



Royal Berkshire
NHS Foundation Trust

Public Board - 29 January 2025

MEETING

29 January 2025 09:00 GMT

PUBLISHED

22 January 2025

Agenda

	Date	Time	
	29 Jan 2025	09:00 GMT	
Item	Owner	Time	Page
1 Apologies for Absence and Declarations of Interest (Verbal)	Graham Sims		-
2 Patient Story (Verbal)	Katie Prichard-Thomas	09:00	-
3 Staff Story (Verbal)	Dom Hardy	09:20	-
4 Health and Safety Moment (Verbal)	Don Fairley	09:40	-
5 Minutes for Approval: 27 November 2024 & Matters Arising Schedule	Graham Sims	10:00	-
6 Minutes of Board Committee Meetings and Committee Updates:		10:05	-
6.1 Finance & Investment Committee: 20 November 2024	Mike O'Donovan		-
6.2 Audit & Risk Committee: 21 November 2024 and 8 January 2025	Mike McEnaney		-
6.3 Charity Committee: 13 December 2024	Bal Bahia		-
7 Chief Executive Report	Steve McManus	10:25	-
8 Integrated Performance Report	Dom Hardy	10:55	-
9 Trust Strategy Refresh	Andrew Statham	11:25	-
10 Standing Financial Instructions	Nicky Lloyd	11:35	-
11 Standing Orders	Caroline Lynch	11:40	-
12 Work Plan	Caroline Lynch	11:45	-
13 Date of Next Meeting: Wednesday 26 March 2025 at 09.00am			-

Board of Directors

Wednesday 27 November 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. Dom Hardy	(Chief Operating Officer)
Dr. Minoo Irani	(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)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Mr. Andrew Statham	(Chief Strategy Officer)

In attendance

Mrs. Caroline Lynch	(Trust Secretary)
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Apologies

Mr. Don Fairley	(Chief People Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

There were four Governors, eleven members of staff and four members of the public present.

163/24 Patient Story

The Chief Medical Officer introduced James and Melanie. James advised that, by law, all adults were added to the organ donation register. However, individuals were able to opt out or confirm their wishes by accessing the website and state which parts they were willing to donate. James highlighted that it was important that individuals did discuss their wishes with their family and advised that even those with chronic conditions were eligible to donate.

James advised that there were 7484 patients registered on the UK transplant list in 2023/24 and only 1510 donors. During this period there were 2000 deaths at the Trust and 11 had proceeded to organ donation resulting in 29 people receiving life-saving transplants. James stressed that any death was eligible for tissue donation and this one donation could help up to 50 people. The Board noted that there was currently a shortage of corneas, and these currently were purchased from overseas.

The Board noted changes during 2024 included a new Organ Donation (OD) Committee Chair, a Clinical Lead and a Specialist Nursing for OD as well as increased communication for OD during OD week in September 2024.

Melanie introduced the video of Stephen's story told by his sisters. Steve had suffered a stroke and a heart attack when he arrived at the Trust. His sisters said he was provided with good

care and they were kept informed at all times. The conversation regarding Stephen possibly being an organ donor and had been a natural discussion. Stephen's sisters had continued to raise awareness of organ donation thanks to Stephen.

The Board queried what could be done to increase awareness of organ donation. James advised that staff needed to make ask families if they would be willing to take a call from the organ donation team who would make all the arrangements. The Chair highlighted that the Trust could ask governors to share information with their constituents and this could also be highlighted to all Trust public members.

Action: C Lynch

A query was raised as to whether the Trust's Electronic Patient Record (EPR) had the mechanism to record if a patient was a register organ donor. Jame advised that the Trust had undertaken a significant amount of work in relation to the implemented of the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. However, there was no entry on the form to include organ donation. The Board noted from Stephen's story how the family had found comfort in their brother's organ donation, and this had helped the grieving process.

The Board thanks James and Melanie for their story.

164/24 Staff Story

The Board welcomed Erin and Lola. Lola explained that she had been diagnosed with Attention-Deficit Hyper-activity Disorder (ADHD), Dyspraxia and Dyslexia at the age of 41. Lola's presentation related to burnout due to masking in women with ADHD.

Lola explained that masking was an attempt to 'fit in' and autistic people also did this; ie acting as people expected you to. Lola advised that ADHD in adults was only recognised in 2008 and waiting lists for assessment were significant. The average age for a diagnosis for women was 38 and for men was 5. However, statistically 1 in 7 people were neurodivergent. Lola explained that she read a significant number of books in order to demonstrate her ability due to imposter system. Lola highlighted that a line manager with ADHD could set a stressful atmosphere at work due to their need for perfection. Lola said the negatives with ADHD for her included a caffeine and sugar addiction as well as rejection sensitivity disorder that resulted taking criticism very personally and this was important to be aware of during the appraisal process. Lola highlighted the positive included being a natural empath as well as an incredible ability to remember the 24 patients' blood test results.

The Board noted that the Trust had at least 4 generations of staff and would therefore have different needs. For example, an older generation would not expect any reasonable adjustments to be made, whereas the younger generation would have had more support and would expect reasonable adjustments.

Erin advised that she had supported Lola and it was important for everyone to be educated and have awareness of neurodiversity, especially line managers. Erin highlighted challenges and significant delays experienced in obtaining software to support neurodivergent staff. It was agreed that the Trust Secretary would review this with Erin.

Action: C Lynch

The Board thanked Lola and Erin and recommended that Lola's presentation should be published on the Trust's website.

Action: C Lynch

165/24 Health & Safety Moment

The Board welcomed Ruchika, Sergio and Carly and Emmer Green ward. Ruchika explained that she was a staff psychologist and provided support to the Emmer Green team. Sergio and Carly advised that the ward had two patients between March and October 2024; one who required 24/7 care on a 1:1 basis who had been an inpatient for 250 days and one who had

been an inpatient for over 100 days. Both patients presented with challenging behaviours. One patient was at a high risk of falls who presented with racist, abusive and hypersexualised behaviour and had been moved to a side room to preserve her dignity as well as complaints from other patients and their families. The second patient was rude and patronising towards staff and constantly threatened the staff with legal action. The Board noted that Emmer Green had experience a high turnover of Healthcare Assistants (HCAs) and considered that dealing with challenging behaviour from patients had impacted this as well as a high levels of sickness due to stress. Staff had been encouraged to report any such incidents on the Datix system. In addition, a strict hourly rota had been implemented to ensure that staff were fresh when dealing with challenging behaviour. New guidelines and flowcharts had been introduced and staff were more confident in speaking.

Following these risks being logged on the Datix system a clinical psychologist had been introduced to support staff. Ruchika advised that staff were provided with a reflective space. Staff were delivering high levels of compassionate care but she had highlighted the need for them to have self-compassion and to normalise this. Monthly sessions with staff were held at the Health & Wellbeing Centre to enable reflection on the impact of their work. Staff were also empowered to address difficult situations and to ensure the patients' families were engaged in order to understand their triggers and like to make them more comfortable during their stay.

The Board thanked the team for their presentation.

166/24 Minutes for approval: 25 September 2024 and Matters Arising Schedule

The minutes of the meeting held on 25 September 2024 were agreed as a correct record and signed by the Chair. The Board received the matters arising schedule. All actions had been completed.

167/24 Minutes of Board Committee Meetings and Committee Updates

Finance & Investment Committee 19 September 2024 and 16 October 2024

The Chair of the Finance & Investment Committee advised that the Committee had discussed the process to apply for cash support at its October meeting. The Committee had also reviewed the savings programme for 2024/25, discussed the need to achieve over £30m as well as identifying recurrent cost savings. The Committee had discussed business planning for 2025/26 and the need for clarity from the ICB on income.

People Committee 30 September 2024

The Board received the minutes of the meeting held on 30 September 2024.

Quality Committee 30 September 2024

The Chair of the Quality Committee advised that the Committee had discussed the implementation of the Patient Safety Incident Response Framework (PSIRF). The Chief Medical Officer advised that PSIRF enabled the Trust to collate incidents in order to review themes; therefore, this new process was more agile.

The Committee had received good assurance on DM01 and the planned trajectory for performance noting that endoscopy was the most challenged area. The Committee was due to review 62-day cancer performance at its December 2024 meeting. The Committee had reviewed the Winter Plan, noting this had been developed using information and learning from previous years and recommended this to the Board for approval.

The Committee had also received assurance regarding the implementation of a framework for Equality Impact Assessment (EQIAs). A policy was in place and work was on-going to progress delivery. The Committee had also received an update on the Ionising Radiation (Medical

Exposure) Regulations (IRMER) Care Quality Commission (CQC) inspection and a report would be received at the December meeting.

168/24 Chief Executive's Report

The Chief Executive highlighted that, following the change of government, the Secretary of State for Health & Social Care had formally launched an engagement with the public and the National Health Service (NHS) regarding the development of a 10-year NHS plan. This would build on the recent Darzi review, and the three areas of focus stated by the new Government for the NHS regarding a shift from analogue to digital: hospital to community and illness to prevention.

The Trust's Strategy and Clinical Service Strategy, originally launched in 2018 and reiterated since then, was currently being refreshed. Therefore, the Trust was well placed to contribute to the 10-year NHS plan.

The Chief Executive highlighted the new clinical facilities; the Ambulatory Surgical Unit South Block and the Intensive Care Unit (ICU) refurbishment. Good feedback had been received from staff regarding the ICU refurbishment and work had begun on the Ambulatory Surgical Unit that would be a purpose-built environment to support elective care. This was due to be completed in March 2024 and would free up space on the rest of the Reading hospital site.

The Board noted that the 2024 staff survey would close on 29 November 2024 and currently a 55% response rate had been achieved. The Chief Executive highlighted the importance of the staff survey and highlighted that, from the results of the previous staff survey, a number of initiatives had been implemented by the Trust, including actions taken in relation to Violence & Aggression against staff, a staff psychologist recruited to the wellbeing team and the 'Up the Anti' campaign. The Board noted that there was a potential reduction expected in the NHS staff survey response rate nationally. The Chief Executive advised that his team had undertaken Go and See visits to areas that had low response rates in order to understand whether there were any barriers to staff completing the survey. The Senior Leadership team had been engaged although it was noted that 4700 staff had engaged with the What Matters 2024 programme which had taken place just ahead of the Staff Survey.

The Chief Executive highlighted that the Staff Health & Wellbeing and Elderly Care teams being shortlisted for the Health Service Journal (HSJ) awards and, whilst they didn't win it was great recognition for both teams.

The Chief Executive advised that the Acute Provider Collaborative (APC), composed of the three providers trusts, had started the implementation of a joint fraction liaison service that would both reduce significant costs as well as prevent fractures and improvement of patient experience and outcomes.

The Board noted that the implementation and rollout of the Improving Together programme had been shortlisted as finalists in the People and Leadership" category at the annual national Management Consultancies Association (MCA) Awards in October 2024.

The Ophthalmology department had achieved the University Department of Excellence status. This was the 10th department in the Trust to achieve this accolade. In addition, the five most research active consultants from the University Departments had been appointed as University Professors. The standards had been very high and the feedback from the Vice Chancellor of the University of Reading had been extremely positive.

The Board noted that financial performance for Month 6 and Month 7 had been challenging. Following a contract difference adjustment with the Buckinghamshire, Oxfordshire & Berkshire Integrated Care Board (BOB ICB) the Trust's planned deficit had increased to £15.49m at the end of Month 7. Discussions remained on-going with the ICB in relation to advice and guidance

activity income as this had not yet been resolved. The Chief Executive highlighted that BOB Integrated Care System (ICS) and the Trust had been reviewed by NHS England as part of the Investigation and Intervention (I&I) regime. The Board noted that 13 out of 42 ICSs were in the I&I regime. As part of the Intervention phase the Trust was working with KPMG. Grip & Control measures had been strengthened and corporate services had held vacancies to achieve a £1m saving.

The Board queried the outcome of the Human Tissue Authority (HTA) inspection of the Mortuary in relation to 11 of the 72 standards requiring further work. The Chief Nursing Officer advised that the outstanding work related to policies and documents and there were no issues related to the estate itself.

169/24 Integrated Performance Report (IPR)

The Chief Finance Officer introduced the report and highlighted that Emergency Department (ED) performance had deteriorated since the Summer period. The onsite interim Urgent Care Centre (UCC) had opened on 1 October 2024 and had supported the streaming of less unwell patients, circa 30 a day. However, this had not yet led to a sustained improvement in performance owing to continuing high levels of attendance. The Board noted that the Broad Street Mall walk in GP service was still available to the public.

The Chief Operating Officer confirmed that the Trust was required to meet the 78% target by March 2025. However, the volume of attendances presenting daily, circa 450, affected performance. In the event of attendances reducing to less than 400 daily the Trust would be able to achieve the target. The Chief Operating Officer highlighted that, whilst the Trust had a high number of attendances the conversion to admissions was significant low. Nationally, ED performance was trending up and down. However, the Trust was striving to be in the top set of trusts and was striving to achieve this.

The Chief Finance Officer highlighted the Friends & Family test of 'I was listened to, well informed & involved in decisions about my care' was 94.2% against a target of 95%. The Chief Nursing Officer advised that this metric had changed this year, and the Quality Committee reviewed all watch metrics at each meeting. The Board noted that the complaints turnaround within 25 days metric was alerting at 47% against a target of 80%. The Chief Nursing Officer advised that the Trust received an average of 25 to 30 complaints monthly. There were some vacancies in the team that had impacted on performance and work was ongoing in relation to benchmarking the outpatient response rates.

The Chief Finance Officer advised that there had been an improvement in the 28-day faster diagnosis standard and it was anticipated that this would be maintained going forward. 62-day performance continued to steadily improve. Both these standards continued to exceed internal target trajectories. The Trust also continued to maintain a low number of patients waiting more than 52 weeks on the Referral To Treatment (RTT) elective care standard.

The Chief Finance Officer advised that the Trust had revised its full year deficit plan in October 2024 following a contract agreement for 2024/25 with the Integrated Care Board (ICB). Year to date at Month 7 was a deficit of £15.49m compared to the year-to-date deficit of £6.45m in Month 6. This was due to the contract agreement in addition to Advice & Guidance income not being recognised as this had not yet been agreed by the ICB. £13.3m savings had been delivered year to date against a revised target of £30.8m. The Long Term Resourcing Model (LTRM) was being developed and a Board seminar was scheduled for 12 December 2024 to discuss this. £8.45m of the £37.16m capital programme had been delivered year to date. Cash was £21.7m as the Trust had received deficit funding. Cash levels were monitored on a daily basis. Increased controls had been implemented in relation to non-pay. Non-catalogue requests were no longer permitted to ensure better value for money.

The Board discussed the challenge to deliver the original savings plan in addition to revised plan. Whilst the Board would not consider any savings that would impact patient safety or

quality it was important to ensure the Trust continued to address any areas within its control as well as ensuring clarity on the planning process and expected income for 2025/26.

170/24 Winter Plan

The Chief Operating Officer presented the Winter Plan for approval and advised that the process had been developed to focus on sustainability. The Board noted that bed capacity over the Winter period had been debated and discussed at length and planning had begun during the Summer. Any concerns and queries had been addressed. Specific escalation areas had been discussed although they had not been included in this year's Winter Plan. The Winter Plan had been reviewed by the EMC and the Quality Committee. The Chief Operating Officer confirmed that the Urgent Care Centre was in place on the Reading site in a temporary location. However, the final location would not be completed until the end of Quarter 4 2024/25. The Board noted that work was on-going to encourage staff to refer more patients to the Urgent Care Centre. In addition, refresher training had been held with on-call directors and managers to ensure mid-week data reviews were undertaken in order to plan for the weekends.

The Chief Operating Officer highlighted that the Trust was working with partner organisations focusing on admission avoidance. The Trust continued to work with South Central Ambulance Service (SCAS) and Berkshire Healthcare Foundation Trust (BHFT) in relation to community beds. In addition, the Trust had implemented the Same Day Emergency Centre (SDEC) pathway for urgent admissions that provided benefits to patients as well as ensuring patients were not admitted overnight. The Trust had doubled the capacity of the SDEC team and that was an ability to increase this. The Chief Operating Officer confirmed that the conversion of attendances to admissions had been at a steady state. The Board noted that the SDEC service was currently for adults. However, a paediatric consultant had recently been recruited who had previously managed a paediatric SDEC service so this could be implemented in the future.

The Board discussed the variation in primary care capacity and noted that the ICB were reviewing this. The Trust had produced a Winter communications campaign and this had been featured on national TV.

The Board approved the Winter Plan.

171/24 Work Plan

The Trust Secretary advised that an updated work plan would be produced for the January 2025 meeting.

Action: C Lynch

172/24 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 29 January 2025 at 09.00

SIGNED:

DATE:

Public Board of Directors Matters Arising Schedule

Agenda Item 5

Date	Minute Ref	Subject	Matter Arising	Owner	Update
27 November 2024	163/24	Patient Story	The Board queried what could be done to increase awareness of organ donation. James advised that staff needed to make ask families if they would be willing to take a call from the organ donation team who would make all the arrangements. The Chair highlighted that the Trust could ask governors to share information with their constituents and this could also be highlighted to all Trust public members.	C Lynch	Completed. Information included in the December edition of Pulse magazine.
27 November 2024	164/24	Staff Story	Erin highlighted challenges and significant delays experienced in obtaining software to support neurodivergent staff. It was agreed that the Trust Secretary would review this with Erin.	C Lynch	Completed.
27 November 2024	164/24	Staff Story	The Board thanked Lola and Erin and recommended that Lola's presentation should be published on the Trust's website.	C Lynch	Completed. This has been published on the page of the Board meetings.
27 November 2024	171/24	Work Plan	The Trust Secretary advised that an updated work plan would be produced for the January 2025 meeting.	C Lynch	Completed. Item on the agenda.

Minutes

Finance & Investment Committee Part I

Wednesday 20 November 2024

11.00 – 12.40

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)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Graham Sims	(Chair of the Trust)
Mr. Andrew Statham	(Chief Strategy Officer)

In Attendance

Mrs. Helen Challand	(Deputy Director of Financial Turnaround)
Mr. Mike Clements	(Director of Finance)
Mr. Don Fairley	(Chief People Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)

Apologies

Mr. Mike McEnaney	(Non-Executive Director)
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164/24 Declarations of Interest

There were no declarations of interest.

165/24 Minutes for Approval: 16 October 2024 & Matters Arising Schedule

The minutes of the meeting held on 16 October 2024 were approved subject to Ms. Catherine McLaughlin being listed at present.

The Committee received the matters arising schedule. All actions had been completed.

166/24 Financial Improvement Plan

The Chief People Officer advised that £13.38m of the Trust's financial improvement programme had been delivered year to date. A total of £20.86m had been identified against the target of £25.20m. The Committee noted that 73% of savings identified were non-recurrent which presented a challenge for 2025/26 and beyond.

Phase 2 of the Investigation and Intervention (I&I) regime started on 25 November 2024 and providers off plan had been offered external support. The Trust had engaged KPMG for an 8-to-10-week programme as they were known to the Trust as part of the Improving Together programme and methodology that was being used for the efficiency savings programme. Work was on-going to close the gap in the savings programme via a number of schemes. [s43, FOI Act applied]. The Chief People Officer highlighted the Trust had the lowest usage of agency spend when compared with other trusts in the South East Region.

The Chief People Officer highlighted that non-pay controls, discretionary spend, clinical supplies and non-catalogue spend were also areas of focus. In addition, medicines management including contracts related to this were also being reviewed and the financial turnaround team were supporting team to progress further. Escalated workforce controls had been implemented fixed term contracts (FTCs) were being reviewed. The Chief Strategy Officer highlighted that corporate areas had been asked to reduce headcount by 10% as part of the business planning process for 2025/26 and it was important to ensure that any figures presented were achievable. The Chief People Officer advised that any additional areas of savings such as this were not included in the savings tracker. The Chief Executive advised that any further review of workstreams would be highlighted to the Integrated Care Board (ICB).

The Chief Strategy Officer advised that the Efficiency & Productivity Committee had been clear with Care Groups in relation to achieving their savings targets and proposals had been submitted for review at the Committee.

167/24 October 2024 Finance Update & Capital Programme

The Chief Finance Officer introduced the report and advised that the Month 7 year to date financial performance was a deficit of £15.49m, £8.76m behind the adjusted planned deficit of £6.74m. [s43, FOI Act applied].

The Chief Finance Officer advised that year to date position on capital was £8.45m. The capital plan 2024/25 had changed from the original £31.45m and £34.25m in Month 6 to £35.59m. The increase was largely due to the additional PDC (Public Dividend Capital) funding of £1.33m. The Committee agreed that a recommendation would be submitted to the Board to approve the revised capital programme for 2024/25. **Action: M O'Donovan**

The Committee noted that current cash position was £22m. The Chief Finance Officer highlighted that the Board had previously agreed a revised cash floor of £3m and advised that capital spend was monitored closely alongside the Trust's cash level. The Committee noted that the Trust was contractually committed to some capital projects. A further discussion would be held at the Board in November 2024 to discuss whether the Trust would need to seek cash support in January 2025. **Action: N Lloyd**

168/24 Business Planning 2025/26

The Chief Strategy Officer introduced the report and advised that an internal deadline for business plan returns had been set for 25 November 2024. BOB ICB had requested a flash report for 29 November 2024 for workforce and finance templates. Income would be held at the current levels, and it was anticipated that the Trust would need a higher level of efficiency savings for 2025/26. The Committee noted that NHS England (NHSE) had not yet published any planning guidance. The Chief Strategy Officer advised that the flash report would be submitted as a draft and narrative would be included to state that work was on-going, and the Trust would need to see measures to address demand. The Chief Executive advised that all providers had stated that funding would need to be allocated towards growth.

169/24 Long Term Resourcing Model (LTRM)

The Chief Strategy Officer introduced the report that set out the baseline output of the LTRM and highlighted that further discussion for the Board had been scheduled for the December 2024 seminar.

The Committee noted that the £49.4m underlying net deficit in 2024/25 was based on the Trust's most likely forecast outturn of £21.4m deficit and three scenarios had been set out. The Chief Finance Officer advised that the business-as-usual forecast assumptions would mean the Trust would need to achieve a £22.6m annual savings programme to achieve a breakeven position by 2027/28. Further discussion would be held at the December seminar.

