Royal Berkshire
NHS Foundation Trust

Public Board - 25 September 2024

MEETING

25 September 2024 09:00 BST

PUBLISHED
20 September 2024

Agenda

Location	Date	Time
Seminar Room, Trust Education Centre, Royal Berkshire Hospital	25 Sep 2024	09:00 BST

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1	Apologies for Absence and Declarations of Interest (Verbal)	Helen Mackenzie		-
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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: 31 July 2024 & Matters Arising Schedule	Helen Mackenzie	10:00	3
6	Minutes of Board Committee Meetings and Committee Updates:		10:05	-
6.1	Audit & Risk Committee: 10 July 2024 & 11 September 2024	Mike McEnaney		10
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Royal Berkshire NHS Foundation Trust

Minutes

Board of Directors

Wednesday 31 July 2024
09.00 – 11.10
Seminar Room, Trust Education Centre, Royal Berkshire Hospital

Present

Mr. Graham Sims	(Chair)
Mr. Steve McManus	(Chief Executive)
Dr. Bal Bahia	(Non-Executive Director)
Mr. Don Fairley	(Chief People Officer)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Priya Hunt	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
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)
Prof. Parveen Yaqoob	(Non-Executive Director)

In attendance

Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Mrs. Helen Mackenzie	(Non-Executive Director)

There were four Governors, and five members of staff present.

The Chair welcomed Catherine McLaughlin and Andrew Statham to their first meeting as Board members.

103/24 Patient Story

The Chief Medical Officer highlighted that, generally, there had been negative media stories in relation to NHS maternity services. However, the Trust's maternity service had received a rating of 'good' from the Care Quality Commission (CQC). The Chief Medical Officer highlighted that triplet births were rare, 1 in 10,000 pregnancies. However, the Trust had supported three mums to deliver 3 sets of triplets over the last 3 years. The Chief Medical Officer introduced Sarah, mum of six-week-old Lyon, Lily and Leslie who were attending with members of their family along with Christine, Director of Midwifery and Shula, who was one of the Trust's internationally educated midwives, and a senior specialist in multiple births.

Sarah explained that she had attended the Trust's Emergency Department (ED) and was referred onto the maternity department. A scan had been undertaken and Sarah was shocked that this confirmed she was pregnant and with triplets. Sarah explained that she had been supported and encouraged throughout her pregnancy and reassured by scans being undertaken every 2 weeks. She had become very tired towards the end of her pregnancy. However, it had been a successful delivery and staff had supported her throughout. The Director of Midwifery advised that the pre-term birth rate was high in the UK. The NHS target

was to reduce the national rate from 8% to 3%. Shula advised that multiple births normally took place at 37 weeks and the triplets were born at 35 weeks. The Trusts current pre-term birth rate was 6%. The Board thanked the maternity team and Sarah for sharing her story with the Board.

104/24 Minutes for approval: 29 May 2024 and Matters Arising Schedule

The minutes of the meeting held on 29 May 2024 were agreed as a correct record and signed by the Chair. The Board received the matters arising scheduled.

Minute 85/24: Work Plan: The Chief Finance Officer advised that an update on the Green Plan would be submitted to the Board in September 2024. **Action: N Lloyd**

105/24 Minutes of Board Committee Meetings and Committee updates

Finance & Investment Committee: 22 May and 19 June 2024

The Chair of the Finance & Investment Committee advised that, at the July meeting, the Committee had noted that the Trust had reprofiled the phasing of its cost improvement programme for 2024/25.

Quality Committee: 3 June 2024

The Board noted that the Committee had received the serious incident report as well as a thematic review of incidents for quarter 4 2023/24. The Committee had also approved the Quality Accounts and received an update from the Quality Governance Committee noting actions in place for completion by June 2024 in relation to mixed sex accommodation breaches. The Committee had also reviewed the Childrens & Young People (CYP) Strategy and provided feedback. The Chief Nursing Officer advised that the Trust's perinatal mortality rates were lower than the national percentage and the Trust's data had not identified the risk factor of ethnicity as seen in the MBRACE-UK data.

The Chief Nursing Officer advised that the CYP Strategy had been refreshed and this would be aligned with the Trust Strategy refresh. The Board noted that young people would be engaged as part of the refresh. **Action: K Prichard-Thomas**

The Chief Executive highlighted the recent Dash review in relation to challenges in the CQC. The Chief Nursing Officer advised that the CQC portal was currently unavailable, and this was impacting on Trust staff time. The Trust currently did not have a decided CQC relationship manager and the CQC had proposed an annual meeting with the Trust. However, the Trust had requested quarterly meetings. The Chief Nursing Officer confirmed that the Trust continued to carry out its own internal mock-CQC inspections. The Board noted that the CQC had advised that they would be undertaking an IRMER inspection of the radiotherapy department shortly and work was on-going with the radiotherapy team to prepare for this. It was agreed that this would be discussed further at the Quality Committee. **Action: K Prichard-Thomas**

106/24 Work Plan

The Board received the work plan.

107/24 Staff Story and Health & Safety Moment

The Chief Finance Officer introduced the Director of Estates & Facilities together with Ian and Susan from the estates team. The Board noted that the Director of Estates & Facilities was leading a What Matters project focussed on equality, diversity and inclusion and communication for her directorate. The Director of Estates & Facilities explained that she had identified an increasing number of Freedom to Speak Up (FTSU) incidents, as well as other formal and

informal anecdotes and feedback of staff feeling they had no opportunity for development and of staff experiencing poor behaviours. The Director of Estates & Facilities had engaged the organisational development team and developed a targeted programme, in the first instance, for the top 3 tiers of leadership in the directorate then to be rolled out across the rest of the staff. Ian explained that the aim of the project was to engage the senior leadership team on the leadership behaviours framework and to ensure they were demonstrating the Trust's CARE values in their roles. The Board noted that 30% of staff in the Trust overall were from an ethnic minority and 67% of the estates and facilities team were from an ethnic minority. Ian explained that staff in estates spoke over 20 languages and ranged from Band 2 to Very Senior Managers and worked a range of various hours, so communication was really important. To date, 5 workshops had taken place. Phase 1 was specifically aimed at leaders and Phase 2 aims at leaders training and rolling out through their teams. The aim was to improve culture and behaviours and modules included emotional intelligence, self-awareness and inclusive leadership. Susan provided an overview of the challenges she faced working in a very male dominant environment. This included hostility and misogynistic behaviours that had been labelled as 'banter' by individuals. This inappropriate behaviour extended to email, and she had found it difficult to support her team as this impacted on staff morale. Following the What Matters programme inappropriate behaviours had continued as a small number of individuals were not prepared to change their behaviours. The Chief People Officer advised that his team continued to support the estates and facilities team including member of the Employee Relations team. Performance management processes were in place to manage poor behaviours. The Board noted that the 'up the anti' programme was being piloted with the estates and facilities team with a focus on understanding microaggressions and a session would be arranged for the People Committee in due course. **Action: D Fairley**

The Board discussed whether the appraisal process was used for addressing cultural/behavioural issues. The Chief People Officer advised that a 360 tool for feedback was in used at senior level and would be cascaded through the organisation. The Leadership Behaviours Framework was embedded in all leadership programmes and in the talent management process. The Chair highlighted that it was important that the Board, as well as all other leaders, acted upon poor behaviours.

The Board thanked the estates and facilities team for the presentation.

108/24 Chief Executive's Report

The Chief Executive introduced the report and highlighted the recent changes to local Members of Parliament (MPs) following the recent election and advised that meetings were being scheduled to meet with the new MPs in relation to the Building Berkshire Together (BBT) programme.

The Chief Executive advised that the Trust was working with the Integrated Care Board (ICB) in relation to an Urgent Care Centre (UCC) solution to be located on the Reading site from October 2024 on an interim basis and substantively from April 2025 following a procurement process. The Trust had identified an interim site and had received notification that it would receive £4.2m capital funding.

The Board noted that the West Berkshire Community Hospital (WBCH) MRI project was progressing and supported by the trustees who had donated funding for the project. This would result in two MRIs being sited at WBCH and aligned with the Trust's Clinical Services Strategy (CSS) to increase services provided at other sites.

The Chief Executive highlighted that there had been 18 months of disruption due to various episodes of industrial action. However, the government had recently made an offer to junior doctors. The Chief Executive highlighted that GPs would be 'working to rule' from 29 July

2024. Work was ongoing to review the implications from both an operational and clinical level for the Trust.

The Board noted that, to date, 3,600 staff had contributed to the What Matters programme. The fourth and finale module 'Excellence' would be launched on 29 July 2024. Data from the What Matters Programme would be used in the Trust strategy refresh and behaviours framework. Planning was also ongoing for the launch of the Staff Survey in late September 2024.

The Chief Executive highlighted the recognition received by colleagues in the Trust; Mark Foulkes, Sharon Herring and the Occupational Health team who had been awarded an MBE, the Chief Nurse of England's Silver Award and a Workplace Health and Wellbeing Award at the Thames Valley Chamber of Commerce's Business Awards respectively.

The ICB had re-launched its consultation on its Operating Model and the Trust would be contributing to this. In addition, there were degrees of uncertainty as a substantive Chief Executive for the ICB was awaiting Secretary of State approval and there was currently no substantive Chair either.

The Chief Executive highlighted that, following the soft launch of the Health Data Institute via an internal communication, Will Flannery, had been appointed internally as a Clinical Director and a Head of Data Research and Advanced Analytics had been appointed externally.

The Chief Executive advised that financial performance was behind plan. Cost controls had been implemented and non-pay cost reduction was a key area of focus. The Chief Executive highlighted that there was a wider challenge in relation the financial position across the NHS generally.

The Chief Executive highlighted the recent announcement by Rachel Reeves, Chancellor of the Exchequer, in relation to the New Hospital Programme being reset. This created uncertainty for the Trust. The Board noted that the Trust had received over 6,000 responses to the survey regarding two potential sites for the new hospital.

The Chief Executive highlighted that the Trust's Annual Report & Accounts had been successfully laid before Parliament ahead of the deadline and thanked the Trust Secretary, the Chief Finance Officer and their teams.

109/24 Integrated Performance Report (IPR)

The Chief Strategy Officer introduced the IPR and highlighted that patients feeling listened to was below target and average performance had reduced. Actions were being taken in relation to the reduced response rate as set out in the report. The inpatient response rate had reduced following the implementation of an electronic version of the survey. However, it had been identified that there was a need for dual methodology as well as the need for clinical areas to highlight the use of the survey. Incidents were within the expected range and would be reviewed by both the Executive Management Committee (EMC) and the Quality Committee. The Chief Strategy Officer highlighted the Patient Safety Incident Response Framework (PSIRF) priorities and advised that themes identified had not changed.

There has been an increase in the stability rate on the retention metric. This was a result of staff on Fixed Term Contracts being excluded from the data. Turnover and vacancy rates had reduced as well as agency use. The last phase of the What Matters programme was on-going, and this would lead into the launch of the Staff Survey for 2024. In response to a query regarding stay conversations the Chief People Officer advised that these were taking place and there was a need to demonstrate the outcomes in the future in the IPR. **Action: D Fairley**

The Chief Strategy Officer advised that Emergency Department (ED) performance and length of stay had improved. Discussions were on-going with the Integrated Care Board (ICB) in relation to sustaining improvement in ED performance and work was on-going to embed consistency of

practice in ED as well as strong requests to wards in relation to consistency of Board rounds and maximising use of the discharge lounge. In relation to the programme to develop an on-site Urgent Care Centre (UCC), areas raised with the ICB included funded capacity in General Practice, community beds, urgent and emergency response, and mental health provision. The chief Operating Officer advised that the modelling was such that 100 patients per day could be referred to the UCC and, as a result, it was anticipated that there would be an improvement in ED performance from October 2024. The Chief Operating Officer explained that the Trust, in comparison with other acute trusts in the Southeast region, was seeing a higher level of patients with increasing complexity. The Chief Operating Officer advised that currently the Trust was trialling a pathway with patients being redirected from ED to Same Day Emergency Care (SDEC) and if this was successful this would be continued through the Winter period. As part of the patient flow programme, target discharge dates (TDDs) were set for every patient due for discharge to enable the pharmacy team to focus on completion of medications for this cohort of patients. In addition, work was on-going to standardise practice in ED with patients being triaged within 15 minutes and ensuring the team had the capacity to do this. The Chief Operating Officer clarified that the UCC would be a Primary Care led function.

The Chief Executive advised that the Trust had been at OPEL level 2/3 over the last few days and had previously been at OPEL level 4. It was noted that ED performance had been scheduled for discussion at a future Quality Committee. **Action: D Hardy**

62-day cancer performance was on target with efforts focussed at first stages. Key areas of focus included lower gastrointestinal (GI), skin and gynaecology. Good assurance had been provided by the Care Groups at the last round of performance review meetings. The Chief Strategy Officer highlighted that elective activity was on target although this would incur additional cost and work was on-going to ensure that activity was coded correctly. There was a significant focus on reducing Do Not Attends (DNAs) and cancellation rates.

The Chief Strategy Officer advised that there were longer waits on endoscopy and the DM01 metric was affected. However, it was anticipated that there would be an improvement in the new few weeks with the teams focussed on the longer waits.

The Chief Strategy Officer highlighted that energy consumption had reduced in line with seasonal expectations. Work was on-going to reduce the Trust's carbon footprint at Bracknell following grant funding secured for decarbonisation.

The Trust had reported a £10.3m deficit at Month 3 versus a £14.5m deficit for the full year. Key issues related to income that was behind plan and non-pay, in particular, clinical supplies. Work was ongoing to understand the both the rationale and mitigations in relation to clinical supplies. The Chief Finance Officer advised that there had been no increase in stock levels of clinical supplies. Work was on-going to review loan kits for theatres and supply chain suppliers to identify any change in pattern. Drugs costs had also increased, and this was also being reviewed. The Board noted that contracts were aligned with the ICB wherever possible.

The Chief Strategy Officer advised that a range of measures were in place in relation to pay spend resulting in reduced bank and agency use as well as further measures to be implemented in relation to non-pay. As part of the internal turnaround programme 37 areas had been identified to close the efficiency savings gap for 2024/25. These areas were currently being validated. The Board discussed the challenge of achieving the planned financial position for 2024/25. The Chief Executive advised that this was a challenge and there was a need to ensure cost improvement programmes were delivered in-year. The Executive team were broadly confident of the actions needed and the need to achieve efficiencies as there was a low level of confidence of system efficiencies being achieved. The internal turnaround team were in the process of establishing delivery of cost improvement programmes and the detail

would be submitted to the Finance & Investment Committee along with the Quarter 1 Forecast in August 2024. The Chief Executive highlighted that he had met with six of the directorates that had the highest variances to their planned budget positions. Budget holders had set out their planned actions and the Executive team were keen to provide support to them to help secure the recovery of their planned positions. The Board noted that the Trust had not yet signed a contract with the ICB.

110/24 Date of the Next Meeting

It was agreed that the next meeting would be held on Wednesday 25 September 2024 at 09.00.

The Chair highlighted that this was Priya Hunt's last public Board meeting and acknowledged her contribution, in particular, her lead on the People Committee that had been exemplary.

SIGNED:

DATE:

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

Date	Minute Ref	Subject	Matter Arising	Owner	Update
31 July 2024	104/24	Minutes for approval: 29 May 2024 and Matters Arising Schedule: Minute 85/24: Work Plan	The Chief Finance Officer advised that an update on the Green Plan would be submitted to the Board in September 2024.	N Lloyd	Deferred to November Board due to capacity constraints. An expert has been engaged and work is underway.
31 July 2024	105/24	Minutes of Board Committee Meetings and Committee updates: Quality Committee: 3 June 2024	The Chief Nursing Officer advised that the CYP Strategy had been refreshed and this would be aligned with the Trust Strategy refresh. The Board noted that young people would be engaged as part of the refresh.	K Prichard-Thomas	Complete.
31 July 2024	105/24	Minutes of Board Committee Meetings and Committee updates: Quality Committee: 3 June 2024	The Board noted that the CQC had advised that they would be undertaking an IRMER inspection of the radiotherapy department shortly and work was on-going with the radiotherapy team to prepare for this. It was agreed that this would be discussed further at the Quality Committee.	K Prichard-Thomas	Item on Quality Committee Agenda for 30 September 2024
31 July 2024	107/24	Staff Story and Health & Safety Moment	The Board noted that the 'up the anti' programme was being piloted with the estates and facilities team with a focus on understanding microaggressions and a session would be arranged for the People Committee in due course.	D Fairley	Item scheduled on People Committee work plan.
31 July 2024	109/24	Integrated Performance Report (IPR)	In response to a query regarding stay conversations the Chief People Officer advised that these were taking place and there was a need to demonstrate the outcomes in the future in the IPR.	D Fairley	Update to be provided at the meeting.
31 July 2024	109/24	Integrated Performance Report (IPR)	The Chief Executive advised that the Trust had been at OPEL level 2/3 over the last few days and had previously been at OPEL level 4. It was noted that ED performance had been scheduled for discussion at a future Quality Committee.	D Hardy	Scheduled on Quality Committee work plan.

Audit & Risk Committee

Wednesday 10 July 2024
9.30 – 11.00
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. John Oladimeji	(Manager, Deloitte)
Mr. Ben Sherriff	(Associate Partner, Deloitte)
Mr. James Shortall	(Local Counter Fraud Specialist) (LCFS) (up to minute 72/24)
Mr. Neil Thomas	(Partner, KPMG)

Trust Staff

Mr. Mike Clements	(Director of Finance)
Mr. Dom Hardy	(Chief Operating Officer) (for minute 81/24)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Graham Sims	(Chair of the Trust)

Apologies

70/24 Declarations of Interests

There were no declarations of interest.

71/24 Minutes for approval: and Matters Arising Schedule

The minutes of the meeting held on 8 May 2024 were agreed as a correct record and signed by the Chair.

The minutes of the meeting held on 20 June 2024 would be circulated to the Associate Partner, Deloitte, for comments and then circulated to the Committee for approval.
Action: C Lynch

The Committee received the matters arising schedule.

Minute 54/24: Board Assurance Framework (BAF): The Chair would raise the issue of including a risk score in the BAF at a discussion with the Board. **Action: M McEnaney**

Minute 61/24: Declarations of Interest, Gifts & Hospitality Update: The Trust Secretary confirmed that a list of those staff that had not completed a declaration of interest for 2023/24 would be escalated to their line manager. **Action: C Lynch**

Minute 67/24: Audit Items: Annual Report & Financial Statements 2023/24: It was agreed that the Trust Secretary would circulate a copy of the final management representation letter to the Committee. **Action: C Lynch**

72/24 Local Counter Fraud Annual Report

The LCFS introduced the report and highlighted the Trust's Counter Fraud Functional Standard Return for 2023/24, as required by NHS Counter Fraud Authority (NHSCFA) that was an overall green rating. The Committee noted that this was composed of 12 requirements.

The LCFS advised that the visit from the NHSCFA related to reporting cases on the national system and the team had also conducted an ad hoc walkaround and received feedback that staff were not aware of the LCFS. As a result of this the LCFS and Trust's Counter Fraud Champion were now conducting regular walkarounds in operational areas and Counter Fraud information would be made available at the Trust's induction programme. The Committee noted that five issues had been responded to by the LCFS during the year. It was agreed that the LCFS would confirm which of these issues related to fraud and would also provide benchmarking data in relation to the number of issues raised at other trusts.

Action: J Shortall

The LCFS advised that discussions were on-going with the NHSCFA in relation to recording cases on the national system, CLUE, as it was important to ensure that individuals were not pre-judged before cases were fully investigated. Once individuals were registered on the national system this would be for a period of 6 years. The Trust also supported the LCFS's position in relation to this. The Committee queried whether the rating for this requirement should be Amber rather than Red. An update on the progress of discussions with the NHSCFA would be provided at the next meeting. **Action: J Shortall**

73/24 External Audit Annual Report

[Section exempt under S.22 FOI Act]

74/24 Internal Audit Cyber Security Final Report

[Section exempt under S.43 FOI Act]

The Trust Secretary highlighted that, when draft audit reports were issued, owners had the ability to discuss whether proposed completion dates were achievable. However, in many instances, owners tended to provide an optimistic view that would then result in an overdue recommendation.

75/24 Internal Audit Progress Report

The Partner, KPMG, introduced the report and confirmed that progress was currently on target.

76/24 Losses & Special Payments

The Committee noted that there had been eight payments for loss of property to the value of £2,457.49 and 24 cases of other losses totalling £61,654.94 had been made since the last meeting. There had been five special payments to the value of £6,895.50.

77/24 Use of Single Tenders

The Committee noted that nine single tender waiver contracts had been awarded since the

last meeting. The Committee recommended that future reports should set out whether suppliers were on a framework. **Action: N Lloyd**

It was agreed that the Director of Finance would clarify whether Baxter and Veolia were single suppliers as well which project the GBS contract related to. **Action: M Clements**

78/24 Schedule of Significant Contracts

The Committee noted that one significant contract had been awarded since the last meeting and this had been approved by the Finance & Investment Committee.

79/24 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.

80/24 Non-NHS Debt Report

The Committee noted that non-NHS debt was £8.1m as at 31 May 2024. The next update would include benchmarking data in relation to recovery of debt. **Action: N Lloyd**

The Committee noted that private patient income had increased. The Director of Finance advised that work was on-going by the private patient team to agree prices with private medical insurers.

The Committee noted the outstanding debt in relation some suppliers. It was agreed that the Director of Finance would liaise with the commercial team as to whether these suppliers were liable under their contractual agreements for late payments. **Action: M Clements**

81/24 Internal Audit Recommendations

The Director of Finance introduced the report and advised that as at 28 June 2024, 24 of 132 actions were overdue. The Director of Finance highlighted that 31 actions had been added between April and June 2024. 90 actions had been completed.

The Committee noted that action owners agreed both the action and the timescale for complete and then uploaded evidence that was reviewed by the internal audit team before actions were marked as completed. The Finance team had oversight of the whole system.

The Trust Secretary confirmed that the Executive Management Committee reviewed internal audit recommendations monthly. The Committee noted that there had been an issue when the internal audit system, JIRA, had been upgraded access had been an issue due to the Trust's firewall. The Director of Finance confirmed that the users were being provided with training to the system by the internal audit team. The Committee discussed the actions and noted that often action owners were often optimistic in relation to the agreed timescale. In addition, there were some actions overdue that had been completed but the owners had not yet uploaded evidence to the JIRA system.

82/24 Digital, Data & Technology Risk Register

The Chief Operating Officer introduced the DDaT risk register and highlighted that a comprehensive review of all DDaT risks had been undertaken and all risks were now established in the correct Trust format. The Chief Operating Officer advised that the three

DDaT risks on the Corporate Risk Register had been recently reviewed and a 3-year phased capital plan had been developed in relation to these three risks.

[Section exempt under S.43 FOI Act]

The Chief Operating Officer advised that an options appraisal process was on-going in relation to the Trust's bleep system (risk 6254).

The Committee queried whether the target risk ratings were achievable in the Trust's current financial situation. The Chief Operating Officer confirmed that revenue was included in the DDaT budget and capital spend had been prioritised.

The Chief Operating Officer confirmed that the Digital Strategy was due to be refreshed in line with the timeline for the refresh of the Trust Strategy.

83/24 Work Plan

The Trust Secretary confirmed the work plan had been updated.

84/24 Key Messages for the Board

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

- Counter Fraud Assessment
- Year-end audit completed and improvement plan to be submitted to the next meeting
- Significant assurance received from the Cyber Security internal audit
- Internal Audit recommendations received
- Assurance received on DDaT risk register

85/24 Reflections of the Meeting

Helen Mackenzie led a discussion.

85/24 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 11 September 2024 at 9.30.

Chair:

Date:

Audit & Risk Committee

Wednesday 11 September 2024
9.30 – 11.00
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. Neil Thomas	(Partner, KPMG)

Trust Staff

Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer from Item 92/24)

Apologies

87/24 Declarations of Interests

There were no declarations of interest.

88/24 Minutes for approval: 20 June 2024 and 10 July 2024 and Matters Arising Schedule

The minutes of the meetings held on 20 June and 10 July 2024 were agreed as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 71/24 (54/24): Minutes for approval: and Matters Arising Schedule: Board Assurance Framework (BAF): It was agreed that the Chair would meet with the Trust Secretary and the Chief Nursing Officer to review the Trust's processes for risk management with a focus on the BAF and Corporate Risk Register. **Action: M McEnaney**

Minute 72/24: Local Counter Fraud Annual Report: The LCFS provided an overview of the five issues raised responded to during the year.

[Section exempt under S.40(2) FOI Act]

The Committee noted that BDO UK were due to meet with the National Counter Fraud Authority (CFA) in October 2024 in relation to reporting issues on the national system, CLUE, prior to being fully investigated. In addition, BDO UK has sought clarification from the National CFA of their data retention policy. The Chief Finance Officer advised that the issue

would also be raised at the Healthcare Financial Management Association (HFMA) South Central Committee. The Committee supported the approach taken by BDO UK.

