Royal Berkshire
NHS Foundation Trust

Public Board - 26 November 2025

MEETING
26 November 2025 09:00 GMT

PUBLISHED
24 November 2025

Agenda

Location	Date	Time
Seminar Room, Trust Education Centre, Royal Berkshire Hospital	26 Nov 2025	09:00 GMT

	Item	Owner	Time	Page
1	Apologies for Absence and Declarations of Interest (Verbal)	Oke Eleazu		-
2	Staff Story (Verbal)	Katie Prichard-Thomas	09:00	-
3	Patient Story (Verbal)	Janet Lippett	09:20	-
4	Minutes for Approval: 24 September 2025 & Matters Arising Schedule	Caroline Lynch	09:40	3
5	Minutes of Board Committee Meetings and Committee Updates:		09:45	-
5.1	People Committee: 4 September 2025	Parveen Yaqoob		11
5.2	Audit & Risk Committee: 10 September 2025 & 12 & 18 November 2025	Mike McEnaney		16
5.3	Finance & Investment Committee: 17 September 2025 & 22 October 2025	Mike O'Donovan		21
5.3.1	Finance & Investment Committee Terms of Reference			31
5.4	Charity Committee: 5 November 2025	Catherine McLaughlin		34
6	Chief Executive's Report	Steve McManus	10:05	39
7	Integrated Performance Report	Dom Hardy	10:35	45
8	Trust Strategy Refresh	Andrew Statham	10:55	73
9	Board Assurance Framework	Caroline Lynch	11:15	99
10	Corporate Risk Register	Katie Prichard-Thomas	11:25	114
11	Work Plan	Caroline Lynch		118
12	Date of Next Meeting: Wednesday 28 January 2025 at 09.00am			-

Board of Directors

Wednesday 24 September 2025
09.00 – 11.45
Seminar Room, Trust Education Centre, Royal Berkshire Hospital

Present

Mr. Oke Eleazu	(Chair)
Mr. Steve McManus	(Chief Executive)
Mr. Don Fairley	(Chief People Officer)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Minoo Irani	(Non-Executive Director)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Mr. Andrew Statham	(Chief Strategy Officer)
Ms. Helen Troalen	(Interim Chief Finance Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

In attendance

Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Mr. Umesh Jetha	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
Ms. Catherine McLaughlin	(Non-Executive Director)

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

140/25 Staff Story

The Chief Strategy Officer introduced members of the paediatric team and Dr. Amit Sharma from Brookside Group Practice. The Board noted that pilot programme had been set up with the Trust and Brookside Group Practice with the aim of seeing patients at the appropriate place, decreasing waiting times, improving communications between primary and secondary care as well as increasing confidence of primary care colleagues. The pilot involved a virtual monthly multi-disciplinary team (MDT) meeting to discuss patients. The Trust was receiving 10 to 15 patient referrals each month. During the MDT meeting both teams had discussed a 10 year old girl who had presented to the GP with concerns. The paediatric team had ordered an MRI directly and this had been carried out within a few weeks. The Board noted that clearer communications between the Trust and the GP provided better support for patients and their families. Work was on-going to include Children & Mental Health Service (CAMHS) staff in the on-going MDT meetings and a CAMHS service at the GP practice as well as health visitors were also being considered. Following the pilot, there had been a 30% reduction in referrals to the Trust. As patients were seen at the practice this also meant that it reduced the time that children were out of school. A second Primary Care Network in Reading West also being considered to ascertain if a 30% reduction in referrals was sustainable. The Board noted that more efficient clinical pathways would enable the reconfiguration of the Programmed Activities (PAs) in paediatrics. The Board noted that the pilot supported the '3 shifts' as set in the NHS 10

Year Plan and discussed the need for incentives for this type of work that provided a better patient experience as well as being more cost efficient.

The Board thanked the team for their presentation.