Action: A Statham

170/24 BOB ICB Acute Contract & Other Acute Contracts

The Chief Finance Officer introduced the report that sought approval for the following contracts for 204/25: -

It was agreed that a recommendation would be submitted to the Board to approve the contracts.

Action: M O'Donovan

171/24 Novation of Outpatient Pharmacy Dispensing Contract

The Chief Finance Officer introduced the report that sought approval of the novation of Outpatient Pharmacy Third Party Provider Contract to Rowlands Pharmacy. The Chief Finance Officer advised that the Trust's pharmacy and procurement teams were involved in the process. [s43, FOI Act applied]

The Committee agreed that a recommendation should be submitted to the Board to approve the novation.

Action: M O'Donovan

172/24 Date of Next Meeting

It was agreed that the next meeting would be scheduled for Wednesday 22 January 2025 at 11.00am.

SIGNED:

DATE:

Audit & Risk Committee

Audit & Risk Committee

Wednesday 13 November 2024

9.00 – 10.45

Boardroom/Video Conference Call, 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. Charles Medley (Director, KPMG)

Mr. John Oladimeji (Manager, Deloitte)

Mr. Sam Williams (Manager, Audit and Assurance, Deloitte)

Trust Staff

Mrs. Caroline Lynch (Trust Secretary)

Mrs. Nicky Lloyd (Chief Financial Officer)

Mr. Steve McManus (Chief Executive)

Apologies

106/24 Declarations of Interests

There were no declarations of interest.

107/24 Minutes for approval: 11 September 2024 and Matters Arising Schedule

The minutes of the meeting held on 11 September were agreed as a correct record and signed by the Chair subject to the following amendment:

Minute 92/94: Losses and Special Payments: 'The last line of the second paragraph would be amended to read: However, it was anticipated that there would not be the same level in 2024/25 as processes were more stringent and invoices issued earlier.'

The Committee received the matters arising schedule.

Minute 96/24: Non-NHS Debt: The Chief Finance Officer advised that the Executive Management Committee (EMC) had received a report on the Trust's private patients' service. The Chief Finance Officer had subsequently met with the Director of Operations, Planned Care, and agreed that a review of governance processes would be undertaken. The outcome of the review would be submitted to the Committee. **Action: N Lloyd**

Minute 98/94: Board Assurance Framework (BAF): The Committee noted that any changes to the monthly Chief Finance Officer's report would be managed via the Finance & Investment Committee.

Minute 100/94: Data Security & Protection (DSP) Toolkit 2024/25 and 2025/26: The Committee noted that the baseline submission was 31 December 2024. The Trust Secretary highlighted that a Board seminar on Cyber Security had been scheduled for February 2024.

108/24 Local Counter Fraud Annual Report

The LCFS advised that the information had been provided as part of the NHS Counter Fraud Authority's (NHSCFA's) local proactive exercise into procurement fraud. There were no gaps in the controls checklist and a follow up sample testing of contracts of interest would be undertaken with the Chief Finance Officer.

The LCFS advised that a meeting had been held with the NHSCFA in order to understand how returns on annual awareness would be measured to obtain a green rating. The requirement was to provide fraud awareness to 100% of staff and discussions were on-going with the Chief Finance Officer to ascertain whether this training could be included as part of the Trust's Mandatory & Statutory Training (MAST). **Action: N Lloyd**

[s31 FOI Act applied]

The Committee noted that HMRC had circulated a fraud alert aimed at organisations that employed Waste Management companies. This information had been shared with the estates team and recommendations followed up by the senior leadership team in Estates and Facilities.

The Committee discussed the on-going issue in relation to personal information being uploaded to the national NHSCFA database. [s31 FOI Act applied]

A query was raised in relation to outstanding referrals. The LCFS advised that this was benchmarked annually, and most trusts had only a small number of cases at any one time.

109/24 External Audit Progress Report

The Associate Partner, Deloitte, advised that planning was on-going for the year-end audit and NHS England (NHSE) were due to set out the timetable imminently. It was not anticipated that would be any significant changes from the current year. The Associate Partner, Deloitte, advised that Task Force on Climate-related Financial Disclosures (TCFD) would be a feature for the audit and annual report, in particular, describing how this environmental information was reported to the Board.

110/24 Internal Audit Progress Report

The Director, KPMG, introduced the report that set out progress against the internal audit plan for 2024/25. Two reviews were included for review by the Committee and two reviews scheduled for Quarter 4 2024/25.

The Committee noted the changes in the Global International Internal Audit Standards. The changes had been well received by the internal audit profession and complemented work carried out by the external audit function.

111/24 Operational Risk Maturity Internal Audit Report

The Director, KPMG, highlighted that the format of reports had been amended to better enable actions to be monitored. The rating of the Operational Risk Maturity review was 'significant assurance with minor improvements'. The Committee noted that some of the action dates were December 2024 and queried when these had been agreed with management. The Director, KPMG, confirmed that action dates had been agreed in September 2024. Actions included the need to ensure consistency of approach when reviewing risk registers as well as a Risk Management Strategy being aligned with these. The Committee noted that the Integrated Risk Management Committee reviewed Care Group risk registers and the refresh of the Risk Management Policy had been delayed, awaiting the outcome of the internal audit report.

112/24 Annual Contracting Review Report

The Director, KPMG advised that the review had been jointly commissioned by the Trust and the Integrated Care Board (ICB) and that the Trust had only finally reached agreement on the 2024/25 contract during October 2024. The Director, KPMG advised that, during the review, both parties were open and transparent. However, there had been a difference in approach between the contracting teams at the ICB and the Trust in relation to the interpretation and application of national planning guidance. The Committee noted that the high-level planning for 2025/26 was on-going. The Chief Executive advised that the five providers across the ICS were agreed in requiring alignment of contract baselines in accordance with national planning guidance on allocations of income.

113/24 HFMS Ltd Annual Report & Accounts 2023/24

The Committee received the report and noted that there were several areas for improvement, for example, the level of tax charge was high. The Chief Finance Officer advised that the future use of HFMS Ltd was currently being reviewed. For example, the company would be the vehicle to develop the West Berkshire Community Hospital (WBCH) MRI project. Therefore, a future strategy would be developed, including a review of governance and effectiveness of HFMS Ltd. **Action: N Lloyd**

The Committee noted that, overall, the audit opinion on the 2023/24 financial statements was a 'true and fair view'. The Associate Partner, Deloitte, provided an overview of significant findings from the audit. These included rentals, long outstanding unbilled receivables, and recoverability of receivables.

The Committee discussed NHS England's (NHSE's) view of charitable donations from the Trust (or its subsidiary) to the Charity. The Chief Finance Officer advised that, going forward, following recently published examples of large donations received by other large NHS charities from Trusts or their subsidiaries, any significant donation now required HM Treasury approval.

The Trust Secretary highlighted that all HFMS Ltd Board reports and minutes were available to all Trust Board members via on the online Board platform.

The Committee agreed that a recommendation should be submitted to the Board of HFMS Ltd to approve the annual report and accounts 2023/24. **Action: N Lloyd**

114/24 Charity Annual Report & Accounts 2023/24

The Committee received the Charity annual report and accounts for 2023/24. The Chief Finance Officer highlighted that total net assets of the Charity at 31 March 2024 were £4.4m in comparison to £4.8m at year-end 2022/23, demonstrating that charitable funds were being spent.

The Committee agreed that a recommendation should be submitted to the Charity Committee to approve the annual report and accounts 2023/24. **Action: N Lloyd**

115/24 Internal Audit Recommendations

The Committee noted that 13 audit actions had become overdue since the previous meeting. The Chief Finance Officer advised that the Data, Digital and Technology (DDaT) consultation had impacted on the pace of closure of the DDaT actions. A number of actions were being progressed and the Chief Finance Officer confirmed that these were being followed up for imminent completion.

The Chief Finance Officer confirmed that overdue actions were also monitored on a monthly basis by the Executive Management Committee.

116/24 Losses and Special Payments

The Committee noted that there had been three payments for loss of property [s43, FOI Act applied] There had been four special payments to the value of £2,062.

[s43, FOI Act applied]

117/24 Use of Single Tenders

The Committee noted that 18 single tender waiver contracts had been awarded since the last meeting. The Committee discussed two of the high-cost single tenders. The Chief Finance Officer advised that one related to emergency transport arrangements and one for rapid implementation with a supplier that had knowledge of the Trust site. The Committee discussed the use of discovery funds set aside within the capital programme to enable sufficient lead time for designs to be completed sufficient to progress to a full market tender for costed bids, thereby avoiding the need for single tender awards.

The Committee noted that several large tenders related to 'business as usual' and queried why these were not procured utilising standard procurement frameworks. It was agreed an update would be provided at the next meeting. **Action: N Lloyd**

118/24 Schedule of Significant Contracts

The Committee noted that two significant contracts had been awarded since the last meeting. [s43, FOI Act applied]

119/24 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.

120/24 Non-NHS Debt Report

The Committee noted that non-NHS debt was £9.324m as at 31 October 2024.

The Chief Finance Officer advised that the outstanding debt related to Lloyds Pharmacy would be resolved as part of the contract novation. The Committee noted that the breakdown of the non-NHS debt included £1.5m related to private patients, £4.7m related to overseas patients and other debt £3.1m.

The Committee noted specifically that there was currently £2.2m of NHS debt. The Chief Executive suggested that there should be a plan to materially reduce the amount of debt by 50%. A further update would be provided to the next meeting. **Action: N Lloyd**

121/24 Declarations of Interest, Gifts & Hospitality Update

The Trust Secretary introduced the report and highlighted that as at 13 November 2024, 75% of staff had completed their declaration. The LCFS advised that this was positive as usually a compliance level for the year was circa 80 – 88%.

122/24 Trust Seal Update

The Committee noted 12 uses of the Trust Seal from December 2023 to June 2024.

123/24 Planning Review for 2024/25 Year-End Audit

The Committee received the report. The Chief Finance Officer advised that planning for year-end audit was on-going and issues raised in the previous audit were being addressed. The Trust Secretary highlighted current capacity issues in the corporate governance team that could impact on the Annual Report production.

124/24 Work Plan

The Committee noted the work plan. Items for the next meeting in January 2025 including update of the Standing Financial Instructions (SFIs) and the Annual Report timetable.

Action: C Lynch

125/24 Key Messages for the Board

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

- Operational Risk Maturity review was useful and provide guidance for development
- HFMS Ltd Annual Report & Accounts recommended for approval and future potential use of the HFMS Ltd.
- Charity Annual Report & Accounts recommended for approval
- 13 overdue internal audit recommendations noted.
- Single Tender Waivers and Non-NHS debt reports received with an agreement to focus on reducing Non-NHS debt over the next period.

126/24 Reflections of the Meeting

Mike O'Donovan led a discussion.

127/24 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 15 January 2025 at 9.30.

Chair:

Date:

Audit & Risk Committee

Audit & Risk Committee

Wednesday 8 January 2025

9.30 – 11.30

Boardroom/Video Conference Call, 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. James Shortall (Local Counter Fraud Specialist) (LCFS)

Mr. John Oladimeji (Manager, Deloitte)

Mr. Neil Thomas (Partner, KPMG)

Trust Staff

Mr. Mike Clements (Director of Finance)

Mrs. Caroline Lynch (Trust Secretary)

Mrs. Nicky Lloyd (Chief Financial Officer)

Mr. Steve McManus (Chief Executive)

Ms. Katie Prichard-Thomas (Chief Nursing Officer)

Apologies

01/25 Declarations of Interests

There were no declarations of interest.

02/25 Minutes for approval: 21 November 2024 and Matters Arising Schedule

The minutes of the meeting held on 21 November 2024 were agreed as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 107/24 (96/24): Minutes for approval: 11 September 2024 and Matters Arising Schedule: Non-NHS Debt: The Chief Finance Officer advised that the Executive team had recently discussed Trust projects and she would be Executive sponsor for the private patients' project. An external consultant had been engaged and a review was on-going and an update would be provided to the March meeting. **Action: N Lloyd**

The Chief Finance Officer confirmed that the review included contract agreements, agreed credit and payment procurement as well as ensuring income was captured as well as all other governance arrangements.

Minute 108/24: Local Counter Fraud Report: The Chief Finance Officer advised that counter fraud training had been discussed with the Chief People Officer and the proposal

being considered was to include this as part of the mandatory Information Governance training and the LCFS would advise on the content. The Chief Finance Officer advised that an annual fraud awareness questionnaire was issued by the LCFS and Counter Fraud was included at induction sessions. The LCFS advised that the Counter Fraud Authority (CFA) did not have a measure to test learning on counter fraud and the requirement was for training to be provided on a 3 yearly basis. The Trust Secretary highlighted a concern as IG training was a mandatory requirement for the Data Security & Protection (DSP) Toolkit to be completed on an annual basis and, as the lead for this element of mandatory training was concerned about extending the current training to include counter fraud as this could deter staff completing the training as well as reduce compliance with the training, particularly as counter fraud training was only required on a 3 yearly basis. It was agreed that this would be discussed further with the Chief Finance Officer. **Action: C Lynch**

Minute 113/24: HFMS Ltd Annual Report & Accounts 2023/24: The Chief Finance Officer confirmed that an update would be scheduled for the Committee in Quarter 1 2025/26. The Chair highlighted the review should be reported to the Committee prior to any changes being made to the core business of HFMS Ltd. **Action: N Lloyd**

Minute 114/24: Charity Annual Report & Accounts 2023/24: The Committee queried the submission of the Charity Annual Report & Accounts. The Manager, Deloitte, confirmed these had been issued back to the finance team recently. The Chief Finance Officer would confirm when the accounts had been submitted to the Charity Commission. **Action: N Lloyd**

03/25 Local Counter Fraud Annual Report

[s31 FOI Act applied]

The LCFS highlighted that work would begin on the reviewing matches for the National Fraud Initiative data matching exercise and the LCFT would link with the Trust Secretary to review the Trust's declarations of interest register as part of this. The next stage would then include high risk payroll matches.

The Committee discussed the benchmarking data that had been included in the report. [s31 FOI Act applied] The Committee agreed that the benchmarking data was useful and would be included as part of the usual report to the Committee on a quarterly basis.

Action: J Shortall

The LCFS highlighted that there was a free fraud awareness course available to NHS staff. The Chief Finance Officer advised that, as part of the on-going improvement plan for the finance directorate, senior staff in the directorate would be required to complete this course.

04/25 External Audit Progress Report

The Manager, Deloitte, advised the Charity Annual Report & Accounts had been issued to the finance team the previous day. In addition, a brief discussion had been held with Deputy Director of Finance, Financial Control, to discuss the detailed audit schedule for the year end audit. The Trust Secretary requested a similar meeting in relation to the preparation for the Annual report audit. **Action: J Oladimeji**

05/25 Internal Audit Progress Report

The Partner, KPMG, introduced the report that set out progress against the internal audit plan for 2024/25 and advised that some reports had been delayed during the months of December and January and had therefore not been submitted to the meeting. The

Committee recommended planning dates around this period should be considered as part of the internal audit plan for 2025/26. **Action: N Thomas**

The Committee recommended that future reports should also include the original date of the planned audit as well as the completed date. **Action: N Thomas**

The Committee noted that an additional internal audit had been recently commissioned by the Trust to review the finance function. It was agreed that the terms of reference for the audit should be reviewed by the Committee. **Action: N Lloyd**

06/25 Internal Audit Recommendations

The Committee noted that, since the last meeting, a further 12 audit actions had become overdue, so the current total was 25 out of 132. The Chief Finance Officer advised that most of these actions were owned by two individuals and were overdue as evidence had not yet been uploaded to the internal audit system.

The Committee noted the request to amend a completion date for item code [s43, FOI Act applied]. The Trust Secretary would liaise with the Chief Digital Information Officer (CDIO) to query the requested extension and discuss the risk related to this. **Action: C Lynch**

The Chief Executive highlighted the importance of the Executive sponsor being included in discussions when due dates were agreed to ensure these were realistic. The Committee noted that the report was reviewed by the Executive Management Committee (EMC) monthly. The Chief Executive advised that the action owners should be invited to attend EMC to advise of the status of these actions and whether any support was required. **Action: N Lloyd**

The Committee considered that that they had a low level of confidence due to the fact these overdue actions related to key areas of priority for the Trust. The Committee recommended that future reports should clarify separately whether actions had been completed and/or whether evidence had been uploaded and should include the feedback from the EMC. **Action: N Lloyd**

07/25 Prospective Planning for 2024/25 Audit

The Director of Finance introduced the report and advised that key issues and actions arising from the previous year-end audit had been set out in the report. The interim audit would start at the beginning of February 2025.

The Committee discussed bank reconciliations and noted that outstanding items needed to be completed. [s43, FOI Act applied]. The Chief Executive advised that there should be an escalation process implemented, firstly to ensure budget holders received training and support and when processes were not followed this should be a performance management issue. It was agreed that this would be considered as part of the financial improvement plan. **Action: N Lloyd**

The Committee considered that any issues impacting the year-end process and addressing the issues outlined in the report should be highlighted to Committee ahead of the next meeting. In addition, an update should be submitted to the next meeting and should include an update from external audit team. **Action: N Lloyd/B Sherriff**

08/25 Annual Report Timetable

The Trust Secretary advised that the Annual Report timetable had been reviewed by the Executive team earlier in the week and support for ensuring contributors provided their information by the stated deadline had been requested. The Committee noted that, due to two long term vacancies in the corporate governance team, the Trust Secretary would be leading on the collation of information for the Annual Report and the risk this presented to overall capacity. The Chief Executive suggested that the dates for special Audit & Risk and Board should be reviewed to identify flexibility in case of any slippage with the timetable.

Action: C Lynch

09/25 Standing Financial Instructions (SFIs)

The Chief Finance Officer advised that the SFIs had been reviewed as part of the annual review cycle and amendments had been set out in the report.

The Committee discussed the approval levels and the statement that budget holders 'should not incur expenditure for which there was not an approved budget'. The Chief Finance Officer advised that this was being reinforced as part of the business planning process for 2025/26.

The Committee requested that the reference guide set out on page 28 of the SFIs related to single tender waivers should be included as a standard appendix in future single tender waiver reports as a useful reference guide.

Action: N Lloyd

The Committee recommended the following amendments:

- Authorisation of agency expenditure on page 40 should stipulate which individuals had authority for ward and clinic based agency staff
- Debt write-offs to be aligned for both NHS debt and non-NHS debt

Action: N Lloyd

It was agreed that a recommendation would be submitted to approve the SFIs subject to these amendments being made.

Action: M McEnaney

10/25 Losses and Special Payments

The Committee noted that there had been four payments for loss of property [s43, FOI Act applied]

The Committee noted that the Trust was actively invoicing for overseas patients. However, the Trust was one of the most successful in recovering debt when compared to other organisations. It was agreed that benchmarking data would be included in future reports.

Action: N Lloyd

The Committee queried the special payment related to a data breach. The Trust Secretary advised that this had been investigated by the information governance team who worked closely with the legal team. The Trust did not experience claims for data breaches generally. The issue had arisen from a data input error onto the Electronic Patient Record (EPR).

11/25 Use of Single Tenders

The Committee noted that 10 single tender waiver contracts had been awarded since the last meeting. The Chief Finance Officer highlighted that two of the larger contracts related to

the Urgent Care Centre business case that had been reviewed at the Finance & Investment Committee in July 2022. [s43, FOI Act applied]. The need for this direct award had been set out in the original business case and the Trust had ensured that design and plans had been developed ahead of the funding becoming available.

The Committee requested that an update should be provided in the process followed for single tender waivers as well as the plan to reduce these. **Action: N Lloyd**

The Committee queried how the Trust's use of single tender waivers compared with other NHS organisations. The Partner, Deloitte, advised that normally spend on single tender waivers was below 2%. The Chief Finance Officer would provide benchmarking data.

Action: N Lloyd

12/25 Schedule of Significant Contracts

The Committee noted that four significant contracts had been awarded since the last meeting as follows:

[s43, FOI Act applied]

13/25 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.

14/25 Non-NHS Debt Report

The Committee noted that non-NHS debt was £7.8m as at 31 December 2024. The Committee requested that future reports should set out the amount of cash collected.

Action: N Lloyd

[s43, FOI Act applied]

15/25 Standing Orders

The Trust Secretary introduced the Standing Orders that were due to review as part of the annual review cycle. 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.

The Committee agreed that a recommendation should be submitted to the Board to approve the Standing Orders subject to the above recommendations. **Action: C Lynch**

16/25 NHS Code of Governance Review

The Trust Secretary introduced the report and advised that currently the Trust was non-compliant with 4 elements of the NHS Code of Governance. An explanation for each of these elements had been set out in the report.

The Committee recommended the following amendments:

- Inclusion of the KPMG review as part of the Investigation & Intervention Regime
- Compliant statement to be added to section C2.1
- Explanation to be added to section C4.2

Action: C Lynch

The Chief Executive highlighted that the Trust had held the external well-led review to 2025/26 due to the change of the Chair to ensure the new Chair would be able to input into the review. The Trust Secretary advised that the well-led specification had been prepared ahead of this. It was agreed that this would be shared with the Committee.

Action: C Lynch

The Trust Secretary confirmed that the NHS Code of Governance review was included in its entirety as part of the Annual Report. Therefore, the review would be shared with the Board as part of that.

17/25 Work Plan

The Committee received the work plan. The Trust Secretary would update the work plan to add the procurement review for the March meeting as well as Internal Audit and External Audit updates at each meeting.

Action: C Lynch

18/25 Key Messages for the Board

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

- The need to ensure focus on compliance, for example, on internal audit recommendations particularly due to the difficult circumstances and pressure on the Trust
- The importance to ensure year-end audit processes remained on target
- Recommendation to approve the SFIs and the Standing Orders

19/25 Reflections of the Meeting

Mike McEnaney led a discussion.

20/25 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 12 March 2025 at 09.00.

Chair:

Date:

Charity Committee

Friday 13 December 2024

13.30 – 15.05

Boardroom, Level 4

Present

Dr. Bal Bahia	(Non-Executive Director) (Chair)
Mr. Mike Clements	(Director of Finance)
Dr. Minoo Irani	(Non-Executive Director)
Dr. Sunila Lobo	(Public Governor, Reading)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mr. John Stannard	(Patient Representative)
Ms. Jo Warrior	(Charity Director)

In attendance

Mr. Graham Sims	(Chair of the Trust)
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Apologies

Mr. Jonathan Barker	(Public Governor, Reading)
Ms. Adenike Omogbehin	(Staff Representative)

34/24 Declarations of Interest

There were no declarations of interest.