89/24 Local Counter Fraud Annual Report

The LCFS advised that work continued in relation to raise fraud awareness in the Trust. The LCFS met regularly with the Trust's Counter Fraud Champion, and they conducted walkarounds across various areas of the Trust. The Committee noted that an interactive awareness session had been held with the Finance directorate as part of their quarterly away day meeting.

[Section exempt under S40(2) FOI Act]

The LCFS highlighted that a member of the procurement had raised a concern regarding procurement document that included the Chief Finance Officer's signature. However, this had been reviewed and was genuine. The Committee discussed the need for vigilance in relation to on-going phishing attempts by email. The Trust Secretary highlighted that the Information Governance team in conjunction with the Cyber Security team had launched a screensaver campaign that was currently live highlighting the issue of phishing emails and data security. The Chief Finance Officer advised that any incident was included in her monthly newsletter to the finance directorate including positive reinforcement of staff raising issues.

The LCFS advised that an intelligence alert had been received regarding an NHS supplier of messaging and communications in Scotland. However, this did not affect the Trust.

90/24 External Audit Annual Report

The Associate Partner, KPMG, highlighted the sector update including updates to the Group Accounting Manual for Taskforce for Climate related Financial Disclosures (TCFD). The Chief Finance Officer advised that the requirements were currently being scoped by the Head of Procurement who was leading on the refresh of the Trust's Green Plan. Resource requirements were being considered in relation to the increased delivery and reporting requirements. An update on the Green Plan would be submitted to the Board in November 2024. **Action: N Lloyd**

The Associate Partner, KPMG, advised that the Healthcare Financial Management Association (HFMA) had issued an updated briefing on Ethical standards: roles and responsibilities of the NHS accountant and highlighted that the Committee could request inclusion of severance payments, donations to charities, capital transactions such as vesting certificates or advance payment as pat of the routine losses and special payments update. The Trust Secretary advised that the Trust's policy in relation to reporting on severance payments was included in the remit of the Board Nominations and Remuneration Committee. However, this would be highlighted to the Chief People Officer. The Chief Finance Officer would consider the recommendation in relation to additional information being included in the losses and special payments update. **Action: N Lloyd**

91/24 Internal Audit Progress Report

The Partner, KPMG, introduced the report and highlighted that the Cyber Security Governance review had been updated as recommended by the Committee. The Committee noted that the Data Security & Protection Toolkit required the Trust to undertake penetration tests, so this was already included in Trust processes.

The Partner, KPMG, confirmed that, although the internal audit plan included several reviews planned towards the end of the year, it was anticipated that the full internal audit plan would be delivered.

92/24 Losses and Special Payments

The Committee noted that there had been three payments for loss of property to the value of £6,397.49 and 26 cases of other losses totalling £236, 805.59 had been made since the last meeting. There had been two special payments to the value of £123.60.

The Chief Finance Officer highlighted that an additional section had been included in the report setting out an analysis of losses and special payments over the last 5 years. The Committee queried the level of bad debts in 2023/24. The Chief Finance Officer advised that there had been a review undertaken in 2023/24 and a decision had been taken to halt pursuit of a number of longstanding debts as it was considered these would not be recoverable. Therefore, a number of payments were written off. However, it was anticipated that there would be the same level in 2024/25 as processes were more stringent and invoices issued earlier.

The Committee discussed the costs related to loss of property. The Chief Finance Officer advised that she had raised with the estates team to ascertain whether laundry could be scanned before being issued for cleaning. The Chief Nursing Officer advised that the development of a property policy was on-going and would liaise with the Chief Finance Officer in relation to this. **Action: K Prichard-Thomas**

93/24 Use of Single Tenders

The Committee noted that 14 single tender waiver contracts had been awarded since the last meeting. The Chief Finance Officer highlighted the section that set out the spend on single tenders as a percentage of Trust total spend.

The Committee noted that some specialist suppliers used by the Trust were not the framework. The reasons varied, for example, some suppliers chose not to join the framework due to the expense or an established supplier that had been on the framework, but their timeframe had expired. The Trust would issue to a supplier not on the framework if, for example, there was a time pressure, a recent example was the need for works being Carried out in theatres to make them operational. The Committee noted that all single tender waivers were approved by the Chief Finance Officer.

94/24 Schedule of Significant Contracts

The Committee noted that one significant contract had been awarded since the last meeting.

[Section exempt under S.43 FOI Act]

95/24 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.

96/24 Non-NHS Debt Report

The Committee noted that non-NHS debt was £8.271m as at 31 July 2024.

[Section exempt under S.43 FOI Act]

The Committee discussed the recent notice from Lloyds Pharmacy in relation to NHS outpatient pharmacies. The Chief Finance Officer advised that weekly meetings were on-going, and Lloyds were required to continue the service until exit arrangements had been agreed. The Head of Risk, Chief Pharmacist and Head of Procurement were engaged as the scale of mobilisation require several months to complete. The Chief Finance Officer confirmed that the outstanding debt would be discussed at part of the exit arrangements. In terms of business continuity mitigations were in place and contractual responsibilities were being discussed with NHS England.

The Committee discussed private patient debt and the increasing provision for this. The Chief Finance Officer advised that this was being reviewed as part of the Trust's cost improvement programme. It was agreed that the Chief Finance Officer would be provide further information in relation to the annual billing for private patient work. **Action: N Lloyd**

[Section exempt under S.43 FOI Act]

97/24 Internal Audit Recommendations

The Committee received the report and noted that the finance team had reviewed outstanding recommendations with the action owners and an extension had been requested for all. The Committee noted that the extension date had not been included in the report and the Committee was required to approve any extensions to internal audit actions. It was agreed that the Chief Finance Officer would circulate an updated report to the Committee including extension dates for approval by email. **Action: N Lloyd**

The Committee discussed the process for agreeing audit actions and dates for completion. The Partner, KPMG, advised that audit actions were proposed by the internal audit team; these were subsequently agreed with management and internal stakeholders; following which the relevant Executive lead would approve the final report. Action owners were required to provide evidence to close any actions. The Chief Finance Officer advised that internal audit actions were reviewed by the Executive Management Committee monthly.

98/24 Board Assurance Framework (BAF)

The Trust Secretary introduced the BAF and advised that a review of all strategic objectives had been undertaken with the relevant Executive leads. An additional BAF risk had included for Strategic Objective (SO) 3 and narrative as well as the responsible Committee would be included after discussion with the Chief Operating Officer.

The Chief Finance Officer recommended that SO5 should be updated further due to the Integrated Care System (ICS) being placed into the Investigation and Intervention regime.

The Committee recommended that SO4 should be reviewed further with the relevant Executive lead to include further narrative.

The Committee discussed SO5 in relation to efficiency and productivity. The Chief Finance Officer advised that the costing team held information in relation to this and this included part of a suite of tools that would be used to manage capacity better for 2025/26. For example, it had been agreed that activity income would be held in Care Group budgets rather than held

centrally. It was agreed that recommendations to data to be included in the monthly finance report would be submitted to the Chief Finance Officer. **Action: M O'Donovan**

The Trust Secretary would update the BAF, as discussed, ahead of submission to the Board. **Action: C Lynch**

99/24 Corporate Risk Register

The Chief Nursing Officer introduced the report and highlighted there were 11 risks rated as 16 and above. The Committee noted that the recent Integrated Risk Management Committee (IRMC) had reviewed the Finance and Infection, Prevention & Control risk registers. The Digital, Data & Technology (DDaT) risk register was due for review at the next meeting.

The Committee noted that IRMC had extended the review of the risk management policy to ensure any recommendations from the risk management maturity review could be included if required.

The Committee noted that fire safety risk was reviewed by the Estates & Facilities Governance Committee prior to submission to IRMC.

The Chief Finance Officer recommended that the finance risk register should be reviewed further at the next IRMC due to the Investigation & Intervention regime. **Action: K Prichard-Thomas**

The Chief Nursing Officer highlighted the potential additional risks discussed by IRMC that included the Band 2/3 uplift. The Executive Management Committee had agreed that there were two separate risks in relation to this; one was the cost to implement the uplift and a separate risk in relation to the length of backpay. The People Directorate were in discussions with staff side in relation to the backpay and the Trust currently planned to implement backpay from the date the Trust received the letter from the Royal College of Nursing which was November 2023.

The Committee noted the risk in relation to management of estates infrastructure that remained as 20 and discussed the Trust's progress in relation to the New Hospital Programme (NHP). The Chief Finance Officer advised that modelling had been undertaken via the Strategic Outline Case (SOC) that had been submitted to the NHP team and demonstrated that it would be more expensive to continue to address the Trust's estates backlog maintenance versus a new hospital being built.

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The Committee discussed the risk in relation to Age and condition of Trust lifts, that was rated as 12. The Chief Finance Officer confirmed that the Reading site had 43 lifts and there was a dedicated effort to undertake tactical repairs. However, it was noted that, due to the age of the lifts, parts required were often obsolete and had to be manufactured.

The Committee noted the risk in relation to the Patient Tracking List (PTL) dashboard – lack of access and information; rated as 12; and agreed this should be discussed in detail by the Quality Committee. The Chief Operating Officer would be advised. **Action: C Lynch**

100/24 Data Security & Protection (DSP) Toolkit 2024/25 and 2025/26

The Trust Secretary introduced the report and advised that the DPS Toolkit for 2025/26 had been recently released and, in addition the outcomes being more Cyber focused, the

baseline submission date was two months earlier than previously: 31 December 2024. This would present a significant challenge due to the timing as well as the Trust being in a position that its baseline submission would not be as compliant as previously.

The Trust Secretary advised that she had recently met with NHS England's (NHSE) South East Regional Cyber Security Lead to discuss the 2025/26 Toolkit requirements as well as the improvement plan for 2024/25 as the Trust was still rated on NHSE's website as 'standards not met'. The Trust Secretary advised that the DDaT team had received advice from NHSE on elements required in the improvement plan, but this had not yet been received. This had been escalated to the Deputy Chief Information Officer.

The Committee noted that Regional Cyber Security Lead had offered to provide Cyber training to the Board; support to the Trust on the 2025/26 toolkit submission; meet with the Senior Information Risk Officer (SIRO) as well as recommending that the Board would need to consider its risk appetite to Cyber Security. The Trust Secretary would continue to liaise with the Regional Cyber Security Lead and provide further updates to the Committee on next steps. **Action: C Lynch**

101/24 Lessons Learned: Annual Report & Audit 2024/25

The Chief Finance Officer introduced the report and highlighted a lessons learned process had been undertaken and changes for the next audit included a review of all entries on the Connect system to remove any duplications and to ensure owners assigned were correct.

102/24 Work Plan

The Trust Secretary highlighted that the annual report and accounts for both HFMS Ltd and the Royal Berks Charity would be rescheduled to the November meeting. The work plan would also be updated for review of the DSP Toolkit. **Action: C Lynch**

103/24 Key Messages for the Board

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

- Good reflection on internal audit recommendations process
- BAF and CRR review noting the need to update the BAF in relation to the I&I regime
- Lessons learned on Annual Report & Accounts audit for 2024/25 received

104/24 Reflections of the Meeting

Helen Mackenzie led a discussion.

105/24 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 13 November 2024 at 9.30.

Chair:

Date:

Royal Berkshire
NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Wednesday 17 July 2024
11.00 – 12.15
Boardroom, Level 4, Royal Berkshire Hospital

Members

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

In Attendance

Mr. Mike Clements	(Director of Finance)
Mr. Don Fairley	(Chief People Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)
Mrs. Tracey Middleton	(Director of Estates & Facilities)
Mr. Andrew Statham	(Chief Strategy Officer)

Apologies

106/24 Declarations of Interest

There were no declarations of interest.

107/24 Minutes for Approval: 19 June 2024 & Matters Arising Schedule

The minutes of the meeting held on 19 June 2024 were approved as a correct record and signed by the Chair. The Committee received the matters arising schedule.

Minute 94/24: Minutes for Approval: 22 May 2024 & Matters Arising Schedule: The Chief Finance Officer confirmed that the cash flow forecast would be included in the Quarter 1 Forecast, and this would be submitted to the August meeting. **Action: N Lloyd**

108/24 June 2024 Finance Update

The Director of Finance introduced the report and advised that Month 3 year to date financial performance was £1.71m adverse to plan; a deficit of £10.33m. The planned phasing of the efficiency programme had been reprofiled. Income at £152.50m was ahead of plan by £3.7m. Pay spend was £0.3m ahead of plan and there had been a reduction in temporary staffing costs. Non-pay was £5.77m adverse to plan year to date. Areas of further focus included drug spend, clinical supplies and insourcing of radiology. The Chief Finance Officer confirmed that work was ongoing in relation to price versus volume variance on clinical supplies spend and further analysis would be provided to the next meeting. **Action: N Lloyd**

The Chief People Officer highlighted that the Trust had achieved its lowest percentage spend on agency at 0.9% in Month 3. This was because of negotiation of reduced agency

rate cards. The bank pay bill was 4.2% following significant work on nursing spend. However, there remained challenges in relation to emergency pathway nursing spend.

The Committee discussed elective recovery activity. The Chief Operating Officer advised that work was on-going to ensure that outpatient activity was captured correctly. A review of the top volume specialities would be undertaken over the next period. The Chief Operating Officer highlighted that outpatient Do Not Attends (DNAs) were a key focus and teams had been tasked with achieving a 50% reduction in DNA rates to provide further capacity within the existing cost base. The Care Groups were focused on this, and anticipated improvements would be reflected in the forecast.

The Committee recommended that future reports should set out activity and income tracking including block contract payment and Elective Recovery Funding should be isolated separately within the report. **Action: N Lloyd**

The Committee noted that capital spend was £1.4m year to date and owners were being encouraged to spend their allocations. The Chief Finance Officer advised that monthly Executive led capital delivery reviews were ongoing. Cash forecasting was also on-going, and the lowest point for cash was the end of the month related to the timing of the pay bill and supplier payment runs ahead of income receipts from commissioners that were received on the first working day of the month.

[Section exempt under S43 FOI Act]

The Committee noted that the cash floor at the end of Month 3 was below the £23m level agreed by the Board. However, whilst this was annotated, it had not been highlighted to the Committee as well the consequences of this. The Chief Finance Officer advised that cash flow forecasting had continued, and, in future, this would be included in future reports from August 2024 onwards. In addition, the process, and actions for when cash fell below the agreed cash flow would be documented in the next update including the process for seeking additional cash support if required.

Action: N Lloyd

The Committee discussed activity plan. The Chief Executive highlighted that the Trust had not met its activity plan in the previous year and, currently, was not on target to meet it in 2024/25. The Chief Operating Officer advised that activity referred to the UCC would be included in the Trust's activity and there was no requirement to reprofile the Emergency Department (ED) activity. However, when the UCC was in place, ED costs would be reviewed.

The Committee discussed the efficiency savings and productivity. The Director of Finance advised that work was ongoing with KPMG to realign reporting to ensure that savings delivered were captured on the ledger. The Chief Strategy Officer highlighted that the Efficiency & Productivity Committee (EPC) was monitoring the efficiency savings trajectory and phasing of savings was due to be submitted to the next meeting. **Action: N Lloyd**

109/24 Financial Improvement Plan

[Section exempt under S.43 FOI Act]

110/24 Key Messages for the Board

Key messages for the Board included:

- Phasing of the delivery of the efficiency programme for 2024/25 had been reprofiled

- Quarter 1 Forecast to be reviewed in August with a focus on cash levels
- Financial turnaround plan to be aligned to the Quarter 1 Forecast
- LTRM and Strategy refresh to be reviewed at the September meeting

111/24 Date of Next Meeting

It was agreed that the next meeting would be scheduled for August 2024.

Action: C Lynch

SIGNED:

DATE:

Finance & Investment Committee

Terms of Reference

Constitution and Membership

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

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

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

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

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

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

Attendance

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

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

Frequency of Meetings

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

Monitoring

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

Duties

The main duties of the Committee will be:

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

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

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

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

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

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

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

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

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

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

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

Estates

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

Reporting

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

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

Reviewed by the Committee:

Approved by the Board:

Royal Berkshire NHS Foundation Trust

Minutes

Charity Committee

Thursday 14 March 2024
13.00 – 15.00
Video Conference Call

Present

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

In attendance

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

Apologies

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

01/24 Declarations of Interest

There were no declarations of interest.

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

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

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

03/24 Charity Director's Report

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

Action: J Warrior

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

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

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

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

04/24 Grant Applications for Approval: Buscot Ward Ventilators

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

The Committee approved the application.

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

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

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

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

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

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

06/24 Charity Draft Budget 2024/25

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

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

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

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

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

The Committee agreed that the rate of interest should be included in the budget.
Action: M Clements

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

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

The Committee approved the Budget for 2024/25.

07/24 Finance Update

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

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

08/24 Terms of Reference

The Committee approved the Terms of Reference.

The Committee recommended that the approval limit for the Charity Director was increased to in line with the revised Standing Financial Instructions (SFIs) approval limits for other Directors. **Action: M Clements**

09/24 Work Plan

The Committee received the work plan.

10/24 Key Messages for the Board

The Committee agreed the following key messages:

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

11/24 Reflections of the Meeting

The Chair led the discussion.

12/24 Date of the Next Meeting

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

SIGNED:

DATE:

Charity Committee Notes

Wednesday 1 May 2024
10.00 – 12.00
Video Conference Call

Present

Dr. Bal Bahia	(Non-Executive Director) (Chair)
Mr. Jonathan Barker	(Public Governor, Reading)
Mr. Mike Clements	(Director of Finance)
Dr. Sunila Lobo	(Public Governor, Reading)
Mrs. Caroline Lynch	(Trust Secretary)
Ms. Jo Warrior	(Charity Director)

In attendance

Miss. Kerrie Brent	(Corporate Governance Officer)
Ms. Kate Martin	(Philanthropy Manager) (for minute 16/24)
Mr. Graham Sims	(Chair of the Trust)
Ms. Monica Srivastava	(Charity Grants Manager) (for minute 16/24)

Apologies

Mr. Don Fairley	(Chief People Officer)
Ms. Adenike Omogbehin	(Staff Representative)
Mr. John Stannard	(Patient Representative)

[The Committee was not quorate.]

It was agreed that a review of the terms of reference was required in relation to the quorum of the Committee. **Action: C Lynch**

13/24 Declarations of Interest

There were no declarations of interest.

14/24 Minutes for Approval: 14 March 2024 and Matters Arising Schedule

The minutes of the meeting held on the 14 March 2024 were noted.

The Committee noted the matters arising schedule.

Minute 08/24: Terms of Reference: The Director of Finance noted that the review of approval limits in line with the Standing Financial Instructions (SFI) was on-going. A recommendation would be submitted to the next meeting. **Action: M Clements**

Minute 03/24: Charity Director's Report: The Committee agreed that the final letter to retailers would be circulated to the Committee for information. **Action: J Warrior**

15/24 Charity Director's Report

The Charity Director provided an overview of the report. The Committee noted that, despite efforts, income had not achieved financial plan for 2023/24. It was anticipated that factors including economic conditions had contributed to this. The team continued to review alternative streams of income.

The Committee discussed the need to review the legacy income target as well as the associated accounting protocols in accruing expected legacy in advance of receiving funding. It was agreed that the Director of Finance would review the target and provide clarification on the accounting protocol. **Action: M Clements**

The Committee noted a positive increase in the number of major donors due to active engagement and events. Work was on-going to develop relationships further and continue growth moving forward including the identification and scope of projects.

Partnership and engagement with Thames Valley Chamber of Commerce (TVCC) continued including a number of key networking events and business alliance dinners enabling the Charity to showcase work and connect with potential beneficial partners.

The Charity Director advised that the events for 2025 would be reviewed in order to maximise opportunities for return on investment. This included further presence at pre-established community events. It was agreed that there would need to be a balance to ensure the Charity continued to raise its community profile by holding its own events.

The Committee noted the chart that detailed the percentage of expenditure in relation to patients compared to staff in 2023/24. Feedback was provided to include the total cost rather than the percentage as well as clarification on the reporting period. In addition, the inclusion of a comparison of income received versus funds spend was suggested. **Action: J Warrior**

The Committee noted the total value of approved grant applications for 2023/24 was now £1.94m following focused effort to expedite the processing of grant applications. However, a few of the projects expenditure would not be realised until 2024/25.

The Committee received the '2023 at a glance' infographic that had been designed and published across all sites to highlight a summary of 2023 and the projects completed. Feedback was provided in relation to the use of acronyms.

The Charity Director advised that the funding provided by NHS Charities Together for a Charity Grants Assistant for one year was due to expire in July 2024; and following extended sick leave and resignation the post would remain unfilled due to the recruitment process timescales and the Trust-wide recruitment restrictions.

The Chair of the Trust highlighted that, following a number of cancelled events, the need for further support and sustainable commitment from the Board including attendance at fundraising activities, introductions and donor events to promote the Charity. It was agreed that an agenda item would be added to the next Charity Board. **Action: C Lynch**

The Committee discussed the request from the Charity for links to commercial companies in the area. It was agreed that any suggestions should be provided to the Charity Director.

The Trust Secretary provided an update on the plan to invite and host major donors as part of the Trust's Annual General Meeting in September 2024 along with a Royal Berks Charity stand.

16/24 Royal Berks Charity Strategy 2024/28

The Committee received an overview of the draft strategy that set out the priorities for the next four years. The following was suggested for consideration:

- The development of a visionary strapline that was aspirational and highlighted the overall vision statement.
- A revised summary that was reduced in length but highlighted the key aims that the strategy would deliver.
- Further inclusion of strengthening trust wide relationships between departments specifically Corporate Governance in relation to Membership and Council of Governors.
- Additional emphasis on the wider geographical community that the Trust serves.
- The Charity Director would liaise with the Director of Strategy for review.

The Charity Grants Manager would review whether the Charity would qualify for the criteria of The National Lottery and BBC Children in Need.

Proposal for Developing a Community Lottery

The Charity Director provided an overview of the proposal to establish a community lottery to support generating unrestricted income and engage supporters. The Committee noted examples of hospices and charities that had already implemented this and their success. It was anticipated that profits of circa £500k would be achievable within five years, contingent on the initial investment and appetite for growth. However, this was not expected until year three or four.

Members of the public would be asked to sign up for a minimum of £1 a week and a maximum of £5 a week via subscription; that they would be able to cancel at any time. The management of the weekly draws and prizes would be provided by an External Lottery Manager (ELM).

The Committee discussed the recommendation of an upfront cost and collaboration with a canvassing agency and to assess the appetite canvassers would be based across the Trust sites in the main reception to raise awareness as well as sign people up. It was discussed whether this would be inappropriate for the main reception considering the recent improvement works commissioned by the Chief Executive.

The Committee discussed whether this would promote gambling and therefore affect the reputation of the Trust. It was noted that the structure of a community lottery was not considered as encouraging gambling by the Gambling Commission and was considered low-risk and did not offer immediate rewards. Circa 55% of society and community lottery players were motivated primarily by supporting the cause.

The Committee queried whether there was the option for a pilot period. The Charity Director confirmed that although there was not a pilot period although there would be a 3-month break clause.

The Committee considered the proposal and agreed that further clarification was required that provided assurance and evidence from other charities including written testimonials, lessons learned and potential challenges, as well as a financial modelling review carried out by the Director of Finance. In addition, further socialisation was required including with the Chief Executive team. **Action: J Warrior/M Clements**

17/24 Finance Update

The Director of Finance introduced the report that included the full year-end of the management accounts. The accounts had not yet been audited. The Director of Finance highlighted that the year-end position of donations and investment income of £939k with grants and other associated costs of £1.94m. Total spend for the year was £1.2k.

The Committee noted that deployment of reserves had been more effective, and further work was required in relation to grants compared to operating costs.

The Committee noted that discussions were on-going with fund advisors on spend.

The Committee queried what the Charity was doing to reduce operating costs to reflect its lower income. The Charity Director advised that the team would not recruit to establishment until greater income could be generated and that if income did not improve further reductions in the team would be required. It was considered whether a review of effectiveness was required. It was agreed that an update would be provided at the next meeting that included a review of the return on investments from posts, the trend of income and a trajectory.

Action: J Warrior

The Committee recommended that the Director of Finance should provide a balance of transactions and rental arrangements in relation to Melrose House at the next meeting.

Action: M Clements

The Committee noted that the donation of £650k made by Healthcare Facilities Management Services (HFMS) in 2022/23 was not repeated in 2023/24.

18/24 Knowledge & Development Fund Update

The Charity Director highlighted that 30 applications had been received for the fund in 2023/24; of that 23 applications were approved totalling circa £118k. The Committee recognised the increase and improvement to previous year reporting.

The team continued to promote and raise awareness of the fund to all members of staff and to encourage applications where appropriate to support the wider development needs across the Trust. The Committee reviewed the projects funded and agreed that going forward further assurance was required that the fund was reaching staff at all levels across the Trust. Additional promotion would be considered that included hard to reach areas and junior members of staff.

The Committee noted the reasons for rejecting applications were mainly due to lack of meeting criteria that included insufficient benefits to the Trust or patients.

19/24 Charity Risk Register

The Committee received the risk register. It was agreed that although expenditure had increased over a four year period, resulting in a decrease of funds the current risk rating in relation to high levels of reserves held would not change at this time.

