

Report from Chair of Audit Committee
Date of Committee 12 September 2024

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Minutes of the previous meeting	Minutes from the meeting held on 11 July 2024	Approved	None	n/a	n/a
Action tracker	None due; confirmed on track for later deliveries	Assured	None	n/a	n/a
Compliance with legislation	Checking the processes underpinning the compliance	Assured	Estates completing assessment in October	n/a	n/a
BAF and Risk register	Assessing the framework for assurance and mitigations of top risks	Assured	Periodic fresh look at global threats to the organisation	Board seminar to review	n/a
External Audit	Headline issues	Assured	None	n/a	n/a
Internal Audit	Updates on Progress, follow up and counter-fraud (including information on benchmarking)	<ul style="list-style-type: none"> Infection control audit report – partial assurance. Training, understanding and compliance gaps; though outcomes remain good currently 3 reports in draft for next meeting; no major issues Follow up report – 50% of actions slipped; some substantially. Concerns continue with asset tracking. Assured with reference to counter fraud 	Action plan in place	Recommend Quality Committee receive verbal update on plan progress before deadlines due.	n/a
Waivers	Assure correct procedures	Assured – one avoidable/retrospective; note procurement rules changing	None	n/a	n/a
Losses	Assure appropriateness of write-offs and special payments	Partially assured – work ongoing with reference to non-pharmacy losses	None	n/a	n/a

Emerging Risks Identified: No new risks identified

Meeting: Trust Board Meeting in Public

25 September 2024

Agenda item	Appointment of External Auditors
Board Lead	Jon Evans, Chief Finance Officer
Type name of Author	Nicola Peters, Deputy Chief Financial Officer, Financial Control
Attachments	None
Purpose	Approval
Previously considered	n/a

Executive Summary

Ernst & Young LLP (EY) were appointed to provide external audit services for 2022/23 and 2023/24 financial years.

The Trust therefore needs to appoint auditors for 2024/25 onwards in a way that is compliant with Public Sector Procurement Regulations.

Given the audit market, and the lack of engagement from audit firms for the 2022/23 and 2023/24 audits, a full competitive tendering procurement exercise is not a feasible option.

EY have indicated that they are happy to continue the relationship with the Trust, and there are benefits to both organisations to have that continuity in place.

Procurement advice has been sought, and the Trust is able to direct award the external audit contract to EY through an SBS procurement framework.

The process to be followed has been agreed and is expected to be concluded over the autumn months, with a new contract in place before the beginning of December.

The intention is to enter into a 3-year contract, with the option to extend for two subsequent years i.e. a 3+1+1 contract.

The Trust's Charity will be covered by the same arrangement.

Audit Committee at their meeting on 12th September 2024 discussed and agreed to this appointment.

Decision	The Board is asked to approve the reappointment of the external auditors.
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Relevant Strategic Priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
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Relevant objective

<input type="checkbox"/> Improve waiting times in ED	<input type="checkbox"/> Give children living in most deprived communities the best start in life	<input type="checkbox"/> Zero tolerance to bullying
<input type="checkbox"/> Improve elective waiting times	<input type="checkbox"/> Outpatient blood pressure checks	
<input type="checkbox"/> Improve safety through clinical accreditation		

Implications / Impact

Patient Safety	Assisting the Trust to provide safe, high quality care while ensuring value for money by the prevention of fraud
Risk: link to Board Assurance Framework (BAF)/Risk Register	N/A
Financial	Compliance with Statutory Financial Reporting duties. Assists the Trust with the

	identification of potential gaps that can lead to fraud and therefore financial loss.
Compliance NHS Regulation	Statutory compliance
Partnership: consultation / communication	Discussion with external audit
Equality	N/A
Quality Impact Assessment [QIA] completion required?	N/A