35/24 Minutes for Approval 16 September 2024 and Matters Arising Schedule

The minutes of the meeting held on the 16 September 2024 were agreed as a correct record.

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

36/24 Royal Berks Charity Annual Report & Financial Statements 2023/24

The Committee noted that the Audit & Risk Committee had reviewed the annual report and financial statements for 2023/24 for the Royal Berks Charity and recommended them for approval. The total net assets of the Charity at 31 March 2024 were £4.4m in comparison £4.8m at year-end 2022/23 that demonstrated charitable funds were being spent. The Committee noted that the Charity Commission had previously raised concerns regarding the level of net assets held by the Royal Berks Charity.

The Committee discussed the valuation of Melrose House. The Chief Finance Officer advised that valuation was carried out by external valuation company that reviewed all Trust properties. In addition, the Trust's external auditors had their own valuation team that reviewed the valuation carried out as part of the year-end audit process. The reduction in the

value of Melrose House represented the fluctuating values of older properties in the Reading area.

The Committee discussed income streams. The Charity Director advised that income streams such as the corporate and major donor schemes that more than covered the costs of the Philanthropy Manager role. The Committee noted that, during 2023/24, community fundraising, individual donations as well as legacy giving had reduced. The Charity Director advised that the Charity faced more competition and work was on-going to introduce a new range of challenge events to offer for fundraising opportunities. However, it was considered that it was unlikely that income would improve significantly due the current financial climate

The Director of Finance confirmed that the Charity had incorrectly accrued for £53k of VAT on the purchase of medical equipment. This had been corrected in the current period, with the effect of understating expenditure in the current year by £53k.

The Committee discussed recognition of legacy income. The Director of Finance advised that the process involved the Charity being notified that they were a beneficiary and advised of the likely amount. However, once the estate had been valued the amount could be higher or lower than first advised.

The Committee recommended that section 15 titled 'Commitments, liabilities, and provisions' should be amended to state 'Commitments'. Subject to this minor amendment the Committee approved the Charity Annual Report & Financial Statements 2023/24. **Action: M Clements**

37/24 Charity Director's Report

The Charity Director introduced the report and highlighted that the Charity would be focussing on income and proposals would be submitted to a future meeting. **Action: J Warrior**

The Charity Director advised that the annual Walk for wards event raised a total of £9,373. It was considered that as the event was focussed on a specific fundraising cause and the Charity worked with another local charity, this had resulted in a larger income than previously. The Christmas concert held in December 2024 had resulted in income of £9,341 and Christmas sales had resulted in circa £14k.

The Charity Director advised that a total of £1.1m of expenditure had been committed to support the Trust's capital plan for 2023/24.

The Committee discussed how fundraising was more successful when a specific appeal had been identified as well as discussing ways in which the profile of the Charity could be raised across all its sites. It was agreed that the Executive team should be asked to identify a major appeal that the Charity could then promote as this had been discussed on several previous occasions. **Action: N Lloyd**

38/24 Knowledge & Development Fund Update

The Committee received the update and noted the following projects had been supported by the Knowledge & Development Fund.

£18,000 – 5 x PG Certifications in Healthcare Education for FY3 doctors

£9,900 – 2 x MSc in Healthcare Leadership top-up modules

£4,600 – Postgraduate legal course (to reduce reliance on external legal advice)

£3,950 – Networked Care Group Leadership training for senior leadership team

£1,600 – Level 3 Accounting Technicians course for finance team member

39/24 Knowledge & Development Fund Terms of Reference

The Committee received the terms of reference as part of the annual review cycle. No changes were proposed. The Committee approved the terms of reference.

40/24 Ringfencing Charitable Funds for Identified Projects

The Charity Director introduced the report that sought approval to enable ringfencing of charitable funds held within designated funds for the purpose of supporting approved projects. Administration fees were applied to all funds on a quarterly basis and for some of the larger funds this had significantly reduced the funds available for projects. The proposal would entail certain projects being exempt from administrative fees and these fees then being shared across all other funds. The Committee noted that the administration fees had been in place since the Charity had been registered and funded the costs of the Charity team itself.

The Committee discussed the proposal at length and agreed that processes should be expedited to ensure projects could be completed timely. The Committee did not approve the proposal as it was considered inequitable to the other fund holders.

41/24 Charity Grant Applications

The Committee received the following applications:

Thoracoscopy Service

The Committee approved the grant application for the procurement of medical equipment in Respiratory subject to Capital Investment Group approval and confirmation that commissioners would pay for the service. The total funding amount was circa £86k.

Action: J Warrior

Buscot Ward Incubators

The Committee approved the grant application for the procurement of four specialist incubators for Buscot Ward subject to Capital Investment Group approval. The total funding amount was circa £95k

42/24 Finance Update

The Director of Finance introduced the report. Total income for the year to date was £711k and this included £114k of interest received. Total spend was £931k.

The Committee noted that operating costs as a percentage of income were 50% excluding legacies, 34% as a percentage of total income.

42/24 Charity Risk Register

The Charity Director introduced the risk register and advised that risk had been reviewed and it was considered that the risk score should remain at it was currently. The Committee agreed to the proposal.

44/24 Work Plan

The Committee received the work plan.

45/24 Key Messages for the Board

The Committee agreed the following key messages:

- Approved the Charity Annual Report & Financial Statements 2023/24.
- Ambition of the Strategy and looking to increase the scope of fundraising ideas
- Approved the grant application for Thoracoscopy Service subject to confirmation that commissioner would pay for the service
- Approved the grant application for Buscot Ward Incubators
- Approved the Knowledge & Development Fund Terms of Reference

32/24 Reflections of the Meeting

The Chair led the discussion.

33/24 Date of the Next Meeting

It was agreed that the next meeting would be held on Wednesday 12 February 2025 at 10.00am.

SIGNED:

DATE:

Title:	Chief Executive Report
Agenda item no:	7
Meeting:	Board of Directors
Date:	29 January 2025
Presented by:	Steve McManus, Chief Executive
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	<ul style="list-style-type: none"> 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.
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Report History	None
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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 <input type="checkbox"/>
1. Leadership <input type="checkbox"/>	2. Vision & Strategy <input type="checkbox"/>	3. Culture <input type="checkbox"/>	4. Governance <input type="checkbox"/>
5. Risks, Issues & Performance <input type="checkbox"/>	6. Information Management <input type="checkbox"/>	7. Engagement <input type="checkbox"/>	8. Learning & Innovation ✓
Publication			
Published on website		Confidentiality (Fol) Private	Public ✓

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

Operational update

- 1.1 Teams across the Trust have been working extremely hard over the last month to sustain high quality care during the height of the winter season. This year has seen the most significant flu season in recent years, with the peak falling earlier this month. Alongside Covid, RSV and norovirus, this has placed additional pressure on our teams across the RBH site – characterised by high levels of attendances at the Trust’s Emergency Department, increased infection rates and occasional outbreaks, and high levels of acuity for patients on wards.
- 1.2 The steps taken as part of this year’s RBFT winter plan have undoubtedly helped mitigate the impact of this sustained level of pressure. The Urgent Care Centre is now routinely seeing 75-80 patients each day, streaming those with minor illness away from main ED. Our Single Point of Access (SPOA) has been able to divert increasing number of patients to care outside the ED. The expansion of Same Day Emergency Care (SDEC) over the summer has virtually doubled the number of patients seen each day to up to 40, helping reduce the need for patients to be admitted as inpatients. This has been further supported by the continuing high caseload of our virtual hospital team. In addition, the long-standing flow programme in the Trust has ensured that the focus on supporting patients’ discharge in a timely way has been maintained well through this period, with consistent use of the discharge lounge helping ease front door pressures and enable teams to minimise ambulance handover delays.
- 1.3 Trust’s Trust teams are continuing to work extremely hard to treat high numbers of patients. As this month’s Integrated Performance Report (IPR) shows, October saw the highest ever number of patients attend ED in a single month, the same month that the Urgent Care Centre (UCC) opened. Through positive partnership with our GP alliance, we will continue to develop the benefits of an onsite UCC as part of our Winter Plan and over the coming year. High volumes of elective activity were also completed, resulting in improved performance against key metrics, including against the main cancer standards.

CQC relationship visit

- 1.4 As part of the Trusts planned quarterly CQC engagement meetings, we welcomed our regional CQC inspectors in January to the Royal Berkshire Hospital site. The agenda included a clinical pathway review focusing on the End-of-Life Care and Emergency pathway, an engagement meeting with members of our executive team (CEO, CNO, CMO & COO) and a question and answer session with our elderly care and palliative care team. The CQC inspectors shared feedback about the clinical visit reflecting the pride, care & dedication our teams had in the service they deliver as well as their responsiveness, multi professional approach and always placing patients and their families at the centre of all they do.
- 1.5 The CQC requested specific progress reports from the Trust, and these broadly related to quality improvement, PSIRF, cancer performance, risk register changes, audit outcomes, training compliance, patient experience outcomes and winter planning. We were briefed about the current review of effectiveness in the CQC, progress on CQC work streams, expected direction of travel and key opportunities for stakeholder engagement. We shared an overview about key changes in board senior leadership roles, staff engagement results, partnership working and areas of media interest.

- 1.6 Finally, as the Trust is one of the 143 NHS England (NHSE) pilot sites across the country for Martha's Rule, we shared our developments about all three components of Martha's Rule implementation. In regard to component 3: worry and concern, where patients are asked, at least daily about how they are feeling, and if they are getting better or worse, we shared details about our first pilot ward (Dorrell) that launched in early January, the teaching and audit plan and our next phase of implementation.
- 1.7 Following the publication of the 2023 adult inpatient survey results the CQC recently highlighted RBFT as a Trust that had significantly improved their scores and ranked 14 out of over 130 Trusts overall.

Vaccination

- 1.8 As we near the end of our 24/25 seasonal vaccination campaign the vaccine team had their work recognised with a visit from Michelle Kane (NHSE Director for Vaccination and Screening Delivery and Transformation) and Caroline Temmink (NHSE Director of Vaccinations) who came to learn about our Vaccination Centre facilities and how we've been exploring the challenges and solutions to increase vaccine access.
- 1.9 During the visit, Dwayne Gillane, Holly Coles, Jodie Hitchman and the Vaccination team demonstrated their work on addressing health inequalities, and vaccinating patients most at risk such as dialysis or elderly and frail patients. Our visitors also learnt about our strong relationship with system and regional partners across Buckinghamshire, Oxfordshire and Berkshire West (BOB), and the different measures we've introduced to ensure that as many pregnant women as possible can have the RSV vaccination.
- 1.10 Michelle and Caroline were very impressed with what they saw; the model of delivery, the expertise now developed in the team and the great system working which was evident in the feedback they heard from the ICB, BHFT and others. They took back some ideas to work on nationally such as stable and sustainable commissioning, staff training and the opportunity to blueprint our model in other systems.

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

Staff Survey 2024

- 2.1 Early results from the 2024 NHS Staff Survey have been released but remain under strict National embargo. Early insights look very encouraging and shape confidence that we remain on track to maintain, if not further improve upon, our benchmarked position as one of the top performing Acute trusts in the country in terms of Staff Experience. The date that the embargo will be lifted is still to be confirmed nationally. A full report will be provided to the Board upon the publication of the full National Results in late February 2025

Smoke-free site

- 2.2 As an anchor institution we have a key part to play in supporting our patients and staff access support to help them stay as healthy as they can. Our smoke free pledge signed back in summer 2024 commenced 1st January 2025. Over the past year and with non-recurrent funding through BOB ICB a project team have worked to deliver key objectives from the NHS Long Term plan. We have delivered an inpatient tobacco dependency service, delivered a service for our staff and moved to be a smoke free site. Focus now turns to implementation of our new policy and continuing awareness through signage and social media through a comprehensive communications strategy.

3. Strategic Objective 3: Deliver in Partnership

Primary Care

- 3.1 We were pleased to see our Primary Care Partnership Manager role profiled in NHS England's Reforming Elective Care for Patients plan published on 5 January 2025, highlighting the value of the interface role in improving joint multi-disciplinary working, digital transformation initiatives and accessibility to care.
- 3.2 In collaboration with Berkshire West Primary Care Alliance, we have also launched a pilot 'Womens' Health Hub' to provide menopause and pessary services for women across nine practices in West Berkshire, Reading and Wokingham within primary care, closer to home for our patients.

University of Reading Accolade

- 3.3 In December 2024 the University of Reading awarded our CEO, Steve McManus, an honorary degree of Doctor of Science in recognition of his contribution towards Healthcare and the Berkshire community. Steve has been instrumental in establishing the highly successful partnership between the University and the Trust which has seen the development of the PA training programme, 10 University Departments of Excellence and multiple grant-attracting research projects which are improving the healthcare of our population.
- 3.4 Steve received his award at a ceremony attended by his family as well as Graham Sims and Janet Lippett from the Trust. Attendees heard a speech from Parveen Yaqoob, Non-Executive Director of the Trust and Deputy Vice Chancellor of the University of Reading commending Steve's contributions to Healthcare over a 37-year career thus far.

Christmas Gift Appeal

- 3.5 The Christmas gift appeal surpassing previous year's total by over 600 with a total of 1500 presents kindly donated. We received generosity in gifts from the community and corporate volunteers with many of the local companies coming into the organisation to support wrapping and delivery, alongside our own volunteers. In addition to this we received over 250 donations of children's presents for our children's services including Dingley and our nursery. This was our most successful appeal to date and the feedback from the wards, departments and patients has been resoundingly positive with one patient saying this was his first Christmas present he'd received in the past few years.

Royal Berks Charity

- 3.6 We have recently come to the end of being Reading Buses' 'Charity of the Year' for the last two years. This collaboration has provided generous support to the Trust, with over £32,100 raised and the publicity through the Royal Berks Charity branded bus in the fleet. We would like to thank our friends at Reading Buses for the support that this has enabled for staff and patients and will continue to build on this relationship with this valued local partner organisation through the operation of the bus services we utilise for patients and staff transport.

- 3.7 We would also like to thank the Thames Valley Chamber of Commerce for their support to the Royal Berks Charity by choosing us as their Charity of the Year for the last 12 months, and we continue to grow and strengthen this relationship. This has introduced us to a large number of corporate entities in the area, many of whom have committed to further fundraising and support.
- 3.8 We would like to thank our corporate sponsor, Leaf Living, for the generous donation of chocolates which were distributed to Trust staff at all of our sites over the Christmas period.
- 3.9 The Reading Minster concert fundraising concert in early December was a wonderful evening and raised £9,300 to support patient care. We would like to thank all involved for their support in making this such a successful and enjoyable event, as well as the £2,100 raised by the choirs at Reading station in early December.

Acute Provider Collaborative

- 3.10 The Government announced earlier this month a headline ambition for the NHS to improve elective care performance. 'Reforming Elective Care for Patients'¹ set an expectation that the NHS would achieve the 18 weeks Referral To Treatment standard by 2029. RBFT starts in a good position, having maintained our focus on elective care throughout the last 5 years, with performance at around 80% compared with a target of 92% (the national standard set for the NHS in England by March 2026 is 65%). The Trust will continue to focus on achieving this by working in partnership with neighbouring acute Trusts as part of the BOB ICS Acute Provider Collaborative.

4. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

- 4.1 We remain in the NHSE 'Investigation and Intervention' regime as we continue to be at a distance to our planned financial position, with a year-to-date deficit of £17.53m compared to the year-to-date deficit plan of £7.19m, an adverse variance of £10.34m. Our full year plan is a deficit of £6.1m. Expenditure has exceeded income all year so far, and this has impacted our cash levels, requiring us to apply for additional cash support from NHSE. We have further enhanced our 'grip and control' measures in order to deliver our savings targets and secure lasting reductions to our run rate of expenditure. We are working closely with BOB ICS, Regional and National teams to progress our revenue and cash positions.
- 4.2 We have delivered £13.75m of our capital expenditure year to date towards the total plan for the year of £43.59m with a number of large construction schemes underway for completion in Q4.
- 4.3 We are progressing our planning for 2025/26, as we model scenarios that could secure a return to financial breakeven, and the implications of these options on the range and scale of services we offer, as well as how our services are delivered.

Building Berkshire Together

- 4.4 The Government announced its review of the New Hospital Programme in Parliament on Monday 20 January 2025. Whilst it was recognised that the RBFT scheme required investment commensurate with a new build on a new site, our scheme has been delayed until 2037 to 2039.

- 4.5 This delay is extremely disappointing for the residents and patients of Berkshire and South Oxfordshire as well as for our staff.
- 4.6 We have set out clearly the current and future cost of maintaining the Royal Berkshire Hospital estate as well as the increasing inflationary costs each year for the new build.
- 4.7 We will continue to maintain a safe environment for our patients and staff whilst working with local, regional and national partners regarding next steps for the Royal Berkshire Hospital New Hospital Programme.

Title:	Integrated Performance Report (IPR)
Agenda item no:	8
Meeting:	Board of Directors
Date:	29 January 2025
Presented by:	Dom Hardy, Chief Operating 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 December 2024
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Report History	New report
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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 <input type="checkbox"/>	
1. Leadership <input type="checkbox"/>	2. Vision & Strategy <input type="checkbox"/>	3. Culture <input type="checkbox"/>	4. Governance <input type="checkbox"/>	
5. Risks, Issues & Performance <input type="checkbox"/>	6. Information Management <input type="checkbox"/>	7. Engagement <input type="checkbox"/>	8. Learning & Innovation <input type="checkbox"/>	
Publication				
Published on website		Confidentiality (FoI)	Private	Public <input checked="" type="checkbox"/>



Royal Berkshire
NHS Foundation Trust

Integrated Performance Report

December 2024

**Improving together to deliver
outstanding care for our community**



**Improving
Together**

Guide to statistical process control (SPC)

Introduction to SPC:

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action. The Improving Together methodology incorporates the use of SPC Charts alongside the use of Business Rules to provide aggregated view of how each KPI is performing with statistical rigor.

The main aims of using statistical process control charts is to understand what is different and what is normal, to be able to determine where work needs to be concentrated to make a change.

A SPC chart plots data over time and allows us to detect if:

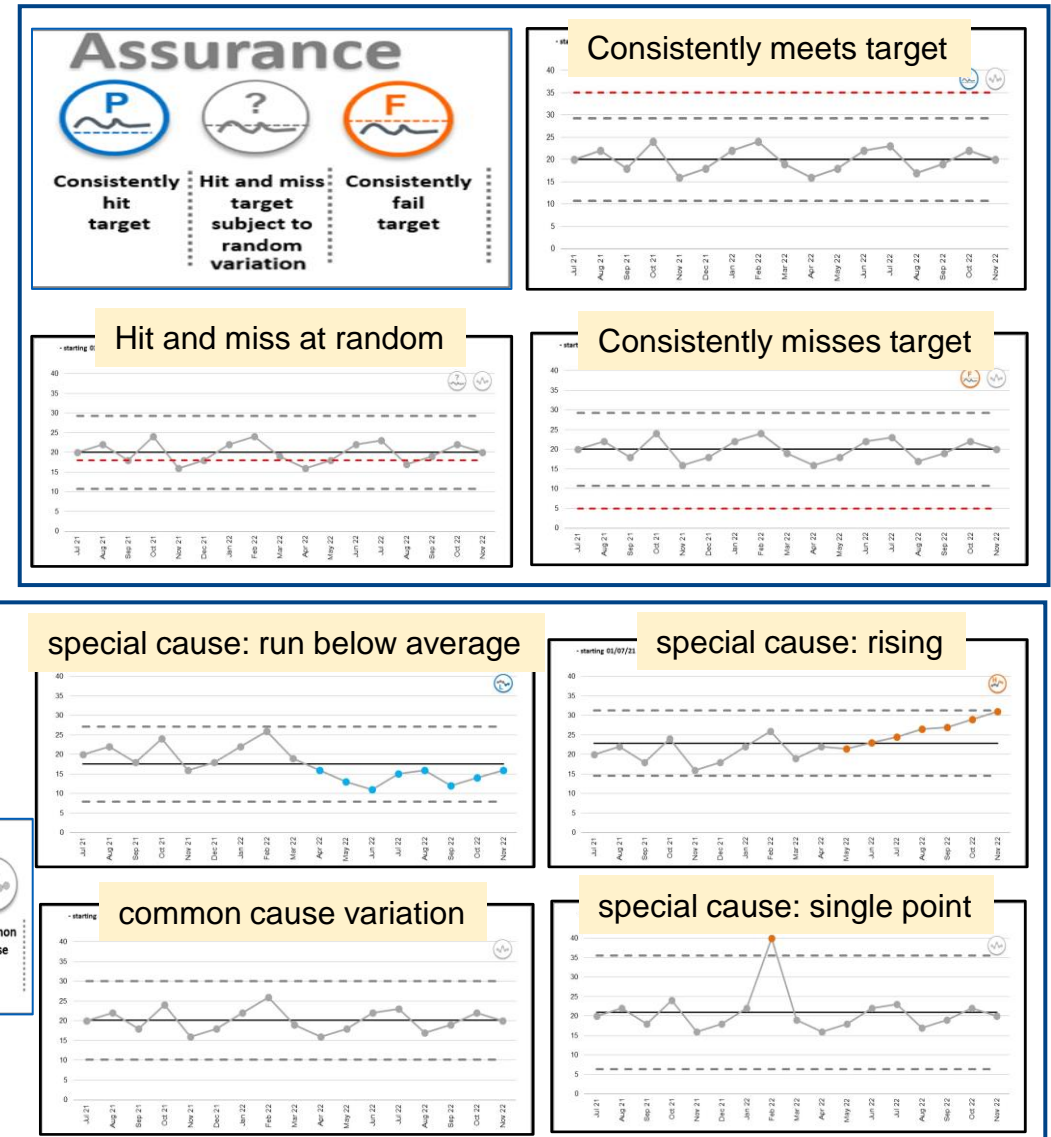
- The variation is routine, expected and stable within a range. We call this 'common cause' variation, or
- The variation is irregular, unexpected and unstable. We call this 'special cause' variation and indicates an irregularity or that something significant has changed in the process

Each chart shows a VARIATION icon to identify either common cause or special cause variation. If special cause variation is detected the icon can also indicate if it is improving (blue) or worsening (orange).