The Committee noted that work was on-going as part of the capital plan 2024/25 to identify a large scale project as part of the medical equipment programme that could be funded by the Charity and therefore would provide sufficient evidence to reduce the risk rating. The Director of Finance would provide an update at the next meeting. **Action: M Clements**

The Committee discussed whether a risk entry on staffing resources should be considered. It was agreed that this was a low risk and would not be added.

The Committee discussed the on-going work to fund and locate the two donated MRI scanners at West Berkshire Community Hospital where a charity contribution would be considered. It was noted that a review would be required with the Charity Director. An updated proposal was due to be submitted to the Board in May 2024.

20/24 Work Plan

The Committee noted the work plan.

21/24 Reflections of the Meeting

The Director of Finance led the discussion.

22/24 Date of the Next Meeting

It was agreed that the next meeting would be held on Wednesday 7 August 2024 at 10.00am.

SIGNED:

DATE:

Charity Committee

Terms of Reference

Constitution and Membership

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

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

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

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

Attendance

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

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

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

Frequency of meetings

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

Monitoring

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

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

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

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

Committee Duties

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

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

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

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

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

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

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

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

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

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

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

Reviewed by the Committee: 16 September 2024

Approved by the Board:

NHS
Royal Berkshire
NHS Foundation Trust

Title:	**Chief Executive Report**
Agenda item no:	7
Meeting:	Board of Directors
Date:	25 September 2024
Presented by:	Steve McManus, Chief Executive
Prepared by:	Caroline Lynch, Trust Secretary

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

Report History	None

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

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

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

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

Winter Plan

1.1 Trust teams are well advanced planning for additional seasonal pressures over the winter period. As in previous years, the 3 primary objectives remain to ensure that:

- there is enough capacity to care for non-elective patients in an appropriate area
- elective activity is protected
- effective management of seasonal infections / illness

while at the same time supporting our staff through the expected peaks of activity.

1.2 To achieve this, and drawing on learning from previous years, teams have identified a number of key work streams for the winter plan, delivery of which will help protect bed capacity for those patients who need inpatient care and minimise the need for care to be delivered for an extended period of time in assessment areas/ED. Internally, these workstreams include reducing admissions through expanded use of Same Day Emergency Care capacity, maximising use of virtual hospital capacity, and reducing length of stay for admitted patients. With the support of external partners, we will also be re-directing patients to a more appropriate service such as the Urgent Care Centre that will open on site on 1st October, reducing the number of patients conveyed by ambulance, and increasing the utilisation of community inpatient beds to improve discharge rates and flow.

1.3 The final plan will be discussed at the November Public Board.

Care Quality Commission (CQC)

1.4 The Trust was notified by the CQC in July 2024 about plans to inspect the radiotherapy department for compliance with the Ionising Radiation (Medical Exposure) Regulations (IR[ME]R). The inspection programme, which is ongoing, is part of a proactive inspection programme conducted in a more flexible approach using self-assessment and virtual meetings. The draft report is expected imminently, and the Trust will respond with factual accuracies. The report will not be published externally or rated although is subject to an FOI request. The outcome will not impact on our overall Trust rating. Recognition and thanks has been shared with our multi professional Corporate, Care Group and Radiotherapy teams who worked together in an open and transparent way to provide various forms of evidence in relation to IR[ME]R compliance and service delivery.

1.5 The CQC published findings from the recent national maternity inspection programme, which found concerns about the quality of NHS hospital maternity services. While pockets of excellent practice were identified, concerns remain that too many women and babies are not receiving the high quality care they deserve. The report calls for action now and to avoid poor care and preventable harm becoming normalised. Themes from the overall inspection programme and feedback from families about their experience of using maternity services are highlighted. Themes relate to safety, triage, inequalities, estates, communication, staffing, culture and leadership.

1.6 Our maternity service have led outstanding improvements in their service, working in partnership with the Local Maternity & Neonatal Service (LMNS) and Maternity & Neonatal Voices Partnership (MNVP) and have undertaken a considerable amount of work surrounding these themes over the last two years. The Trust's maternity services were inspected in November 2023 as part of the CQC national inspection programme and received an overall rating of 'Good' with the safe domain rating improving from 'Requires Improvement' to 'Good' and no "must do" actions. There is a CQC improvement plan in

place to address the “should do” actions, this is progressing well and is monitored through Quality Committee.

1.7 Following the review into operational effectiveness of the CQC an interim report was published in July 2024, this review found significant failings in the internal workings of CQC which led to substantial loss of credibility within the health and social care sector, a deterioration in the ability of the CQC to identify poor performance and support to drive quality improvement. We consider the CQC, as our regulator, an important and valued strategic partner and are committed to working together as they work through the key recommendations of this report and await the more substantive report that is due in autumn 2024. One of the key recommendations relates to changes to the CQC’s internal structure, a ‘sector specific’ team pilot is being run up until the end of Quarter 3 2024. The purpose of the pilot is to determine whether, sector specific teams improve the ability of the CQC to oversee risks, enable their staff a better experience and improve trust and credibility about providers. The Trust’s new Operations Manager is Lisa O’Neil and the Chief Nursing Officer has written to Lisa welcoming her and we look forward to meeting at our next engagement meeting in October 2024.

Industrial Action

1.8 Junior doctors have accepted a pay offer from the government with 66% voting in favour of the deal. The 22% pay rise will be spread over 2 years with 4% backdated to 2023/24. Only junior doctors in Northern Ireland remain in dispute with all others having accepted offers over the last few months. The British Medical Association (BMA) however have warned that although pleased with the offer that has been made they expect further above inflation pay rises in order to fully restore wages.

1.9 The BMA is also proposing that the term “junior” doctor be replaced with “resident” to reflect the senior status of many of the trainees currently covered by the junior term. This is being discussed locally and with our Local Negotiating Committee (LNC) and we will likely be adopting this new term.

1.10 GP industrial action continues with a work to rule/contract approach. We are seeing minimal impact of this currently; just a small increase in referrals coming through by letter rather than on co-designed proformas. We will continue to monitor the impact and are in close dialogue with local primary care colleagues regarding this

Darzi Review

1.11 On 12 September 2024, Lord Darzi published the findings of his investigation of the NHS in England. The investigation was commissioned by the new Secretary of State for Health and Social Care on 11 July 2024. The report’s focus is the diagnosis of problems facing the NHS and provides an assessment of access to care, quality of care and the overall performance of the NHS.

1.12 The report highlights long waits faced by patients for care, mixed quality of care, low productivity and a significant proportion of NHS spend in the acute sector. It describes the key drivers of these challenges as: funding austerity and capital starvation; the ongoing impact of the COVID-19 pandemic; a lack of patient voice and staff engagement; and the complex management structures and systems in the wider NHS.

1.13 The report sets out major themes to be explored in the upcoming 10-year plan for the NHS including: re-engagement of staff and empowering of patients; care closer to home; simplification of innovative care delivery; driving productivity; technology; contribution to the nation's prosperity; and reform to make the structure deliver.

Ambulatory Surgical Unit South Block

1.14 Work has begun on construction of the new ambulatory surgery unit at the South Block end of the Royal Berkshire hospital site. The first stage was the demolition and removal of the South Block Annex building which is now complete. Construction work will be completed by March 2025. The unit will house new outpatients and procedures areas, providing high quality facilities for patients and staff.

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

What Matters/Staff Survey 2024

2.1 Engagement in our Trust wide 'What Matters 2024' conversation around our organisational values concluded on the 11 September 2024. We surpassed our engagement target of 4500, with a final total of just short of 4700 contributions. The final engagement event was our Senior Leadership Forum, with over 100 leaders engaging in our final module focus on the value of Excellence. This followed on from the Board Engagement session on the 28 August 2024.

2.2 The What Matters Engagement programme provided positive assurance into the health of our organisational values – with very positive feedback in relation to (a) awareness of the values (b) their ongoing relevance into the future and (c) colleagues lived experience of the values in practice. Where we specifically engaged on areas of challenge and barriers to demonstrating the values, a number of themes emerged which will provide the foundation of an improvement plan in our ongoing journey to become the best organisation in the NHS to work for.

2.3 The 2024 NHS Staff Survey launches across the Trust on the 25.09.24. We are seeking to increase our response rate for a 5th successive year, beyond last year's record 60% response rate and have set an aspirational target of 70%. Last year's results placed the Trust as the Top performing Acute Trust in the South East and one of the top acute trusts in England across a range of measures.

Health Service Journal (HSJ) awards

2.4 Both our Elderly Care team and Occupational Health and Wellbeing team are finalists in the HSJ's annual national awards.

2.5 Our Elderly Care teams have been shortlisted in the category of Patient Safety for their 'Mind the HAP' initiative which looked at practical ways to reduce the risk of Hospital Acquired Pneumonia on our Elderly Care wards. HAP incidents in elderly care are now at zero and there are plans to work with other wards to introduce the same preventative measures.

2.6 Our Occupational Health and Wellbeing team have been shortlisted in the Staff Wellbeing category. The shortlist covers the full range of work and support that they offer at the Oasis Staff Health and Wellbeing Centre and the wellbeing services the team offers to staff. Congratulations to both teams for their work being recognised.

3. Strategic Objective 3: Deliver in Partnership

Buckinghamshire, Oxfordshire & Berkshire (BOB) Integrated Care Board (ICB) Operating Model

3.1 In July 2024, BOB ICB re-launched its consultation on a new operating model and staff structure. They invited partners, stakeholders, patients, and staff to comment. RBFT, and the Acute Provider Collaborative, formally responded to the consultation in August. The proposals represented a significant shift in the focus of the ICB team with greater emphasis given to core activities of the ICB central team (e.g. Finance) aligned to the ICBs underlying objectives.

3.2 Although we welcomed the intent to strengthen the financial, strategic planning and operational delivery of the ICB, we also raised concerns around the dissolution of locally-based place teams and local authority voice; fragmentation in commissioning approach; the lack of the proposed model on wellness, prevention, and health inequalities; and the imbalance of key ICB roles in the proposal with reforms and investment loaded towards assurance. We are expecting an update from the ICB in September.

ICB Substantive Appointments

3.4 The ICB have now confirmed that Nick Broughton has been appointed substantively as the Chief Executive. In addition, Priya Singh, has been appointed as the substantive Chair, alongside her current role as Frimley ICB Chair. We have sent our congratulations to both individuals and it is positive news to have stability in the ICB.

4. Strategic Objective 4: Cultivate Innovation and Improvement

Improving Together

4.1 The roll-out of the Improving Together management system continues with wave 9 starting on the 19 September 2024 and wave 8 teams still being supported to identify and align their driver metrics to the organisational breakthrough priorities.

4.2 The improvement team ran the Trust's first Rapid Process Improvement Workshop (RPIW) with the Outpatient Hysteroscopy department. This focussed 5-day event looked at increasing the number of outpatients appointment per clinic. The team identified that, on average, a saving of 11 minutes could be made from each appointment allowing for another appointment to be added to the clinic, this was found by a nurse running a 'virtual call clinic' prior to appointments to reduce DNA rates and reduce the time taken at the start of appointment for the consultant to explain the procedure and consent process. Through organising and setting up a visual management reordering process the team also estimated a total yearly saving of £146,914 on stock costs as well as a reduction in the amount of time spent reordering.

4.3 The next RPIW will be run in October 2024 with the Pharmacy and Portering teams focussing on the 'To Take Out (TTO) drug prescribing and delivery process.

Applications to Health Innovation Partnership (HIP)

4.4 The University Department of Excellence accreditation scheme is currently open for applications; with two having been received. These are being scored by HIP committee members and will be reviewed at the September meeting. Successful applicants will be informed next month.

Diagnostic facilities at West Berkshire and extending Mammography Service

4.5 The Radiology Department at West Berkshire Community Hospital is part of the Community Diagnostic Centre (CDC) initiative to provide comprehensive diagnostic services to the local community.

4.6 The department is fully digital, with two General X-ray rooms, a Cone-Beamed CT Dental room and CT scanner. We recently opened additional Ultrasound Rooms and installed a Dexa Bone Densitometry scanner. There will soon be the ability to provide a breast service encompassing both Breast Ultrasound and Mammography, as we are about to begin the installation of a Mammography suite.

4.7 The department is extremely well supported by generous local charitable donations, donations from the League of Friends and funding from the CDC. Such donations have enabled room re-fits to be financed and the purchase of the Dexa, MRI and Mammography equipment.

4.8 We are also very excited to be developing a permanent MRI build, housing 2 MRI scanners. This will enable an extension of services and increase capacity once complete.

5. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

5.1 The Trust has incurred a year-to-date deficit of £12.86m at the end of Month 5, August 2024, compared to a full year deficit plan of £14.5m. The deficit worsened between month 4 and month 5 by £0.12m, which is a slowing of the rate of deterioration compared to the first quarter, as the impact of pay controls and elective income delivery is delivered. The overall financial position of the Trust continues to be challenged, and we are focussing on securing all of the activity required to earn sufficient income, driving a further £1m of efficiencies from our corporate services directorates and continuing our 'grip and control' measures to suppress the use of temporary labour and secure the full delivery of our £25.2m savings target.

5.2 Given the adverse variance to plan at this early stage in the year for both the Trust and the BOB ICS, NHSE has invoked an escalation in the form of the Investigation and Intervention (I&I) regime, and appointed PwC to carry out a targeted review during September and October 2024. We are participating fully in this as a further route to ensure that we are taking every opportunity to deliver our financial plan.

5.3 In order to explore fully all opportunities to return to a financially sustainable position, we have also undertaken peer reviews of and by Buckinghamshire Healthcare. This has provided helpful insights for both organisations into further efficiency savings opportunities, planning approaches and Board reporting, and we will be sharing the results of all of the peer reviews undertaken across the BOB ICS area to maximise the impact of shared learning

Planning

5.4 The ICB had undertaken a system wide review of the planning experience across all providers and ICB. This has presented valuable insights in terms of planning for 2025/26. Our Chief Strategy Officer is leading the planning arrangements which commenced in September 2024 and we are working to a timetable internally but working closely with system partners.

Building Berkshire Together (BBT)

5.5 In July 2024 the Chancellor Rachel Reeves announced a review of the New Hospital Programme. This has now been completed by the New Hospital Programme Team & NHSE and sent to Department of Health for review before onward submission to Treasury ahead of the Autumn Statement on 30 Oct 2024. It is not known when the Trust will hear the review outcomes but likely in line with Chancellor Autumn Statement.

5.6 The BBT Team are continuing to progress the refresh of the Strategic Outline Case (SOC) and are currently focussed on completing the Impact Assessment in the next month and securing system alignment on assumptions linked to bed numbers and requirements from system transformation.

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Title:	**Integrated Performance Report (IPR)**
Agenda item no:	8
Meeting:	Board of Directors
Date:	25 September 2024
Presented by:	Katie Prichard-Thomas, Chief Nursing Officer
Prepared by:	Executive Team

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

Report History	New report

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

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

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

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

Publication						
Published on website		Confidentiality (FoI)	Private		Public	✓

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Integrated Performance Report

August 2024

Improving together to deliver
outstanding care for our community

Improving Together

Guide to statistical process control (SPC)

Royal Berkshire NHS Foundation Trust

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:

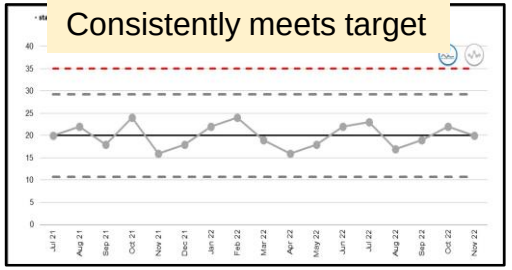
- The variation is routine, expected and stable within a range. We call this '*common cause*' variation, or
- The variation is irregular, unexpected and unstable. We call this '*special cause*' variation and indicates an irregularity or that something significant has changed in the process

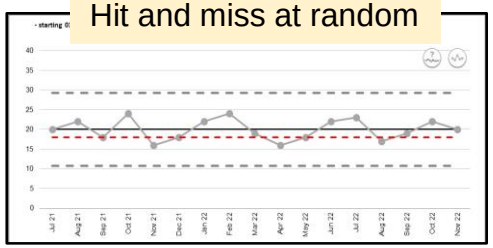
Each chart shows a VARIATION icon to identify either common cause or special cause variation. If special cause variation is detected the icon can also indicate if it is improving (blue) or worsening (orange).

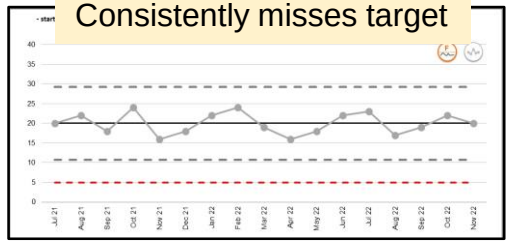
Where we have set a target, the chart also provides an ASSURANCE icon indicating:

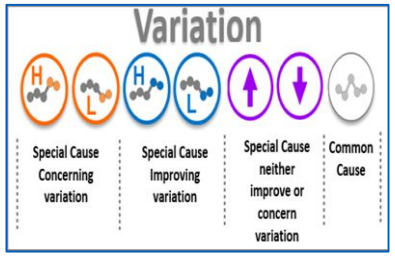
- If we have consistently met that target (blue icon),
- If we hit and miss randomly over time (grey icon), or
- If we consistently fail the target (orange icon)

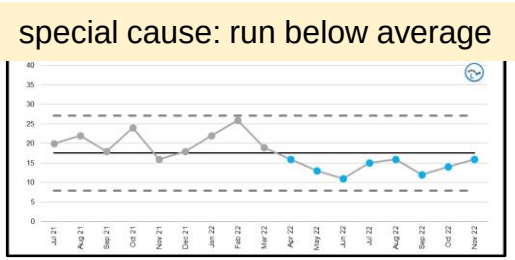
For each of our strategic metrics and breakthrough priorities we will provide a SPC chart and detailed performance report. We apply the same Variation and Assurance rules to watch metrics but display just the icon(s) in a table highlighting those that need further discussion or investigation.

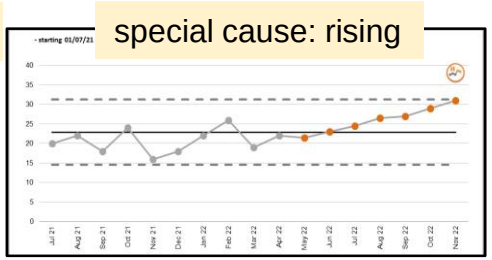


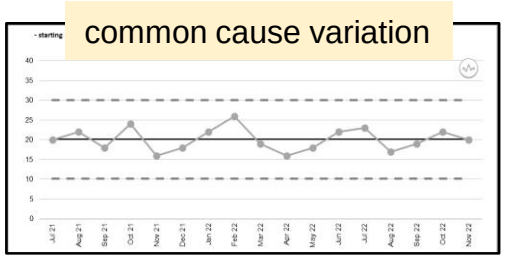


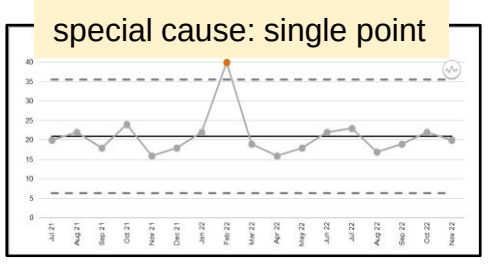












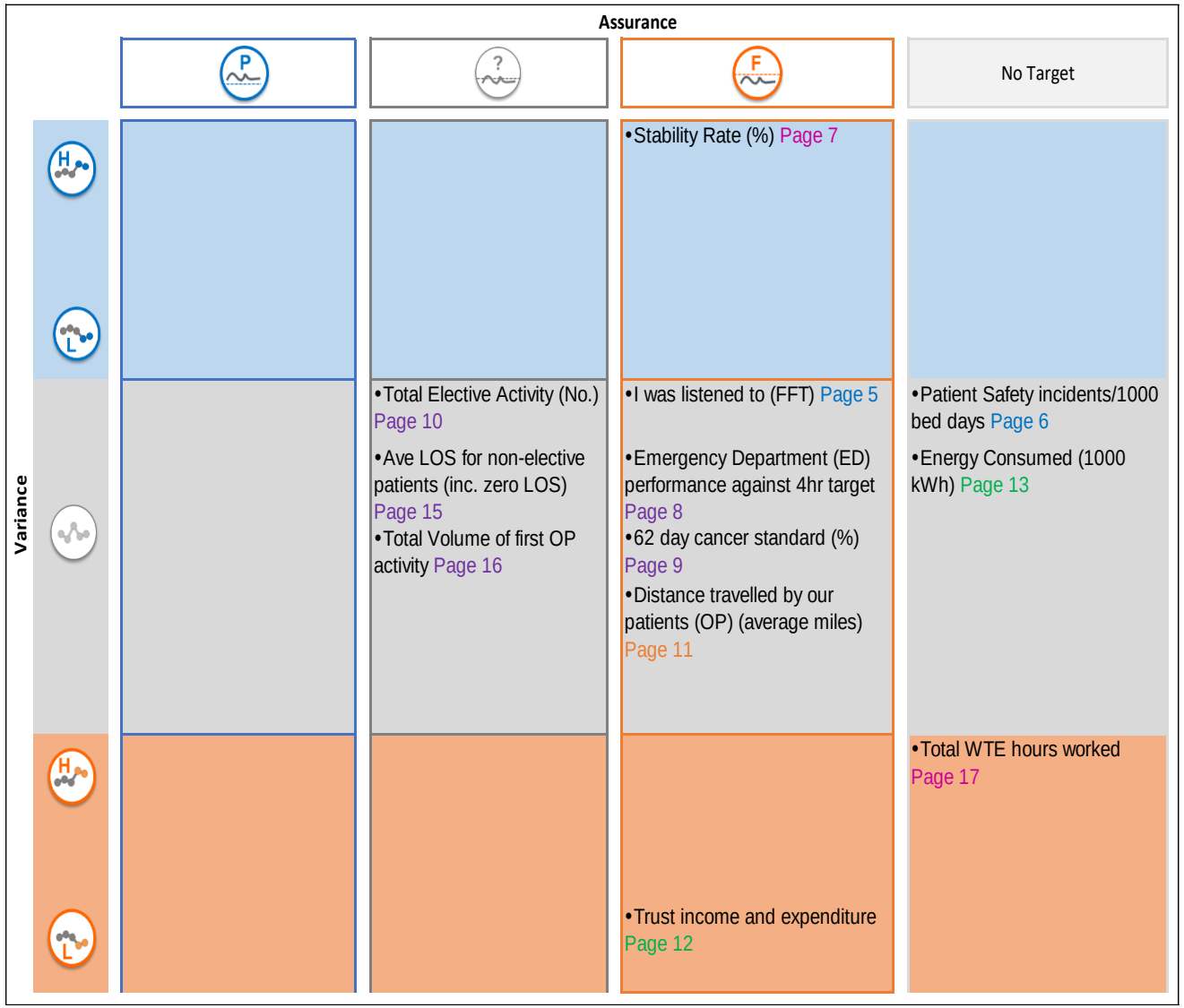
August 2024 performance summary

Royal Berkshire NHS Foundation Trust

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

The key messages from the report are:

- **Accident & Emergency performance** remains under significant pressure resulting from ongoing high levels of demand. As a result, we have struggled to make significant improvement against the 4-hour standard.
- **Cancer performance** continues to fall below national standards but is meeting our improvement trajectory; our improvement actions are having a positive impact but will take time to deliver significant improvement.
- Despite these pressures, the Trust currently continues to maintain a low number of long wait (>52) patients on the RTT **elective care standard.**
- **Financial performance** continues to cause concern, however there are signs that the 'grip and control' measures that have been in place since the start of the year are slowing expenditure and delivering additional activity (hence income and margin) to reduce the rate of deterioration month on month in financial performance. Non-pay expenditure remains high and further controls are being enacted to address this. Year to date the deficit is £12.86m, £2.12m worse than the re-phased plan.
- This month we have seen a decrease in the number of **alerting watch metrics**, with 16 of the 113 metrics currently outside of statistical control. The three new alerting metrics are under SO1: Highest quality care for all and SO5: Live within our Means.