141/25 Patient Story

The Chief Nursing Officer welcomed members of the patient experience team and Noel from the diabetes team. The Board welcomed Tara who provided an overview of her father Michael and his experience at the Trust. Michael had been diagnosed with diabetes at the age of 6 in 1970. His first admission had been for 6 weeks and he was only able to see his mother for one hour a week at that time. Michael lived well and managed his diabetes. He had repeated hospital admissions and due to complications had lost his sight in 1975. Tara recollected that hospital admissions were part of her and sister Tanya's childhood. Following her mother's death, her father continued to live alone. Michael had 6 grandchildren who often visited him during his hospital admissions. Michael suffered a number of falls due to his eyesight and had a number of complex fractures. However, when admitted for an issue not related to his diabetes, his diabetes was impacted as the family were unable to get his voice heard. During 2023, two months after a fall, pneumonia and a heart attack, Michael wanted to manage his diabetes himself. The family were unable to advocate for him. Whilst Michael was vulnerable due to his eyesight, he was an expert in managing his diabetes. Michael suffered a heart attack and sadly died. The Medical Examiner had reviewed his case and advised that Michael had had a hypoglycaemic incident that had not been managed well. The investigation report had stated that Michael had had these incidents a few days in a row. Tara had been supported by the patient safety team and a meeting had been arranged with staff. Tara reported that staff had been kind, compassionate and humble and this demonstrated the safety culture in the Trust. Noel explained that it was important to listen to patients and their families and to learn from these incidents and share this learning across the organisation. The diabetes team highlighted the issue of hypoglycaemia across the Trust. In addition, the Trust had a Diabetes Working Group with Trust-wide representation and the Group developed a new policy in relation to standardising the use of rapid management of insulin. Work was also on-going with staff in relation to supporting patients with self-management of insulin. The Board agreed that advocacy was essential and patient safety was paramount. The Associate Director of Patient Experience advised that since December 2024 the Trust had been monitoring the number of hypoglycaemic incidents as well as the areas in which they occurred. The Trust also ensured it was actively listening to patients and shared decision making had improved over recent years. The impact of Tara's story demonstrated that staff were open to being humble and it was important to maintain a focus on this. All professional staff groups were also required to reflect as part of their revalidation process.

The Chief Executive apologised personally on behalf of the Trust to Tara and her sister Tanya and expressed his condolences on the death of their father Michael.

142/25 Minutes for approval: 30 July 2025 and Matters Arising Schedule

The minutes of the meeting held on 30 July May 2025 were agreed as a correct record and signed by the Chair. The Board received the matters arising schedule.

Minute 83/25: Chief Executive's Report: The Chief Strategy Officer advised that the Board Assurance Framework (BAF) would be updated in relation to the risks and opportunities of ICB reform. **Action: A Statham**

143/25 Minutes of Board Committee Meetings and Committee Updates

Charity Committee: 4 August 2025

The Board noted that key messages from the Committee included the Charity Strategy refresh and review of the standard operating procedures for the Charity.

Audit & Risk Committee: 9 July 2025 and 10 September 2025

The Chair of the Audit & Risk Committee advised that the Committee had received the Counter Fraud Annual Report at its September meeting. The Committee had also reviewed the Board Risk Appetite Statement. The Board noted that internal auditors were conducting a benchmarking review of the management of Artificial Intelligence (AI) implementation across all its NHS clients. The Board noted that the Trust had already deployed AI in areas of the organisation and the processes were robust. A Board seminar on the Digital Strategy was scheduled for December 2025. **Action: D Hardy**

Quality Committee: 21 July 2025 and 1 September 2025

The Chair of the Quality Committee advised that the Committee had received an update on the maternity screening incident noting that capacity in ultrasound had been increased. An action plan had been developed in relation to the maternity survey results on the experience of black women. The Committee had also undertaken detailed reviews of both the Emergency Department (ED) standards and 62-day cancer. The Committee had also reviewed the Trust's response to the Coroner in relation to the Prevention of Future Deaths (PFD) notice. This was comprehensive and learning was ongoing with improvement already put in place. A further inquest was due to be held and the Trust was anticipating being able to demonstrate learning from the case. The Committee had also discussed complaints response times nothing that the Chief Nursing Officer had commissioned an external review of the service and an update was due to be provided at the next meeting. The Committee had also received an update on mortality noting a data recording issue and a further update would be provided at the next meeting. The Committee had also received several annual reports including Safeguarding, Mental Health & Learning Disabilities.

Finance & Investment Committee: 23 July 2025 and 17 September 2025

The Chair of the Finance & Investment Committee advised that the Committee had focused on forecasting, run rate and actions required to achieve the planned deficit. During July and September financial performance was on target. The Trust's cost improvement programme was £40.2m and this was on target although the identification of recurrent cost savings was vital. The Committee also discussed cash noting that the Trust would need cash support by the end of the calendar year. The Long Term Resourcing Model (LTRM) had also been reviewed.

People Committee: 7 July 2025 and 4 September 2025

The Chair of the People Committee advised that the Committee had discussed the scaling people services programme noting that no clear timeline had yet been developed. The Committee had also received an update from the Guardian of Safe Working noting that there had been increased reporting from resident doctors. At the September meeting, the Committee had also reviewed the Workforce Disability Equality Standard (WDES) and the Workforce Race Equality Standard (WRES) improvement plans. Planning for the 2025 staff survey had discussed and the Committee had discussed learning from the 'Up the Anti' programme and the Board had committed to undertake the training on this.