Report from Chair of Finance and Business Performance (F&BP) Committee

Date of Committee 27 August 2024

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from the meeting on 23 July 2024	Approved	None	Refer to Audit Committee for noting	n/a
Finance Report	Update on M04 financial position including performance against year-to-date (YTD) plan and closing cash balance	Assured, noting the following: <ul style="list-style-type: none"> - Concerns related to pay spend, including for substantive and temporary staffing, recognising the level of focus on this by executive colleagues and the need to empower operational colleagues to manage the position going forwards - Collaborative working between finance and people corporate services in the management/ oversight of rostering and temporary staffing and sickness - Variance in Care Group performance and monitoring arrangements in place - Imminent pay awards due to groups of colleagues, medical and non-medical 	None	n/a	To take assurance from the report and discussions held by the Committee
Capital Report	Overview of the 2024/25 capital programme and update on capital spend against the annual plan at M04	Assured, noting progress against plan to date	None	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Integrated Performance Report	Monthly update on performance of the Trust based on the latest information available (July 2024) and reporting on actions taken to address any performance issues with progress to date	Assured, noting the following: - Elective activity above plan during July 2024 - Sustained progress with Education, Health and Care Plans (EHCP) and the significance of these for Children and Young People - Verbal update on developments with the new ward build, including those related to water hygiene and safety - The setting of service standards with Buckinghamshire Council to support discharge pathways - Increased throughput within theatres noting the impact this has had on support services and the importance of effective theatre scheduling processes; successful pilot of process in ENT - Outpatient 'Did Not Attend' (DNA) metrics and a lack of change in this area recognising work within the Outpatient Transformation Programme and the impact of pending digital developments	Deep dive into Outpatient transformation to be scheduled for presentation to the Committee	n/a	To take assurance from the report and discussions held by the Committee
Sale of Cambourne site Commercial in Confidence	Update on the progress with the sale of the Cambourne site and request for Committee approval of next steps	Approved	None	n/a	To note

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Committee Risks	<p>Overview of strategic and operational risks for which the Committee has oversight; those related to:</p> <ul style="list-style-type: none"> - Delivery of a financially sustainable plan - Reduction of health inequalities and improvements in major disease outcomes - Improvements in the wellbeing of communities - Trust buildings and facilities positively contributing to the health and wellbeing of colleagues 	<p>Assured, noting the following:</p> <ul style="list-style-type: none"> - Oversight of strategic and operational risks within the profile of the Committee - Greater oversight required related to population health and health inequalities through the Place and Digital strategies 	<p>Health inequalities Board seminar (scheduled for Q3 2024/25)</p>	n/a	To note Committee oversight
Any Other Business	<p><u>Cash Position</u> Verbal discussion related to progress with the Trust application for cash support</p>	Noted	None	n/a	n/a

Emerging Risks noted:

- Unknown impact of GP collective action on secondary care services in full.
- Cash position and challenges related to recent application and ongoing risks of delays in deficit funding/ full receipt of cash following monthly applications.

Report from Chair of Quality and Clinical Governance Committee (Q&CG)