Royal Berkshire
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Strategic Metrics

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

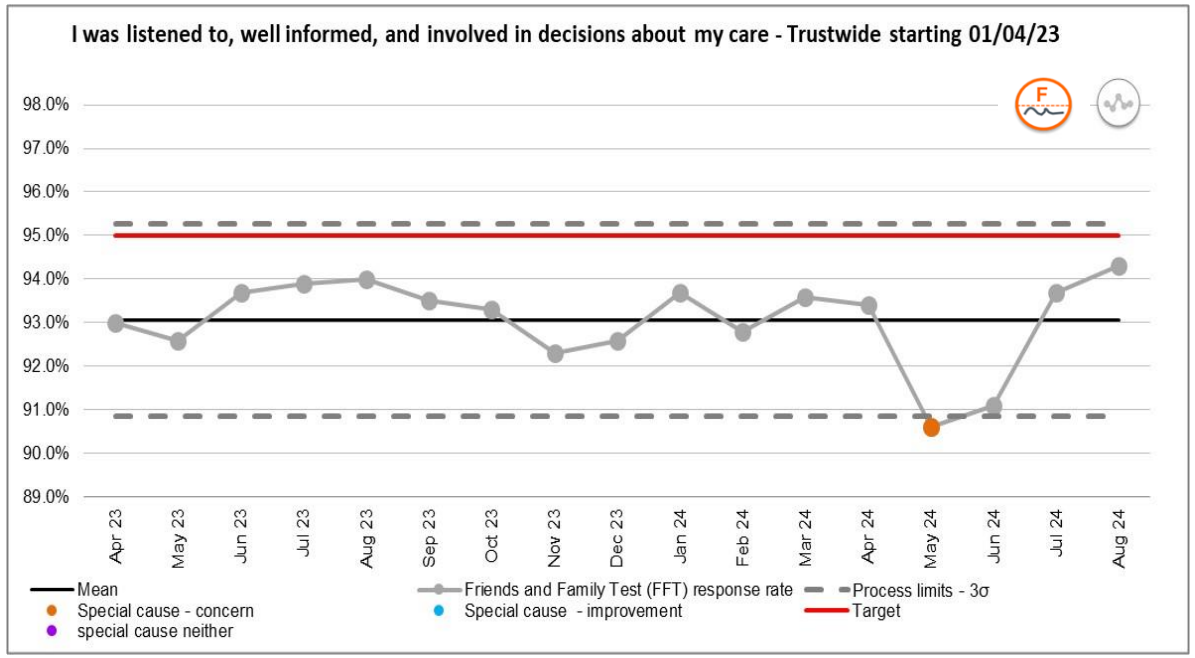
Strategic metric: I was listened to, well informed & involved in decisions about my care

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
I was listened to, well informed & involved in decisions about my care (FFT)	93.6%	93.4%	90.6%	91.1%	93.7%	94.3%
Inpatient (IP) FFT response rate (%)	34.5%	44.0%	20.6%	22.7%	28.0%	33.8%
Outpatient (OP) FFT response rate (%)	9.4%	9.8%	9.0%	8.2%	8.1%	8.1%
Maternity FFT response rate (%)	10.0%	5.0%	4.1%	6.5%	5.5%	6.4%

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 received 6939 Friends and Family responses in August 2024
- Response rate for August Trust wide was 9.05% which is an increase from 8.6% in July
- The return of paper FFT cards has increased FFT response rate

Actions and next steps

- Review of all departments to check QR posters are up and positioned in an accessible place for patients
- First FFT report on adverse comments and response rates to be included in Patient Experience committee 20/09/24
- Review Discharge Lounge process to ensure ward FFTs completed
- IQVIA activity and log-ins to be reviewed alongside departments with low response rates
- Patient experience team to create 'page' on Workvivo containing FAQs

Risks:

- Limited use of FFT in our top 5 languages – increase awareness to provide more diversity in our responses (Dec 2024)
- Departments missing FFT deadlines each month, limiting real time feedback
- FFT administrator vacancy, Equality and Quality Impact Assessment (EQIA) to be presented at workforce control panel by Oct 2024

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

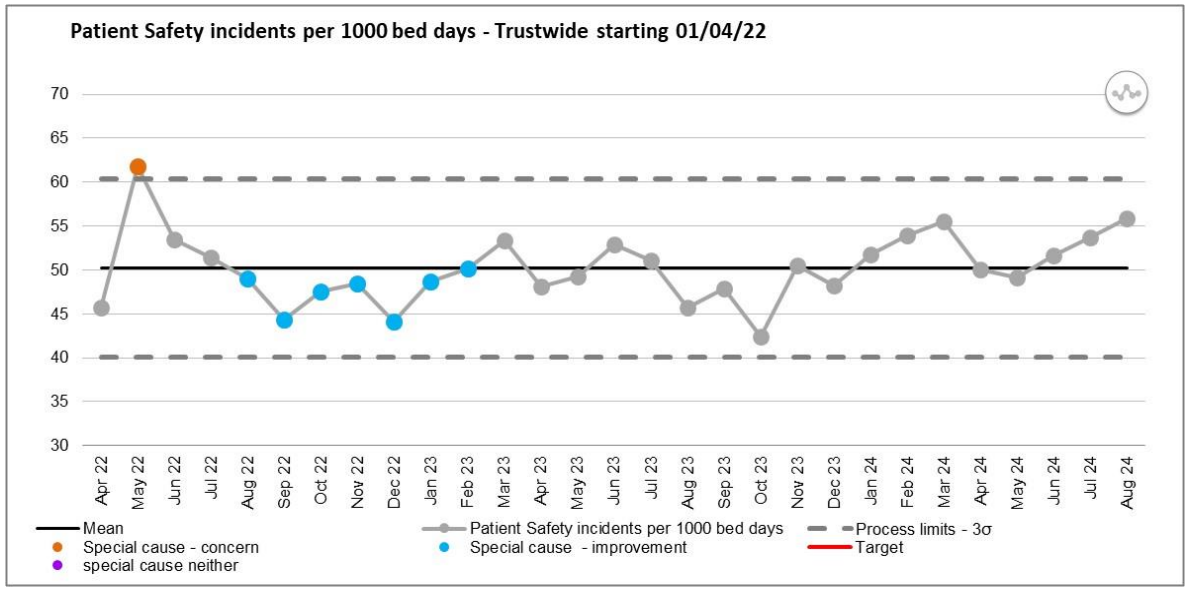
Strategic metric: Learning from incidents to reduce harm

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Patient Safety incidents per 1000 bed days	55.51	50.07	49.18	51.68	53.73	55.87
Patient Safety incidents/100 admissions	11.22	10.97	10.67	10.82	10.52	11.29
No. of Deteriorating patient incidents	24	14	12	14	12	15
FFT question: I felt safe during my visit to the hospital (%)	92.9%	94.6%	86.0%	91.6%	92.0%	91.8%
Medication incidents per 1000 bed days	5.96	5.85	5.77	5.70	6.06	6.59

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 trending about the mean rate, reflecting a good safety culture
- Patient's perception of their safety remains above 90%
- Other insight metrics remain stable
- Continued focus on embedding PSIRF policy into practice

Actions and next steps

- To continue to implement PSIRF methodology, monitor new metrics, PSIRF priorities and report against these in Q3
- Review of Q1 themes and completion of Delayed Discharge thematic review in Q2 (complete)
- Streamline watch metrics in line with Q1 review findings
- Review consideration of the PSIRF priorities for the Trust in Q3
- Focus to improve compliance with PSIRF training modules

Risks:

- Maternity PSIRF journey alignment with trust wide PSIRF - risk of missed data capture
- Progressive methodology of PSIRF produces risk of uncaptured learning for those cases that fall in-between investigative process requirements
- Lack of national benchmarking due to individual trust datasets and different stages of PSIRF progression

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

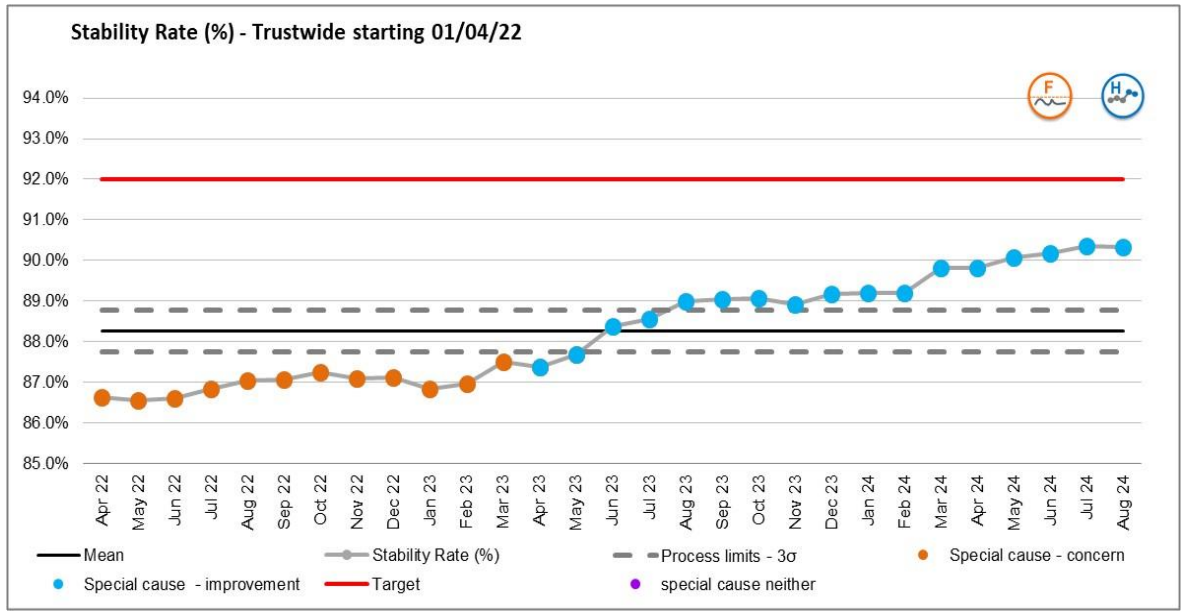
Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Stability Rate (%)	86.16%	85.78%	90.08%	90.17%	90.36%	90.32%
Turnover rate %	10.77%	10.34%	10.35%	9.96%	9.95%	9.80%
Vacancy rate	6.82%	7.03%	6.46%	6.71%	5.84%	6.68%
Sickness absence (rolling 12 month)	3.48%	3.51%	3.55%	3.60%	3.54%	Arrears

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:

- The stability rate continues to improve towards our target of 92%
- What Matters 2024' campaign has collected over 4600 staff responses
- Relaunch improved Stay survey and exit survey process with robust mechanism for sharing data insights and improvement plans

Actions and next steps:

- Sickness Absence driver metric key performance indicators shared with People and Change Partners, who are in the process of identifying top five areas of focus for each Care Group and meeting with Teams throughout September
- (1) Nursing (2) HCA's (3) CAT teams – 3 areas where greatest opportunity exists to effect improvement in stability, plan for Go and See/ Deep Dive into at least one Clinical Admin Team (CAT) and one Health Care Assistant (HCA) team with low stability
- Plans for launch of National Staff Survey 2024 week beginning 23.9.24 in progress with 'You Said We Did' communications being shared alongside What Matters emergent themes. Ideas for locally driven incentives are being worked up to achieve Trust completion rate of at least 70%

Risks:

- Sickness absence tends to increase during winter months but the focus on supportive sickness absence management and management of annual leave will mitigate this and support staff and managers

Strategic objective: **Deliver in partnership**

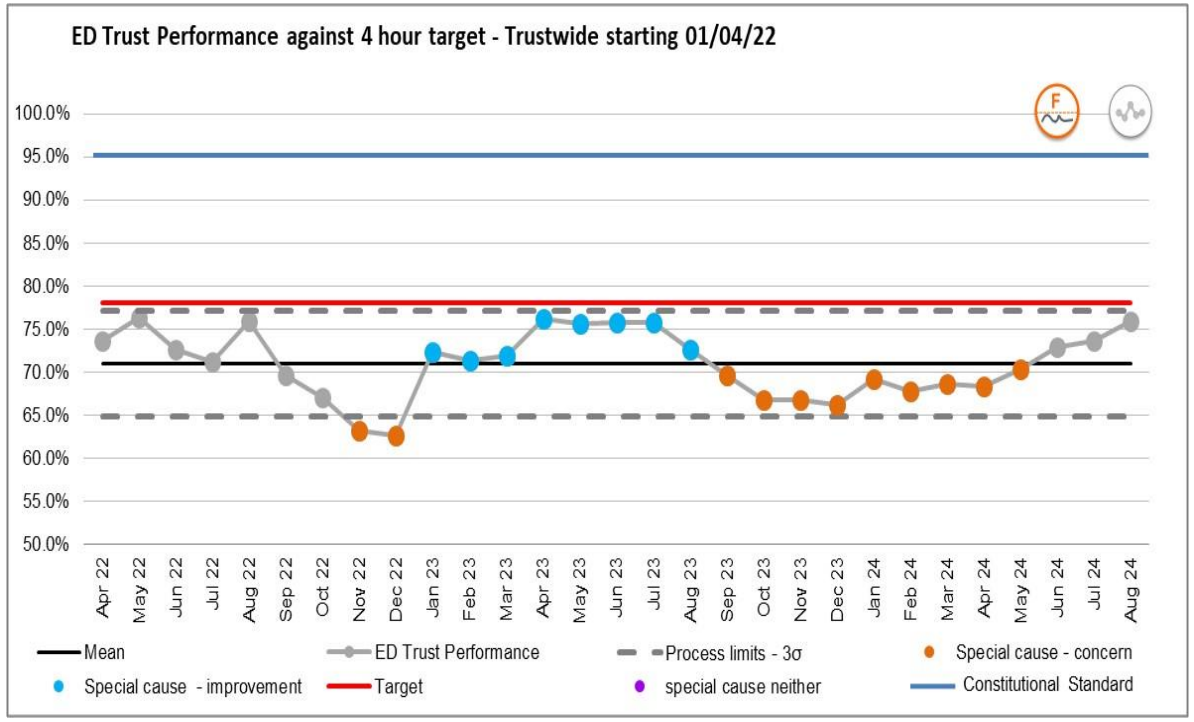
Strategic metric: Performance against 4hr A&E target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
4hour Performance (%)	68.62%	68.29%	70.40%	72.91%	73.59%	75.89%
Total Attendances	15636	14531	15531	14890	15428	14030
Total Breaches	4906	4462	4597	4033	4074	3382
Ambulance Handover: 30 Minutes	369	343	327	301	290	210
12 hours from arrival in ED (%)	5.3%	6.4%	4.9%	3.3%	3.7%	3.0%

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 25.

How are we performing:

- 75.89% of patients were seen within 4 hours. We continue to not achieve the 78% target
- High daily attendances continue, average 378 per day with 7 days >400
- ED Minors Unit activity decreased to an average of 99 patients per day
- >60 & >30 minutes ambulance handover have improved. Further improvement challenged with decision to admit (DTA) capacity issues
- 75.89% of patients were seen within 4 hours. We continue to not achieve the 78% target

Actions and next steps

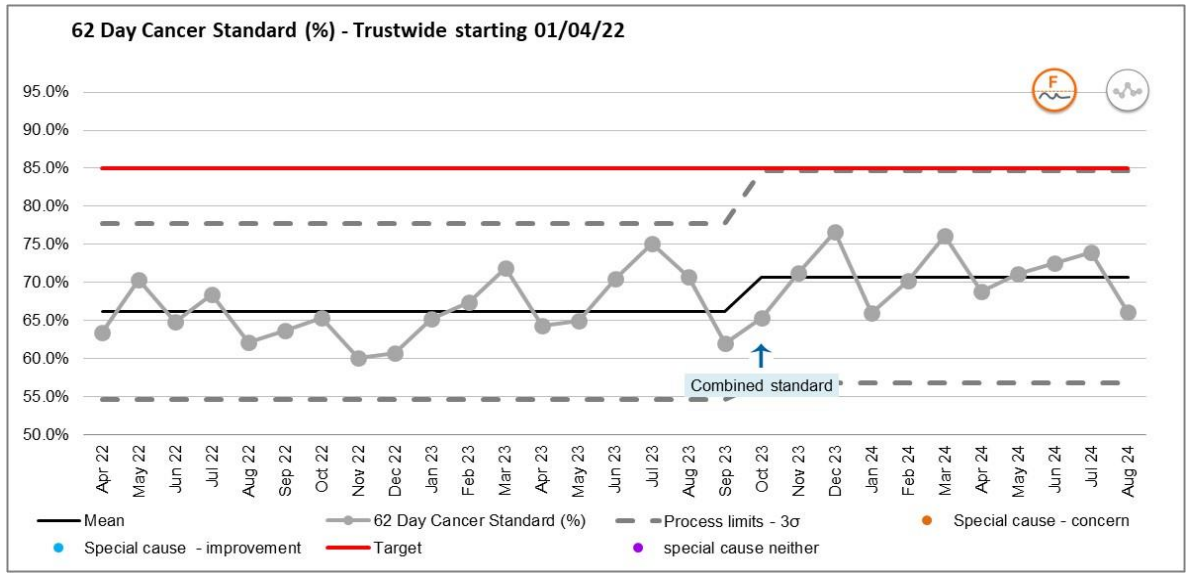
- Out of hours primary care usage increased to 8.4 patients referred per day
- Focus on reducing the number of queuing ambulances
- Urgent Care Centre (UCC) will start on the RBH site from 1st Oct 2024 and we expect to see a positive impact on the 4hr result as a result

Risks:

- Significant increase in Mental Health demand as well as incidences of violence and aggression towards staff
- Significant space constraints of the current ED facility
- Dependence on specialties to see referred patients in a timely manner

Strategic objective: **Deliver in partnership**

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



	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Cancer 62 day %	76.1	68.8	71.1	72.5	74.0	66.1
No. on PTL over 62 days	284	275	334	307	304	330
% on PTL over 62 days	9.5	9.0	10.2	9.8	10.7	11.8
Cancer 28 day Faster Diagnosis	69.9	64.5	65.1	64.6	75.3	73.9

***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
F	

Royal Berkshire NHS Foundation Trust

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 July 74.0% of patients were treated within 62 days. August's unvalidated performance is 66.1%
- The total number of patients on the Patient Tracking List (PTL) waiting over 62 days increased from 304 to 330. Predominantly within lower gastrointestinal, gynaecology and urology

Actions and next steps

- Pilot and establish new nurse-led triage protocol in gastroenterology
- Establish outsourcing in dermatology and continued insourcing capacity in Endoscopy
- Expand hysteroscopy service at West Berkshire Community Hospital (up to 9 sessions per month)
- Agree dual lists to increase surgical capacity for urology
- Fifth endoscopy room will be operational from October
- We continue to work on the first stages of the pathway and therefore compliant with the 28 day faster diagnosis
- Both the 62 day and 28 day standards are meeting the Trusts planned trajectory

Risks:

- Not recovering sufficiently in gynaecology, gastroenterology and urology
- High reliance on insourcing/outsourcing
- Service level agreement (SLA) for delivery of plastics capacity from Oxford University Hospitals (Skin). SLA in discussion, looking at long term options

Strategic objective: **Deliver in partnership**

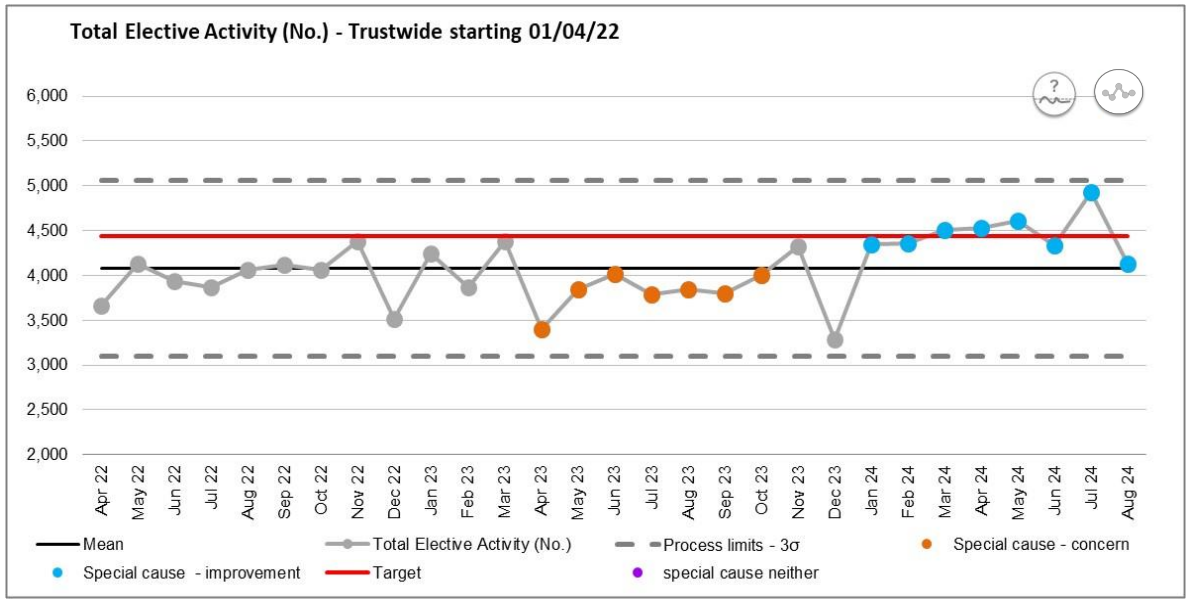
Strategic metric: Maximising Elective Activity

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Total Elective Activity (No.) (provisional)	4511	4527	4611	4339	4926	4129
% of plan for Daycases (cumulative)		106.10%	112.30%	108.30%	106.20%	99.30%
% of plan for Inpatients (cumulative)		95.90%	105.30%	103.20%	99.70%	93.30%
% of plan for Outpatient Attendances (News & Follow Ups (cumulative)		105.70%	109.40%	106.90%	106.50%	100.30%
Patients waiting > 65wks	0	1	0	2	5	6

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 indicates performance above 19/20 and 23/24 activity levels
- Actual performance is monitored via a national calculation which is nationally reported two months behind and there is a level of catch up that should be expected. Aggregated performance across the year is above the 100% 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 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 value weighted activity (VWA) is nationally derived and difficult to replicate making monitoring very challenging
- Submitted activity plans include a level of risk associated to staff being in post to deliver activity at this level

Strategic objective: **Cultivate Innovation and Improvement**

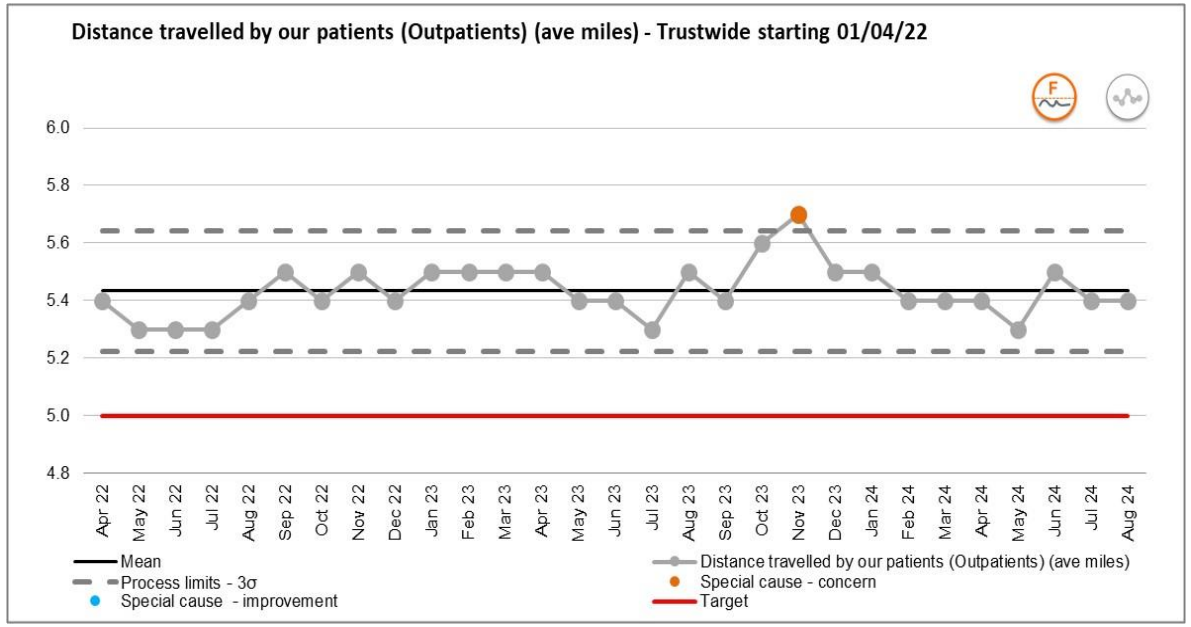
Strategic metric: Distance travelled by our patients (outpatients)

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Distance travelled by our patients (average miles) (Outpatients including Virtual Attendances)	5.4	5.4	5.3	5.5	5.4	5.4
Number of Virtual attendances	10245	10286	10473	9623	10463	9136
Advice & Guidance (A&G) activity	2065	2118	2161	1994	2250	1957
Face to face (FTF) activity at non RBH sites	7916	8394	8183	8261	9272	8450

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

How are we performing:

- In August, the average distance travelled remained 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 remained constant over the period but increased in month

Actions and next steps

- Delivery of 24/25 activity plan at specialty level including A&G increase
- OP transformation programme mobilisation
- Review of use of virtual OP as part of Digital Hospital programme

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**

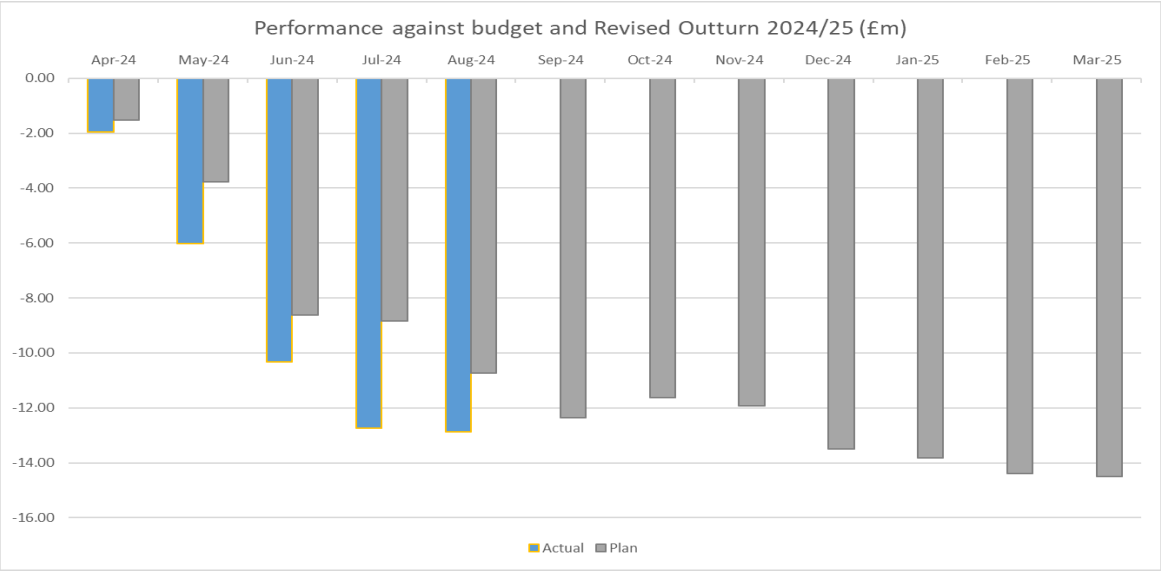
Strategic metric: Trust income & expenditure performance

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
F	L

Royal Berkshire NHS Foundation Trust



Metric Description	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Income as % of plan		105.20%	103.30%	99.02%	99.41%	109.14%
Pay as a % of plan		101.58%	102.07%	96.19%	96.40%	101.46%
Non-Pay as a % of plan		113.47%	114.69%	101.48%	114.86%	112.31%
Cost Improvement Plans (CIP) delivered (cumulative) (£)		£0.00m	£1.96m	£3.47m	£6.56m	£9.94m
Value weighted activity actual in month (£m)		£32.90m	£37.76m	£34.23m	£37.58m	£33.31m
Bank and Agency Spend actual (cumulative) (£m)		£2.03m	£3.99m	£5.79m	£7.72m	£9.75m

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

As part of our return to financial sustainability we have now submitted a final plan for 2024/25 on the 12th June 2024 for a £14.50m deficit for the year.