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

- If we have consistently met that target (blue icon),
- If we hit and miss randomly over time (grey icon), or
- If we consistently fail the target (orange icon)

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











December 2024 performance summary

The data in this report relates to the period up to 31st December

The key messages from the report are:

- **Accident & Emergency performance** has continued to deteriorate since the summer period. The onsite Urgent Care Centre (UCC) which opened on 1st October, is now seeing a high number of patients with minor illness, but as yet this has not led to a sustained improvement in performance owing to sustained high acuity and flow challenges across the whole RBH site in December and early January
- **Cancer performance** - performance against the 28-day and 62-day standards remained above the Trust's planned trajectory for 2024-25
- **Financial performance** at month 9 is a YTD deficit of £17.53m, an adverse variance of £10.34m to the YTD plan of £7.19m deficit. We have recognised £19.64m of efficiency savings delivery in M09 YTD. We continue to be part of the NHSE Investigation and Intervention regime and are actively working with BOB ICB and NHSE as we implement further actions to improve our financial performance. We are also working closely with national, regional and ICB teams to secure cash support, required due to ongoing deficit at the Trust
- This month we have seen 14 of the 114 **watch metrics** measure outside of statistical control. There are no new alerting metrics this month

		Assurance			
					No Target
Variance				<ul style="list-style-type: none"> Stability Rate (%) Page 7 	
					
			<ul style="list-style-type: none"> I was listened to (FFT) Page 5 Total Elective Activity (No.) Page 10 Ave LOS for non-elective patients (inc zero LOS) Page 15 Total Volume of first OP activity Page 16 	<ul style="list-style-type: none"> 62 day cancer standard (%) Page 9 Distance travelled by our patients (OP) (average miles) Page 11 	<ul style="list-style-type: none"> Patient Safety incidents/1000 bed days Page 6 Energy Consumed (1000 kWh) Page 13 Identified efficiency savings against full year plan (£30.85m) Page 17
					<ul style="list-style-type: none"> Emergency Department (ED) performance against 4hr target Page 8 Trust income and expenditure Page 12
					



Strategic Metrics

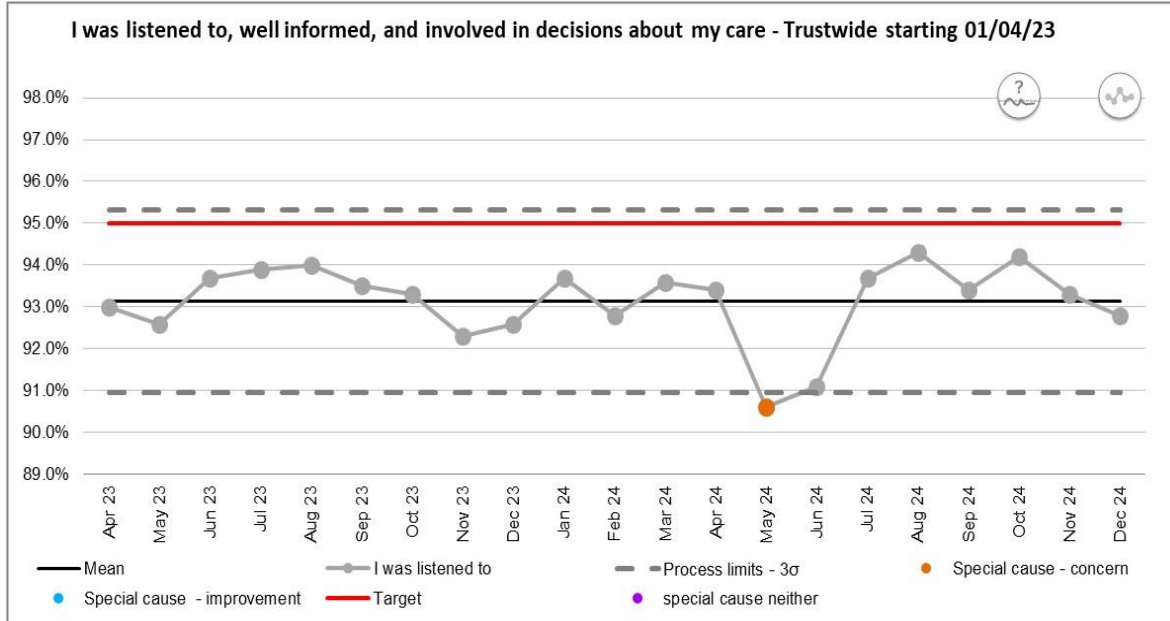
Strategic objective: Provide the highest quality care for all

Strategic metric: I was listened to, well informed & involved in decisions about my care

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
	



This measures: The percentage of patients completing the Friends and Family Test (FFT) Trust-wide who feel that they have been 'listened to and involved in decisions about their care'

How are we performing:

- We are not achieving our target of 95% of patients feeling listened to, well informed and involved in decisions about their care for this question (6.8% December 24), however we remain within the mean range

Actions and next steps

- Continue monthly analysis and work with areas to identify improvements by reviewing adverse comments
- Further guidance for clinical teams to improve scores will be included in FFT FAQs on Workvivo (Jan 25)
- Patient Experience Lead to meet with Planned Care Lead to review adverse comment themes (Feb 25) then work through other care groups
- Investigate AI for future thematic analysis (April 25)
- Patient experience team capacity has increased, therefore improvements expected by April 25

Risks:

- Satisfaction scores reduced due to Trust capacity and long waits


	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
I was listened to, well informed & involved in decisions about my care (FFT)	93.7%	94.3%	93.4%	94.2%	93.3%	92.8%
Inpatient (IP) FFT response rate (%)	28.0%	33.8%	22.0%	31.0%	25.3%	22.8%
Outpatient (OP) FFT response rate (%)	8.1%	8.1%	5.5%	8.8%	8.8%	7.2%
Maternity FFT response rate (%)	5.50%	6.40%	7.04%	7.80%	8.70%	7.00%

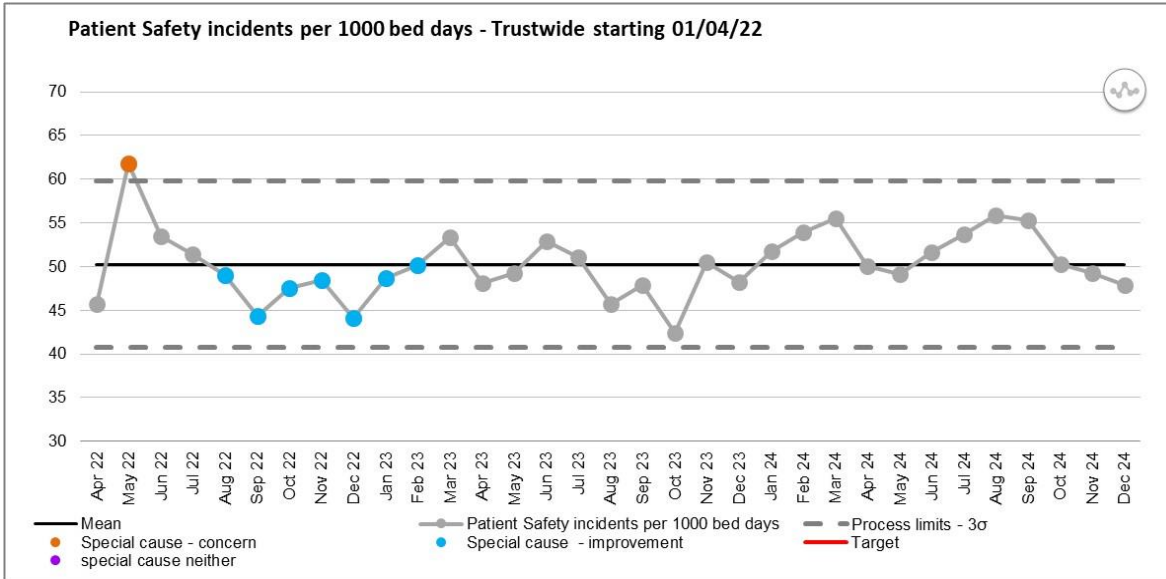
Strategic objective: Provide the highest quality care for all

Strategic metric: Learning from incidents to reduce harm

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	



This measures: Patient Safety incidents per 1000 bed days across all units. With the change to the patient safety incident response framework (PSIRF) the focus is on the stability of our incident reporting

- How are we performing:**
- Levels of incident reporting are marginally below the mean rate and will continue to be monitored
 - Patient's perception of their safety remains stable above 90%
 - Other insight metrics remain stable with the number of deteriorating patients continuing to reduce for the second month in a row
 - Focus remains on embedding awareness and use of PSIRF trust wide

- Actions and next steps**
- PSIRF training proposal to define groups, targets for training and timelines to be developed Q4
 - Complete Q3 analysis and continue refined definitions across Q4
 - Develop end of year one PSIRF evaluation in Q4
 - Continued work on triangulation of learning capture across patient safety, quality governance, complaints and legal (Weekly meetings across teams to discuss cases of concern already in place)

- Risks:**
- Gap in service - Head of Patient Safety – recruitment ongoing
 - Non-mandated but required training, conflict in time management and staff priorities
 - Progressive methodology of PSIRF produces risk of uncaptured learning for those cases that fall in-between investigative process requirements. Trustwide learning workstreams and additional incident review processes to mitigate
 - Lack of national benchmarking due to individual trust datasets and different stages of PSIRF progression

	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
Patient Safety incidents per 1000 bed days	53.73	55.87	55.30	50.27	49.12	47.95
Patient Safety incidents/100 admissions	10.52	11.29	11.24	10.37	9.75	10.51
No. of Deteriorating patient incidents	12	14	16	18	12	7
FFT question: I felt safe during my visit to the hospital (%)	92.0%	91.8%	91.3%	91.4%	91.5%	91.3%
Medication incidents per 1000 bed days	6.06	6.59	5.49	5.77	4.78	6.32

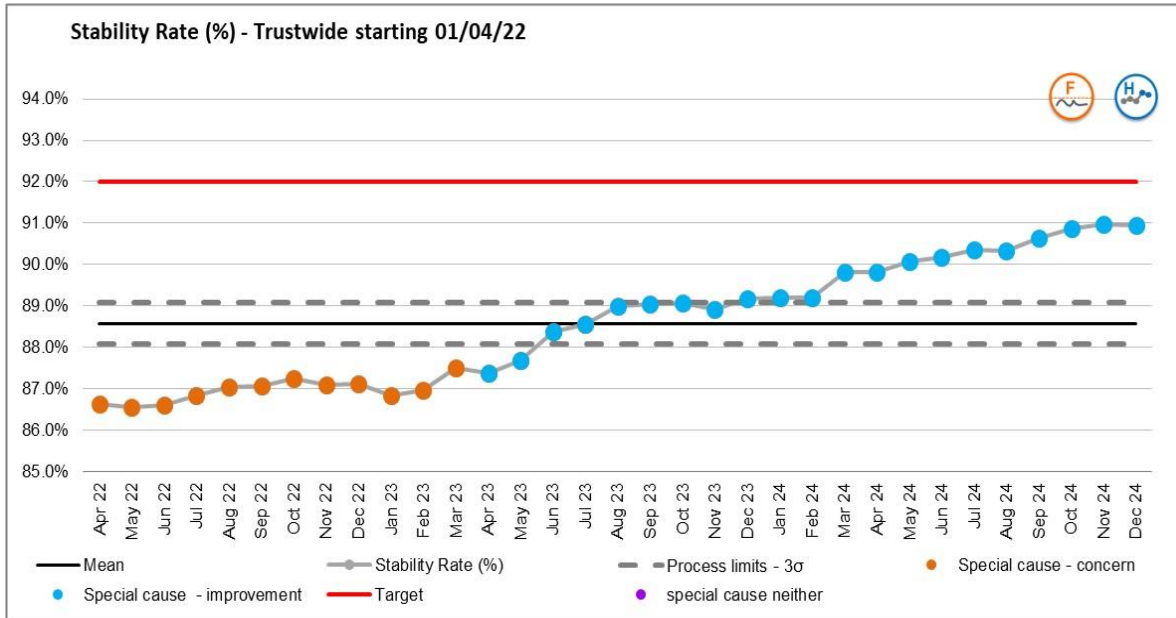
Strategic objective: Invest in our people and live out our values

Strategic metric: Improve retention

Board Committee:
People Committee

SRO: Don Fairley

Assurance	Variation



This measures: Stability measures the % of total staff in post at a point in time who have more than one year of service at the Trust.

How are we performing:

- Stability rate has remained static in month, underpinned by continuing improvement in turnover trends
- Early 2024 Staff Survey insights have been received. Whilst National Data embargo prevents release of full details, initial broad staff experience trends look very promising

Actions and next steps:

- Cascade of 2024 Staff Survey insights to understand trends and areas requiring specific focus to further drive staff retention
- Review of 'recurrent' vacancies
- Grip and Control Processes to further drive workforce controls continues
- Commence research collaborative with colleagues at Henley Business School relating to retention of Gen Z talent
- Re-shape our Employee Value Proposition as both an internal and external tool to publicise and celebrate the staff experience 'offer' at the RBFT

Risks:

- Thorough analysis of 2024 Staff Survey results will identify trends and risks to retention across a range of underpinning factors including staff engagement; Health and Wellbeing; job satisfaction etc



	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
Stability Rate (%)	90.36%	90.32%	90.64%	90.88%	90.97%	90.95%
Turnover rate %	9.95%	9.80%	9.70%	9.40%	9.37%	9.33%
Vacancy rate	5.84%	6.68%	6.39%	6.49%	6.19%	6.55%
Sickness absence (rolling 12 month)	3.64%	3.64%	3.65%	3.69%	3.70%	Arrears

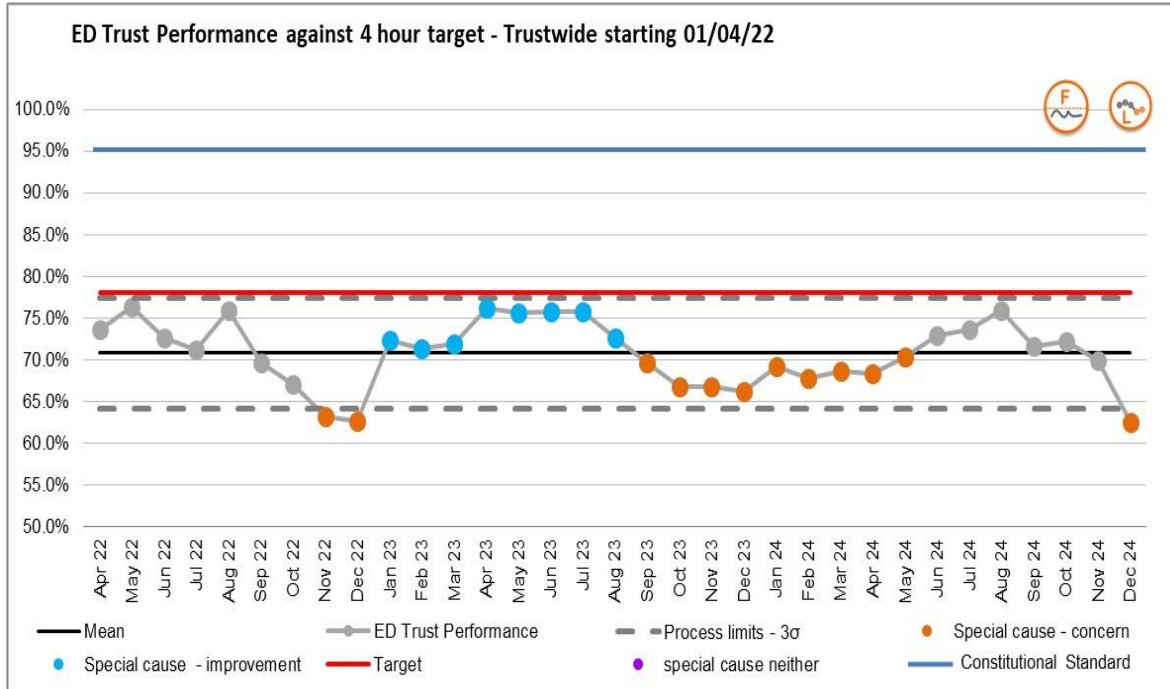
Strategic objective: Deliver in partnership

Strategic metric: Performance against 4hr A&E target

Board Committee:
Quality Committee

SRO: Dom Hardy

Assurance	Variation
	



This measures: The number of patients experiencing excess waiting times (>4hr) for emergency service. While the constitutional standard remains at 95%, NHS England has set the target of consistently seeing 78% of patients within 4 hours by the end of March 2025

How are we performing:

- 62.47% all types of patients were seen within 4 hours. We continue to not achieve the 78% target (ED/Eye Casualty/Urgent Care Centre (UCC))
- Daily attendances average 386 per day with 10 days >400 compared with 22 in Dec 2024
- UCC daily average of 51 with increase to 70+ by end of December. Westcall continue to use 90+% of available capacity
- Single Point of Access assisting with redirecting ambulances to alternative pathways, which assists with a slight reduction attending ED
- Type 1, ED Department performance against the 78% trajectory remains below plan, with mitigating actions being taken

Actions and next steps:

- Escalation plan being followed to reduce patient wait
- Focus on reducing the number of queuing ambulances continues

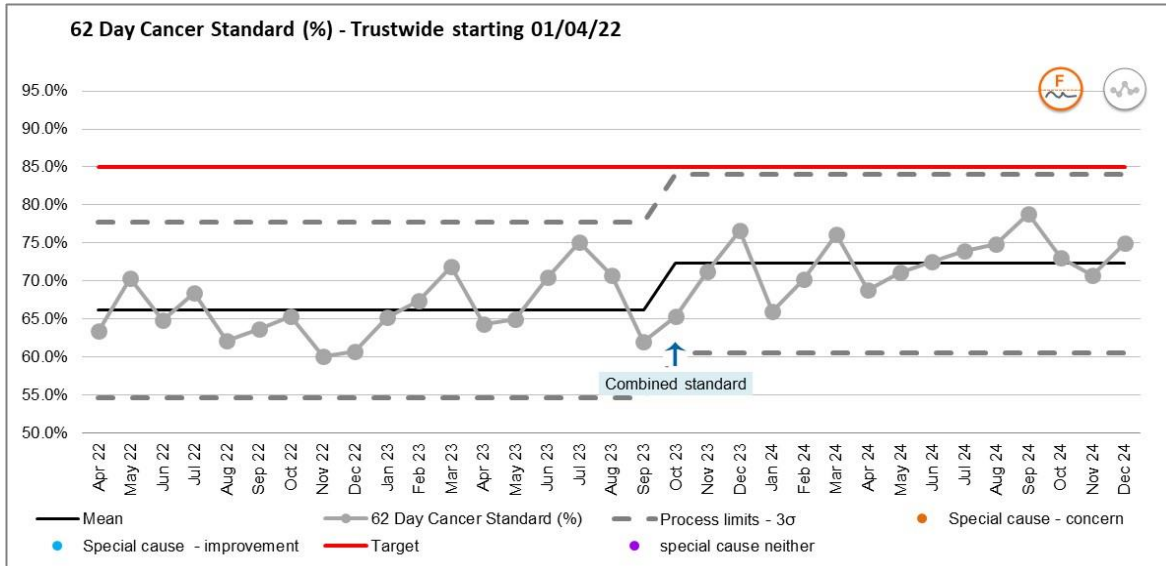
Risks:

- Significant increase in Mental Health demand as well as incidences of violence and aggression towards staff; and associated costs
- Demand for ED increased, outstripped the anticipated UCC volume removal
- Dependence on specialties to see referred patients in a timely manner – especially given increased acuity in December

	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
4hour Performance (%)	73.59%	75.89%	71.64%	72.22%	69.88%	62.47%
Total Attendances	15428	14030	14636	16506	15595	15843
Total Breaches	4074	3382	4151	4586	4699	5303
Ambulance Handover: 30 Minutes	290	210	290	316	416	451
12 hours from arrival in ED (%)	3.7%	3.0%	4.7%	4.9%	5.0%	7.41%

Strategic objective: Deliver in partnership

Strategic metric: Reduce waits of over 62 days for Cancer patients



	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
Cancer 62 day %	74.0	74.8	78.8	76.3	70.7	75.7
No. on PTL over 62 days	304	330	257	247	255	231
% on PTL over 62 days	10.7	11.8	9.7	9.0	10.0	10.0
Cancer 28 day Faster Diagnosis	75.3	74.5	76.4	80.3	80.0	81.0

*In October 2023, the way the Trust reported the 62 day cancer standard changed to a **combined standard** incorporating 2 week wait, screening and consultant upgrades.

Board Committee:
Quality Committee
SRO: Dom Hardy

Assurance	Variation

This measures: The percentage of patients with confirmed cancer receiving first definitive treatment within 62 days of referral to the Trust. The national target is 85%.

