve elective standards targets	16	16	6	Quality	Approved

5654	Lack of mortuary capacity and risk to HTA licence.	16	16	4	Quality	Approved
4172	ED Capacity & compliance	16	15	6	Quality	IRMC approved increased risk rating increased from 15 (C4 L5) to 16 (C4 L4)
4503	Inadequate IT Communication Platform and associated Telecommunication Systems	16	16	4	Finance & Investment	Approved
4637	North Block Steel works	15	15	2	Finance & Investment	Approved
5601	Potential geological/sink hole risk across RBH Estate	15	15	6	Audit & Risk Finance & Investment	Approved
5139	Inadequate Datacentre and Resilience in IT Infrastructure / Barrier in the Trust Building Programme	15	15	5	Finance & Investment	Approved
699	PTL Dashboard - Lack of Access & Information	12	12	4	Quality	Approved
3610	Steris – Risk to Decontamination Service	12	12	1	Quality Finance & Investment	Approved
4170	Cyber Security Ph2	12	12	4	Audit & Risk	Approved
5697	Violence and aggression against staff	12	12	4	People	Approved
4460	Outbreaks of infectious conditions	12	12	9	Quality	Approved
5717	Risk following significant power failure incident	9	9	4	Audit & Risk	Approved
5908	Capacity within the Child Protection Safeguarding team due to sickness	9	9	6	Quality	Approved
4177	Staff Recruitment and Retention and impact on waiting	9	9	4	People	IRMC approved closure of corporate risk. Risk

	times, capacity to treat patients and increased temporary labour costs					to be added to individual speciality risk registers were appropriate
4178	Mandatory training Compliance	9	9	4	People	IRMC approved closure of corporate risk. Risk to be added to individual speciality risk registers were appropriate

Additional risks discussed by Committee

Title	Outcome of discussion at IRMC
Condition of Trust building lifts	Risk of lift failure due to age of all lifts – to be scoped for next IRMC meeting
Building Safety Act	A paper was provided to IRMC regarding the potential risks of the required implementation of the Building Safety Act. IRMC requested a full risk and mitigations be scoped for the next IRMC meeting in April 2024.
Unendorsed results	Discussion of risk requested by Network Care. Discussed with COO and agreed risk to be held at L3 on Care Group Risk Registers. IRMC noted and approved

3 Additional items discussed

The highest rated corporate risks were discussed by the Committee together with the risk registers for EPRR, Human Resources and Building Berkshire Together (BBT). The Committee agreed that a BBT risk should be scoped for discussion at next IRMC as to whether it should be added as a corporate risk.

An update on the work to identify and review of all DDaT risks was provided and a full report and breakdown will be provided to the IRMC April meeting.

4 Conclusion

The Board is asked to consider whether the BAF or CRR reflects those operational or strategic risks that will impact on the Trust's ability to operate as desired and achieve its strategic objectives.

The Board is asked to:

- Note the above risks

NHS
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Board Work Plan 2024

Focus	Item	Lead	Freq	Jan-24	Mar-24	May-24	Jul-24	Sep-24	Nov-24
Provide the Highest Quality Care to all	Winter Plan	DH	Annually						
	Ockendon Action Plan Update	KP-T	By Exception						
	Children & Young People Update	KP-T	Bi-Annually						
	Health & Safety Story	NL	Every						
	Quality & Improvement Strategy	KP-T/JL	Once						
Invest in our People and live out our Values	Patient Story	Exec	Every						
	Staff Story	Exec	Every						
	Health & Safety Annual Report	NL	Annually						
	People Strategy	DF	Once						
	Annual Revalidation Report	JL	Annually						
Achieve Long-Term Sustainability	Quarterly Forecast	NL	Quarterly						
	2023/24 Budget	NL	Annually						
	2023/24 Capital Plan	NL	Annually						
	Operating Plan/ Business Plan 2023/24	AS	Annually						
	Estates Strategy	NL	Once						
	Finance Strategy	NL	Once						
Cultivate Innovation & Improvement	Standing Financial Instructions	NL	Annually						
	ICP/ICS Update	AS	By Exception						
	Building Berkshire Together	NL	Every						
Deliver in Partnership	Communications & Engagement Strategy	AS	Once						
Other / Governance	Chief Executive Report	SMC	Every						
	Board Assurance Framework	CL	Bi-Annually						
	Corporate Risk Register	KP-T	Bi-Annually						
	Integrated Performance Report (IPR)	Exec	Every						
	IPR Metrics Review	DH/AS	By Exception						
	NHSI Annual Self-Certification	NL/CL	Annually						
	Standing Orders Review	CL	Annually						
	Fit & Proper Persons Update	DF	Once						
	Board Work Plan	CL	Every						