How are we performing:

- The YTD deficit has worsened by £0.12m since the end of Month 4 and is now £(12.86)m deficit, £(2.12)m behind the re-phased plan at August, M05 YTD 2024/25
- Income is ahead of plan by £7.96m YTD
- Pay is favourable to plan by £0.80m YTD
- Non-pay is higher than plan by £(11.14)m YTD partially offset by favourable income variances

Actions and next steps

- Corporate Directorates to identify an additional £1m improvement to their collective forecast and Care Groups to deliver their best case forecast
- Continuation of 'grip and control' further measures to restrict non-pay expenditure to curtail future overspends, and continued focus on delivery of savings (currently circa £21m identified against a target of £25.2m)
- Operational teams to continue focus on delivery, capture and coding of additional activity required for £11m additional ERF (and margin)

Risks:

- Acute contract values not yet agreed with BOB ICB
- Continued run rate of expenditure in excess of plans
- Delivery of required activity plans/potential future Industrial Action

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

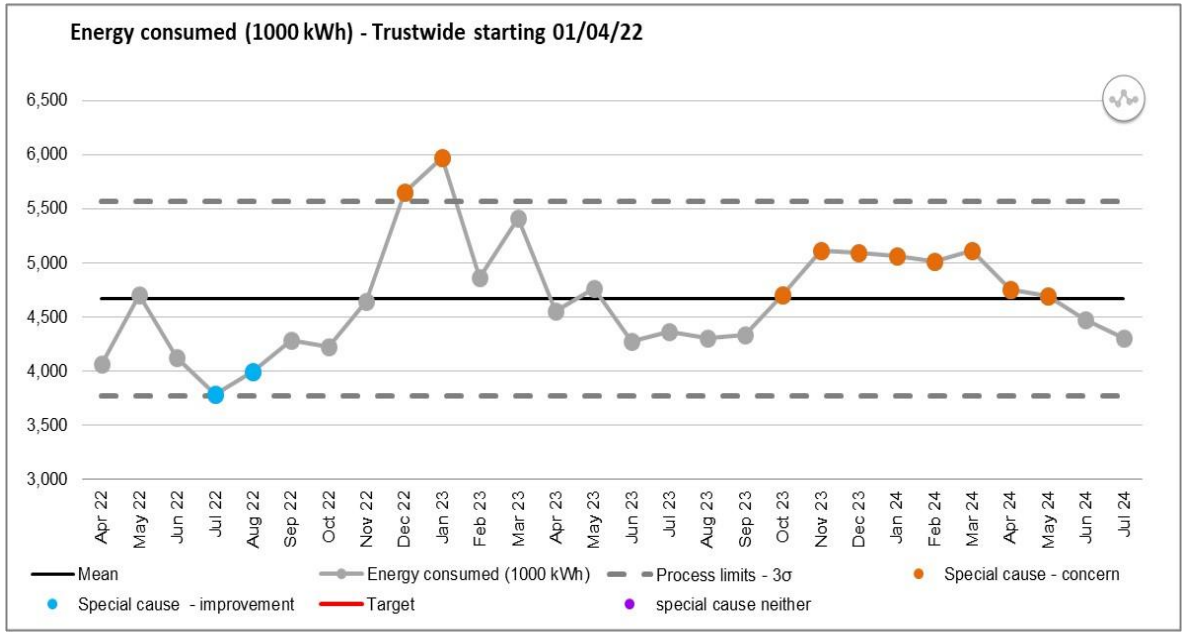
Strategic metric: Energy consumed (1000 kWh)

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



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

	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Energy used (1000 kWh)	5,115	4,750	4,695	4,473	4,308	Arrears
Electricity (1000 kWh)	224	243	126	161	246	Arrears
Gas (1000 kWh)	4,890	4,506	4,569	4,312	4,062	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

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 July remained steady. A slight increase in electrical consumption was offset by a reduction in gas consumed
- The RBH Combined Heat & Power plant continued to perform well, generating 1,371,657 kWh of electricity for the RBH site for July (slightly down on last month due to planned maintenance).
- This reduced our total Trust monthly imported electrical consumption to 246,133.2 kWh

Actions and next steps

- Continue site review regarding future low Carbon skills funding and Public Sector Decarbonisation Scheme opportunities
- Continued reduction of energy consumption by refining Building Energy Management System controls
- Plan energy saving Back Log Maintenance Projects during 2025/26

Risks:

- Ageing Royal Berkshire Hospital plant and infrastructure limitations

Breakthrough Priorities

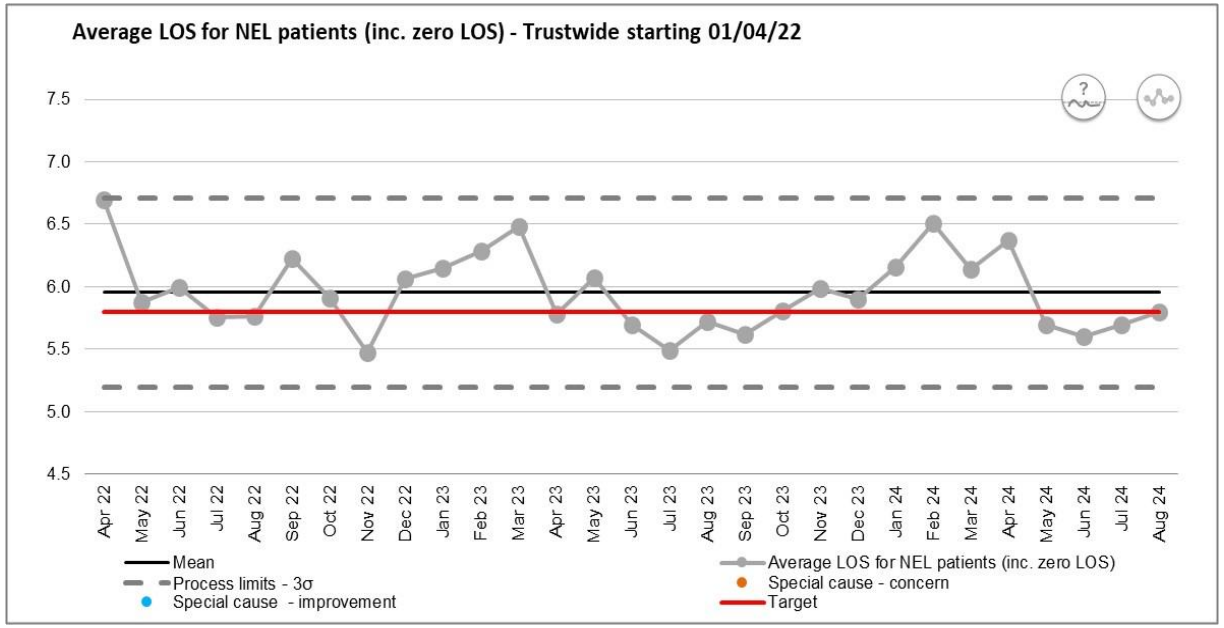
Breakthrough priority metric: Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Ave LOS for NEL patients (inc. zero LOS	6.1	6.4	5.7	5.6	5.7	5.8
Bed Occupancy (%)	89%	90%	90%	89%	88%	84%
No. of patients with zero day LoS	1103	1091	1143	1013	1113	790
Ave number patients > 7 days	276	275	268	256	257	232
Ave number patients > 21 days	96	104	90	93	96	84
Ave no. of patients through discharge lounge per day	12	15	14	15	15	13

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 May, June, July and August has remained below target and been more at a more consistent level for a sustained period
- The aim is to keep as close to this position as possible through autumn and into winter
- This position will be supported by improved accuracy of Target Discharge Dates (TDDs) across the Trust
- Drop in Zero LOS reflects the move from Short Stay to Same Day Emergency Care (SDEC)

Actions and next steps

- Continued drive for improved accuracy of Target Discharge Dates
- Furthering use of the discharge lounge for non-elective admitted patients
- Improving processes around take-home medications
- System-working for complex and Community Hospital discharges being addressed by operational leaders

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

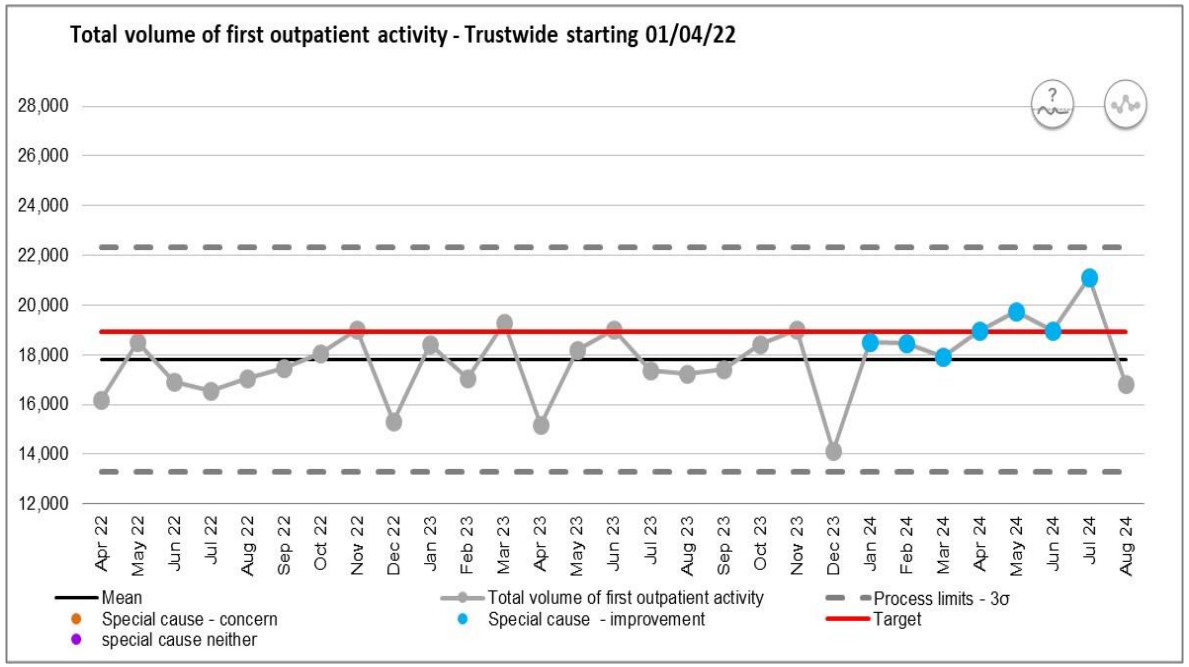
Breakthrough priority metric: Total Volume of first Outpatient (OP) Activity

Board Committee: Quality Committee

SRO: Andrew Statham

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Total Volume of first outpatient activity	17,931	18.979	19.734	18.976	2.1135	16.819
% OP 1st + OPPROC vs. Total OP Activity (46% target)	40.60%	44.91%	45.27%	47.60%	49.31%	47.76%
1st OP DNA rate	7.0%	7.2%	6.9%	7.3%	7.5%	8.6%
1st OP patient cancellations (%)	4.6%	4.5%	4.7%	4.6%	4.7%	4.7%
First / Follow up rate	1.9	2.0	2.0	2.0	1.9	2.0

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 across operational and coding teams underway to improve capture of outpatient procedures in clinic has been critical to driving the improvement in performance
- Did Not Attend (DNA) 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 August to increase prior to freeze

Actions and next steps

- OP transformation actions focusing on enhancing scheduling and productivity have been agreed at OP transformation group
- Work to reduce wait to first OP expected to impact / reduce DNA rate
- Trust wide rollout of eTriage to support with optimisation of 1st OPA pathway, has commenced as is planned to be completed by the end of Sept 23

Risks:

- The impact of the ongoing primary care collective action may increase over time

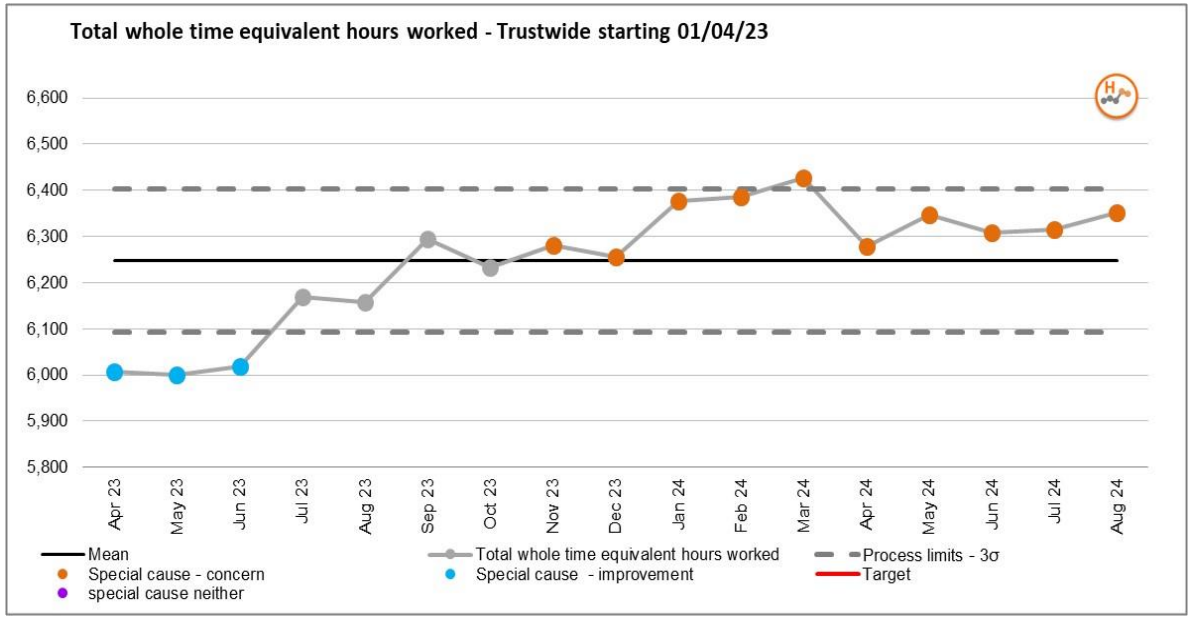
Breakthrough priority metric: Total Whole Time Equivalent (WTE) hours worked

Board Committee: People Committee

SROs: Nicky Lloyd/ Don Fairley

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Total WTE hours worked	6428	6278	6346	6309	6315	6352
Substantive WTE	5954	5962	5942	5960	5934	5971
Bank WTE	416	275	367	321	352	351
Agency WTE	58	42	36	29	29	30
Vacancy rate	6.82%	7.03%	6.46%	6.71%	5.84%	6.68%
Ave time to hire (clinical) (days)	53	57	55	59	58	61
Ave time to hire (non-clinical)	52	53	55	50	47	47

This measures: The total WTE hours worked within the Trust, broken down by bank, agency, and substantive workforce. Delivery of our financial plan requires us to make inroads into our total pay costs with a key focus on managing the contingent labour position.

How are we performing:

- The total WTE worked increased month on month by 37 WTE being driven in substantive recruitment
- Agency maintains consistent over the last quarter and continues with very low usage, total agency cost reduced by £250k year on year for the fifth month in a row, total year on year agency reductions now running at £1.1 million
- Bank usage was consistent with last month with an increase of 1 WTE on month. Overall bank cost increased by £100k month on month but £90k down year on year (YoY). Overall temporary staffing cost have reduced by £1.5m YoY

Actions and next steps:

- Continued review of bank usage and control measures have been put in place with continued reduction of agency usage and controls particular focus on Allied Health Professions (AHP) rates
- Review of all non-clinical roles through Workforce Control Panel

Risks:

- Reduction in the use of agency staff may result in specialist roles not being filled e.g. sonographers

Royal Berkshire
NHS Foundation Trust

Watch Metrics

Summary of alerting watch metrics

Royal Berkshire NHS Foundation Trust

Introduction:

Across our five strategic objectives we have identified 113 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 August 2024:

In the last month 16 of the 113 metrics exceeded their process controls, the same number 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

For this month there are 3 new alerting metrics:

- Percentage of term babies admitted to Neonatal Unit
- Debtors (£m)
- Cash Position (£m)

Provide the highest quality of care for all

- C.Diff (Cumulative)
- E.coli (Trust acquired) Bloodstream Infections
- Complaints turnaround time within 25 days (%)
- Percentage of term babies admitted to Neonatal Unit

Invest in our staff and live out or values

- Ethnicity progression disparity ratio
- 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	Jun-24	Jul-24	Aug-24	Aug-23
Never Events			0	0	0	0	1
Pressure ulcer incidence per 1000 bed days		P	1.00	0.05	0.05	0.00	0.10
Category 2 avoidable pressure ulcers			5	1	1	0	2
Category 3 or 4 avoidable pressure ulcers			0	0	2	1	0
Patient Falls per 1 000 bed days			5.00	3.78	4.26	3.73	3.85
Patient falls resulting in harm (avoidable)	L		-	0	0	0	0
No. of DOLS applications applied for			-	21	22	21	23
No. of detentions under the MH act to RBH			-	1	5	4	2
% of staff: Safeguarding children L1 training	H	P	90.00%	95.50%	96.40%	96.60%	94.70%
No. of child safeguarding concerns by the Trust			-	121	141	165	129
No. of adult safeguarding concerns by the Trust			-	28	29	24	26
No. of safeguarding concerns against the Trust			-	3	5	1	1
Unborn babies on child protection (CP) / child in need plans (CIP)			-	38	34	39	35
C.Diff (Cumulative – Trust Apportioned)	H	F	44	11	21	25	23
C.Diff lapses in care			-	4	Arrears	Arrears	3
MRSA	L		0	0	Arrears	Arrears	0
E.coli (Trust Apportioned) Bloodstream Infections			-	11	6	7	18
E.coli (Trust Apportioned) Bloodstream Infections (Cumulative)	H	F	92	33	39	46	56
MSSA surveillance (trust acquired)			-	0	1	7	6
Hand Hygiene			-	96.50%	97.50%	97.45%	97.48%
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance	H		95.00%	95.80%	96.40%	Arrears	94.30%
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions	L	F	0	2	0	Arrears	2

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

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Jun-24	Jul-24	Aug-24	Aug-23
No. of compliments			-	31	26	70	31
FFT Satisfaction Rates Inpatients: i.Inpatients			95%	94%	95%	96%	99%
FFT Satisfaction Rates Inpatients: ii.ED			95%	78%	82%	85%	85%
FFT Satisfaction Rates Inpatients: iii.OPA			95%	96%	96%	96%	95%
Mixed sex accommodation - breaches			0	271	247	79	349
Crude mortality			-	1.20	1.30	1.00	1.40
HSMR			-	Arrears	Arrears	Arrears	82.7
SMR			-	Arrears	Arrears	Arrears	83.3
SHMI			-	Arrears	Arrears	Arrears	0.98
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes			97%	100%	75%	Arrears	95%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes			86%	100%	33%	Arrears	83%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes			82%	100%	100%	Arrears	100%
No. of Patient Safety Incident Investigations (PSII)			-	1	1	2	
No. of SWARM huddles			-	3	8	5	
No. of After Action reviews			-	4	1	4	
No. of Multidisciplinary Team (MDT) reviews			-	1	1	4	
No. of Thematic reviews			-	4	0	0	
Number of Complaints			-	25	23	24	29
Complaints turnaround time within 25 days (%)			80%	60%	55%	45%	70%

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

Maternity Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Jun-24	Jul-24	Aug-24	Aug-23
FFT Satisfaction Maternity		?	95.0%	98.0%	97.5%	93.8%	96.6%
No. of complaints - Maternity		?	3	1	2	4	5
Number of Patient Safety Incident Investigations (PSII)			-	3	0	1	-
% bookings with ethnicity documented / recorded	H		-	99.9%	99.7%	99.8%	100.0%
% women with a documented CO result at booking		?	95.0%	87.8%	79.2%	87.2%	90.7%
% of women with a documented CO result at 36 weeks		?	95.0%	86.0%	88.0%	89.0%	83.4%
% of pre-term (less than 34+0), live births receiving a full course of antenatal corticosteroids, within seven days of birth		?	80.0%	50.0%	67.0%	75.0%	50.0%
Post Partum haemorrhage>1500mls		?	3.5%	2.7%	4.6%	2.8%	3.1%
Percentage of term babies admitted to Neonatal Unit		?	5.0%	8.3%	4.8%	5.6%	6.8%
Percentage of Perinatal Deaths	L	?	0.5%	0.1%	0.1%	0.0%	0.3%
Number of occasions MLU service suspended for 4 hours or more	L		-	6	8	1	15
Midwifery staffing vacancy rate	L		-	7.0%	7.5%	8.3%	16.3%
Midwifery staffing turnover	L	?	14.0%	8.8%	8.4%	10.6%	9.4%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: Fetal Monitoring		?	90.0%	92.9%	97.1%	97.9%	98.5%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: Fetal Monitoring		?	90.0%	100.0%	90.0%	82.2%	85.2%
Education and training - MEDICAL annual attendance at maternity specific mandatory training days: PROMPT		?	90.0%	98.4%	100.0%	71.2%	96.3%
Education and training - MIDWIFERY annual attendance at maternity specific mandatory training days: PROMPT		P	90.0%	94.6%	97.9%	97.0%	98.5%
Education and training - ANAESTHETISTS annual attendance at maternity specific mandatory training days: PROMPT	H	F	90.0%	98.3%	96.2%	91.7%	85.7%

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

Watch metrics:

SRO: Don Fairley

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Jun-24	Jul-24	Aug-24	Aug-23
Ethnicity Progression Disparity ratio between middle and upper pay bands		F	1.66	1.98	1.98	2.06	1.98
Rolling 12 month Sickness absence	L	F	3.3%	3.6%	3.5%	Arrears	3.6%
% Fill rate of Registered Nurse Shifts (RN)	H	P	90.0%	101.1%	99.9%	98.1%	94.2%
% Fill rate of Care Support Worker Shifts (CSW)	H	P	90.0%	110.1%	111.9%	109.3%	101.2%
Completed Mandatory Training	H	P	90.0%	92.9%	93.2%	94.0%	92.8%
Appraisals	H	F	90.0%	83.9%	83.7%	88.0%	81.2%
Nurse Staffing Red Flags			-	35	47	29	45

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

Watch metrics:

SRO: Don Fairley

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Jun-24	Jul-24	Aug-24	Aug-23
RIDDOR reportable Incidents			-	0	0	0	1
Abuse/V&A (Patient to staff)	H		-	63	82	81	53
Body fluid exposure/needle stick injury			-	23	30	25	15
Environment Related Incidents			-	10	20	14	18
Manual Handling non patient every 3 years	H	P	90%	95%	95%	95%	90%
Conflict Resolution	H	?	90%	91%	91%	93%	89%
Fire (Annual)	H	?	90%	91%	91%	93%	90%
Nursing and AHP Manual handling training every 3 years	H	?	90%	92%	92%	93%	90%
Doctors manual handling training every 3 years	H	F	90%	95%	95%	95%	90%
Health and Safety Training	H		-	97%	97%	97%	94%
Slips and Trips			-	3	6	4	0
Musculoskeletal - Inanimate object			-	3	2	2	2
Total non clinical incidents reported			-	215	262	242	345

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Jun-24	Jul-24	Aug-24	Aug-23
Fractured Neck of Femur: Surg in 36 hours		?	75.0%	38.2%	Arrears	Arrears	56.8%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival		F	90.0%	76.0%	83.0%	76.0%	73.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)	H	?	80.0%	90.0%	98.0%	94.0%	87.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)		F	90.0%	31.0%	31.0%	38.0%	25.0%
Cancer 31 day wait: to first treatment		?	96.0%	93.0%	95.9%	96.5%	94.3%
62 Day screen Ref		?	85.0%	69.0%	100.0%	62.5%	68.0%
Cancer Incomplete 104 days		F	0	91	86	75	70
Average waiting times in diagnostic (DM01) services	H	P	6	10	9	9	11
Diagnostics Waiting < 6 weeks (DM01) (%)	H	F	99.0%	75.6%	80.8%	80.4%	64.7%
18 Weeks: incomplete pathways (%)	H	F	92.0%	83.9%	83.1%	81.8%	86.0%
No. of patients waiting >52wks	L	F	0	18	58	89	14

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Jun-24	Jul-24	Aug-24	Aug-23
% OP appointments done virtually			40.0%	21.0%	20.0%	20.2%	21.1%
Number of OPPROC			-	11409	13900	11293	9016
Number of MDT OP			-	854	971	734	678
Number of PIs			-	117	120	121	84
Number of active research trials			-	134	137	141	98
Number of projects supported by HIP			-	53	53	53	50

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

Watch metrics

SRO: Nicky Lloyd

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Jun-24	Jul-24	Aug-24	Aug-23
Pay cost vs Budget (£m)			-	1.26	1.13	-0.46	-1.35
Non pay cost vs Budget (£m)			-	-0.32	-2.94	-2.44	-0.66
Income vs Plan (£m)			-	-0.49	-0.30	4.57	1.17
Daycase actual vs Plan (£m)			-	0.60	0.29	0.50	-0.16
Elective actual vs Plan (£m)			-	0.37	0.09	0.40	-0.23
Outpatients actual vs Plan (£m)			-	-0.17	-0.83	-0.47	-0.17
Non-elective actual vs plan (£m)			-	-0.60	0.57	-0.98	-0.89
A&E actual vs plan (£m)			-	-0.22	0.40	0.05	-0.06
Drugs & devices actual vs plan (£m)			-	1.29	2.62	0.96	0.29
Other patient income (£m)			-	0.09	0.09	0.14	0.24
Delivery of capital programme (£m)			-	0.39	1.15	1.80	3.48
Cash position (£m)			-	19.24	17.92	18.92	47.96
Agency spend % of total staff cost (%)			-	1.3%	1.3%	1.3%	2.3%
Creditors (£m)			-	-82.03	-86.60	-84.45	-84.52
Debtors (£m)			-	31.93	36.01	52.46	20.91
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) YTD			95.00%	77.60%	78.76%	78.80%	55.25%
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) In Month			95.00%	71.40%	78.10%	81.20%	65.26%

Royal Berkshire
NHS Foundation Trust

Title:	**RBFT operational performance trajectories: 2024-25: H2 update and forecast**
Agenda item no:	9
Meeting:	Board of Directors
Date:	25 September 2024
Presented by:	Dom Hardy, Chief Operating Officer
Prepared by:	Jonathan Rees, Head of Performance

Purpose of the report	The purpose of this report is to: • Update the committee on performance against agreed trajectories for 2024-25 against key national standards; • ensure Board has fully discussed and supported the forecast trajectories for the remaining half year.

Report History	Board of Directors: 29 May 2024

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

Resource Impact:	Links to earning Elective Recovery Fund income for 24-25 and therefore delivery of the Trust's financial position
Relationship to Risk in BAF:	Links to BAF risks 1.1 and 1.2
Corporate Risk Register (CRR) Reference /score	4172, 4241, 5698, 5995
Title of CRR	ED capacity and compliance; compliance with cancer standards; compliance with DM01; failure to achieve elective targets

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

Publication						
Published on website		Confidentiality (FoI)	Private	**X**	Public	

1 Executive Summary

1.1 NHS England's 2024-25 priorities and operational planning guidance[I] set out performance expectations for ICBs, Trusts and primary care providers for this financial year.

1.2 RBFT set its trajectories against these expectations during the operational planning round in Q4 of 2023-24; those trajectories were discussed and agreed by the Board of Directors in public in May 2024. Since then work has continued to deliver care to these performance standards.

1.3 The table below summarises the original plan expectation, the current position, and the expected performance by the end of 2024-25, with further detail later in the report. The Committee is invited to review and agree this report.

2 National NHS objectives for 2024-25

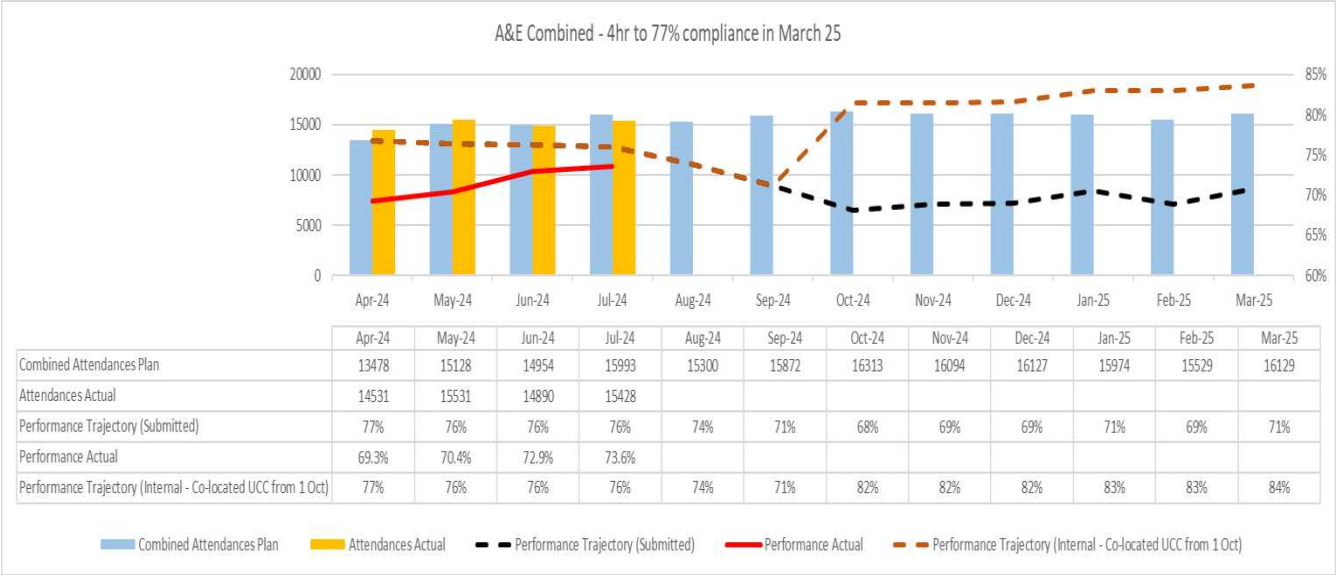
2.1 The table below sets out the NHS England performance objectives for 2024-25 that relate to RBFT, together with the original plan, the current position, and an end-year forecast:

Performance area	New / existing	Specific objective and metric	Original RBFT plan	Current position	End-year forecast
Urgent and Emergency Care	Existing	Improve A&E waiting times, compared to 2023-24, with a minimum of 78% of patients seen within 4 hours in March 2025	Non-compliant	Non-compliant	Compliant[II]
Elective care	Existing	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest	Compliant	Compliant	Compliant
	Existing	Deliver (or exceed) the system-specific activity targets, consistent with the national value-weighted activity target of 107%	Compliant	Compliant	Compliant
	New	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024-25	Non-compliant at this stage – baseline and improvement trajectory not yet established	Non-compliant	Compliant
Cancer	Existing	Improve performance against the headline 62-day standard to 70% by March 2025	Compliant	Compliant	Compliant
	Existing	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025	Complaint	Non-compliant	Compliant
Diagnostics	Existing	Increase the percentage of patients that receive a diagnostic test within 6 weeks in line with the March 2025 ambition of 95%	Compliant	Non-compliant	Compliant

2.2 Detail against for each of these standards is set out below, with accompanying assumptions/risks.

ED 4 hr standard

[I] NHS England » Priorities and operational planning guidance 2024/25
[II] The trajectory for this performance standard will change once the Urgent Care Centre is open

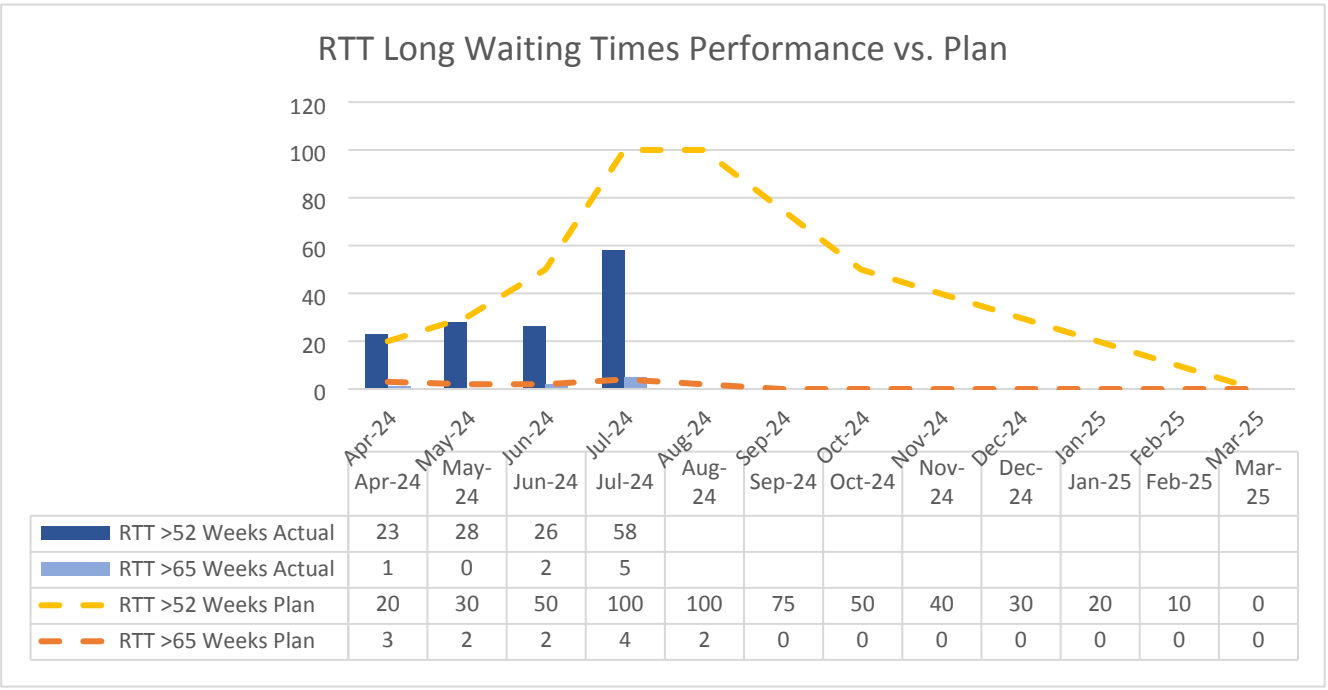


	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Combined Attendances Plan	13478	15128	14954	15993	15300	15872	16313	16094	16127	15974	15529	16129
Attendances Actual	14531	15531	14890	15428								
Performance Trajectory (Submitted)	77%	76%	76%	76%	74%	71%	68%	69%	69%	71%	69%	71%
Performance Actual	69.3%	70.4%	72.9%	73.6%								
Performance Trajectory (Internal - Co-located UCC from 1 Oct)	77%	76%	76%	76%	74%	71%	82%	82%	82%	83%	83%	84%

- Attendances to date this year are slightly above expected demand.
- Performance has improved through Q1 but remains below plan.
- There is continued focus on the improvement actions that are within RBFT's control
- Work to open the co-located UCC on RBH site (interim model Oct 24, permanent model Apr 25) is in its final stages and on track.
- Once this UCC opens we will update our trajectory based on our modelling; this forecasts that we will be compliant with the national performance expectation by the end of the year.
- Risks to delivery of this revised trajectory include that the UCC does not perform as expected; that the ED team continues to deal with high volumes of patients and/or does not sustain performance within budget once attendance levels reduce; and that seasonal illness significantly affects flow through the department. Each of these risks is being actively addressed.

Elective Activity

Long Waits (65, 52)



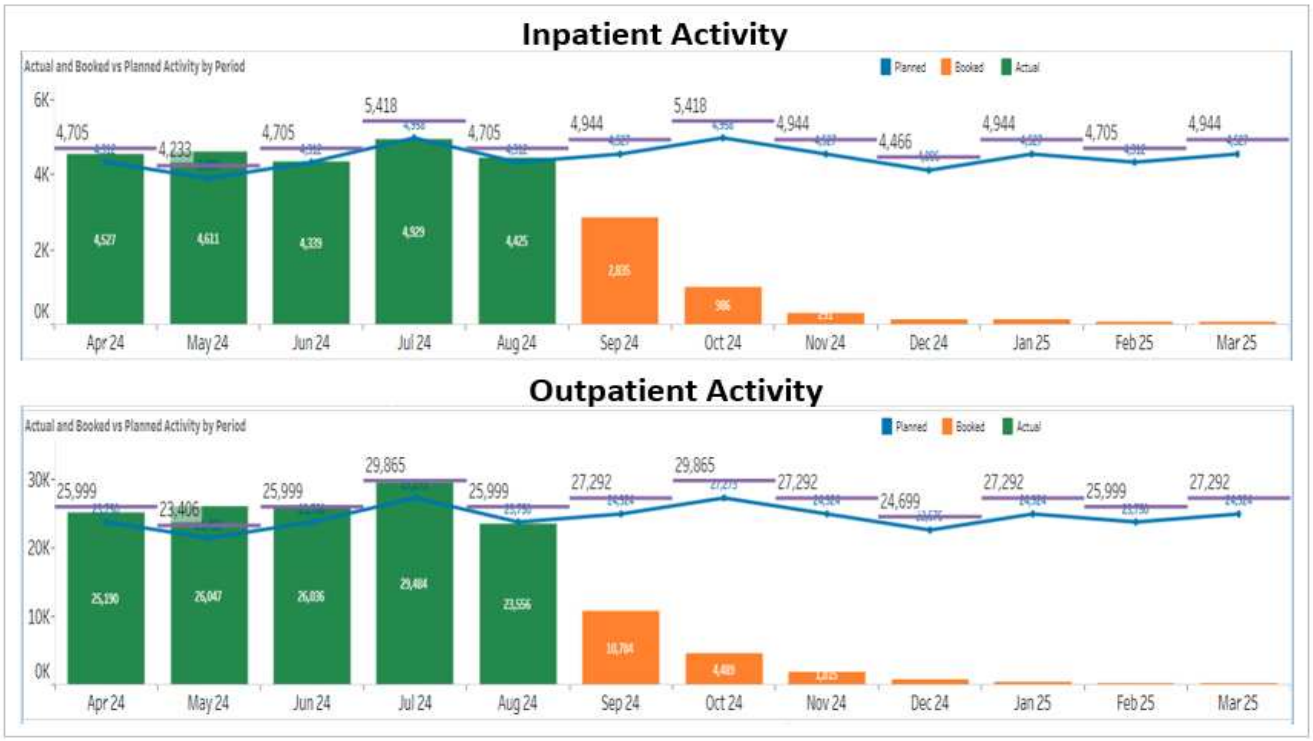
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
RTT >52 Weeks Actual	23	28	26	58								
RTT >65 Weeks Actual	1	0	2	5								
RTT >52 Weeks Plan	20	30	50	100	100	75	50	40	30	20	10	0
RTT >65 Weeks Plan	3	2	2	4	2	0	0	0	0	0	0	0

- The expectation is that the Trust complies with this objective and remains ahead of national expectations.
- The core assumptions at the beginning of the year were:

    - Activity is focused particularly on waits to 1st outpatient appointments (and subsequent diagnostics)
    - Total PTL size remains broadly constant
    - Master Waiting List (MWL) and the e-triage app are deployed in April 24 to enhance visibility of waiting list data and significantly improve referral and decision-making processes respectively
- The Trust remains a good performer nationally for long RTT waits however our waits to first outpatients appointment remain a significant challenge and the primary driver for long waits.
- Increasing 1st outpatient appointment volumes remains a key focus for operational teams during the second half of the year, reinforced by the fact that this is one of the Trust's 3 breakthrough priorities and therefore subject to significant senior leadership attention.
- There have been a number of delays releasing the MWL and e-Triage developments.
    - Mitigation has been in place for MWL throughout the development and work has increased over the summer both to increase the rate of data-quality-related removals as well as development of Business Intelligence views. The new views are expected to be released by the end of September 24.
    - eTriage is live in a number of specialties and being well received. Challenges with the infrastructure the platform is built upon have caused delays but these are being worked through to ensure a robust solution is deployed across remaining services. Trust wide deployment is expected through the remainder of Sept 24.
- We continue to target long wait RTT pathways on a case by case basis to ensure we remain ahead of trajectory whilst the causes of long waits are addressed earlier in the pathway.
- RBFT teams are also providing mutual aid to the OUH in gynaecology and urology to support their attempts to reduce the number of patients waiting >65 weeks
- Continued progress towards this standard will be partly dependent on continuing to increase productivity and also on future contract agreements.

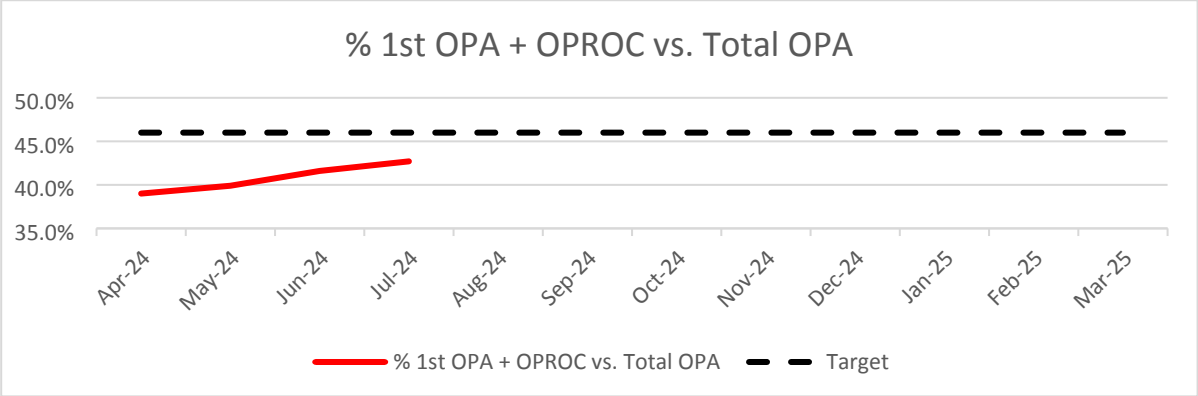
Value-weighted activity

- The expectation was that the Trust will deliver 107% of value-weighted activity (VWA) compared with 2019-20 levels
- This expectation was revised to c117% after the conclusion of the Trust's planning and contract negotiations
- The key assumption remains that teams are able to lay on additional activity above baseline capacity by recruiting, through insourcing and via premium-rate work. The costs of this work have been built into budgets for 2024-25
- A further assumption is that teams are able to record, count, code and attract income for all activity.
- Significant progress has been made in this area and VWA levels are currently running at 111-112%
- Further progress can still be made in each of the work areas identified above and will continue for the remainder of the year as part of securing planned income towards achieving the Trust's end-year budget position



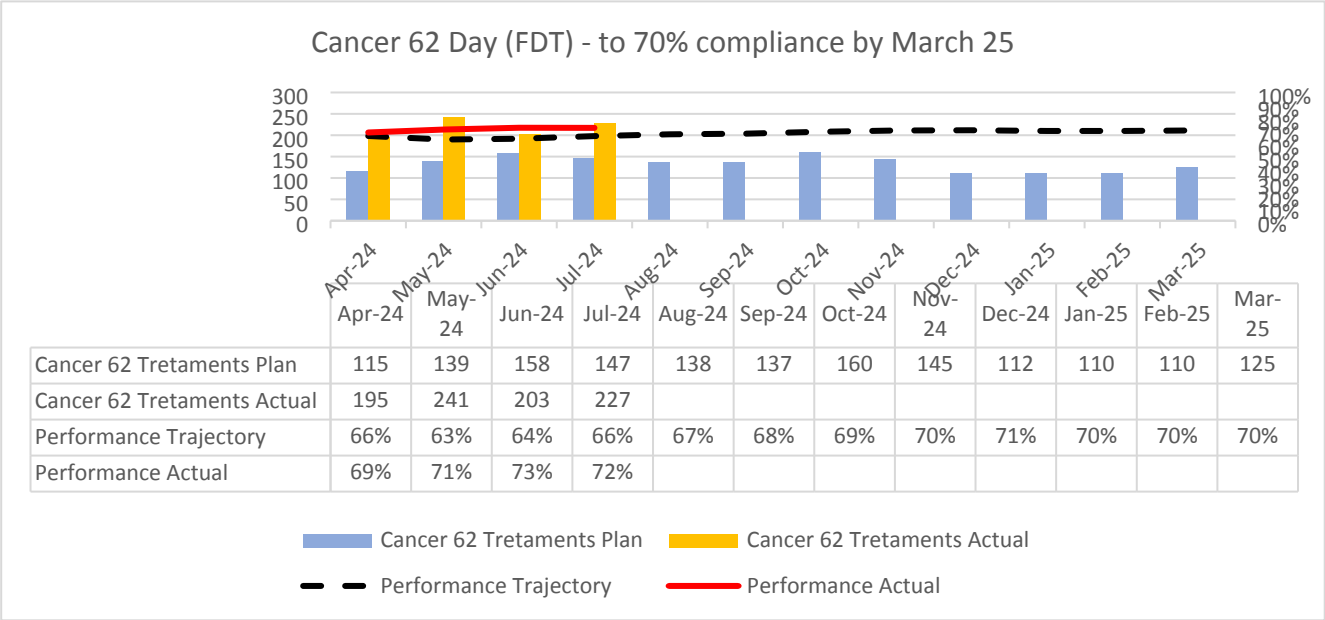
Note – data extract 03/09/24. Jul and Aug data still accumulating prior to SUS freeze

1st Outpatient appointments and Outpatient procedures as a % of all Outpatient activity



- Further work is required for this new metric to understand the RBFT baseline position and to develop a trajectory for delivery as required, underpinned by activity. Subject to this we expect to comply with this expectation by the end of the year
- Improvement in the capture of outpatient procedures (OPPROC) data, both at the time of clinic and through retrospective review of outpatient clinic data is underway.
- Adjustments to the EPR OP Outcomes MPages (the primary way of capturing clinical information for coding) are being made following discussion with operational teams to improve capture at the time of the procedure.
- This metric is now monitored as part of the breakthrough priority measures included in the IPR.