Date of Committee 21 August 2024

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from the Q&CG meeting on 17 July 2024	Minutes approved	None	Refer to Audit Committee for noting	n/a
Integrated Performance Report (IPR)	Monthly reporting on Trust quality metrics and actions/progress with actions to address negative variance	Assured, noting work ongoing related to pressure ulcers both locally and system-wide Maternity metrics discussed as part of maternity papers	None	n/a	To take assurance from the metrics and Committee discussions
Patient Safety Incident Response Framework (PSIRF) Update	Summary of progress against the PSIRF implementation plan during Q1 2024/25	Assured, noting the following: <ul style="list-style-type: none"> - Good engagement from Care Groups, despite low training compliance numbers, with multiple methods of colleague education underway - Positive feedback on overall Trust engagement from the local Integrated Care Board (ICB) and NHS England (NHSE) - Improvements in diagnostic delays - Recruitment for Patient Safety Partners due to commence imminently - Standardisation of ward-based patient data as part of Operation Flow - Plans for the roll out Martha's Law in line with recruitment into Outreach Team 	Ensure greater focus on community services with trajectories consistently in place across all metrics Outputs of discharge pathway mapping to be presented to the Committee, noting the complexities in this area	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Infection Prevention & Control Quarterly Report	Summary of performance related to IPC including staffing and operational challenges, compliance and assurance and Healthcare Associated Infection (HCAI) incidence during Q1 2024/25 (Apr-Jun) Verbal update on Q2 position to date	Assured, noting the following: - Benefits of the adoption of PSIRF within IPC including a greater focus on prevention through thematic learning - High counts of legionella identified at Stoke Mandeville Hospital with a mitigating action plan in place (no cases of legionnaires identified) - Update on position with consultant microbiologist recruitment recognising efforts were ongoing	Confirmation of national 2024/25 trajectories for Healthcare Associated Infections (HAIs)	n/a	n/a
Safe Staffing	Overview of nursing and midwifery workforce between Q1 2024/25 (Apr-Jun) and compliance with national standards	Assured, noting the following: - Lowest vacancy rate post-pandemic (4.1% at end Q1) - d of Healthroster to support the management of nursing and midwifery staff within the Trust - Trust participation in the development of new, national, staffing and acuity tools	Development of similar reporting for Allied Health Professional (AHP) colleagues, recognising work on dashboards already underway	n/a	n/a
Safeguarding Quarterly Report	Overview of safeguarding activities during Q1 2024/25 (Apr-Jun)	Partially assured, noting the following: - Ongoing risk related to Multi-Agency Safeguarding Hub (MASH) demand - Work underway to finalise the Joint Targeted Area Inspection (JTAI), delays related to resourcing - Planned launch of the Trust Babies, Children & Young People Board	Alignment of guidelines both locally and nationally	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Clinical Audit, Guidelines & National Confidential Enquiries in Patient Outcomes & Death (NCEPOD)	Report for Q1 2024/25 summarising activities related to Clinical Audit, Clinical Guidelines, NCEPOD and NICE Guidance	Assured, noting improvements in the management of clinical guidelines including ease of access for clinical colleagues	None	n/a	n/a
Maternity Quality & Safety Reports	<p><u>Maternity Quality Report</u> Overview of current maternity quality issues focusing on perinatal mortality and morbidity, themes relating to litigation, complaints and serious incidents, performance related to external assurance and indicators of staff culture and service user feedback</p> <p><u>Maternity Safety Report</u> Overview of current maternity safety issues in line with NHS England guidance on perinatal quality surveillance, NHS Resolution maternity incentive scheme standards and Ockenden recommendations</p> <p><u>Perinatal Quality Surveillance Model (PQSM) Report</u> Overview of current maternity issues in line with NHS England required reporting for July 2024</p>	<p>Assured, noting the following:</p> <ul style="list-style-type: none"> - High levels of caesarean activity and associated operational impact - Significant achievements by the Trust related to smoking cessation and breast-feeding initiation - Plans to roll out approach to smoking cessation across wider inpatient and outpatient services through the 'Making Every Contact Count' programme - Opportunities to optimise support and training for those experiencing birth trauma - 	System-wide review of caesarean activity and impact	n/a	To take assurance from contents of report and Committee discussions

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Research & Innovation Quarterly Report	Summary of key successes and challenges related to research and innovation at the Trust during Q1 2024/25	Assured, noting the following: <ul style="list-style-type: none"> - Significant achievements by the Trust related to cancer research studies - Development of the lipid optimisation programme in line with Opportunity Bucks to support uptake and patient outcomes in areas of greatest deprivation locally, recognising the targeted lung health programme will follow a similar approach 	System-wide/place-wide view of access and uptake to research studies including deprivation and ethnicity metrics	n/a	n/a
Equality & Quality Impact Assessment (EQIA) Assurance Report	Summary of activity related to Equality and Quality Impact Assessments (EQIA) between February-July 2024	Assured, noting the following: <ul style="list-style-type: none"> - Processes both in place and planned to support appropriate completion of EQIAs in a timely manner - Broad benefits of the EQIA panel 	None	n/a	n/a
Committee Risks	Overview of strategic and operational risks for which the Committee has oversight; those related to: <ul style="list-style-type: none"> - Consistently meeting or exceeding quality and performance standards - Ensuring children get the best start in life - Learning, sharing good practice and listening 	Assured, with the following discussions held: <ul style="list-style-type: none"> - Oversight of each of the operational risks through regular reporting either to this or other Committees - Endoscopy capacity issues recognising this as a longstanding issue requiring external capital to resolve - The need to review commissioning arrangements related to tissue viability services <p>Identification of GP collective action as an emerging risk (see below)</p>	Provision of data to support benchmarking of tissue viability services including team size and composition <p>Summary provided to the Committee regarding CRR 48 (endoscopy equipment)</p> <p>Provision of heatmap related to quality impact of GP collective action</p>	Oversight of endoscopy backlog undertaken by Finance & Business Performance Committee	

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Committee Terms of Reference	Draft Terms of Reference (ToR) for the Committee, amended to reflect the outputs of an internal audit review of the Trust Governance & Performance Framework	Approved	None	n/a	To approve the revised ToR
Vaccination Team Report	Report evaluating the vaccination programme for 2023/24 and current plans for 2024/25.	Noted	None	n/a	n/a
Patient Safety Board Minutes	Minutes of the meeting held on 27 June 2024	Noted	None	n/a	n/a
Clinical Effectiveness Board Minutes	Minutes of the meeting held on 24 June 2024	Noted	None	n/a	n/a
Committee Workplan	Committee schedule of work for the full financial year 2024/25 Draft agenda for the September meeting	Noted	None	n/a	n/a

Emerging Risks noted:

- GP collective action, recognising efforts in place to monitor the quality impacts of this and challenges with gaining such intelligence.