How are we performing:

- In November 70.7% of patients were treated within 62 days. December unvalidated performance is 75.7%. This figure is likely to improve post-validation
- The total number of patients on the Patient Tracking List waiting over 62 days at the end of December was 231, down from 255 in November. This is predominantly within Lower Gastrointestinal, Gynaecology & Urology
- Overall performance against the 62 day standard fell in Nov but was still above the Trust's planned trajectory for 2024-25

Actions and next steps:

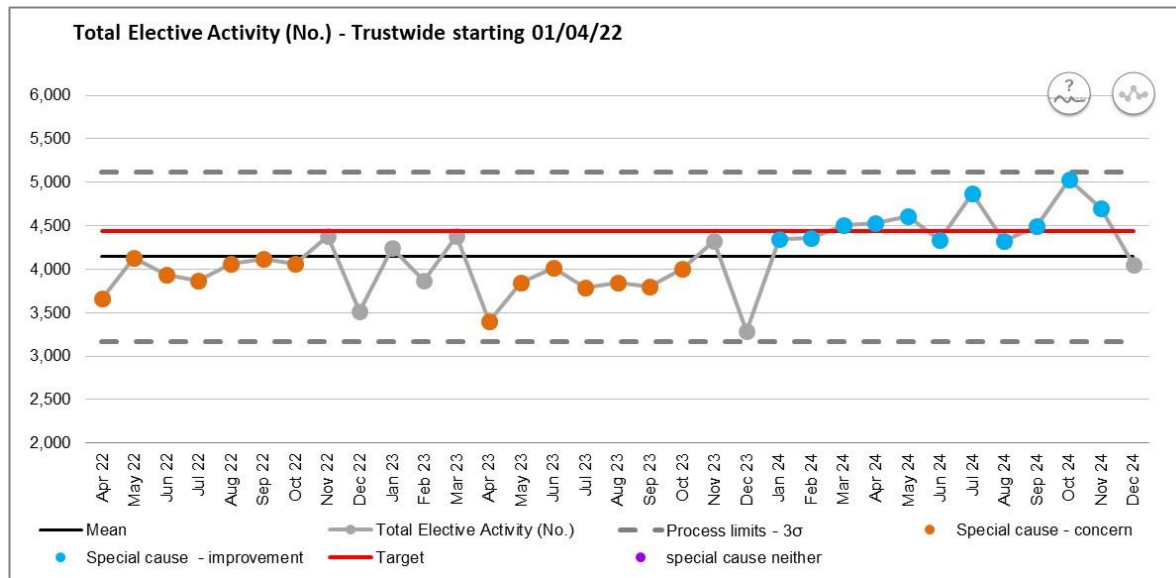
- Implement workstreams which have received additional funding from Thames Valley Cancer Alliance (TVCA) to be spent by the end of the financial year, across Gastroenterology, Urology & Dermatology
- Implement one stop clinic for Gynaecology ultrasound scan pathway
- Participate in TVCA-wide review of post-menopausal bleeding (PMB) pathway for Gynaecology

Risks:

- Continued delays to some parts of pathways in Gynaecology, Gastroenterology and Urology
- High reliance on insourcing/outsourcing
- Service Level Agreement for delivery of plastics capacity from Oxford University Hospitals (affecting the skin pathway)

Strategic objective: Deliver in partnership

Strategic metric: Maximising Elective Activity



	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
Total Elective Activity (No.) (provisional)	4,875	4,322	4,496	5,031	4,705	4,056
% of plan for Daycases (cumulative)	105.89%	104.87%	104.05%	103.84%	103.91%	103.56%
% of plan for Inpatients (cumulative)	98.72%	98.27%	97.38%	96.42%	96.88%	95.94%
% of plan for Outpatient Attendances (News & Follow Ups (cumulative)	106.26%	104.11%	103.50%	103.49%	103.49%	102.23%
Patients waiting > 65wks	5	6	4	2	0	1

Board Committee:
Quality Committee
SRO: Dom Hardy

Assurance	Variation



This measures: The volume of elective activity taking place within the Trust. Targets will be aligned to submitted plans and Elective Recovery Fund (ERF) expectations.

How are we performing:

- Crude/local data continues to indicate performance above 2019/20 and 2023/24 activity levels. We remain above our elective activity target
- Actual Value Weighted Activity (VWA) performance has not been released by NHSE. However, we remain above plan and expect to be performing above the VWA expectation

Actions and next steps:

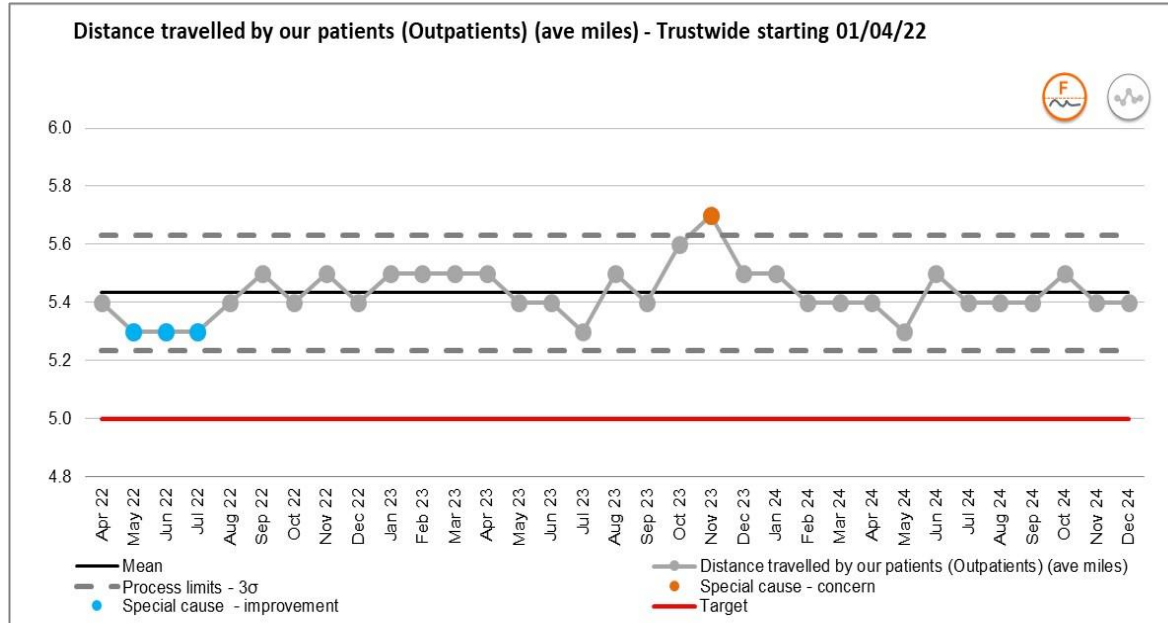
- Internal monitoring of expected performance excluding non-Elective Recovery Fund (ERF) activity shows the Trust is meeting its plan for both Inpatient and Outpatient activity
- Focus remains on delivering more activity across the board but with a particular focus on first outpatient, recovery of endoscopy waiting times and maximizing theatre efficiency
- Work across operational and coding teams underway to improve capture of outpatient procedures in clinic has been critical to driving the improvement in performance

Risks:

- Calculation of VWA is nationally derived and difficult to replicate making monitoring very challenging

Strategic objective: Cultivate Innovation and Improvement

Strategic metric: Distance travelled by our patients (outpatients)



	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
Distance travelled by our patients (average miles) (Outpatients including Virtual Attendances)	5.4	5.4	5.4	5.5	5.4	5.4
Number of Virtual attendances	10463	9136	10255	10897	9699	8724
Advice & Guidance (A&G) activity	2250	1957	1838	1813	1601	1523
Face to face (FTF) activity at non RBH sites	9272	8450	9246	10133	9799	8122

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation

This measures: We are tracking the **average miles travelled** for patients that attended an outpatient (OP) appointment, including virtual appointments. Delivering our strategy would result in this metric falling over time.

How are we performing:

- In December, the average distance travelled was 5.4 miles. While this remains in the standard range, we are still not achieving our target of 5 miles or less
- Use of non-RBH sites has been variable over the last 6 months with no positive or negative trend

Actions and next steps

- Outpatient scheduling pilot now live at West Berkshire Community Hospital. Plan to roll out the Townlands and Bracknell sites by the end of January, with the aim to increase room utilisation and reduce waste

Risks:

- Activity plan risks (see deliver in partnership)
- Ability to deliver some activity from non-RBH sites
- Additional costs of multisite delivery e.g. costs associated with equipment and staff travel

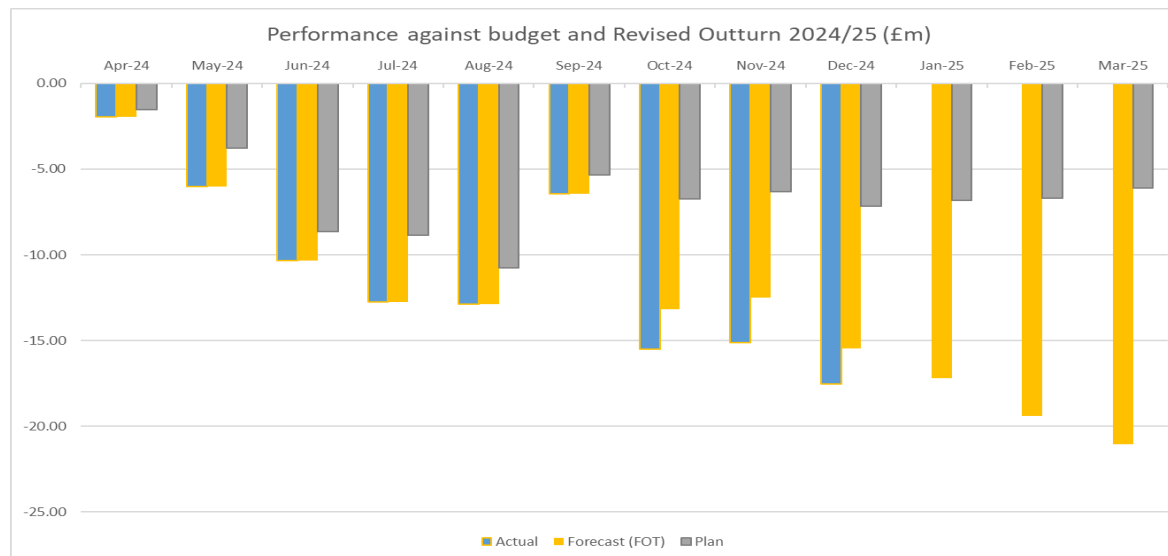
Strategic objective: Achieve long-term sustainability

Strategic metric: Trust income & expenditure performance

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
	



This measures: Our performance against our financial plan for the year.

As part of our return to financial sustainability we now have a revised plan for 2024/25 for a £6.10m deficit for the year.

How are we performing:

- The YTD deficit is £(17.53)m, with a revised full year plan of £(6.10)m, following the contract difference agreement with the ICB; at YTD M09 2024/25 the deficit is now £(10.34)m behind revised plan
- Income is ahead of plan by £14.65m YTD
- Pay is favourable to plan by £0.50m YTD
- Non-pay is higher than plan by £(21.39)m YTD partially offset by favourable income variances

Actions and next steps

- We need to close the current unidentified efficiencies gap of £5.01m
- Agreement is urgently being sought from BOB ICB to secure payment to all three acute providers for Advice and Guidance and ERF
- The announcement by NHSE that ERF is being capped in year has led to a review by us of the viability of planned additional activity between now and year end as we need to ensure we will be paid for all work done
- We are meeting with Commissioners, regional finance team and national finance teams to secure sufficient cash for trading

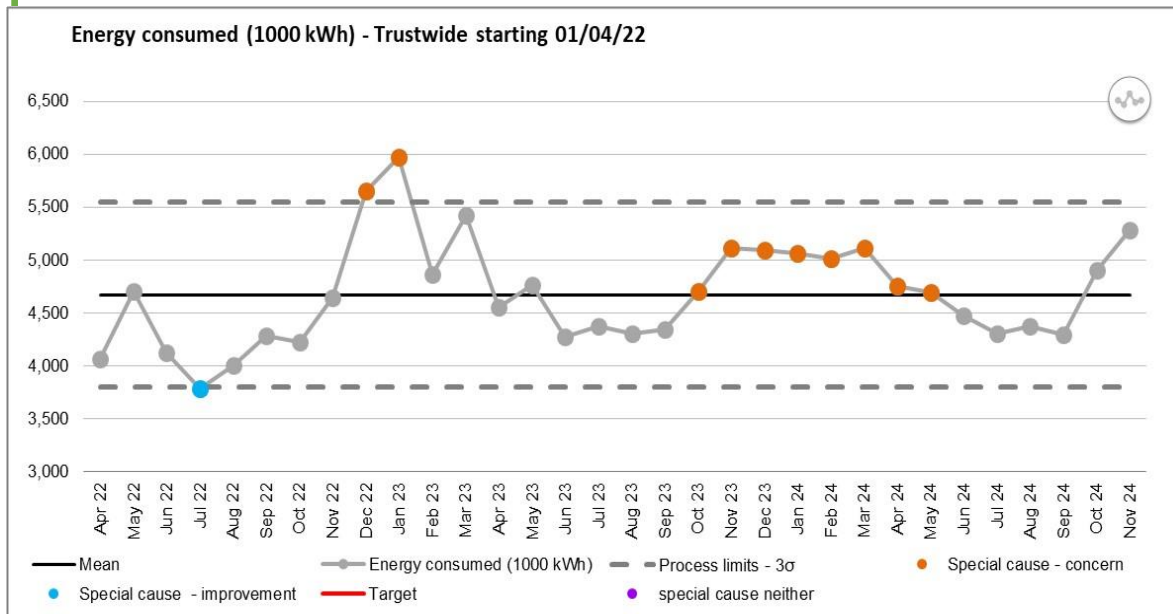
Risks:

- Continued run rate of expenditure in excess of plans
- Achievability of remaining savings targets and collection in full of all activity income

Metric Description	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
Income as % of plan	99.41%	109.14%	102.28%	99.24%	106.71%	105.04%
Pay as a % of plan	96.40%	101.46%	99.71%	100.30%	101.14%	99.61%
Non-Pay as a % of plan	114.86%	112.31%	101.79%	146.70%	110.34%	122.78%
Cost Improvement Plans (CIP) delivered (cumulative) (£)	£6.56m	£9.98m	£11.18m	£13.38m	£17.70m	£19.64m
Value weighted activity actual in month (£m)	£37.58m	£33.31m	£32.13m	£29.37m	£32.50m	£34.83m
Bank and Agency Spend actual (cumulative) (£m)	£7.72m	£9.75m	£11.53m	£13.41m	£15.26m	£16.88m

Strategic objective: Achieve long-term sustainability

Strategic metric: Energy consumed (1000 kWh)



Total electricity and gas consumption in kWh by month for all sites

	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
Energy used (1000 kWh)	4310	4372	4294	4899	5280	Arrears
Electricity (1000 kWh)	247	118	178	158	275	Arrears
Gas (1000 kWh)	4063	4254	4116	4740	5005	Arrears

*This metric will always be reported one month in arrears due to the date that we receive a detailed invoice from our energy suppliers

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
N/A	

This measures: We are monitoring our progress on carbon emissions by tracking our energy consumption in kWh in the month*.

How are we performing:

- Our total energy consumption for November has continued its seasonal rise. An increase in both gas and electricity consumption was seen for November. This was partly due to the increased electrical demand from the construction of the new building on the South Block carpark (rising 36% from the previous month)
- Additional gas was consumed by the main site supplementary boilers in support of the Combined Heat & Power plant (CHP), and by both Melrose House and Windsor Dialysis unit (rising 46% and 57% respectively)
- The RBH CHP continued to perform well, generating 1,441,637 kWh of electricity for the RBH site for November

Actions and next steps

- Continue review of Trust estate regarding future low Carbon skills funding and Public Sector Decarbonisation Scheme opportunities
- Continued reduction of energy consumption by refining Building Energy Management System controls
- There is unlikely to be sufficient resource to develop out NZC delivery due to budget constraints. Confirmation of this will be achieved during budget setting

Risks:

- Ageing Royal Berkshire Hospital plant and local infrastructure limitations
- Lack of dedicated resource to progress NZC ambitions

Breakthrough Priorities

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

Board Committee: Quality Committee

SRO: Dom Hardy

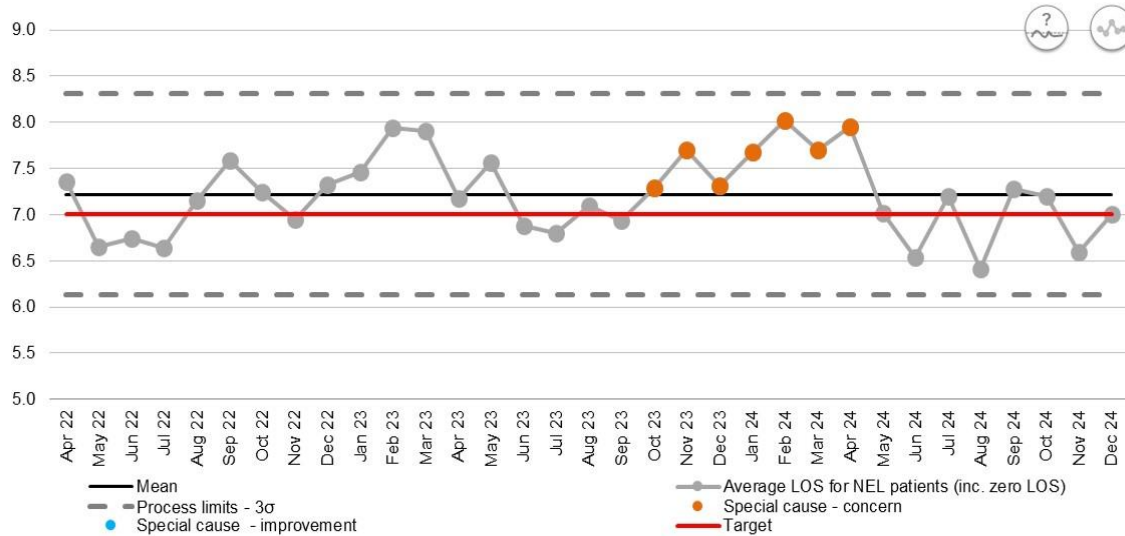
Assurance

Variation



Royal Berkshire
NHS Foundation Trust

Average LOS for NEL patients (inc. zero LOS) - Trustwide starting 01/04/22



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

- Maximise use of our limited bed base for patients that need it most
- Reduce harm from unwarranted longer stays in hospital
- Positively impact ambulance handover times and ED performance

How are we performing:

- The average LOS in recent months has remained relatively low, although slightly inconsistent month on month. On average, over 6 months, it has been lower than last year by ~ 0.26 days which equates to ~ 16 beds/day
- The aim is to remain close to 7 days through autumn and into winter (6.9 currently)
- This position will be supported by further improved forecasting and planning of Discharge (via Target Discharge Dates (TDD) accuracy)

Actions and next steps

- Continued drive for improved accuracy of TDD
- Furthering use of the discharge lounge for non-elective admitted patients especially before 10am with patients already booked on transport
- Improving processes around take-home medications
- System-working for complex and Community Hospital discharges being addressed by operational leaders
- Larger piece of work to identify drivers of LoS (~9 months)

Risks:

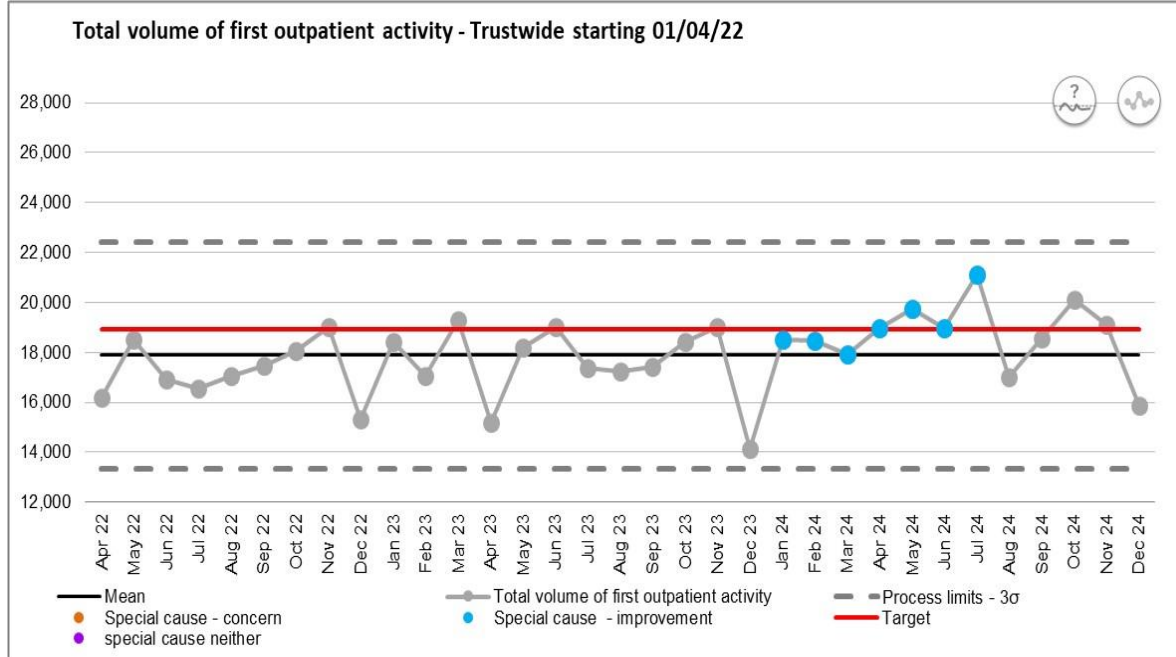
- Cultural norms around ward practice prove harder to change than we hope with key staff groups stretched and less able to engage in actions
- Complexity across the Trust and externally hides successful improvement

	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
Ave LOS for NEL patients (inc. zero LOS)	7.2	6.4	7.3	7.2	6.6	7.0
Bed Occupancy (%)	88%	84%	89%	85%	85%	87%
No. of patients with zero day LoS	1117	794	609	606	568	521
Ave number patients > 7 days	251	224	251	243	234	236
Ave number patients > 21 days	92	77	83	80	75	67
Ave no. of patients through discharge lounge per day	15	13	15	14	17	17

Breakthrough priority metric: Total Volume of first Outpatient (OP) Activity

Board Committee: Quality
Committee
SRO: Andrew Statham

Assurance	Variation



This measures: The volume of first outpatient activity (OPA), including outpatient procedures, being undertaken. First OPA is the largest and most modifiable aspect of the elective pathway and is the biggest contributor to waiting times delays. To support our patients and deliver our financial plan we are seeking to increase our OPA to 19k per month.