62 Day standard

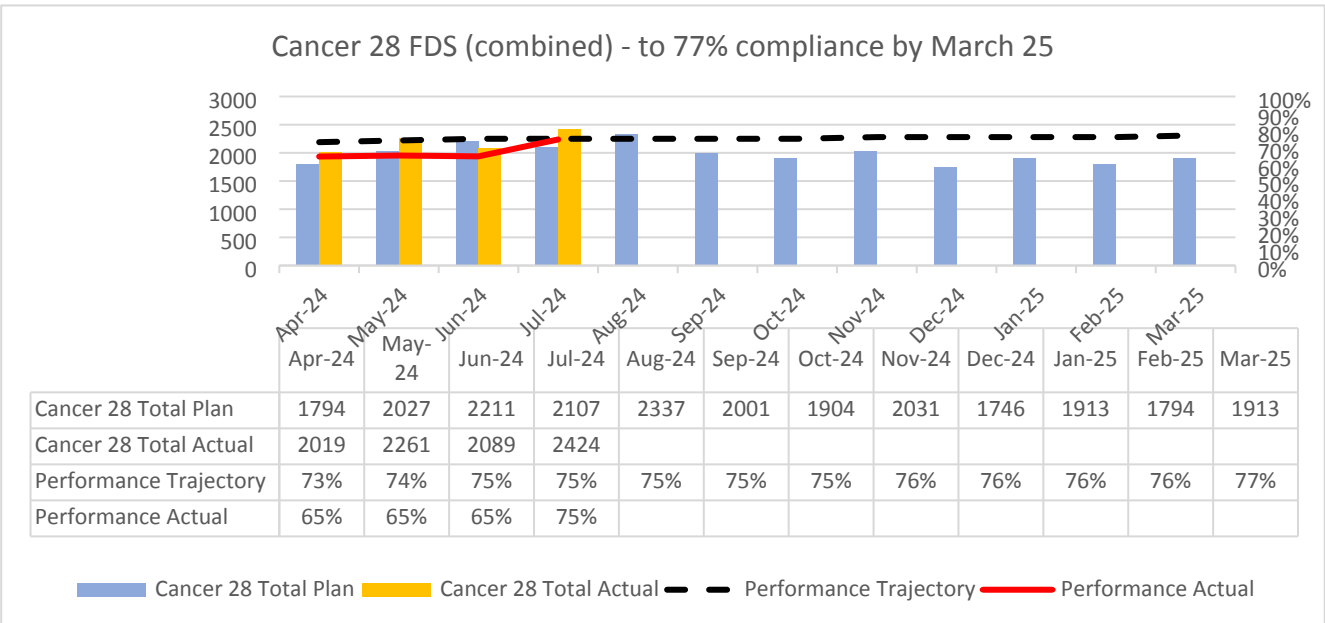


	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Cancer 62 Tretaments Plan	115	139	158	147	138	137	160	145	112	110	110	125
Cancer 62 Tretaments Actual	195	241	203	227								
Performance Trajectory	66%	63%	64%	66%	67%	68%	69%	70%	71%	70%	70%	70%
Performance Actual	69%	71%	73%	72%								

Note – data extract 03/09/24. Jul data provisional at the time of writing

- The expectation is compliance with the national objective for this standard;
- Compliance remains dependent on continuing to address known capacity issues in key high-volume pathways (skin, gynae, GI, urology) – which in turn is dependent on premium rate activity and insourcing.
- Additional capacity has been secured in Hysteroscopy, and the use of outsourcing/insource capacity is supporting LGI and Dermatology and so the expectation is that performance will be sustained

28 Day Faster Diagnosis

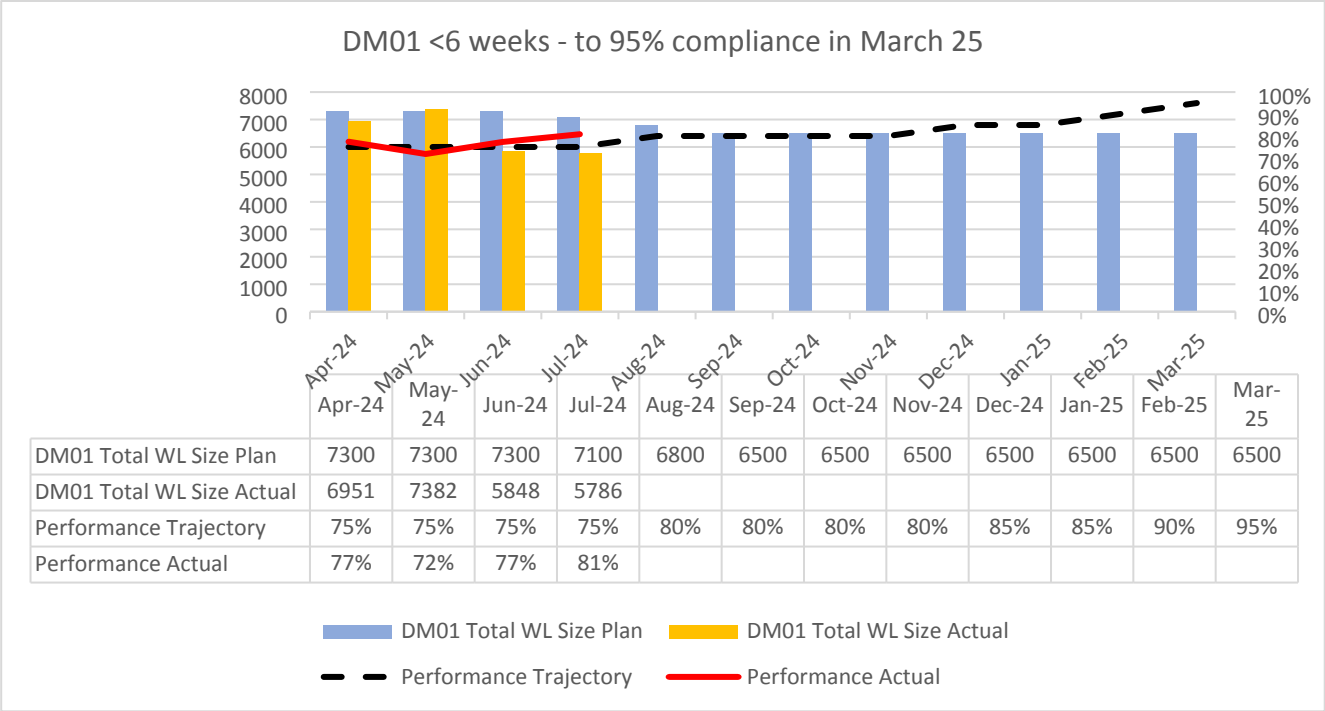


	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Cancer 28 Total Plan	1794	2027	2211	2107	2337	2001	1904	2031	1746	1913	1794	1913
Cancer 28 Total Actual	2019	2261	2089	2424								
Performance Trajectory	73%	74%	75%	75%	75%	75%	75%	76%	76%	76%	76%	77%
Performance Actual	65%	65%	65%	75%								

Note – data extract 03/09/24. Jul data provisional at the time of writing

- Expectation is compliance;
- However the dependencies are the same as for the 62-day standard above.

DM01 (>1% patients waiting 6 wks or more for diagnostic test)



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
DM01 Total WL Size Plan	7300	7300	7300	7100	6800	6500	6500	6500	6500	6500	6500	6500
DM01 Total WL Size Actual	6951	7382	5848	5786								
Performance Trajectory	75%	75%	75%	75%	80%	80%	80%	80%	85%	85%	90%	95%
Performance Actual	77%	72%	77%	81%								

- Current performance is just above plan and waiting list size has decreased.
- Significant improvement above 23/24 in MRI and CT is driving the improved performance.
- The predominant issue for long/excessive wait sits within Endoscopy where the vast majority of >13 week waits (as a large proportion of >6 weeks) sits within the endoscopy modalities.

3. Next Steps

Assurance of delivery against these standards will continue to be provided through the usual reporting routes i.e. monthly Care Group Performance Review Meetings, Executive Management Committee and Board of Directors.

The Board is invited to review and agree this report.

NHS
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Title:	**Trust Strategy 2025 Refresh and Delivery of the Clinical Services Strategy**
Agenda item no:	10
Meeting:	Board of Directors
Date:	25 September 2024
Presented by:	Andrew Statham, Chief Strategy Officer
Prepared by:	Rebecca Cullen, Associate Director of Strategy and Performance

Purpose of the Report	To inform the Board of the intent for 2025 Strategy Refresh and CSS delivery and invite comment on the scope

Report History	Executive Management Committee: 27 August 2024

What action is required?	
Assurance	
Information	To inform the Board of the intent for 2025 Strategy Refresh and CSS delivery
Discussion/input	To invite comment from the Board on the scope
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 (FoI)	Private		Public	✓

Executive Summary

- This paper sets out the proposal for the 2025 Trust Strategy review and next steps in the delivery of our Clinical Services Strategy (CSS).
- The proposed strategy landscape for RBFT is two sister strategies that align and work hand-in-hand:
    - Our Trust Strategy
    - Clinical Services Strategy
- For Our Trust Strategy, it is recommended that we refresh the Trust Strategy in line with our existing framework that is aligned throughout the organisation.
- For the CSS, it is proposed that the organisation now focuses on taking this into delivery, including the business planning process for financial year 2025/2026.
- Following approval of the proposed approach at Executive Management Committee on 27 August, the Board are invited to comment on the scope for the 2025 Strategy Refresh and CSS delivery.

1. Background and Context: Our Strategy: Improving Together and CSS

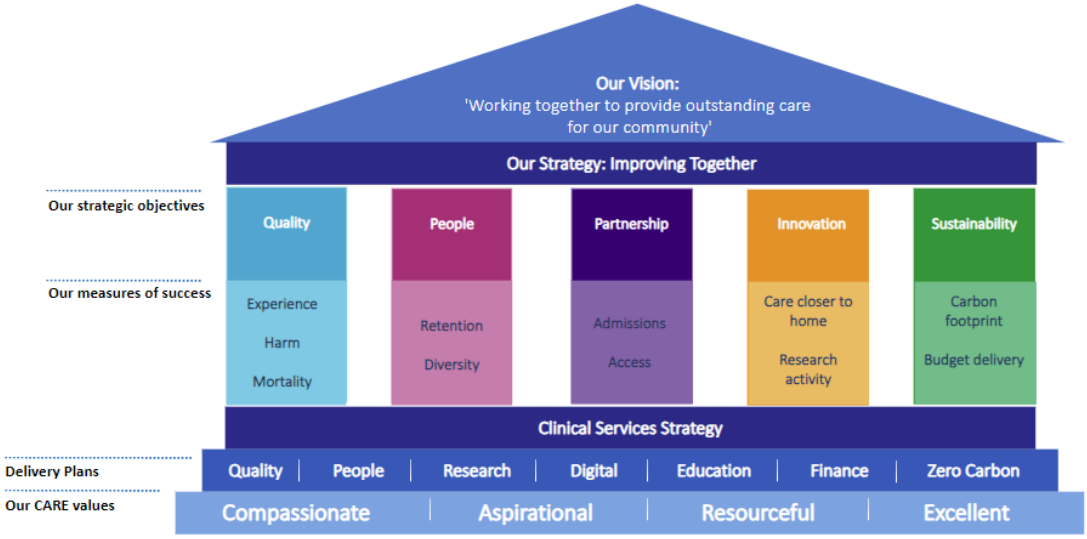
Our Strategy: Improving Together (OS:IT)

1.1 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 ICBs 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.

1.2 The current OS:IT architecture is well established, from ward to Board, with staff and partners recognising the current Strategy pillars framework (below) as a powerful and recognised imagery flowing throughout our performance and Improving Together

Management System.



Clinical Services Strategy (CSS)

1.3 The CSS was published in 2022 and was designed to set the direction of our clinical services, informing investment decisions and future planning over the following 10-15 years. It is well aligned with both the BOB ICS Joint Forward Plan and agreed Berkshire West Place priorities and supported by our partners.

1.4 There is variation in engagement and understanding of the CSS across the Trust, and some services have spent time working strategically with their teams, patients, and partners to think about what delivering the CSS looks like in their area (e.g. Children and Young People, Gynaecology).

1.5 However, there are only a handful of areas where we can point to clear service change or plans to change across the organisation – e.g. any Long-Term Resource Model (LTRM) based off current plans will show little change in the balance of resource focused on wellness, prevention and out of hospital care. As a result, this will present us with challenges in both living within the system resource envelope and will require a larger hospital than the New Hospital Programme will fund.

2. Proposal overview

2.1 The proposed document landscape for RBFT strategy is two sister strategies, which align and work hand-in-hand: ***Our Trust Strategy*** and the ***Clinical Services Strategy***.

2.2 For both Our Trust Strategy and CSS, we believe the right approach is to retain our current core principles and architecture as both external and internal drivers lean towards a need to build on the current architecture (CARE values, Improving Together, out of hospital care, digital first) to ensure we deliver on their objectives, rather than pivot to a new approach.

2.3 This twin approach will help us to deliver a higher quality product that drives action aligned to our core objectives with a consistent style and language.

3. Refresh of Our Trust Strategy

3.1 As outlined in 1.2, the current OS:IT architecture is well established, from Ward to Board, aligned throughout our performance and quality improvement management system, and with both staff and partners recognising the current Strategy pillars framework.

3.2 It is for this reason that a refresh under the current framework is recommended, with a view to building on the outputs of the What Matters 2024 programme, to ask ourselves the following questions:

- *As we head into 2025, is our Trust vision still accurate and representative of where we want to be?*
- *What have we achieved since 2022? What learning can we share and celebrate?*
- *Are our current strategic objectives, and critically our ambitions within the objectives, the right ones?*
- *How will we measure our success against the strategic objectives? (we may expect, for example, to see more around Health Inequalities, Building Berkshire Together and mirrored language from our CSS especially about moving our resources into the community and into prevention and wellness)*
- *What are we proud of and can share the learning across our services?*
- *What are the challenges we need to overcome to realise our vision, and how can we do that? What partners do we need to deliver our ambitions?*

3.3 The proposed 5 stage methodology is set out below with an indicative timescale, and is to be completed in tandem with the CSS delivery work:

1. Exploration and Planning (from now until February 2025)
Including What Matters 2024 feedback, Board approval of process, Council of Governor input, policy platform (analysis of national, regional, and local policy and drivers), analysis of success against previous Strategy, stakeholder mapping and identification, planning and preparation for engagement, early pilot engagement.
2. Engagement phase (March – June 2025)
Across all stakeholders concurrently including staff, volunteers, patients, communities, and partner organisations in health and beyond including a dedicated Board Seminar.
3. Strategy development and refinement (July – August 2025)
From the both the exploration and engagement outputs, led by the Strategy and Partnerships team.
4. Finalisation and approvals (September – November 2025)
Through Trust governance structures and finally through Public Board.
5. Key enabler delivery plan development (post approval)

Across key enabling Trust departments and in line with any delivery plans for CSS e.g. estates, digital.

Key Considerations **-** in this work, some initial considerations that must be taken are as follows:

3.4 **In engagement:**

- We must do the right engagement at the right time with the right people. Good engagement should reduce the risk of 'engagement fatigue' and support the right conversations across our services and beyond.
- With the staff engagement, all voices must be heard beyond those in leadership roles.
- To guide the work in a co-creation way, it is proposed that a representative Strategy Steering Group, comprising of a range of staff members and patient/community members that represent our Trust and its community (the members should be diverse across all characteristics as well as profession and pay-band) have oversight of the work, and are able to guide direction in a meaningful way.
- Engagement should be concurrent across our patients and community; our staff and volunteers; and our partner organisations (as opposed to consulting partners with a final draft).

3.5 **Morale** – despite strong staff survey results, we know we are experiencing unseasonal operational pressures across the Trust. Plus, ongoing turnaround work in finances and performance front of mind for many staff in leadership roles

3.6 **CSS** – we must ensure alignment with the CSS and that they serve as partner documents with a strong brand and delivery focus.

4. Taking the CSS into Delivery

4.1 With the context in section 1, we need a step-change in delivery to make the progress necessary to achieve our CSS ambitions and the clinical model for the new hospital.

4.2 Through the proposed programme we have an opportunity to provide the following outcomes:

- A big conversation about the shape of services we provide going forward with our patients, communities, partners, and staff.
- Critical input to three key deliverables for the Trust in 24/25 and 25/26: 24/25 planning; LTRM; and the New Hospital Clinical Model and refreshed Strategic Outline Case.
- Greater alignment between our CSS and key enablers such as capital, digital, and workforce development plus content to inform their delivery plans.
- A systematic delivery and roll-out of the CSS across all our services including service level delivery plans.
- Identification of issues and ideas that we will want to incorporate into a revised headline CSS document or to our Trust Strategy.

<u>Proposed methodology</u>

Phase 1: Building the delivery of the CSS into Business Planning 2025/2026 (From now)

4.3 As part of the Business Planning process for 2025/2026, directorates and care groups will be asked to consider their list of opportunities for delivering the CSS in their service(s). These should be split into 3 distinct groups:

Next Year	**2-5 years from now**	**5+ years**
And thus, to be factored into business planning 2025/2026 These should be fairly quick wins and deliverable in the next financial year	Opportunities to be planned for (and started in some cases) in the next year but with deliverables after FY2526.	Likely to represent larger shifts in how we work and readiness for new hospital care models required. Horizon scanning within specialty for new innovation (whether this be technological, pharmacological or otherwise) included here.

4.4 When identifying these, teams may wish to think about opportunities for:

- **Stopping or reducing** – e.g. scaling back a service offering, streamlining service provision or stop providing a service in particular non-funded item. Rationale could include change in population need; leadership by another system provider partner; lack of sustainability or funding of service.
- **Starting or growing** – e.g. growing a service where there is evidenced patient demand, appropriate funding streams are available, and capacity can be created by working differently internally/with other partners. Rationale here could include the evidenced patient demand/newly commissioned opportunity or centralisation of a BOB wide service into RBFT (i.e. in partnership with the acute provider collaborative)

- **Changing or adapting** – changing or adapting a service offering whether than be modality (e.g. moving to a digital/virtual offering where appropriate); significant geography change (whether another Trust site or at another site in the community e.g. community hub, GP practice, community hospital); workforce model change (e.g. nurse led service); innovation led change on the horizon; or pathway shift such as straight-to-test on some patient pathways.

4.5 In all of these, teams may want to think about we can work differently with internal or external partners (e.g. NHS partners in primary or community care, as part of the acute provider collaborative, with the University of Reading/other academic partners, via networks, commercially etc.) to deliver our CSS ambitions and improve our services for patients and the community.

Phase 2: Systematic Delivery and Roll-out plan development (From January 2025)

4.6 Phase 1 would be followed by systematic delivery and roll-out plans developed with Care Groups for each service outlining how the service plans to align with the CSS and critically their implications for costs to support the LTRM development.

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Title:	**Board Assurance Framework (BAF)**
Agenda item no:	11
Meeting:	Board of Directors
Date:	25 September 2024
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	To provide the Board with a summary of the Trust's Key risks reviewed by Board Committees. The relevant sections of the BAF continue to be reviewed at the relevant Board Committees.

Report History	Integrated Risk Management Committee: 18 April 2024 & 14 August 2024 Executive Management Committee: 27 August 2024 Quality Committee: 10 April and 3 June 2024 People Committee: 3 June 2024 Audit & Risk Committee: 8 May and 11 September 2024 Finance & Investment Committee: 22 May and 9 September 2024

What action is required?	
Assurance	
Information	The Board is asked to note the current updated Framework in relation to the assurances, gaps and actions in place to manage strategic risks.
Discussion/input	
Decision/approval	

Resource Impact:	Not applicable
Relationship to Risk in BAF:	Not applicable
Corporate Risk Register (CRR) Reference /score	Not applicable
Title of CRR	Not applicable

Strategic objectives This report impacts on (tick all that apply)::				
Provide the highest quality care for all				✓
Invest in our people and live out our values				✓
Deliver in partnership				✓
Cultivate innovation and improvement				✓
Achieve long-term sustainability				✓
Well Led Framework applicability:			Not applicable ☐	
1. Leadership ☐	2. Vision & Strategy ☐	3. Culture ☐	4. Governance ☐	
5. Risks, Issues & Performance ☐	6. Information Management ☐	7. Engagement ☐	8. Learning & Innovation ☐	
• Board understands the internal and external factors affecting delivery of the plan. • Main risks are identified. No significant control issues/ gaps and clear responsibilities. • Effective process in place to monitor, understand and address current & future risks				
Publication				
		Confidentiality (FoI)	Private		Public	✓

Purpose

1.1 The Board of Directors has the overall responsibility for ensuring that systems and controls are in place that are sufficiently robust to mitigate risks which may threaten the achievement of the Trust's Strategic Objectives.

1.2 The Board achieves this primarily through the work of its sub committees, the use of Internal Audit and other independent inspection and by the systematic collection and scrutiny of performance data to evidence the achievement of the Trust's objectives.

1.3 The Board Assurance Framework (BAF) is designed to provide the Board with a simple but comprehensive method for oversight and management of the Principal Risks to the Trust's objectives.

2. Current Position

2.1 The Board Assurance Framework has been reviewed and updated following: the Integrated Risk Management Committee: 18 April 2024 &14 August 2024, Executive Management Committee: 27 August 2024, Quality Committee 10 April 2024 & 3 June 2024, People Committee 3 June 2024, Audit & Risk Committee 11 September and Finance & Investment 22 May 2024 & 19 September 2024. All five Strategic Objectives have been updated with the relevant leads.

Strategic Objective 1: Provide the highest quality care

- The following were added to:
    - Control assurance:
        - Quarterly CQC engagement meetings, CQC Maternity Inspection report, Inpatient & Outpatient, IPR & Watch Metrics, Children & Young People Strategy & Improving Together
    - Gap in assurance:
        - Risks to delivery of access standards and Mixed sex accommodation monitoring due to operational pressures
    - Action/Improvement:
        - Health Equalities Programme, CQC Maternity Inspection Action Plan, ED Improvement Programme, 2024/25 Elective Activity Plan supported by insourcing, additional premium rate activity and APC, Patient Flow programme, Regular QIA, PSIRF Implementation plan reporting
- Updates made to Mixed-Sex Accommodation due to Covid, National and Regional Staffing, Ockenden Action Plan, QIA process to monitor impact of CIP LFPSE reporting, Annual Compliance Statement and Maternity Quality Assurance Report to Board.

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

- The following were added to:
    - Control assurance:
        - Sexual Safety Charter signatory & Improving Staff Experience in relation to Violence & Action
    - Gap in assurance:
        - Implementation of Sexual Safety Charter & Implementation of V&A action plan
    - Action/Improvement:
        - Violence & Aggression Action Plan & Sexual Safety Charter Action Plan

Strategic Objective 3: Deliver in Partnership

- The following were added to:
    - The failure of PLACE and system partners to delivery operationally and the corresponding risk to the Trust's ability to deliver against NHS Constitutional standards has been added
    - Control assurance
        - APC Board
    - Gap in assurance
        - ICB's commissioning and performance management network
    - Action/Improvement
        - APC & Berkshire West Place Programme Delivery
- Updates made to active involvement of CEO and Director team in BWP, ICS and APC programme governance and CEO membership of the BOB ICB Board, and CEO Chair of the APC.
- Sustainability agenda moved to Strategic Objective 5.

Strategic Objective 4: Cultivate innovation and improvement

- The following were added to:
    - Control assurance
        - Annual update on R&I and R&I Strategy
- The following were removed from:
    - Gap in assurance
        - Improving Together Roll Out Programme, Annual Update on R&D to Committees, Clarification on three-year strategy
    - Action/Improvement
        - R&D update and proposal on strategy

Strategic Objective 5: Achieve long-term sustainability

- The Risk in relation to the Trust not progressing the business case for a new hospital has been updated
- The following were added to:
    - Key controls:
        - Budget setting process led by CFO and CEO, Workforce Control Panel and exception reporting to BOB ICB, Monthly submissions to NHSE across workforce and finance datasets, tracking of recurrent and non-recurrent efficiency savings plans and delivery, Well established Performance management framework with upward reporting of monthly performance meetings, Engaged external expertise (PwC) to confirm underlying deficit position and drivers, Engagement of external expertise (KPMG) to substantiate efficiency savings programme, Appointment of Turnaround Director and PMO team, Full participation in (BOB ICB) Peer Review programme
    - Control assurance

        - CEO led Go & See visits to overspent budget holders, benchmarking following National Cost Collection and national corporate services cost collection and PLACE assessment

    - Gap in assurance:
        - Development of 5-year LTRM aligned to Clinical Services Strategy (CSS), Savings Programme 2024/25, evidencing cost efficiency and appointing Security Manager

    - Action/Improvement:
        - Interventions to remove delegated authorities, executive director oversight and intervention across workforce temporary labour bookings

- Updates made to BBT.
- Updated in relation to the current Investigation & Intervention regime.