Report from Chair of Quality and Clinical Governance Committee (Q&CGC)

Date of Committee 18 September 2024

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from the Q&CG meeting on 21 August 2024	Minutes approved	None	Refer to Audit Committee for noting	n/a
Integrated Performance Report (IPR)	Monthly reporting on Trust quality metrics and actions/progress with actions to address negative variance	Assured, noting broadly positive position related to performance and quality in	Additional context to be provided related to Patient Safety Incident Response Framework (PSIRF) metrics including the incorporation of meaningful metrics which evidenced learning and benchmarking against other organisations	PSIRF training ongoing for Board members	To note discussions held by the Committee and take assurance from the detail of the IPR
National Inpatient Survey Results	Results of the 2023 Inpatient Survey published by the CQC on 21 August 2024	Assured, recognising the Trust being identified as one of just eight NHS Trusts with significantly improved patient experience scores since the previous survey	Further work to support a response population more reflective of the local population, noting efforts were already underway jointly with Picker	n/a	n/a
Carers Passport	Overview of the 'BHT Carer Passport' initiative, outcome of the recent pilot and next steps	Assured	Explore any learning within paediatrics that could be translated to adult services	n/a	Carer Passport presented to Trust Board as the 'Patient Story' item in July 2024

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Cancer Patient Experience Survey	Summary of results of the 2023 National Cancer Patient Experience Survey published in July 2024 and overview of resultant action plan	Assured, recognising broadly good performance across cancer services	Review of outputs of 2022 action plan alongside 2023 quality improvement plan ensuring actions in place for all key specialty areas including gynaecology	n/a	n/a
Emergency Department (ED) Report	The first iteration of an Emergency Department (ED) Quality, Safety and Experience Assurance Report which summarises changes as a result of the Urgent & Emergency Care Programme which have created a positive impact within the department Verbal update on the opening of the new ward, due November 2024	Partially assured; noting the variability of corporate services engagement to support improvements within the department and open actions within the action plan	None	n/a	Note risk below related to corporate services, particularly digital
Berkshire Oxfordshire & Berkshire West (BOB) Perinatal Quality Surveillance Model (PQSM) Report	Overview of current maternity issues in line with NHS England required monthly reporting (data related to August 2024)	Assured, recognising the impact of human factors in the complex healthcare environment, the need to be clearer on learning from incidents and the significant potential benefits of digital transformation within maternity services	None	n/a	n/a
Annual Summary – National Patient Safety Alerts	Summary of NatPSAs between July 2023 – June 2024 including the Trust status for each of these	Partially assured, noting some concerns related to status and completion of actions	None	Executive Management Committee for further detailed review and challenge	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Pressure Ulcer Report	Overview of incidences of pressure ulcers during July 2024 with an update on the quality improvement action plan in place	Assured, noting the positive trajectory reported	Greater understanding of work to support private carers/care homes	n/a	n/a
Infection Prevention & Control (IPC) Annual Report	Annual report for 2023/24 summarising activities and performance related to Infection Prevention & Control (IPC)	Assured, recognising ongoing issues posed by the Trust estate	None	n/a	To note, due to be presented at the September 2024 meeting
Internal Audit Report – Infection Prevention & Control (IPC)	Summary of internal audit findings following the review of Trust IPC processes, controls and decision-making	Partially assured, recognising the partial assurance opinion and resultant action plan	Gap analysis planned related to policies alongside a review of governance processes related to policies and Standard Operating Procedures (SOPs)	Regular reporting by Internal Audit into the Audit Committee, including on progress with management actions	n/a
Buckinghamshire Written Statement of Action (WSOA) Feedback Letter	Letter from the Department of Education (DfE) following the recent WSoA progress review meeting related to services for children with Special Educational Needs and Disability (SEND)	Assured, noting DfE and NHSE recognition of significant progress and improvements in this area The Committee noted monitoring of the SEND action plan would continue at Care Group level	Develop waiting list data for children’s services as part of the IPR	n/a	To note the DfE letter
Patient Experience Board Minutes	Minutes of the meeting held on 18 July 2024	Noted	None	n/a	n/a
Patient Safety Board Minutes	Minutes of the meeting held on 25 July 2024	Noted	None	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Infection Prevention & Control Committee Minutes	Minutes of the meeting held on 16 July 2024	Noted	None	n/a	n/a
Clinical Effectiveness Board Minutes	Minutes of the meeting held on 31 July 2024	Noted	None	n/a	n/a
Committee Workplan	Committee schedule of work for the full financial year 2024/25 Draft agenda for the October meeting	Noted	Summary for Committee on outputs of After Action Reviews (AAR) in early 2025	n/a	n/a
AOB	<u>Never Events</u> Verbal update provided on recent Never Events recognising more detailed information would follow	Noted	None	n/a	To note as part of the IPR