How are we performing:

- Work continues to progress to increase first OPA and reduce waiting times. In Dec the Trust has seen a decrease in the number of OPA, however this was planned (seasonal). Trust is achieving plan
- Did Not Attend/Was Not Brought (DNA/WNB) and cancellation rates remain high and will be the focus of internal performance meetings
- Activity reporting allows a 6 week data capture window. We would expect November and December to increase prior to freeze

Actions and next steps

- Outpatient (OP) transformation actions focusing on improving scheduling efficiencies and better use of clinical space have been agreed
- Work to underway to determine first OP activity requirements for 25/26 to recover waiting times to desired levels, supporting delivery of the RTT 52 week expectation, as well as reduced cancellation and DNA

Risks:

- Discussion with ICS underway related to funding of additional activity in 25/26. This could reduce our ability to provide the activity required in order to meet latest expectations for RTT and OPA activity

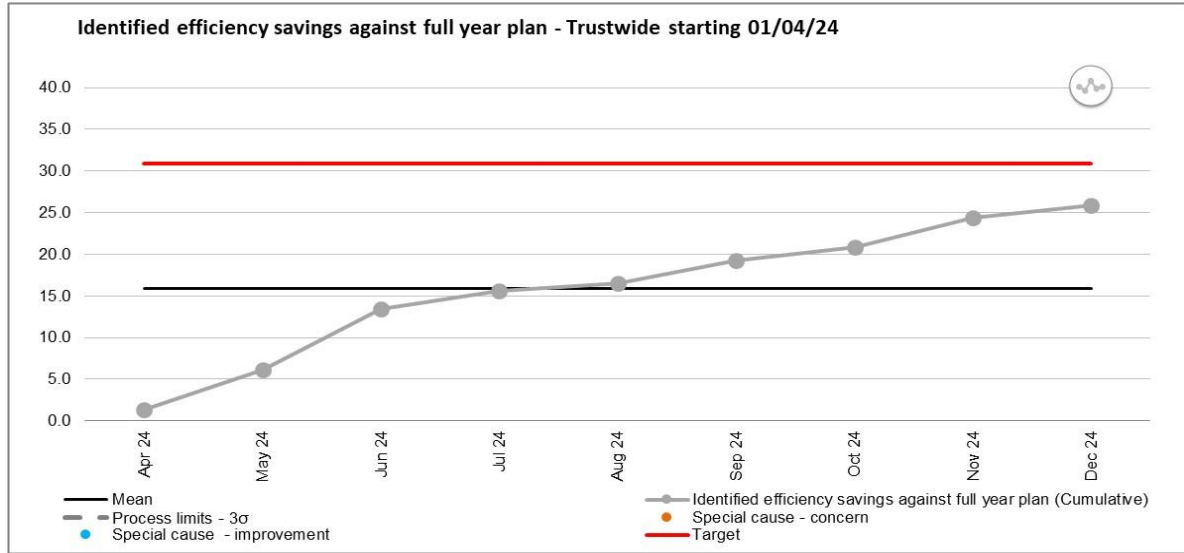
	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
Total Volume of first outpatient activity	21,115	17,011	18,538	20,096	19,120	15,869
% OP 1st + OPPROC vs. Total OP Activity (46% target)	49.30%	48.00%	48.08%	48.30%	48.27%	47.65%
1st OP DNA/WNB rate	7.3%	7.6%	7.2%	6.9%	7.0%	8.1%
1st OP patient cancellations (%)	4.7%	4.9%	5.0%	4.9%	5.2%	4.9%
First / Follow up rate	1.9	2.0	1.9	1.9	1.9	2.1

**Breakthrough priority metric:
Identified efficiency savings against full year plan (£30.85m)**

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
N/A	



This measures: The achievement of our efficiency savings plans against the full year plan of £30.85m:

- 38.8% of the schemes identified are recurrent, of which, 7.96% income, 1.53% Pay and 29.36% Non-pay.
- 61.2% of the schemes identified are non-recurrent

How are we performing:

- Original target reviewed from £25.20m to £30.85m following contract review
- YTD-M09 we have identified £25.84m an increase of £1.48m on M08
- Delivery against identified savings has been over-performing in Turnaround Themes of Medicines Management, Procurement, and Workforce and productivity

	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24
Cumulative identified efficiency savings against full year plan (£30.85m)	£15.60m	£16.52m	£19.20m	£20.86m	£24.36m	£25.84m
Total Delivery against identified efficiency savings (%)	55.32%	60.41%	58.23%	64.14%	72.66%	76.01%
Delivery against identified efficiency savings: Medicines Management (%)	30.55%	36.71%	51.43%	59.87%	66.92%	74.01%
Delivery against identified efficiency savings: Procurement (%)	17.06%	20.35%	25.01%	39.50%	49.07%	58.12%
Delivery against identified efficiency savings: Workforce and Productivity (%)	96%	115%	71%	78%	82%	84%

Actions and next steps:

- Working with external partners to develop new opportunities to close the £5.01m gap
- De-risking delivery of existing schemes
- Ensuring all PwC investigation and intervention recommendations have been actioned
- Ensure NHSE Grip & Control recommendations have been delivered

Risks:

- £5.01m unidentified schemes
- Increase in activity demand due to winter pressure

Watch Metrics

Summary of alerting watch metrics

Introduction:

Across our five strategic objectives we have identified 114 metrics that we routinely monitor, we subject these to the same statistical tests as our strategic metrics and report on performance to our Board committees.

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

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

Alerting Metrics December 2024:

In the last month 14 of the 114 metrics exceeded their process controls, the same as last month. 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 infection control.

Provide the highest quality of care for all

- C.diff (Cumulative – Trust Apportioned)
- Mixed Sex Accommodation - breaches

Invest in our staff and live out our values

- % of staff from global majority backgrounds in senior AFC Bands 8a and above
- Rolling 12 month Sickness Absence
- Abuse/V&A (Patient to Staff)

Deliver in Partnership

- Proportion of patients with high risk TIA fully investigated and treated within 24 hours
- Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival
- Cancer – Incomplete 104 days
- Diagnostics Waiting < 6 weeks (DM01) (%)

Cultivate innovation and improvement

- % OP treated virtually

Achieve long term sustainability

- Debtors (£m)
- Cash Position (£m)
- Non pay cost vs Budget (£m)
- Better Payment Practice Code

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	Oct-24	Nov-24	Dec-24	Dec-23
Never Events			0	2	2	0	1
Pressure ulcer incidence per 1000 bed days			1.00	0.00	0.00	0.05	0.10
Category 2 avoidable pressure ulcers			5	0	0	1	2
Category 3 avoidable pressure ulcers			0	1	2	1	0
Category 4 avoidable pressure ulcers			0	0	1	0	0
Unstageable avoidable pressure ulcers			0	0	0	0	0
Patient Falls per 1 000 bed days			5.00	3.60	4.09	4.83	3.04
Patient falls resulting in harm (avoidable)			-	0	0	0	0
No. of DOLS applications applied for			-	28	29	25	24
No. of detentions under the MH act to RBH			-	3	1	2	2
% of staff: Safeguarding children L1 training			90.00%	97.10%	97.20%	96.80%	95.20%
No. of child safeguarding concerns by the Trust			-	172	141	140	121
No. of adult safeguarding concerns by the Trust			-	25	35	28	30
No. of safeguarding concerns against the Trust			-	0	1	4	3
Unborn babies on child protection (CP) / child in need plans (CIP)			-	43	49	46	41
C.Diff (Cumulative – Trust Apportioned)			44	35	39	44	31
C.Diff lapses in care			-	0	Arrears	Arrears	4
MRSA			0	1	Arrears	Arrears	0
E.coli (Trust Apportioned) Bloodstream Infections			-	12	3	9	12
E.coli (Trust Apportioned) Bloodstream Infections (Cumulative)			92	66	69	78	99
MSSA surveillance (trust acquired)			-	1	4	3	3
Hand Hygiene			-	98.00%	96.70%	Arrears	96.39%
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance			95.00%	95.90%	95.50%	Arrears	93.80%
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions			0.00	2.63	0.75	Arrears	2.70

Strategic Objective: Provide the highest quality care for all

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

Metric	Variation	Assurance	Target	Oct-24	Nov-24	Dec-24	Dec-23
No. of compliments			-	54	39	77	36
FFT Satisfaction Rates Inpatients: i.Inpatients			95%	93%	96%	95%	96%
FFT Satisfaction Rates Inpatients: ii.ED			95%	80%	81%	75%	81%
FFT Satisfaction Rates Inpatients: iii.OPA			95%	96%	96%	95%	95%
Mixed sex accommodation - breaches			0	184	223	339	256
Crude mortality			-	1.20	1.40	1.40	1.60
HSMR			-	Arrears	Arrears	Arrears	82.9
SMR			-	Arrears	Arrears	Arrears	83.0
SHMI			-	Arrears	Arrears	Arrears	1.00
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes			97%	100%	94%	Arrears	94%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes			86%	71%	69%	Arrears	86%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes			82%	100%	100%	Arrears	93%
No. of Patient Safety Incident Investigations (PSII)			-	2	5	0	
No. of SWARM huddles			-	3	2	0	
No. of After Action reviews			-	5	1	2	
No. of Multidisciplinary Team (MDT) reviews			-	4	3	1	
No. of Thematic reviews			-	0	0	1	
Number of Complaints			-	26	29	21	31
Complaints turnaround time within 25 days (%)			80%	47%	63%	73%	50%

Strategic Objective: Provide the highest quality care for all

Maternity Watch metrics

SROs: Katie Prichard-Thomas
Janet Lippett

Metric	Variation	Assurance	Target	Oct-24	Nov-24	Dec-24	Dec-23
FFT Satisfaction Maternity			95.0%	94.4%	98.7%	96.5%	95.0%
No. of complaints - Maternity			3	2	1	1	2
Number of Patient Safety Incident Investigations (PSII)			-	0	1	0	-
% bookings with ethnicity documented / recorded			-	100.0%	100.0%	99.8%	100.0%
% women with a documented CO result at booking			95.0%	85.5%	86.0%	83.0%	89.2%
% of women with a documented CO result at 36 weeks			95.0%	86.4%	86.0%	81.2%	91.0%
% of pre-term (less than 34+0), live births receiving a full course of antenatal corticosteroids, within seven days of birth			80.0%	75.0%	50.0%	0.0%	0.0%
Post Partum haemorrhage>1500mls			3.5%	1.3%	1.0%	1.1%	3.3%
Percentage of term babies admitted to Neonatal Unit			5.0%	3.6%	4.0%	5.0%	3.7%
Percentage of Perinatal Deaths			0.5%	0.3%	0.3%	0.3%	0.4%
Number of occasions MLU service suspended for 4 hours or more			-	4	4	2	13
Midwifery staffing vacancy rate			-	0.8%	0.7%	0.0%	7.5%
Midwifery staffing turnover			14.0%	10.6%	9.0%	9.5%	8.1%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%	95.2%	98.8%	99.6%	93.2%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring			90.0%	95.5%	100.0%	95.7%	93.5%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT			90.0%	88.1%	94.9%	96.7%	81.8%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT			90.0%	98.0%	98.4%	98.9%	91.1%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT			90.0%	93.2%	100.0%	100.0%	86.8%

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

Watch metrics:

SRO: Don Fairley

Metric	Variation	Assurance	Target	Oct-24	Nov-24	Dec-24	Dec-23
% of staff from global majority backgrounds in senior AFC Bands 8a and above			25.00%	19.70%	19.90%	19.55%	19.03%
Rolling 12 month Sickness absence			3.3%	3.7%	3.7%	Arrears	3.6%
% Fill rate of Registered Nurse Shifts (RN)			90.0%	98.2%	101.3%	96.7%	99.2%
% Fill rate of Care Support Worker Shifts (CSW)			90.0%	104.5%	102.8%	105.0%	111.8%
Completed Mandatory Training			90.0%	93.4%	93.2%	93.0%	92.8%
Appraisals			90.0%	88.7%	88.9%	89.1%	87.5%
Nurse Staffing Red Flags			-	53	60	42	43

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

Watch metrics:

SRO: Don Fairley








Metric	Variation	Assurance	Target	Oct-24	Nov-24	Dec-24	Dec-23
RIDDOR reportable Incidents			-	0	9	5	0
Abuse/V&A (Patient to staff)			-	96	61	64	61
Body fluid exposure/needle stick injury			-	23	22	15	20
Environment Related Incidents			-	20	21	20	24
Conflict Resolution			90%	94%	88%	88%	88%
Fire (Annual)			90%	92%	92%	91%	92%
Nursing and AHP Manual handling training every 3 years			90%	92%	91%	91%	90%
Doctors manual handling training every 3 years			90%	95%	94%	94%	95%
Health and Safety Training			-	97%	97%	97%	95%
Slips and Trips			-	3	3	2	6
Musculoskeletal - Inanimate object			-	4	0	1	2
Total non clinical incidents reported			-	172	170	279	284

Strategic Objective: Delivering in partnership

Watch metrics

SRO: Dom Hardy

Metric	Variation	Assurance	Target	Oct-24	Nov-24	Dec-24	Dec-23
Fractured Neck of Femur: Surg in 36 hours			75.0%	57.1%	Arrears	Arrears	62.2%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival			90.0%	67.0%	63.0%	56.0%	53.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)			80.0%	87.0%	86.0%	84.0%	80.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)			90.0%	84.0%	89.0%	77.0%	14.0%
Cancer 31 day wait: to first treatment			96.0%	95.9%	94.1%	95.9%	96.3%
62 Day screen Ref			85.0%	81.5%	80.0%	88.2%	88.7%
Cancer Incomplete 104 days			0	60	76	70	120
Average waiting times in diagnostic (DM01) services			6	7	4	5	11
Diagnostics Waiting < 6 weeks (DM01) (%)			99.0%	81.0%	90.4%	87.4%	74.4%
18 Weeks: incomplete pathways (%)			92.0%	81.4%	80.1%	82.4%	83.2%
No. of patients waiting >52wks			0	13	17	27	11

Metric	Variation	Assurance	Target	Oct-24	Nov-24	Dec-24	Dec-23
% OP appointments done virtually			40.0%	20.5%	19.1%	19.4%	21.1%
Number of OPPROC			-	13684	13000	11444	7350
Number of MDT OP			-	785	724	693	530
Number of PIs			-	124	124	127	100
Number of active research trials			-	149	152	158	118
Number of projects supported by HIP			-	53	58	58	54

Strategic Objective: Achieve long-term sustainability

Watch metrics

SRO: Nicky Lloyd

Metric	Variation	Assurance	Target	Oct-24	Nov-24	Dec-24	Dec-23
Pay cost vs Budget (£m)			-	-0.11	-0.40	0.13	-1.11
Non pay cost vs Budget (£m)			-	-7.29	-2.61	-4.23	-1.58
Income vs Plan (£m)			-	-0.40	3.21	2.57	2.74
Daycase actual vs Plan (£m)			-	1.02	0.39	0.83	-0.23
Elective actual vs Plan (£m)			-	0.24	-0.05	0.42	0.06
Outpatients actual vs Plan (£m)			-	0.00	-0.28	0.13	-0.51
Non-elective actual vs plan (£m)			-	-0.07	-1.26	-0.26	0.48
A&E actual vs plan (£m)			-	0.39	-0.13	0.04	-0.12
Drugs & devices actual vs plan (£m)			-	1.02	-0.02	1.17	0.07
Other patient income (£m)			-	0.19	0.17	0.05	0.12
Delivery of capital programme (£m)			-	3.29	3.72	1.58	1.22
Cash position (£m)			-	21.70	14.05	6.17	37.89
Agency spend % of total staff cost (%)			-	1.2%	1.2%	1.1%	2.2%
Creditors (£m)			-	-86.05	-78.17	-70.51	-75.15
Debtors (£m)			-	46.74	46.77	46.52	24.15
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) YTD			95.00%	79.00%	79.10%	78.80%	58.30%
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) In Month			95.00%	80.00%	79.89%	76.20%	56.80%

Title:	Trust Strategy Refresh progress update
Agenda item no:	9
Meeting:	29 January 2025
Date:	Board of Directors
Presented by:	Andrew Statham, Chief Strategy Officer
Prepared by:	Rebecca Cullen, Associate Director of Strategy and Performance;

Purpose of the Report	To update the committee on the progress of the Trust Strategy refresh and to invite comment on the proposed governance arrangements and outline engagement plan
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Report History	Executive Management Committee 27 January 2025
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What action is required?	
Assurance	
Information	The paper provides an update on the activities conducted to date which have focused on the review of our existing strategy, key national and local documents and the outputs of the 2024 What Matters conversation and 10 Year Health Care Plan engagement
Discussion/input	This paper updates the committee with the proposed governance and outline engagement plans, including the regular touchpoints with Executive Management Committee (EMC) and Trust Board. The committee are invited to comment on the proposed governance arrangements and engagement plan
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 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 (Fol)	Private	Public ✓

- 1.1 In Autumn 2024, EMC and the Trust Board approved the proposed approach to refreshing our Trust Strategy.
- 1.2 Our Strategy: Improving Together is our Trust Strategy and was last revisited in 2022. The key drivers for a 2025 refresh are:
 - **Change in health landscape** with the legislation of Integrated Care Boards/Systems in 2022 and increased appetite/ask for collaboration over competition.
 - **Stronger partnerships** further to the above across both Berkshire West place and the system via the Acute Provider Collaborative provide a new lens for our work.
 - **National NHS review** following the arrival of a new government at the General Election including the Darzi independent investigation and upcoming 10 Year Plan.
- 1.3 The current Our Strategy: Improving Together pillar architecture (Appendix 1) is well-established, recognised, and flows throughout our Improving Together Management System. The agreed methodology looks to refresh and update within this existing architecture.
- 1.4 The below timeline for the refresh was agreed.

1. Exploration and Planning (from now until February 2025)
2. Engagement phase (March – June 2025)
3. Strategy development and refinement (July – August 2025)
4. Finalisation and approvals (September – November 2025)
5. Key enabler delivery plan development (post approval)

2 Exploration and planning phase update

- 2.1 In keeping with the agreed timeline in 1.4, we are currently in the exploration and planning phase. This section provides an overview of the initial findings of the desktop exploration review, and analysis of the outputs from previous Trust engagement events.

(a) Evaluation against our existing Trust Strategy

The Strategy and Partnerships Team have undertaken a review against the 86 ambitions set out in our existing Trust Strategy – Our Strategy: Improving Together. It showed that we have made significant progress in several areas of our current strategy, particularly in developing our continuous quality improvement methodology. This has led to enhanced care, improved patient safety, and stronger workforce development.

However, whilst we've worked well with our partners and improved how patients move through the system, progress has been slower in areas including resource sharing, adopting a unified digital approach, and fostering greater collaboration with partners outside of health. These are areas we may want to explore further in the engagement and our new Trust Strategy.

(b) Policy platform exercise

The team undertook analysis of over 50 local, regional, and national policy documents and reviews that may inform our strategy – including the Darzi report, BOB Joint Forward Plan and Core20PLUS5 alongside the Elective Care Plan published 5 January 2025. A

number of key themes emerged from this, including a greater national and local focus on addressing health inequalities, increased collaboration with partners and delivering more care closer to patients homes in the community.

(c) **What Matters 2024**

'What Matters' is a trust-wide conversation about our values and what they mean to our staff. Thematic Analysis of the 4637 contributions to the 2024 What Matters conversation revealed the key areas identified by staff to enhance compassion, aspiration, resourcefulness and excellence (our CARE values) were as follows: maximising our use of digital where appropriate; improving our estate and digital infrastructure; and continuing our work on staff health and wellbeing, reward and recognition.

(d) **NHS Change Programme response**

The Department of Health and Social Care and NHS England are developing the 10 Year Health Plan with the public and health and care staff. For this, we hosted an engagement session with 100 RBFT Senior Leaders as part of our Senior Leaders Forum. The session focused on three outlined themes: making better use of technology; moving more care from hospitals to communities; and preventing sickness not just treating it.

- *Preventing sickness not just treating it:* Leaders highlighted that they felt there was significant opportunity to maximise earlier intervention with children, young people and maternity; the influence (both positive and negative) of social media amongst other information sources; and the role of legislative and policy action in removing barriers to healthier choices.
- *Moving more care from hospitals to communities:* Leaders strongly support delivering more care in the community and working with place and system partners to enable this. Key challenges to overcome will likely include logistical and workforce changes and effective risk management. The RBH virtual wards are seen as a local success story from which there is learning to share around technological enablers.
- *Making better use of technology:* Leaders conversations for this theme centred primarily around data and how we can maximise our Health Data Institute to assist with improving patient outcomes and planning our services.

(e) **BOB ICS Medium Term Planning**

Alongside 2025/2026 planning, partners across the BOB ICS have recognised a need for a medium-term collective plan for sustainability, transformation and improvement. The *BOB pathway to sustainable healthcare* project seeks to identify opportunities to optimise care and available resources using population data insights and best practise. We will play an active role in this project, and we expect the outputs will help drive some of our ambitions in our new strategy.

- 3.1 The Trust Board plays a key role in shaping the strategy, vision, and purpose of the organisation. They are responsible for holding the organisation to account for the delivery of the strategy and will lead and approve the final refreshed Trust Strategy.
- 3.2 Appendix 2 shows the proposed governance framework and timeline, aligned to the timeframe set out in 1.4.

4 Engagement

- 4.1 Our refreshed Trust Strategy will be co-produced with our staff and volunteers, our patients and community, and our partner organisations. With engagement tailored to each group to ensure ideas and inputs are captured across all RBFTs roles: as a provider of healthcare; a partner; an employer. The engagement phase will begin on 3 March 2025.
- 4.2 In our engagement, we recognise that several people will fall into multiple groups (e.g. many of our 6500 staff members live in our local community and use our services). The engagement will allow participants to engage in multiple roles.
- 4.3 The last Trust Strategy was developed in 2021 during the COVID-19 pandemic, with restrictions and pandemic response reducing the engagement. This latest refresh will comprise of thorough engagement across all three groups.
- 4.4 In collaboration with the Patient Engagement and Experience Team and the Communications and Engagement team, we have undertaken an extensive stakeholder mapping exercise to maximise our engagement and ensure all voices can be heard and to plan engagements around other calendared Trust communications.
- 4.5 We have also identified several accessibility needs including translation services, easy read formatting and paper-based options to avoid digital exclusion.
- 4.6 To increase engagement opportunities, we will use a variety of structured (time-specific) and non-structured engagement, with some virtual and some face-to-face. The table below gives examples of the various methods that will be used to gather input for the refresh:

	Structured	Non-Structured
Face to Face	<ul style="list-style-type: none"> • Workshops and discussion opportunities with staff and volunteers at all our sites • Structured attendance to community meetings, events and celebrations e.g. MeetPEET • Direct engagement with partners across the BOB ICS, MPs, and local councilors (i.e. via HOSC and HWB) 	<ul style="list-style-type: none"> • Drop-in sessions and pop-up stands at all sites the Trust delivers services to discuss with patients and staff • Attend improvement huddles across the Trust • Drop-in presence at partner organisations, e.g. University of Reading • Community drop-in and pop-up's at locations, such as leisure centres, community centres and faith locations.