3. Next Steps

3.1 The Board is asked to note the updates to the Board Assurance Framework.

4. Attachments

4.1 The following are attached to this report:

Appendix 1 – Board Assurance Framework

Trust Board Assurance Framework

September 2024

Summary Board Assurance Framework 2023					
Strategic Objective	**BAF Risk**		**Risk Appetite Description**	**Sub Committee**	**Lead Director**
Strategic Objective 1: Provide the highest quality care for all	1.1	If we allow material lapses in the quality of care, including access to care, the Trust will not meet its regulatory standards for quality and safety	The quality of our services, measured by patient outcomes, safety and experience as well as our ability to be responsive to our patient's is paramount. The Trust has a low appetite to risk that could result in poor quality of care and will seek to avoid taking risks that compromise patient safety. This cautious appetite extends to compliance with Care Quality Commission standards.	Quality Committee	Chief Nursing Officer
	1.2	If we do not deliver our clinical and quality ambitions at the intended pace we will lose opportunities to improve patient outcomes and experience		Quality Committee	Chief Medical Officer
Strategic Objective 2: Invest in our people and live out our values	2.1	If we do not recruit and retain a competent workforce we will fail to deliver on the Trust's strategic objectives	The Trust seeks to be recognised through its values as a great place to work. It will innovate and challenge traditional working practices. As such, it is prepared to take a flexible view on the development of its workforce and conditions of employment. There is a medium appetite for risk where this does not compromise staff and values and be proven to benefit patient and staff safety.	People Committee	Chief People Officer
	2.2	If we fail to uphold our Values (CARE and Diversity & Inclusion) the Trust will not be an employer of choice or considered an exemplar organisation for staff		People Committee	Chief People Officer
Strategic Objective 3: Deliver in Partnership	3.1	If our partners at PLACE and system fail to deliver operationally there is a risk that the Trust will not deliver against NHS Constitutional standards	The Trust seeks to work effectively in partnership with other organisations in Berkshire West (place) and across the ICS (system), recognising that sustained delivery of high quality care depends on contributions from many teams across pathways of care	Quality Committee	Chief Operating Officer

	3.2	If Berkshire West Place and BOB ICS plans and programmes do not deliver the envisaged improvements in care and value the Trust's financial and operational performance will be impacted	The Board is keen to drive the development of integrated care with its local Berkshire West Place and regional (ICS) partners at pace. In doing so, the Board is willing to take decisions where the potential benefits to patients and providers are seen to outweigh risks. It sees the development of new ideas and partnerships as potentially enhancing quality and financial sustainability and so where collectively shared it has a relatively high appetite for integration risk.	Board	Chief Executive (Director of Strategy)
	3.3	If we do not realise the opportunities presented by our strategic partnership with UoR we will not deliver on our education, training and research ambitions		Board	Chief Medical Officer
Strategic Objective 4: Cultivate innovation and improvement	4.1	If we do not continue to invest in digital infrastructure and development we will not be able to deliver Our Strategy and our Clinical Services Strategy and we will face challenges in running a modern efficient healthcare service	The Trust will actively seek and encourage a culture of innovation and improvement. It is willing to accept a relatively high level of risk associated with opportunities where positive quality of care, service delivery and financial benefits and rewards can be anticipated.	Quality Committee	Chief Nursing Officer (Director of Strategy)
	4.2	If we fail to realise benefits/secure commercial advantage from innovation and digital investments we will face income shortfalls and will not to be able to deliver our efficiency targets		Audit & Risk Committee Finance & Investment Committee	Chief Operating Officer
Strategic Objective 5: Achieve long-term sustainability	5.1	If the organisation does not generate sufficient cash to meet its day to day liquidity requirements and capital programme the organisation will fail	The Board's key objective is to be financially sustainable, with its primary concern being the optimal value for money. The Board will view risk and reward and consider return on investment and other benefits or constraints when pursuing business opportunities. There is a low appetite for risk unless the Trust is living within its means.	Finance & Investment Committee	Chief Finance Officer
	5.2	If we do not robustly represent the organisation in national and regional and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System decision making, we will fail to secure sufficient income to deliver Improving Together and strategic objectives.		Finance & Investment Committee	Chief Finance Officer
	5.3	If we do not create and maintain a built environment suitable for current and future needs, we risk delivery of Our Strategy: Improving Together If we do not take action on sustainability agenda we risk impact on the Trust's reputation		Finance & Investment Committee	Chief Finance Officer
	5.4	If the Trust is not successful in progressing our case for a new RBH hospital we will be unable to fulfil Our Strategy and will continue to face additional costs and barriers to delivering the highest quality of care		Finance & Investment Committee	Chief Strategy Officer

Strategic Objective 1: Provide the highest quality care for all				
Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective - • If we allow material lapses in the quality of care, including access to care, the Trust will not meet its regulatory standards for quality and safety • If we do not deliver our clinical and quality ambitions at the intended pace we will lose opportunities to improve patient outcomes and experience				
Key Controls	**Control Assurance**	**Gap in Assurance**	**Improvement / Action**	**Responsible Committee**
• CQC programme	• Well led self-assessment • Peer review process • Core service annual updates • Core service self-assessment • Quarterly CQC engagement meetings • CQC Peer Review • CQC Maternity Inspection Report • IPC BAF		• CQC Maternity Inspection Action Plan	• Board • Quality Committee
• Quality and Clinical Services Monitoring	• Quality account • Clinical audit program • Patient feedback – NHS choices, Family & Friends and Inpatient & Outpatients Annual surveys • Internal Audit, • External Audit, • Monitoring progress against Quality Strategy • IPR report and watch metrics • Maternity Incentive Scheme • Maternity Strategy • • Children's & Young People Strategy • Continuous Quality Improvement Programme (Improving Together)	• Health Inequalities • ED capacity • Risks to delivery of access standards • Mixed sex accommodation monitoring due to operational pressures	• Health Equalities Programme • ED Improvement Programme 2024/25 Elective Activity Plan supported by insourcing, additional premium rate activity and APC system working • Patient Flow programme	• Quality Committee
• Quality reporting schedule	• Safeguarding Mental Health & Learning Disability annual report • Infection control annual report • Patient relations quarterly reports • Mortality review process • Freedom to speak up (FTSU) reporting to the Board including annual self-assessment. • Bi monthly Quality Governance Committee exception report	• Data capture on EPR for Autism patients	• Autism Strategy in development • Implementation of reasonable adjustment digital flag • •	• Quality Committee • Board
• Performance management Process	• Monthly Care Group & Corporate performance meetings • Integrated performance report • QIA process to monitor impact of CIP r • • Quality Committee oversight and annual detailed review of access standards	• Compliance with national access targets • Quality Impact assessments •	• Continuous review of data / metric and exception reports as required • Regular QIA reporting	• Quality Committee

• Risk management & incident reporting process	• Risk register review including thematic risk reviews • Incident reporting and learning • LFPSE reporting • PSIRF thematic review/Learning from inquests • Annual report to the Board • Emergency preparedness, resilience & response Procedures Annual Compliance Statement • Maternity Quality Assurance Report to Board	• Transition between SIF and PSIRF	• PSIRF implementation plan	• Quality Committee

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

Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective -

- If we do not recruit and retain a competent workforce, we will fail to deliver on the Trust's strategic objectives.
- Failure to deliver on our Values (CARE and Diversity & Inclusion) will result in the Trust not being an employer of choice or considered an exemplar organisation for staff

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
RBFT and ICS People Strategy RBFT Education Strategy What Matters Engagement Programme Annual Staff Survey and results People Committee Action Plan Chief People Officer Quarterly Report Workforce Metrics Quarterly Report Chief People Officer Driver Metrics	**Your Experience** • Recruitment and Retention framework • International recruitment programme • Staff Survey Reports and Improvement Plans • Guardian of Safe Working Reports	**Your Experience** • Appraisal quality measures	**Your Experience** • Targeted recruitment and retention programmes • ICS Joint Initiatives across the agenda • Possibilities to address affordable housing and increase available accommodation for staff	People Committee Responsible for All
	Your Development • Annual medical revalidation • Education strategy – Delivery Progress Updates • Annual Skill Mix Review • Birth Rate Plus • NHSE Education Self-Assessment	**Your Development** • Talent Management Framework/succession planning fully embedded • Appraisal Compliance Plan • Development of management competencies throughout the whole organization	**Your Development** • Mandatory training compliance programme • Middle management programme • ICS wide programmes • MAST and appraisal detailed reviews	
	Your Health • Health Safety and Wellbeing Champions embedded across the Trust • Staff Health & Wellbeing Group • Staff Health Checks for 40+ yrs old • Staff Psychological Support Services (SPSS) • Sexual Safety Charter signatory • Improving Staff Experience in relation to Violence & Action	**Your Health** • Addressing the impact of service demand on OH waiting times • Health & Wellbeing Forward Plan • Resourcing the SPSS to develop the service including future provision of 1-1 support • Implementation of Sexual Safety Charter • Implementation of V&A action plan	**Your Health** • NHS Health & Wellbeing Framework Assessment Tool • Health & Wellbeing Improvement Plan including updated Strategy • Recruit to vacant OH & WB posts • Utilisation of Staff HWB check + data to drive HWB agenda Sexual Safety Charter Action Plan Violence & Aggression Action Plan	
	Your Inclusion • National Equality Standard Reports – WRES, WDES, Gender Pay Gap (GPG) • Behaviours framework and values-based people processes • Equality Forums	**Your Inclusion** • Direct link to equality forums and qualitative insights • Pace of improvements for EDI groups	**Your Inclusion** • Inclusive Culture Programme as part of People Strategy • Progression Disparity Ratios and associated improvements • Programme to tackle poor behaviours and discrimination at work	
	Your Future Workplace • Digital Strategy • Hybrid Working • Number of new roles created and implemented	**Your Future Workforce** • Digital Strategy – People Implications • Workforce Transformation and Reform and embedding new roles	**Your Future Workforce** • NHS LTWP Implementation • Workforce transformation embedded into annual planning process • Digital Strategy and Technological Enablement	

Strategic Objective 3: Deliver in Partnership

Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective -

- Our involvement in BW place (BWP) PLACEPartnership and Integrated Care System (ICS) plans and programmes fail to deliver the envisaged improvements in care and value.
- The Trust's position and understanding of the sustainability agenda

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
• Active involvement of CEO and Director team in BWP, ICS and APC programme governance • CEO membership of the BOB ICB Board, and CEO Chair of the APC. • Involvement of senior leaders, clinicians and managers in service design and programme delivery at Place, ICB and Network level • Regular bilateral meetings at exec level with BWP and ICS colleagues • ICS and BWP priority work programme and project scopes • Health Innovation Partnership (HIP) Programme	• Bi-monthly report to board on progress of ICS and ICP as part of CEO report • ICS and BWP leadership meetings • Biannual tripartite assurance meetings between the Trust, ICB, and NHS England. • Programmes for ICS and Place reported on to Unified Exec monthly. • APC Board	• Clarity from the ICB on its future operating model including the role of PLACE, delegated responsibilities and commissioning functions • ICB Turnaround Board priorities • ICB's commissioning and performance management framework	• APC & Berkshire West Place Programme Delivery	• Board of Directors • Quality Committee • Finance & Investment Committee
		• Formal position statement on sustainability • Understanding of sustainability issues facing the Trust • Trust programme on sustainability	• Establish Trust team to develop the sustainability strategy as part of reset. This will need to examine the current state position and set out a plan of action for the organisation • Development of sustainability action plan following assessment	• Board of Directors (MOVE TO SO5
Sustainability agenda • Trust sustainability assessment	• Discussion of the sustainability assessment (June)			

Strategic Objective 4: Cultivate innovation and improvement				
Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective - • The capability culture and capacity in the organisation to deliver change • Our continued commitment to invest in and develop our digital environment • Our ability to realise benefits/secure commercial advantage from innovation, investment and digital investment				
Key Controls	**Control Assurance**	**Gap in Assurance**	**Improvement / Action**	**Responsible Committee**
• Improving Together (IT)	• Integrated Performance Report • Quality Committee (QC) Improving Together Update • CQC Well Led report			• Quality Committee
• Trust Transformation Programme	• Quality Committee Improving Together update	• Confirmation of the Trust Projects for 2024/25 and associated benefits	• Review of proposed projects by EMC and discussion at Board Committee	• Quality Committee
• Digital Hospital Committee	• Digital Strategy	Final Operating Model and DDaT structure	• Revised DDat Model and Structure	• Finance and Investment Committee
• Commercial Strategy	• Monthly finance reports • Commercial strategy updates	• Cycle of reporting on commercial strategy • Commercial capacity within the organisation	• Commercial Strategy (part of the Finance Strategy) to be added to work plan bi-annually	• Finance & Investment Committee
• R&I programme	• Annual update on R&I to committees • R&I Strategy			• Quality Committee

Strategic Objective 5: Achieve long-term sustainability

Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective. If the organisation spends at a rate greater than the rate of income received, it will continue to be in an overall deficit position and thus not generate sufficient cash to meet its day to day liquidity requirements and capital programme, which means that the organisation will fail to achieve long term sustainability

- If we do not secure from all commissioners including national, regional and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System sufficient income to cover the costs of service delivery for the demand we experience to achieve our strategic objectives (including Access Standards), we will continue to be in deficit and require cash support for both revenue and capital needs
- If we do not create and maintain a built environment suitable for current and future needs, we risk delivery of safe and effective care as well as recruiting and retaining sufficient staff to deliver services
- If the Trust is not successful in progressing our case for a new hospital we will be unable to fulfil Our Strategy and will continue to face additional costs and barriers to delivering the highest quality of care

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
Finance				
• Prioritised Capital Programme • Budget setting process led by CFO and CEO with iterative improvements in planned position ensuring agreement by budget holders to proposed budget • Workforce Control Panel and exception reporting to BOB ICB • Standing Financial Instructions (SFIs) • Performance Reviews • Long Term Resourcing Model • Improving Together • Finance Strategy (including Commercial strategy) • Multiple sets of financial statements produced during the year across all entities (in preparation for statutory year-end audit). • Monthly submissions to NHSE across workforce and finance datasets aligned to CFO report to the Board and the financial ledgers • Tracking of recurrent and non-recurrent efficiency savings plans and delivery • Well established Performance management framework and upward reporting of highlights from monthly performance meetings	• External Audit annual process • Internal Audit annual review • Counter Fraud Annual Plan • CEO led (Go & See visits) to budget holders who have overspent to understand plans for recovery/support needed. • Detailed Monthly and Quarterly submissions to NHS England and BOB ICS • Cash flow, revenue & capital forecasting • Daily cash flash reports • Budget approval process • Monthly reports to EMC, Finance & Investment Committee / Board, comparing budget to actual, balance sheet and liquidity position • Monthly performance meetings with Care Groups and corporate areas • HFMA Sustainability checklist • Monthly Efficiency & Productivity Committee • Business Case Post Implementation Reviews • Efficiency Savings identified and deliverable within year • Monthly BOB System Recovery & Transformation Board attended by all CEOs. • Experienced Non-Executive Director Chairs of both Audit & Risk and Finance & Investment Committees. • Benchmarking following submission of National Cost Collection (Reference costs) and national corporate services cost collection to drive financial efficiency opportunities	• Development of 5-year LTRM aligned to our Clinical Services Strategy (CSS) ,,,external source appointed August 2024 to carry out refresh of LTRM across various option scenarios • Savings Programme for 2024/25 (£21m of £25m identified) as at September 2024. £4m system savings to be identified • Greater visibility of roll-out of Service Line Reporting and use of Getting It Right First Time (GIRFT) to highlight variation compared to national norms • Sustainable run rate of expenditure, and the need to contain labour costs to deliver services • evidencing cost efficiency and productivity	• Implementation of Service Line Reporting at specialty level • Development of 5-year resourcing model (LTRM) to deliver the Clinical Services Strategy • Through Improving Together programme holding budget managers to account todeliver their service within allocated resources. • Interventions to remove delegated authorities from those budget holders who are not demonstrating sufficient financial control • Executive Director oversight and intervention where necessary across workforce temporary labour bookings • Forecast assumptions and modelling • Development of recurrent savings programme for 2024/25 Refresh of CFO report ahead of Q2 to reflect greater focus on use of resources	• Audit & Risk Committee • Finance & Investment Committee • Finance & Investment Committee

• Engaged external expertise (PwC) to confirm underlying deficit position and drivers of this • Engagement external expertise (KPMG) to substantiate efficiency savings programme • Appointed Turnaround Director and PMO team to spearhead financial recovery • Full participation in (BOB ICB) Peer Review programme and full collaboration with Investigation & Intervention Regime (I&I) imposed by NHSE August 2024				
Estates & Facilities				
• Management of backlog maintenance • Food safety/catering standards • Estates Programme Committee • New Hard Facilities Management supply and management arrangements • Estate Compliance Oversight Group	• NHS Premises Assurance Model (PAM) • External Regulator Inspections (e.g. Fire) • MODEL hospital • ERIC (Estates Reference Information Collection) • Six Facet Survey • PLACE assessment • Estates management and governance process including Hospital Technical Management (HTM) compliance • Estates Strategy • Hospital redevelopment • Capital prioritisation process • Audit processes eg Authorised Engineer	• Capacity and expertise constraints in the directorate (National shortage of project management with estate skills) • HTM compliance due to backlog maintenance • High and medium critical infrastructure risks • Sources of capital for major estate programme and to address backlog maintenance • Successful embedding of new Hard FM change programme	• Prioritisation and risk management of backlog maintenance and critical infrastructure risks • Geo-technical site survey • Estates governance reporting as part of Improving Together programme • Six-month post implementation review and on-going contract management	• Finance & Investment Committee • Audit & Risk Committee • Finance & Investment Committee
• Net Zero Carbon Plan		• Funding and delivery of Net Zero action plan • Tracking and measurement of in year carbon reduction • Lack of dedicated resource	• Revenue/budget setting to consider and reflect allocation and resources • Mapping capex with carbon impact • Establish resources/commitment/capital/revenue to deliver published Green Plan intentions	• Finance & Investment Committee
• Building Berkshire Together (BBT)	• Governance updated • Programme Director and Programme Team in place • NHP annual funding secured • Viability report completed • Impact assessment commissioned • Alternative sites identified • On going stakeholder management	• Mis-alignment with NHP on Preferred Way Forward and funding • Timeline to new hospital creates risk within LTRM • Unclear what consultation processes will apply • Gaps in out of hospital model of care likely to be required by NHP	• Secure alignment with NHP on funding and PWF • Complete impact assessment • Complete demand and capacity work • Progress LTRM • Progress development of out of hospital model aligned to JFP with system partners • Secure capacity to deliver SOC and any consultation	• Finance & Investment Committee

Health & Safety				
• Health & Safety Policy • Health & safety mandatory training • Risk Assessments / Corporate Risk Register • Health & Safety governance processes	• Health & safety Committee reporting to IRMC/EMC/Audit & Risk Committee/ Board • Health & Safety dashboard • RIDDOR reporting • Contractor reporting on Specialist compliance on critical estates safety • Health & Safety Moment at Public Board • Big 4 Health & Safety messages • Health & Safety Training •	• Contractor assurance required validation • Security Manager to be recruited • Substantive Health & Safety Advisor not in post • Face to Face manual handling	• Streamline automatic data collection and dashboard in IPR with thematic analysis • Reshaping delivery of hard FM Services • Advisory assurance by Internal Audit (to move to S02)	• Audit & Risk Committee

Royal Berkshire
NHS Foundation Trust

Title:	**Corporate Risk Register**
Agenda item no:	12
Meeting:	Board of Directors
Date:	25 September 2024
Presented by:	Katie Prichard-Thomas, Chief Nursing Officer
Prepared by:	Dawn Estabrook, Head of Risk

Purpose of the Report	To update the Board on the Trust's Management of risk including the review of the Corporate Risk Register

Report History	Integrated Risk Management Committee 14 August 2024 Executive Management Committee 27 August 2024 Audit & Risk Committee 11 September 2024

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

Resource Impact:	
Relationship to Risk in BAF:	
Corporate Risk Register (CRR) Reference /score	
Title of CRR	

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

Publication						
Published on website		Confidentiality (FoI)	Private	✓	Public	

1 Executive Summary

This discussion paper provides the Board with an update on the Trust's corporate risks following the Integrated Risk Management Committee (IRMC) meeting on Wednesday 14th August 2024

2 Corporate Risk Register

The table below outlines the current corporate risks and outcome of discussion at IRMC.

Datix ID	Title	Current Risk Rating	Previous Risk Rating	Target Risk Rating	Board Sub-Committee	Outcome of IRMC
4182	Risk to achieving strategic objective of financial sustainability	25	25	4	Finance & Investment	Approved
4839	North Block East Wing	20	20	6	Audit & Risk	Approved
4241	Compliance with cancer standards due to capacity issues in diagnostic modalities	20	20	6	Quality	Approved
5080	Fire Safety	20	20	4	Audit & Risk	Approved
4183	Management of Estates Infrastructure / Backlogged Maintenance	20	20	6	Finance & Investment	Approved
5995	Failure to achieve elective standards targets	16	16	6	Quality	Approved
4460	Building Berkshire Together	16	16	9	Finance & Investment	Approved
5654	Lackof mortuary capacity and risk to HTA licence.	16	16	4	Quality	Approved
4172	ED Capacity & compliance	16	16	6	Quality	Approved
5698	Risk to compliance of	16	16	4	Quality	Approved

	DM01 Standard					
5611	Industrial Action	16	16	6	People	Approved -risk description to be reviewed by Head of Risk to include GP's call to strike action
6302	Failure of Trust central digital connectivity centre	15	N/A	4	Finance & Investment	Approved
5601	Potential geological/sink hole risk across RBH Estate	12	15	6	Audit & Risk Finance & Investment	Approval for risk rating reduction from L3 C5 to L3 C4 An update from the structural engineer is pending.
6571	Risk of failure of Trust communication platform	12	N/A	4	Finance & Investment	Approved
4637	North Block Steel works	12	15	2	Finance & Investment	Approval for risk rating reduction from L3 C5 to L3 C4
3610	Steris – Risk to Decontamination Service	12	12	1	Quality Finance & Investment	Approved
6319	Age and condition of Trust lifts	12	12	9	Finance & Investment	Approved
699	PTL Dashboard - Lack of Access & Information	12	12	4	Quality	Approved
5697	Violence and aggression against staff	12	12	4	People	Approved
6301	Building Safety Notice	12	12	9	Finance & Investment	Approved
4460	Outbreaks of infectious conditions	12	12	9	Quality	Approved
5717	Risk following significant power failure incident	9	9	4	Audit & Risk	Approved

Potential additional risks discussed by Committee

Title	Outcome of discussion at IRMC
Band 2/3 Uplift:	The risk is currently listed on the HR risk register; consideration was requested regarding its placement. The Committee deliberated on the financial repercussions and subsequent effects. The consensus was to keep it on the HR risk register temporarily, with further discussions scheduled for the upcoming meeting in October.
Social Unrest:	The Committee deliberated on the impacts of recent unrest nationwide and proposed integrating these concerns within the violence and aggression risk including a social media guide. The Head of Risk would coordinate with the Chief People Officer and present an update at the forthcoming meeting.
Fire Suppression:	The Deputy Information Officer raised electrical safety risks linked to the Data Centre, indicating that internet connectivity may need to be suspended for approximately 18 hours for necessary electrical repairs and replacements. Given that the Eye block is located beneath the Data Centre, there was an increased risk of electrical disruptions. Advice and guidance were sought from the Committee on mitigating this risk and minimizing downtime. The Committee agreed that while the risks should be noted here, it should be escalated owing to operational concerns. TM/EF to draft an options paper and present at OMT or EMC.

3 Additional items discussed

The highest rated corporate risks were discussed by the Committee together with the risk registers for the Finance Directorate and Infection, Prevention and Control directorates.

The Director of Estates & Facilities updated the Committee on the Fire Safety risk (Corporate Risk 5080) following a request by Audit & Risk Committee. A report has been received by the Fire AE and following a review a further updated report is awaited. This will inform the revised fire risk assessment and corporate risk which will be reviewed at September Estates & Facilities Governance Group and thereafter at the October IRMC meeting.

The Policy Approval Group (PAG) had approved the extension of the risk management policy, set to expire in August 2024. Currently awaiting internal auditors' assessment of our risk management procedures and maturity level. The report was scheduled for distribution in September 2024. Should the audit reveal any necessary changes, an updated risk management policy would be issued.

4 Items to be discussed at IRMC October meeting

The Deputy Information Officer confirmed risks linked to the Digital Centre and Telecoms had been reviewed. It was proposed that existing risks be closed and replaced with updated ones. Cyber risk remained outstanding. A detailed update would be presented to the Committee at the next meeting in October 2024.

5 Conclusion

The Board is asked to consider whether the BAF or CRR reflects those operational or strategic risks that will impact on the Trust's ability to operate as desired and achieve its strategic objectives.

The Committee is asked to

- Note the above risks and attached Corporate Risk Register approved 14th August 2024.

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Board Work Plan 2024

Focus	Item	Lead	Freq	Jan-24	Mar-24	May-24	Jul-24	Sep-24	Nov-24
Provide the Highest Quality Care to all	Winter Plan	DH	Annually						
	Ockendon Action Plan Update	KP-T	By Exception						
	Children & Young People Update	KP-T	Bi-Annually						
	Health & Safety Story	DF	Every						
	Quality & Improvement Strategy	KP-T/JL	Once						
Invest in our People and live out our Values	Patient Story	Exec	Every						
	Staff Story	Exec	Every						
	Health & Safety Annual Report	NL	Annually						
	People Strategy	DF	Once						
	Annual Revalidation Report	JL	Annually						
Achieve Long-Term Sustainability	Quarterly Forecast	NL	Quarterly						
	2023/24 Budget	NL	Annually						
	2023/24 Capital Plan	NL	Annually						
	Operating Plan/ Business Plan 2023/24	AS	Annually						
	The Green Plan	NL	Once						
	Estates Strategy	NL	Once						
Cultivate Innovation & Improvement	Standing Financial Instructions	NL	Annually						
	ICP/ICS Update	AS	By Exception						
	Building Berkshire Together	NL	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						
	IPR Metrics Review	DH/AS	By Exception						
	NHSI Annual Self-Certification	NL/CL	Annually						
	Standing Orders Review	CL	Annually						
	Fit & Proper Persons Update	DF	Once						
	Board Work Plan	CL	Every						