Emerging Risks noted:

- Engagement of corporate services related to improvements within the Emergency Department.
- Recent incidences of Never Events with further work planned to identify and understand any themes/patterns.

Meeting: Trust Board Meeting in Public

25 September 2024

Agenda item	Committee Terms of Reference
Board Lead	Committee Chair, Lise Llewelyn
Type name of Author	Joanna James, Head of Corporate Governance
Attachments	Q&CG Committee Terms of Reference DRAFT August 2024
Purpose	Approval
Previously considered	Q&CGC 21.08.2024

Executive Summary

The terms of reference (ToR) for the Quality & Clinical Governance Committee (Q&CGC) underwent an annual review and were subsequently approved by the Committee in June 2024.

Attached is a revised version which reflects recommendations following a review, by internal audit, of the implementation of the revised Governance & Performance Framework. Changes have been left tracked within the document for ease.

The Q&CGC considered and approved the revised ToR at the meeting on 21 August 2024.

Decision The Board is requested to review and approve the terms of reference.

Relevant strategic priority

Outstanding Care Healthy Communities Great Place to Work Net Zero

Relevant objective

<input type="checkbox"/> Improve waiting times in ED	<input type="checkbox"/> Give children living in most deprived communities the best start in life	<input type="checkbox"/> Zero tolerance to bullying
<input type="checkbox"/> Improve elective waiting times	<input type="checkbox"/> Outpatient blood pressure checks	
<input type="checkbox"/> Improve safety through clinical accreditation		

Implications / Impact

Patient Safety	The overall purpose of the Committee is to assist the Board in the performance of their duties through monitoring the safety and quality of healthcare for which the Trust has responsibility.
Risk: link to Board Assurance Framework (BAF)/Risk Register	A key duty of the Committee is oversight of quality related risks and the terms of reference sets out a requirement for review of these on a quarterly basis.
Financial	Key Trust financial matters are delegated by the Board to the Finance and Business Performance Committee for consideration.
Compliance <small>Select an item.</small> Good Governance	A strong link has been established between good governance and patient outcomes and this is recognised widely within research as well as by the CQC well-led domain.
Partnership: consultation / communication	The terms of reference should be considered by the Committee collectively prior to amendment and/or approval. Membership and attendance is listed to ensure appropriate representation at Committee meetings.
Equality	The terms of reference set out the key functions of the Committee in supporting the Board in the achievement of the Trust strategic objectives including a reduction in health inequalities.
Quality Impact Assessment [QIA] completion required?	No

Quality & Clinical Governance Committee Terms of Reference

1. Purpose

The overall purpose of the Committee is to assist the Board in the performance of their duties through monitoring and improving the safety and quality of healthcare for which the Trust has responsibility. This includes:

- Through consultation with the Audit Committee, providing assurance to the Board that structures, systems and processes are both in place and functioning to support an environment for delivery of quality and clinical governance across all health services delivered by the Trust.
- Monitoring, and providing assurance to the Board regarding, the effective management of risks and other issues that may jeopardise the Trust's ability to deliver on quality related objectives.
- Providing a forum to set the strategic direction concerning all areas of quality, monitoring delivery against such strategy and providing assurance to the Board to this effect, ensuring the best clinical outcomes and experience for patients.

2. Constitution

The Board resolves to establish a standing Committee of the Board to be known as the Quality and Clinical Governance Committee (the Committee). The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. These terms of reference shall apply for as long as the Trust is an NHS Trust and can only be amended by the Board of Directors.