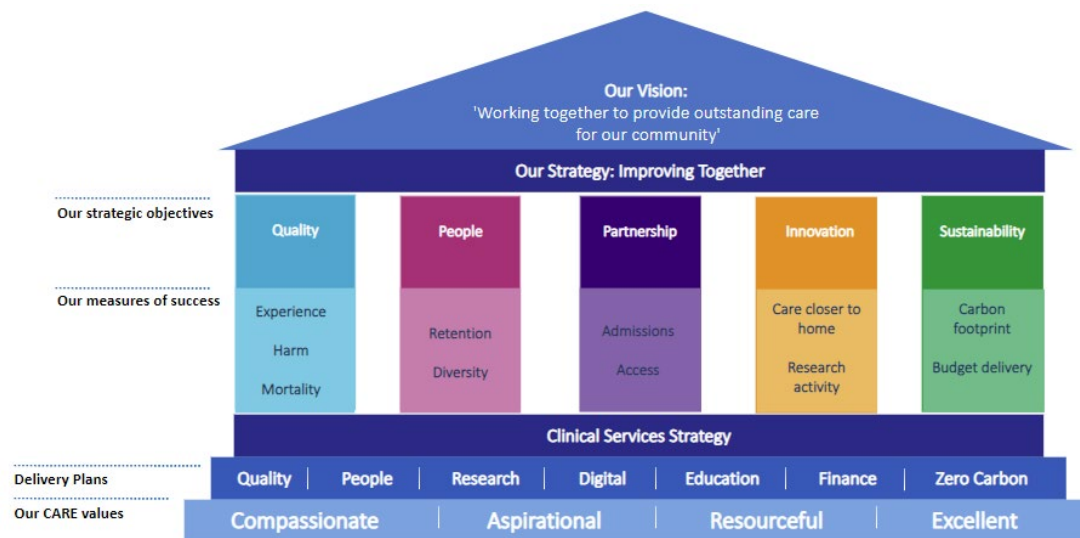
Digital	<ul style="list-style-type: none"> • Attend established virtual meetings and events across the Trust and ICS partners • Virtual briefings e.g. All Staff briefings • Attend meetings with UoR including Health Strategy Group and Strategic Planning Session 	<ul style="list-style-type: none"> • Online Survey and webpage advertised internally and externally, including Workvivo, posters, social media platforms and regular communication channels with staff, volunteers and our Trust members • Staff and volunteer updates via internal communications channels – newsletter, all staff briefing, meet a colleague Monday, CEO Blog and Vlog
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5.0 Recommendation and next steps

- 5.1 The committee are invited to note the update from the exploration phase and to comment on the proposed governance arrangements and outline engagement plan.
- 5.2 Comments from the committee will be incorporated into the full engagement plan.
- 5.3 The committee will be updated and engaged as this develops at the proposed dates outlined in the governance framework.

Appendices

Appendix 1: Current Our Strategy: Improving Together architecture



Appendix 2: Proposed governance framework and timeline

Phases >	Autumn 2024	1 Exploration and planning		2 Engagement				3 Development and refinement		4 Finalisation and approvals		
		Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025
Trust Board	X	X ¹			X ²				X ²		X ³	X ⁴
Council of Governors	X			X ⁵					X ⁶			
Executive Management Committee	X	X ¹		X ⁷					X		X	
Strategy Programme Working Group		X	X	X	X	X	X	X	X	X		
Strategy Steering Group			X		X		X		X			

¹Engagement Plan and Update

²Board Seminar

³Private Meeting of Trust Board

⁴Public Meeting of Trust Board

⁵Governor Engagement Workshop

⁶Governor Seminar

⁷EMC Development Seminar

Standing Financial Instructions

CG101

Approval Group	Job Title, Chair of Committee	Date
Executive Management Committee	Chair, Executive Management Committee	08/01/2024
Audit & Risk Committee	Chair, Audit & Risk Committee	10/01/2024
Board	Chair, Board	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
Version 8.2	December 2024	Charlene Sables	Update of existing version

Table of contents

Table of contents	2
Preface	3
Introduction including definitions	4
Powers of Authority and Delegation	6
Corporate responsibilities of all Trust employees and staff	9
Responsibilities of the Chief Executive Officer	16
Responsibilities of the Chief Finance Officer	20
Scheme of delegation of powers from the Board of Directors to Officers of the Trust	36
Certification	46

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 202~~4~~³

Section 1

This section, page 4 – 14, is applicable to all readers of this document.

Introduction including definitions

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
<i>Carried out</i>				
<ul style="list-style-type: none"> • 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.

Trust Standing Financial Instructions

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 budget holders 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	His Majesty's Revenue and Customs
PO	Purchase Order
Employee	An officer who is paid through the Trust payroll system

Trust Standing Financial Instructions

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	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

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.

Trust Standing Financial Instructions

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.

The main points of the Schemes of Delegation approval limits are summarised below. This should be read in conjunction with the full tables detailed in the 2nd half of this document.

<u>Capital Spend</u>	
<u>Capital projects not included in the Annual Capital Plan require business case approval</u>	<u>Once quotes are worked up, the case must be presented to the Business Case Group, following which it progressed through Executive Management Committee and Finance and Investment Committee to the Board of Directors.</u>
<u>Budgets allocated as set out in the Annual Capital Plan are signed off by the Board of Directors. Invoice processing limits are:</u>	<u>Monitored and reported through Capital Investment Group. Overall operational delivery rests with Operational Heads:</u> <ul style="list-style-type: none"> • <u>Medical Equipment: Chief Medical Officer</u> • <u>Estates: Director of Estates & Facilities</u> • <u>DDaT: Chief Digital Information Officer</u>
<u>Up to £25,000</u>	<u>CIG Chair, and others as delegated by respective Operational Heads</u>
<u>Up to £250,000</u>	<u>Respective Operational Heads</u>
<u>Up to £1,500,000</u>	<u>Chief Finance Officer</u>
<u>Up to £2,500,000</u>	<u>Chief Executive</u>
<u>Above £2,500,000</u>	<u>Board of Directors</u>

<u>Revenue Spend – RBFT & HFMS – through invoices received</u> <u>(This does not include contract agreements or special payments)</u>	
Up to £50,000	Budget holders, as determined by Care Group Directors, DoEF and Heads of Corporate Departments
Up to <u>£250,000</u>	Executive Directors (including Care Group Directors) with restricted powers of delegation, <u>and HFMS directors for HFMS business</u>
<u>Up to £1,500,000</u>	<u>Chief Finance Officer</u>
<u>Up to £2,500,000</u>	<u>Chief Executive</u>
<u>Above £2,500,000</u>	<u>Board of Directors</u>

<u>Charity Spend</u>	
Up to <u>£500</u>	<u>One Fund Advisor</u>
Up to <u>£5,000</u>	<u>Two Fund Advisors</u>
<u>Up to £25,000</u>	<u>One Fund Advisor Panel member and Charity Director</u>
<u>Up to £50,000</u>	<u>Care Group Manager/Director/Matron and Charity Grant Panel</u>
<u>Up to £250,000</u>	<u>Charity Director for Charity grant expenditure</u>
<u>Up to £1,500,000</u>	<u>Chief Finance Officer</u>
<u>Up to £2,500,000</u>	<u>Chief Executive</u>
<u>Above £2,500,000</u>	<u>Board of Directors</u>

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

- **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 Procurement within one month of formal approval.

You must not

- **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.

Trust Standing Financial Instructions

You must

- 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

You must not

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 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 **isare** no other alternative purchase options.

Employees 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

Trust Standing Financial Instructions

must be attached to it. Against each line on the statement must be written the cost centre and subjective/account code or PO number to which the transactions should be coded.

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 NHSE (as described in NHSEs published Guidance, Directions and Risk Assessment Framework).

The operational plan shall be reconcilable with the annual submission of 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 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 patients 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. 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/>). 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 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 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 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 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 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 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.

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, The Public Contract Regulations 2015 and The Procurement Bill coming into force 2024. 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 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.

Trust Standing Financial Instructions

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 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

Trust Standing Financial 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 Up to £2,500,000 Over £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	<u>Approval of Asset Disposals</u> 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 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 up to £2,500,000 For individual contracts over £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 £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 to open tenders	As defined by Chief Finance Officer, ensuring independence from Procurement Process
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 Up to £2,500,000 Over £2,500,000	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: All Contract Variations up to £1,500,000 Variations of over 5% where the revised contract value is up to £2,500,000 Variations of over 5% where the revised contract value is over £2,500,000	Chief Finance Officer up to limits, then CEO or Board Chief Executive Officer Board of Directors	After taking advice from the Head of Procurement 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 Up to £2,500,000 Over £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 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 expenditure above the budgeted limit.	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.

	<p>The maximum delegated limits which may be varied downwards by the CEO or CFO are:</p> <p>Charity grant expenditure up to £45,000</p> <p>Up to £50,000</p> <p>Charity grant expenditure up to £25,000</p> <p>Charity grant expenditure up to £50,000</p> <p>Up to £250,000 including charity grant expenditure</p> <p>Up to £1,500,000 including Charity grant expenditure Up to £2,500,000 including Charity grant expenditure Above £2,500,000 including charity grant expenditure</p>	<p>Two Fund Advisor Panel members</p> <p>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.</p> <p>One Fund Advisor Panel member and Charity Director</p> <p>Care Group Manager/Director/Matron and Charity Grant Panel</p> <p>Executive Directors (including Care Group Directors) with restricted powers of delegation. <u>Charity Committee Director</u> for Charity grant expenditure</p> <p>Chief Finance Officer Chief Executive Board of Directors</p>	<p>Expenditure of £50k and above to be certified as being within budget by the Care Group DOF or by the Deputy Director of Finance</p> <p>To be notified to the Audit and Risk Committee</p> <p>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</p>
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 eProc 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)	
4.4	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	<u>Non ward and non clinic based agency staff</u> : approval by any 2 of CEO, CFO, Chief Nursing Officer, Chief People Officer, Chief Medical Officer and Chief Operating Officer <u>Ward and clinic based agency staff</u> : 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, Chief Nursing Officer, Chief People Officer, 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 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, Chief Nursing Officer, Chief People Officer, 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 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	<p>Nominations and Remuneration Committee approve all severance payments (contracted and non-contracted) for the Chief Executive and Directors. It also delegates other contracted and non-contracted severance payments as follows:</p> <ul style="list-style-type: none"> • For all staff below Director level approval of contractual severance payments delegated to the Chief Executive, the Chief Finance Officer and 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 Chief People Officer. • Once authorised, authority to pay will only be valid if signed by both the Chief People Officer and by the CFO and having obtained the regulatory approval where required by relevant policies and procedures. 	Severance payments resulting from industrial tribunals need not go to Nominations and Remunerations Committee but must still be signed by both the Chief People Officer and by the CFO.
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 for Finance to generate an invoice. For clarity no-one outside of Finance is authorised to raise an invoice.	All requests for invoicing should be passed to Finance.
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
	Up to £50,000 Up to £150,000 Up to £350,000 Over £350,000	Financial Controller or 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.
	Up to £150,000 Up to £350,000 Over £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		
	Up to £150,000 Up to £350,000 Above £350,000	Chief Finance Officer Chief Executive Board of Directors	Only after advice from the 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 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 according to 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	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 Chief People Officer and 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 and Recruitment Service Manager for UK Border Authority transactions only at a daily limit of £25,000

TABLE 2 – Tendering and contracting thresholds

(a)	(b) Up to £10,000	(c) £10,001 - £75,000	(d) £75,001 Trust Tender Threshold (see column f)	(e) Over FTS limit (See column f)	(f) Public Contract Regulations 2015 (under FTS)
Services & Supplies	Single written quotation	3 written competitive quotations	3 formal tenders	Normally minimum of 5 tenders through FTS	£139,668 and over
Works	Single written quotation	3 written competitive quotations	3 formal tenders	Normally minimum of 5 tenders through FTS	£5,372,609 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 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. Definitions 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
- 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.

Certification

I _____ certify that I have read, understood and will comply with the Standing Financial Instructions dated January 202~~5~~⁴

Signature: _____

Date: _____

Title:	Standing Financial Instructions (SFIs)
Agenda item no:	10
Meeting:	Board of Directors
Date:	29 January 2025
Presented by:	Nicky Lloyd, Chief Finance Officer
Prepared by:	Charlene Sables, Deputy Director of Finance – Financial Control

Purpose of the Report	To approve the changes to the Standing Financial Instructions following its annual review and incorporating further recommendation from the Board of Directors.
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Report History	Executive Management Committee - 9 December 2024 Audit & Risk Committee – 8 January 2025
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What action is required?	
Assurance	
Information	
Discussion/input	
Decision/approval	x

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 <input type="checkbox"/>
1. Leadership <input type="checkbox"/>	2. Vision & Strategy <input type="checkbox"/>	3. Culture <input type="checkbox"/>	4. Governance <input type="checkbox"/>
5. Risks, Issues & Performance <input type="checkbox"/>	6. Information Management <input type="checkbox"/>	7. Engagement <input type="checkbox"/>	8. Learning & Innovation <input type="checkbox"/>

Publication			
Published on website		Confidentiality (Fol)	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 March 2024.
- 1.2 Following the last review of delegated levels of authority undertaken by the finance team, and the relationship these levels of authority have to each other, the normal annual review has been completed, incorporating further feedback following the V8.1 review.
- 1.3 The SFIs have been updated to reflect the following:
 - (a) Delegated authority levels for Charity Director
 - (b) Scheme of Delegation Table of approval limits added
- 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



Title:	Standing Orders
Agenda item no:	11
Meeting:	Board of Directors
Date:	29 January 2025
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	The Trust's Standing Orders are reviewed on an annual basis. Some minor typographical amendments have been made. The Audit & Risk Committee recommended the Standing Orders for approval by the Board.
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Report History	Audit & Risk Committee 8 January 2025
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What action is required?	
Assurance	
Information	
Discussion/input	
Decision/approval	The Board is asked to approve the Standing Orders.

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

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 <input type="checkbox"/>	
1. Leadership <input type="checkbox"/>	2. Vision & Strategy <input type="checkbox"/>
3. Culture <input type="checkbox"/>	4. Governance <input type="checkbox"/>
5. Risks, Issues & Performance <input type="checkbox"/>	6. Information Management <input type="checkbox"/>
7. Engagement <input type="checkbox"/>	8. Learning & Innovation <input type="checkbox"/>

Publication			
Published on website		Confidentiality (Fol)	Private
			Public



Royal Berkshire
NHS Foundation Trust

Board of Directors

Standing Orders

Agreed:
Last Reviewed

September 2014
January 2024

CONTENTS

INTRODUCTION	4
Statutory Framework	4
Delegation of Powers	4
1. INTERPRETATION	5
2. THE TRUST	6
Composition of the Trust	6
Appointment of the Chair and Directors	6
Terms of Office of the Chair and Directors	7
Appointment of Deputy Chair	7
Powers of Deputy Chair	7
Senior Independent Director	7
3. MEETINGS OF THE BOARD OF DIRECTORS	7
Calling Meetings	7
Notice of Meetings	8
Setting the Agenda	8
Chair of Meeting	8
Annual Members Meeting	8
Notices of Motion	8
Withdrawal of Motion or Amendments	9
Motion to Rescind a Resolution	9
Motions	9
Chair's Ruling	9
Voting	9
Minutes	10
Suspension of Standing Orders	11
Variation and Amendment of Standing Orders	11
Record of Attendance	11
Quorum	11
4. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION	11
Emergency Powers	12
Delegation to Committees	12
Delegation to Officers	12
5. COMMITTEES	12
Appointment of Committees	12
Confidentiality	13
6. DECLARATIONS OF INTEREST AND REGISTER OF INTEREST	13
Declaration of Interest	14
Register of Interests	14

7.	DISABILITY OF DIRECTORS IN PROCEEDINGS ON ACCOUNT OF PECUNIARY INTEREST	14
8.	STANDARDS OF BUSINESS CONDUCT POLICY	14
	Policy	15
	Interest of Officers in Contracts	15
	Canvassing of, and Recommendations by, Directors in Relation to Appointments	15
	Relatives of Directors or Officers	15
9.	CUSTODY OF SEAL AND SEALING OF DOCUMENTS	16
	Custody of Seal	16
	Sealing of Documents	16
	Register of Sealing	16
10.	SIGNATURE OF DOCUMENTS	16
11.	MISCELLANEOUS	17
	Standing Orders to be given to Directors and Officers	17
	Documents having the Standing of Standing Orders	17
	Review of Standing Orders	17

INTRODUCTION

Statutory Framework

The Royal Berkshire NHS Foundation Trust (the Trust) is a public benefit corporation authorised by the Independent Regulator of NHS Foundation Trusts under the Health and Social Care Act 2012.

The Trust's principal places of business are:

Royal Berkshire Hospital London Road Reading RG1 5AN	West Berkshire Community Hospital Benham Hill Thatcham Berkshire RG18 3AS
Bracknell Healthspace Eastern Gate Brants Bridge Bracknell Berkshire RG12 9RT	Townlands Memorial Hospital York Road Henley-on-Thames Oxfordshire RG9 2DR
Prince Charles Eye Unit King Edward VII Hospital St Leonard's Road Windsor SL4 3DP	Windsor Dialysis Satellite Unit 1 Maidenhead Road Windsor SL4 5EY
Princes House 73a London Rd Reading RG1 5UZ	Dingley Child Development Centre Erleigh House, Earley Gate, Whiteknights Road, University of Reading Campus, Reading RG6 6BZ.
Harborne Building University of Reading Whiteknights Reading RG6 6AS	

NHS Trusts are governed by statute, mainly the Health and Social Care Act 2012, by their constitutions and by the terms of their authorisation by the Independent Regulator (the Regulatory Framework).

The functions of the Trust are conferred by the Regulatory Framework.

As a body corporate the Trust has specific powers to contract in its own name and to act as a corporate trustee. In the latter role it is accountable to the Charity Commission for those funds deemed to be charitable. The Trust also has a common law duty as a bailee for patients' property held by the Trust on behalf of patients.

Delegation of Powers

Under the Standing Orders relating to the Arrangements for the Exercise of Functions (SO 4) the Board exercises its powers to make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee appointed by virtue of SO 5 or by an officer of the Trust, in each case subject to such restrictions and conditions as the Board thinks fit or as NHS England may direct. Delegated Powers are covered in a separate document (Reservation of Powers to the Board and Delegation of Powers). That document is incorporated within the Standing Financial Instructions (SFIs) and has effect as if incorporated into the Standing Orders (SOs).

1. INTERPRETATION

- 1.1 Save as permitted by law, and subject to the Constitution, at any meeting the Chair of the Trust shall be the final authority on the interpretation of Standing Orders (on which he/she should be advised by the Chief Executive or Trust Secretary).
- 1.2 Any expression to which a meaning is given in the Health Service Acts or in the Regulations or Orders made under the Acts shall have the same meaning in this interpretation and in addition:

"ACCOUNTABLE OFFICER" shall be the Officer responsible and accountable for funds entrusted to the Trust. He/She shall be responsible for ensuring the proper stewardship of public funds and assets. For this Trust it shall be the Chief Executive.

"TRUST" means the Royal Berkshire NHS Foundation Trust.

"BOARD" means the Board of Directors as constituted in accordance with the Constitution of the Trust.

"COUNCIL OF GOVERNORS" means the Council of Governors as constituted in accordance with the Constitution, which has the same meaning as the Board of Governors in the 2003 Act.

"BUDGET" shall mean a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Trust.

"CHAIR" is the person appointed by the Council of Governors to lead the Board and to ensure that it successfully discharges its overall responsibility for the Trust as a whole. The expression "the Chair of the Trust" shall be deemed to include the Deputy Chair of the Trust if the Chair is absent from the meeting or is otherwise unavailable.

"CHIEF EXECUTIVE" shall mean the chief executive officer of the Trust.

"COMMITTEE" shall mean a sub-committee appointed by the Board.

"COMMITTEE MEMBERS" shall be persons formally appointed by the Board to sit on or to chair specific committees.

"DEPUTY CHAIR" means the Non-Executive Director appointed by the Trust to take on the Chair's duties if the Chair is absent for any reason.

"DIRECTOR" means a member of the Board of Directors.

"HE/SHE & HIS/HERS" shall refer to the appropriate postholder and are to be read as the gender of that post which may change.

"FUNDS HELD ON TRUST" shall mean those funds which the Trust holds at its date of incorporation, receives on distribution by statutory instrument, or chooses subsequently to accept. Such funds may or may not be charitable.

"MOTION" MEANS a formal proposition to be discussed and voted on during the course of a meeting.

"NOMINATED OFFICER" means an officer charged with the responsibility for discharging specific tasks within SOs and SFIs.

"NON-EXECUTIVE DIRECTOR" means a Director, including the Chair of the Trust, who does not hold an executive office of the Trust

"OFFICER" means an employee of the Trust.

"TRUST SECRETARY" means the Trust Secretary or any other person appointed to perform the duties of the Trust Secretary, including a joint, assistant or deputy secretary.

"SFIs" means Standing Financial Instructions.

"SENIOR INDEPENDENT DIRECTOR" means a Non-executive director of the Trust appointed to provide a sounding board for the Chair of the Trust and to serve as an intermediary for the other directors when necessary.

"SOs" means Standing Orders.

2. THE TRUST

2.1 All business shall be conducted in the name of the Trust.

2.2 All funds received in trust shall be in the name of the Trust as corporate trustee. In relation to funds held on trust, powers exercised by the Trust as corporate trustee shall be exercised separately and distinctly from those powers exercised as a Trust.

2.3 The Trust has resolved that certain powers and decisions may only be exercised or made by the Board in formal session. These powers and decisions are set out in "Reservation of Powers to the Board" (included in the Standing Financial Instructions) and have effect as if incorporated into the Standing Orders.