3. Membership

The Committee shall be appointed by the Board from amongst the non-executive and executive directors of the Trust and include (as a minimum):

- Three non-executive directors with the personal and professional characteristics necessary to be effective; at least one of whom (normally the Chair of the Committee) should be a member of the Audit Committee).
- Chief Nurse (representing both nursing, midwifery, and allied health professionals)
- Chief Medical Officer
- Chief Executive.

One of the non-executive members will be appointed Chair of the Committee by the Board. A second non-executive member will be appointed as Deputy Chair.

A term of membership shall be for two years and renewable for three further two-year terms subject to the approval of the Board of Directors.

The Chair of the Audit Committee shall not be a member of the Committee.

The following shall attend the Committee at each meeting but as attendees rather than members:

- Chief Operating Officer
- Deputy Chief Nurse
- Trust Board Business Manager
- Committee Secretary
- Director of Midwifery

- Chief Pharmacist
- Director of Allied Health Professionals
- Patient Safety Partners

An open invitation shall be extended to local Place and System representatives. Others may be invited to attend according to the agenda. When a Care Group is presenting their Care Group Service Review, it is expected that all members of the triumvirate will attend, the Care Group Director of Operations, Director of Nursing and Care Group Chair.

4. **Quorum**

The quorum necessary for the transaction of business shall be three members consisting of at least two non-executive members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee. In the absence of the Committee Chair and/or an appointed Deputy, the remaining non-executive members present shall elect one of themselves to chair the meeting.

Where a committee meeting is not quorate within one half hour from the time appointed for the meeting; or becomes inquorate during the course of the meeting, the Committee members present may determine to adjourn the meeting to such time, place and date as may be determined by the members present.

5. **Meetings**

The Committee shall meet at least ten times per year (usually monthly) and at such other times as the Chair of the Committee shall require. Meetings of the Committee shall be summoned by the Committee Secretary at the request of the Committee Chair.

Unless otherwise agreed, notice of each meeting confirming the venue, time and date shall be forwarded to each member of the Committee no later than ten days before the date of the meeting. Supporting papers shall be sent to Committee members and other attendees as appropriate five working days ahead of the date of the meeting. The Committee shall follow an annual work plan reviewed by the members in advance of each financial year.

The Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities.

In addition to the formal meetings the Committee members should consider one session for training and development each year.

6. **Authority**

The Board of Directors has delegated to the Committee the authority to deal with the matters set out in the paragraphs below.

The Quality and Clinical Governance Committee is an advisory body with no executive powers; it is not the duty of the Committee to carry out any function that properly belongs to the Board of Directors or the Executive Management Committee. The Committee is, however, authorised by the Board to investigate any activity within its duties as set out below and to seek any information it requires from any employee, who are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain external legal or other independent professional advice and to secure the attendance of external stakeholders with relevant experience and expertise if it considers this necessary. This shall be authorised by the Chair of the Committee and shall be within any budgetary constraints imposed by the Board of Directors.

The Committee has the authority to seek any information it requires from any member of staff and request any member of staff to attend its meetings. All members of staff are directed to comply with such requests.

7. Duties

The Committee shall be responsible for the following duties:

I. Governance

The Committee shall provide assurance to the Board on the effectiveness of structures, policies, systems and processes for quality assurance, clinical, information and quality governance specifically in the areas of patient safety, patient experience and clinical effectiveness and outcomes.

Specifically, the Committee will seek assurance on processes related to:

- Clinical audit
- Clinical negligence claims
- Complaints management
- Incident management
- Trust response to publication of clinical guidelines and safety alerts

The Committee will receive regular reports from the Clinical Effectiveness Board, Patient Safety Board and Patient Experience Board and/or minutes of these meetings. These will have been considered by the Executive Management Committee (EMC) and provided to the Committee with a summary of any EMC discussion.

II. Compliance

The Committee shall review reports regarding compliance with external assessment and/or reporting related to quality.

Assurance shall be sought on the process for reviewing reports arising from external reviews and have oversight of the external reviews register.

At least annually, the Committee should receive assurance regarding compliance with Care Quality Commission (CQC) regulation. The Committee will also maintain oversight over any outstanding CQC Action/Improvement plan.

III. Performance

The Committee shall gain assurance on the full range of quality performance metrics and delivery of annual breakthrough objectives, requesting in-depth examination of key quality issues where required to support a quality culture. Alongside this, the Committee shall consider associated risks to delivery of Trust objectives. The following will be used to support this function.

- Integrated Performance Report (IPR).
- Breakthrough objectives; performance reporting.
- Corporate Risk Register (CRR).
- Board Assurance Framework (BAF).

- Safe staffing reports (triangulating staffing with quality metrics).
- Minutes and/or reports from relevant stakeholder groups.
- Any other information deemed necessary and requested by the Committee.

IV. Quality Strategy

The Committee shall oversee the delivery of the Quality Strategy to ensure continuous improvement in both quality and safety. In particular, the Committee shall seek assurance that measures for success are implemented within appropriate timescales. The Committee will oversee the development and approval of such strategies.

V. Quality Account

The Committee shall oversee the development of the Quality Account, ensuring this reflects the views of key stakeholders, and advise the Audit Committee on publication.

VI. Annual Review

The Committee shall set annual objectives in line with the purpose and duties of the Committee. A report on progress against these and the terms of reference shall be submitted to the Board at year end.

The Committee shall also undertake any other responsibilities as delegated by the Board. Those processes used by the Committee to gain assurance will be reviewed by the Audit Committee to determine their effectiveness. Where appropriate, the Committee will escalate areas of concern to the Board.

8. Reporting

The minutes of all meetings shall be formally recorded, and a summary submitted, together with recommendations where appropriate, to the Board of Directors.

The Trust's annual report shall include a section describing the work of the Committee in discharging its responsibilities.

9. Review

The Committee shall carry out an annual review of these terms of reference and the effectiveness of the Committee in meeting its purpose. It is expected that Committee members shall attend each meeting, attendance shall be recorded and form part of the annual review.

The effectiveness of the Committee will be monitored by the Audit Committee through receipt of the Committee's minutes and by the Board through receipts of such written or verbal reports that the Chair of the Committee is required to provide.

10. Support

The Committee shall be supported administratively. This support shall ensure:

- The agreement of the agenda with Chair and attendees and collation of papers. Papers will be distributed five working days before the meeting in electronic copy.
- Advice to the Committee on pertinent areas is provided.
- That minutes are taken and a record of matters arising and issues to be carried forward is made.

Appendix 1

Annual Objectives

The Committee objectives for the financial year 2024-2025 are as follows, noting the assurance function of the Committee.

- a) Performance
 - i. Oversight of progress against Trust breakthrough objectives for 2023-24 through quarterly reporting:
 - **Improve safety, with all inpatients and outpatient services achieving clinical accreditation, and at least 40% being awarded the silver standard.**
 - ii. Oversight of and support for the delivery of the Trust Quality Strategy and Quality Account priorities.
 - iii. Oversight of key quality risks through quarterly review.
 - iv. Oversight of and support for the Patient Safety Incident Response Framework implementation
- b) Compliance
 - i. Approval of compliant Quality Account in line with national timetable.
 - ii. Fully compliant CQC action/improvement plan.

The appropriateness of these objectives will be considered as part of the annual review of the Terms of Reference.

Document Control

Version	Date	Author	Comments
1.0	1 Dec 2013	E Hollman	Draft for Committee Chair
1.1	7 Jan 2014	B H Courtney	Amended draft for Committee Chair and review by Quality and Clinical Governance Committee
1.2	7 Feb 2014	A Walker	Distributed for comment
1.3	4 Mar 2014	A Walker	Final agreed
1.4	12 Mar 2014	A Walker	Forwarded to Board
1.5	Sept 2014	A Walker	Updated <ul style="list-style-type: none"> to include ACNs and Head of Allied Health on membership allow Trust chair as non-exec member of the Committee
1.6	5 Nov 2014		Forwarded to Board
1.7	12 Jan 2016	E Hollman	Updated to reflect revised membership and increased numbers of meetings.
1.8	22 Dec 2016	E Hollman	Updated to reflect matters agreed by Committee Chairs, the planning of formal meetings and Service Reviews, and to introduce the review of the Corporate Risk Register overtly.
1.9	4 Jan 2018	E Hollman	Updated to reflect current situation and changes to committee structures.
2.0	28 Jan 2019	E Hollman	Updated to reflect current situation and changes to committee structures.
2.1	7 May 2019	S Manthorpe	Draft document to be approved by Committee
2.2	29 May 2019	S Manthorpe	Draft document to be approved by Trust Board
2.3	19 Apr 2022	D Thomas	Periodic review for the Committee
2.4	26 April 2023	J James	Periodic review for the Committee
2.5	19 June 2024	M Fernandez	Periodic review for the Committee – updated to reflect changes to Care Group triumvirate structure, breakthrough objectives for 2024/25 and the Patient Safety Incident Response Framework
2.6	21 Aug 2024	J James	Updated to reflect the revised Governance & Performance Framework and recommendations made by Internal Audit following their review of the implementation of this