2.4 **Composition of the Trust Board** - In accordance with the Constitution the composition of the Board of the Trust shall be:

The Chair of the Trust

Up to 7 non-executive Directors

Up to 7 executive Directors including:

- the Chief Executive (the Chief Officer)
- the Chief Finance Officer
- a registered medical or dental practitioner
- a registered nurse or midwife
- up to 3 other executive directors

- 2.5 **Appointment of the Chair and Non-Executive Directors** – In accordance with the Constitution the Chair and the other non-executive Directors are appointed and removed by the council members at a general meeting. The appointment process followed will be in accordance with the terms of the Constitution.
- 2.6 In accordance with the Constitution the non-executive Directors of the Trust will appoint and remove the Chief Executive as a director of the Trust. The appointment of the Chief Executive is subject to the approval of a majority of the members of the Council of Governors present and voting at a meeting of the Council of Governors.
- 2.7 **Terms of Office of the Chair and Non-Executive Directors** – The Chair and the non-executive Directors are to be appointed for a period of office of three years in accordance with the terms and conditions of office decided by the Council of Governors at a general meeting.
- 2.8 **Terms of Office of Executive Directors** - The Board Nominations and Remuneration Committee of non-executive Directors shall decide the terms and conditions of office including remuneration and allowances of executive Directors.
- 2.9 **Appointment of Deputy Chair** - For the purpose of enabling the proceedings of the Trust to be conducted in the absence of the Chair of the Trust, the Council of Governors may appoint a non-executive Director to be Deputy Chair for such a period, not exceeding the remainder of his/her term as non-executive Director of the Trust, as they may specify on appointing him/her. If the Chair is unable to discharge their office as Chair of the Trust, the Deputy Chair of the Board of Directors shall be acting Chair of the Trust.
- 2.10 Any non-executive Director so elected may at any time resign from the office as Deputy Chair by giving notice in writing to the Chair and the Directors of the Trust who may thereupon appoint another non-executive Director as Deputy Chair in accordance with paragraph 2.9.
- 2.11 **Powers of Deputy Chair** - Where the Chair of the Trust has died or has otherwise ceased to hold office or where he/she has been unable to perform his/her duties as Chair owing to illness, absence from England and Wales or any other cause, references to the Chair in these Standing Orders shall, so long as there is no Chair able to perform his/her duties, be taken to include references to the Deputy Chair.

2.12 Senior Independent Director role -

- Be available to Directors, Governors, members of the Trust or other stakeholders if they have concerns relating to matters which contact through the normal channels of Chair of the Trust, Chief Executive, Trust Secretary or Chief Finance Officer has failed to resolve, or for which such contact is inappropriate.
- Attend sufficient meetings of Governors to give them an opportunity to express concerns.
- Convene and chair meetings of the Board, or any part of a Board meeting, at which matters concerning the Chair of the Trust are considered.

3. MEETINGS OF THE BOARD OF DIRECTORS

- 3.1 **Calling Meetings** - Ordinary meetings of the Board shall be held at such times and places as the Board may determine.
- 3.2 Meetings of the Board will be called by the Trust Secretary, or by the Chair of the Trust, or by four Directors (a minimum of one Executive and one Non Executive Director) who give written notice to the Trust Secretary specifying the business to be carried out. The Trust Secretary shall send a written notice to all Directors as soon as possible after the receipt of such a request. The Trust Secretary shall call a meeting on at least fourteen but not more than twenty-eight days' notice (except in the case of emergencies) to discuss the specified business. If the Trust Secretary fails to call such a meeting then the Chair or four Directors, whichever is the case, shall call such a meeting.
- 3.3 **Notice of Meetings** – Save in the case of emergencies or the need to conduct urgent business, the Trust Secretary shall give to all Directors at least fourteen days written notice of the date and place of every meeting of the Board of Directors.
- 3.4 Before each meeting of the Board, a notice of the meeting, specifying the business proposed to be transacted at it, shall be delivered to every Director, sent electronically or by post to the usual place of residence of such Director, so as to be available to him/her at least 5 clear days before the meeting (or less at the agreement of the Chair of the Committee/Board). 'Clear days' excludes bank holidays and weekends.
- 3.5 Lack of service of the notice on any director shall not affect the validity of a meeting.
- 3.6 Failure to serve such a notice on more than 2 Directors will invalidate the meeting. A notice shall be presumed to have been served at the time at which the notice would be delivered in the ordinary course of the post.
- 3.7 In the case of a meeting called by Directors or the Chair in default of the Trust Secretary, the notice shall be signed either by those Directors or the Chair and no business shall be transacted at the meeting other than that specified in the notice.

- 3.8 **Setting the Agenda** - The Board may determine that certain matters shall appear on every agenda for a meeting of the Board and shall be addressed prior to any other business being conducted.
- 3.9 A Director desiring a matter to be included on an agenda shall make his/her request in writing to the Trust Secretary at least 10 clear days before the meeting, subject to SO 3.3. Requests made less than 10 days before a meeting may be included on the agenda at the discretion of the Chair.
- 3.10 **Chair of Meeting** - The Chair of the Trust, or in their absence the Deputy Chair of the Board, and in their absence one of the other non-executive Directors in attendance is to chair meetings of the Board.
- 3.11 If the Chair is absent from a meeting temporarily on the grounds of a declared conflict of interest the Deputy Chair, if present, shall preside. If the Chair and Deputy Chair are absent, or are disqualified from participating, such non-executive Director as the Directors present shall choose who shall preside.
- 3.12 **Annual General Meeting** - In accordance with the Constitution the Trust will hold a members meeting (the "Annual General Meeting") within nine months of the end of the financial year.
- 3.13 **Notices of Motion** - A Director of the Trust desiring to move or amend a motion shall send a written notice thereof at least 10 clear days before the meeting to the Trust Secretary, who shall insert in the agenda for the meeting all notices so received subject to the notice being permissible under the appropriate regulations. This paragraph shall not prevent any motion being moved during the meeting, without notice on any business mentioned on the agenda subject to SO 3.7.
- 3.14 **Withdrawal of Motion or Amendments** - A motion or amendment once moved and seconded may be withdrawn by the proposer with the concurrence of the seconder and the consent of the Chair.
- 3.15 **Motion to Rescind a Resolution** - Notice of motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding 6 calendar months shall bear the signature of the Director who gives it and also the signature of 4 other Directors. When any such motion has been disposed of by the Board, it shall not be competent for any Director other than the Chair to propose a motion to the same effect within 6 months; however the Chair may do so if he/she considers it appropriate.
- 3.16 **Motions** - The mover of a motion shall have a right of reply at the close of any discussion on the motion or any amendment thereto.
- 3.17 When a motion is under discussion or immediately prior to discussion it shall be open to a Director to move:
- An amendment to the motion.
 - The adjournment of the discussion or the meeting.
 - That the meeting proceed to the next business. (*)

- The appointment of an ad hoc sub-committee to deal with a specific item of business.
- That the motion be now put. (*)

* In the case of sub-paragraphs denoted by (*) above to ensure objectivity motions may only be put by a Director who has not previously taken part in the debate and who is eligible to vote. No amendment to the motion shall be admitted if, in the opinion of the Chair of the meeting, the amendment negates the substance of the motion.

- 3.18 **Chair's Ruling** - Statements of Directors made at meetings of the Board shall be relevant to the matter under discussion at the material time and the decision of the Chair of the meeting on questions of order, relevancy, regularity and any other matters shall be observed at the meeting.
- 3.19 **Voting** - Every question at a meeting shall be determined by a majority of the votes of the Directors present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.
- 3.20 All questions put to the vote shall, at the discretion of the Chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the Directors present so request.
- 3.21 If at least one-third of the Directors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Director present voted or abstained.
- 3.22 If a Director so requests, his/her vote shall be recorded by name upon any vote (other than by paper ballot).
- 3.23 In no circumstances may an absent Director vote by proxy. Absence is defined as being absent at the time of the vote.
- 3.24 The Board may agree that its members can participate in its meetings by telephone, video or computer link. Participation in the meeting in this manner shall be deemed to constitute presence in person at such meeting.
- 3.25 A resolution in writing signed by all of the Directors entitled to receive notice of a meeting of the Board of Directors shall be as valid and effectual as if it had been passed at a meeting of the Board of Directors duly convened and held and may consist of several documents in the like form each signed by one or more directors.
- 3.26 A resolution in electronic form sent to all of the Directors entitled to receive notice of a meeting of the Board of Directors by electronic communication (for the purposes of this provision "electronic communication" means a communication transmitted (whether from one person to another, from one device to another or from a person to a device or vice versa) (a) by means of an electronic communications network; or (b) by other means but while in an electronic form) to the electronic addresses notified to the Trust by each of the directors, shall be as valid and effectual as if it had been passed at a meeting of

the Board of Directors duly convened and held provided that each and every director entitled to receive a notice of a meeting of the Board of Directors responds by electronic communication to the electronic address from which the resolution in electronic form was transmitted from, confirming their acceptance of the resolution.

- 3.27 An acting director who has been appointed formally to carry out a vacant Director's duties during a period of temporary incapacity, shall be entitled to exercise the voting rights of the executive Director. An officer attending the Board to represent an executive Director during a period of incapacity or temporary absence without being formally appointed to the Board may not exercise the voting rights of the executive Director. An officer's status when attending a meeting shall be recorded in the minutes.
- 3.28 **Minutes** - The Minutes of the proceedings of a meeting shall be drawn up and submitted for agreement at the next ensuing meeting where they will be signed by the person presiding at it.
- 3.29 No discussion shall take place upon the minutes except upon their accuracy or where the Chair considers discussion appropriate. Any amendment to the minutes shall be agreed and recorded at the next meeting.
- 3.30 Minutes shall be circulated in accordance with the Boards' wishes.
- 3.31 **Suspension of Standing Orders** - Except where this would contravene any statutory provision or any direction made by the Secretary of State, any one or more of the Standing Orders may be suspended at any meeting, provided that at least two-thirds of the Board are present, including one executive Director and one non-executive Director, and that a majority of those present vote in favour of suspension.
- 3.32 A decision to suspend SOs shall be recorded in the minutes of the meeting and the circumstances subsequently reviewed by the Audit & Risk Committee.
- 3.33 A separate record of matters discussed during the suspension of SOs shall be made and shall be available to the Directors.
- 3.34 No formal business may be transacted while SOs are suspended.
- 3.35 **Variation and Amendment of Standing Orders** - These Standing Orders shall be amended only if:
- a notice of motion under Standing Order 3.13 has been given; and
 - no fewer than half the total of the Trust's non-executive Directors vote in favour of amendment; and
 - at least two-thirds of the Directors are present ; and
 - the variation proposed does not contravene a statutory provision or direction made by the Secretary of State.

- 3.36 **Record of Attendance** - The names of the Directors present at the meeting shall be recorded in the minutes.
- 3.37 **Quorum** -.Seven Directors, including not less than three executive Directors and not less than four non-executive Directors shall form a quorum.
- 3.38 An officer in attendance for an executive Director but without formal acting up status may not count towards the quorum.
- 3.39 If a Director has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (see SO 6 or 7) he/she shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business. The above requirement for at least two executive Directors to form part of the quorum shall not apply where the executive Directors are excluded from a meeting.

4. ARRANGEMENTS FOR THE EXERCISE OF FUNCTIONS BY DELEGATION

- 4.1 The Board may make arrangements for the exercise, on behalf of the Trust, of any of its functions by a committee or sub-committee, appointed by virtue of SO 5.1 or 5.2 below or by a Director or an officer of the Trust in each case subject to such restrictions and conditions as the Board considers appropriate.
- 4.2 **Emergency Powers** - The powers which the Board has retained to itself within these Standing Orders (SO 2.3) may in emergency be exercised by the Chief Executive and the Chair of the Trust after having consulted at least two Non Executive Directors. The exercise of such powers by the Chief Executive and the Chair shall be reported to the next formal meeting of the Board for ratification.
- 4.3 **Delegation to Committees** – The Board shall agree from time to time to the delegation of executive powers to be exercised by committees which it has formally constituted. The constitution and terms of reference of these committees, and their specific executive powers shall be approved by the Board.
- 4.4 **Delegation to Officers** - Those functions of the Trust which have not been retained as reserved by the Board or delegated to an executive committee or - sub-committee shall be exercised on behalf of the Board by the Chief Executive. The Chief Executive shall determine which functions he/she will perform personally and shall nominate officers to undertake the remaining functions for which he/she will still retain an accountability to the Board.
- 4.5 The Chief Executive shall prepare a Scheme of Delegation identifying his/her proposals which shall be considered and approved by the Board, subject to any amendment agreed during the discussion. The Chief Executive may periodically propose amendment to the Scheme of Delegation which shall be considered and approved by the Board as indicated above.

- 4.6 Nothing in the Scheme of Delegation shall impair the discharge of the direct accountability to the Board or the Chief Finance Officer or other executive Director to provide information and advise the Board in accordance with any statutory requirements or the Independent Regulator.
- 4.7 The arrangements made by the Board as set out in the "Reservation of Powers to the Board and Delegation of Powers" shall have effect as if incorporated in these Standing Orders.

5. COMMITTEES

- 5.1 **Appointment of committees** - The Board may appoint committees of the Board, consisting wholly or partly of Directors of the Trust or wholly of persons who are not Directors of the Trust.
- 5.2 A committee appointed under SO 5.1 may, subject to such directions as may be given by the Independent Regulator or the Board appoint committees of the Board consisting wholly or partly of members of the committee.
- 5.3 The Standing Orders of the Board, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees of the Board.
- 5.4 Each such committee or sub-committee shall have such terms of reference and powers and be subject to such conditions (as to reporting back to the Board), as the Board shall decide. Such terms of reference shall have effect as if incorporated into the Standing Orders.
- 5.5 All Board sub-committees will be chaired by a non-executive director.
- 5.6 Committees may not delegate their executive powers to a sub-committee unless expressly authorised by the Board.
- 5.7 The Board shall approve the appointments to each of the committees which it has formally constituted.
- 5.8 Where the Trust is required to appoint persons to a committee and/or to undertake statutory functions as required by NHS England, and where such appointments are to operate independently of the Board such appointment shall be made in accordance with applicable statute and regulations and with the guidance issued by NHS England.
- 5.9 The Committees established by the Board are:
- Nominations and Remuneration
 - Audit and Risk
 - Quality
 - Charity
 - Finance & Investment
 - People

At least two Non-Executive Directors and two Executive Directors are members of each Committee (other than the Audit & Risk and Charity Committees)

- 5.10 **Confidentiality** - A member of a committee shall not disclose a matter dealt with by, or brought before, the committee without its permission until the committee shall have reported to the Board or shall otherwise have concluded on that matter.
- 5.11 A Director of the Trust or a member of a committee shall not disclose any matter reported to the Board or otherwise dealt with by the committee, notwithstanding that the matter has been reported or action has been concluded, if the Board or committee shall resolve that it is confidential.

6. DECLARATIONS OF INTERESTS AND REGISTER OF INTERESTS

- 6.1 **Declaration of Interests** - Directors must declare interests which are relevant and material to the NHS Foundation Trust of which they are a Director. All existing Directors should declare such interests. Any Directors appointed subsequently should do so on appointment.
- 6.2 Interests which should be regarded as "relevant and material" are as specified in the Constitution.
- 6.3 If Directors have any doubt about the relevance of an interest, this should be discussed with the Trust Secretary .
- 6.4 At the time Directors' interests are declared, they should be recorded in the Board minutes. Any changes in interests should be declared at the next Board meeting following the change occurring.
- 6.5 Directors' Directorships of companies likely or possibly seeking to do business with the NHS should be published on the Trust's website.
- 6.6 During the course of a Board meeting, if a conflict of interest is established, the Director concerned should withdraw from the meeting and play no part in the relevant discussion or decision.
- 6.7 **Register of Interests** – In accordance with the Constitution, the Trust Secretary will ensure that a Register of Interests is established to record formally declarations of interests of Directors.
- 6.8 These details will be kept up to date by means of, as a minimum, an annual review of the Register.
- 6.9 All appropriate staff will be asked to declare any interest and a record of interests will be kept.
- 6.10 The Register of Board interests will be available to the public.

7. **DISABILITY OF DIRECTORS IN PROCEEDINGS ON ACCOUNT OF PECUNIARY INTEREST**

7.1 Subject to the following provisions of this Standing Order, if a Director of the Trust has any pecuniary interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Board at which the contract or other matter is the subject of consideration, he/she shall at the meeting and as soon as practicable after its commencement disclose the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it.

The above SO applies if the pecuniary interest relates to the spouse or a cohabiting partner.

7.2 The Board shall exclude a Director from a meeting of the Board while any contract, proposed contract or other matter in which he/she has a pecuniary interest, is under consideration.

7.3 Standing Order 7 applies to a committee or sub-committee of the Board as it applies to the Board and applies to any member of any such committee or sub-committee (whether or not he/she is also a Director) as it applies to a Director.

8. **STANDARDS OF BUSINESS CONDUCT**

8.1 **Policy** - Staff must comply with the national guidance contained in Managing Conflicts of Interest in the NHS: Guidance for staff and organisations". The following provisions should be read in conjunction with this document.

8.2 **Interest of Officers in Contracts** - If it comes to the knowledge of a Director or an officer of the Trust that a contract in which he/she has any pecuniary interest not being a contract to which he/she is themselves a party, has been, or is proposed to be, entered into by the Trust he/she shall, at once, give notice in writing to the Trust Secretary of the fact that he/she is interested therein. In the case of married persons or persons living together as partners, the interest of one partner shall, if known to the other, be deemed to be also the interest of that partner.

8.3 An officer must also declare to the Chief Executive any other employment or business or other relationship of his, or of a cohabiting partner, that conflicts, or might reasonably be predicted could conflict with the interests of the Trust. A register of declared interests of staff shall be kept and maintained by means of an annual review.

8.4 **Canvassing of, and Recommendations by, Directors in Relation to Appointments** - Canvassing of Directors of the Trust or members of any committee of the Trust directly or indirectly for any appointment under the Trust shall disqualify the candidate for such appointment. The contents of this paragraph of the Standing Order shall be included in application forms or otherwise brought to the attention of candidates.

8.5 A Director of the Trust shall not solicit for any person any appointment under the Trust or recommend any person for such appointment: but this paragraph of this

Standing Order shall not preclude a Director from giving written testimonial of a candidate's ability, experience or character for submission to the Trust.

- 8.6 Informal discussions outside appointments panels or committees, whether solicited or unsolicited, should be declared to the panel or committee.
- 8.7 **Relatives of Directors or Officers** - Candidates for any staff appointment shall when making application disclose in writing whether they are related to any Director or the holder of any office under the Trust. Failure to disclose such a relationship shall disqualify a candidate and, if appointed, render him/her liable to instant dismissal.
- 8.8 The Directors and every officer of the Trust shall disclose to the Chief Executive any relationship with a candidate of whose candidature that Director or officer is aware. It shall be the duty of the Chief Executive to report to the Trust any such disclosure made.
- 8.9 On appointment, Directors (and prior to acceptance of an appointment in the case of executive Directors) should disclose to the Board whether they are related to any other Director or holder of any office under the Trust.
- 8.10 Where the relationship of an officer or another Director to a Director of the Trust is disclosed, the Standing Order headed 'Disability of Directors in proceedings on account of pecuniary interest' (SO 7) shall apply.
- 8.11 All managers must comply with The Code of Conduct for NHS Managers Directions 2002

9. CUSTODY OF SEAL AND SEALING OF DOCUMENTS

- 9.1 **Custody of Seal** - The Common Seal of the Trust shall be kept by the Trust Trust Secretary in a secure place
- 9.2 **Sealing of Documents** - Where a seal is required to be affixed to a document it will be witnessed and sealed by the signature of two of the below
- the Chief Executive
 - the Chair of the Trust
 - any other Executive Board Director
 - Trust Secretary
- 9.3 As a general guide the seal should be used for:
- all land and property transactions which are required to be executed as a Deed
 - any other contract required to be executed under seal rather than as a simple contract

- 9.4 Before any building, engineering, property or capital document is sealed it must be approved and signed by the Chief Finance Officer (or an officer nominated by him/her) and authorised and countersigned by the Chief Executive (or an officer nominated by him/her who shall not be within the originating Directorate).
- 9.5 **Register of Sealing** - An entry of every sealing shall be made and numbered consecutively in a book provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal.

10. SIGNATURE OF DOCUMENTS

- 10.1 Where the signature of any document will be a necessary step in legal proceedings involving the Trust, it shall be signed by the Chief Executive, unless any enactment otherwise requires or authorises, or the Board shall have given the necessary authority to some other person for the purpose of such proceedings.
- 10.2 The Chief Executive or nominated officers shall be authorised, by resolution of the Board, to sign on behalf of the Trust any agreement or other document (not required to be executed as a deed) the subject matter of which has been approved by the Board or committee or sub-committee to which the Board has delegated appropriate authority.

11. MISCELLANEOUS

- 11.1 **Standing Orders to be given to Directors and Officers** - It is the duty of the Chief Executive to ensure that existing Directors and officers and all new appointees are notified of and understand their responsibilities within Standing Orders and SFIs. Updated copies shall be issued to staff designated by the Chief Executive. New designated officers shall be informed in writing and shall receive copies where appropriate of SOs.
- 11.2 **Documents having the standing of Standing Orders** - Standing Financial Instructions and Reservation of Powers to the Board and Delegation of Powers shall have the effect as if incorporated into SOs.
- 11.3 **Review of Standing Orders** - Standing Orders shall be reviewed annually by the Secretary to the Trust. The requirement for review extends to all documents having the effect as if incorporated in SOs. The Board of Directors will subsequently review and approve the Standing Orders annually.

Board Work Plan 2025

Focus	Item	Lead	Freq	Jan-25	Mar-25	May-25	Jul-25	Sep-25	Nov-25
Provide the Highest Quality Care to all	Winter Plan	DH	Annually						
	Ockendon Action Plan Update	KP-T	By Exception						
	Children & Young People Strategy	KP-T	Bi-Annually						
	Health & Safety Story	DF	Every						
Invest in our People and live out our Values	Patient Story	Exec	Every						
	Staff Story	Exec	Every						
	Health & Safety Annual Report	DF	Annually						
Achieve Long-Term Sustainability	Quarterly Forecast	NL	Quarterly						
	2024/25 Budget	NL	Annually						
	2024/25 Capital Plan	NL	Annually						
	Operating Plan/ Business Plan 2024/25	AS	Annually						
	The Green Plan	NL	Once						
Cultivate Innovation & Improvement	Standing Financial Instructions	NL	Annually						
	ICP/ICS Update	AS	By Exception						
	Building Berkshire Together	AS	Every						
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						
	NHSE Annual Self-Certification	NL/CL	Annually						
	Standing Orders Review	CL	Annually						
Board Work Plan	CL	Every							