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



Buckinghamshire Healthcare

NHS Trust

Report from Chair of Charitable Funds Committee

Date of Committee 23 August 2024

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Minutes of previous meeting(s)	Minutes from the meeting on 24 May 2024	Approved	None	n/a	n/a
Bids for Approval	<p><u>Audiology Training</u> Funding for Foundation Degree training to support the provision of enhanced independent clinical skills</p> <p><u>Wellbeing Group Therapist</u> Second year of funding for the Psychological Wellbeing Group Therapist for BHT Staff</p> <p><u>Breast Screening Mammography Equipment</u> Jointly with Scannappeal; appeal for the above and a mobile trailer</p> <p><u>National Spinal Injuries Centre (NSIC)</u> <u>Rehabilitation Scheduling</u> Creation of a bespoke integrated electronic patient scheduling system</p>	<p>Approved, subject to: - Confirmation of application of relevant policy should this be required (related to clawback of funds) - Further work with HR to ensure appropriate governance and equity in the provision of training funding</p> <p>Approved, noting funding for such projects would be provided for a maximum of 2 years in line with policy</p> <p>Approved, capped to a maximum of the cost of the trailer.</p> <p>Approved, subject to clarification of funds for the longer term of the project</p>	<p>Ensure Charity and Trust policies aligned and communicated appropriately</p> <p>Confirmation to next meeting re: restricted funds and campaign success including lessons learned</p>	<p>Paperwork related to bids to be streamlined to provide greater clarity of information and support more effective discussion and decision-making by Committee members</p> <p>Consider how best to schedule updates to the Committee on the success of bids</p>	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Bid Pipeline	Summary of items considered by the BHT Senior Leadership Team as highest priority for support in line with both Trust and Charity objectives	Approved in principle , noting the context for both proposed items and the need for full business cases to go through Trust governance processes	None	n/a	n/a
Charitable Funds Activities & Financial Statements	Overview report highlighting the financial, operational and governance information related to Charity activities, including financial statements as at 30 June 2024, and a summary of open bids and legacies Update on progress with consolidation of funds	Assured , noting timely follow up on legacies including condolence letters The Committee approved the consolidation of funds to date	None	n/a	n/a
Fundraising Update	Annual update on fundraising activity including a review of 2023/24 and a forward look to 2024/25	Noted , recognising the iterative nature of the report and welcoming the visual presentation of information	None	n/a	n/a
Portfolio Investment Report	Portfolio Investment Report from Cazenove detailing a summary of investments up to 30 June 2024	Assured , through external report and additional analysis provided by internal finance colleagues	None	n/a	n/a
Independent Charity Update	Update on the independent charity project including progress to date and next steps	Approved , recognising the appointment of legal experts to support further project development	None	n/a	To consider and approve proposed next steps

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Charity Strategy	Strategic direction for the charity over the next three years Strategy document revised following comments from Committee discussion at the previous meeting	Approved , recognising the benefits of the development of a 'Strategy on a Page'	Presentation of milestones/ deliverables to the Committee at the next meeting, across all projects	n/a	n/a
Charity Governance Code ('the Code')	Update on compliance against the Code with actions identified to enhance compliance during 2024/25	Assured , particularly by both work to date on evidencing compliance and current position	Ongoing review of compliance with Code on an annual basis	n/a	n/a
Risk Management Update	Update on current risk related to the charity including the plotting of this against the appetite for risk	Assured , recognising broad risks related to the Trust workforce, recognising efforts made to increase resilience	None	n/a	n/a
Committee Effectiveness	Results of the annual self-assessment related to the effectiveness of the Committee	Noted , including recommendations which would be adopted by the Committee	None	n/a	n/a
Any Other Business	<u>External Audit</u> Verbal update related to the external audit	Noted , recognising this was due to start November 2024 which would impact on the timing of the circulation of the annual report and accounts	None	n/a	n/a

Emerging Risks:

- Potential risk related to the success of the breast screening campaign, noting further clarity requested on available funds.