144/25 Chief Executive's Report

The Chief Executive highlighted that the Trust had received an Improvement Notice from the Care Quality Commission (CQC) Ionising Radiation [Medical Exposure] Regulations (IR[ME]R) inspection in July 2025. The Trust had submitted its action plans to the CQC ahead of the required timeframe. This highlighted the highly regulated healthcare environment.

The National Oversight Framework (NOF) segmentation tables had been published during September 2025. These provider league tables would be published on a quarterly basis and the Trust had been placed in segment 3 for Quarter 1 2025/26. Any provider trust with a

financial deficit would be automatically placed in segment 3. However, it had been established following internal analysis that the Trust was amongst the higher performing acute trusts and without the financial challenges it would have been placed in segment 1. The Chief Executive highlighted that 34 out of 133 acute trusts had been placed in segment 3. The Trust was required to complete a Provider Capability Assessment (based on the Insightful Board) by the end of October 2025 for submission to NHS England (NHSE) with supporting evidence. A capability rating would be issued by NHSE and published alongside the NOF league tables. The Chief Executive confirmed that the Provider Capability Assessment would be evidence based and would be submitted to the Board for review prior to submission to NHSE.

The Chief Executive highlighted that the CQC 2024 adult inpatient survey results had been published and the Trust ranked 10 against 61 trusts: an improvement from the previous survey. The Chief Executive highlighted that the 2025 staff survey had been launched earlier that day and expressed thanks to the communications team and the Associate Director of Staff Experience & Inclusion for their work on the 'Because we care' campaign.

The Chief Executive highlighted that, following the recent executive recruitment processes, a candidate had been selected for the Chief People Officer role and a Board Nominations & Remuneration Committee was being scheduled to approve the appointment. Interviews for the Chief Finance Officer role were scheduled for 1 October 2025.

The Chief Executive advised that it had been a privilege to accept the Defence Employer Recognition Scheme Gold Award on behalf of the Trust from the Lord Lieutenant of Hampshire and Major General for its commitment to current and ex-service people. The Chief Operating Officer advised that an entry on the Electronic Patient Record (EPR) was available to identify service personnel although in some cases people did not always identify themselves as such. The Trust had a strong Staff Forces Forum. The Chief Nursing Officer highlighted a new opportunity for the Trust was to work with military reservists to develop honorary contracts for the nursing military to enable them to keep their skills up to date.

The Chief Executive advised that the Trust had been fostering a partnership with Amphia Hospital in Breda over the last 18 months and a number of colleagues had made a visit to the hospital to observe and learn. The costs for the visit had been supported by the Royal Berks Charity Knowledge & Development Fund. A reciprocal visit was planned for November 2025. The Chief Strategy Officer advised that the focus of the visit had been patient flow and important learning from Amphia's new hospital programme as well as their virtual hospital service where a team of 6 staff managed 800 patients.

The Chief Executive advised that the Trust Strategy refresh engagement programme was coming to an end and the final Trust Strategy would be submitted to the public Board in November 2025.

The Board noted that the recent Annual General Meeting (AGM) had been an immense success and acknowledged this important event that enabled the Trust to engage with governors and the public. The Chief Executive thanked the Trust Secretary and her team for their organisation of the event.

145/25 Acute Provider Collaborative (APC) Update

The Chief Executive introduced the report and that this was first standard report from the APC and was being submitted to all Boards within the APC. The Board noted that Frimley Health had also now joined the APC and the name of the collaborative was now Thames Valley APC.

The Board noted the four workstreams of the APC that included corporate services, elective care board, clinical services and productivity and efficiency. The Chief Executive highlighted the work undertaken on the clinical services work stream including the joint Fracture Liaison Service and further areas being considered including neurology and dermatology.

The Board noted that a full business case would be developed for 2026/27 for the scaling people services programme and this involved Buckinghamshire, Oxford University Hospitals and the Trust. The Chief Executive confirmed that now the APC had now been extended to Frimley Health and work was on-going to assess how Frimley could join the current work streams. The Board noted that detailed benchmarking was on-going in relation to financial and quality opportunities.

146/25 Integrated Performance Report (IPR)

The Chief Nursing Officer introduced the IPR and highlighted that, overall, there were many positive areas of both stability and improvements. There were improvements across patient experience, staff experience and key operational performance measures. Performance on listened, informed and involved in decisions about care had been stable for the last six months at 93.7% against a target of 95% and with an overall Trust-wide Family & Friends Test (FFT) satisfaction score of 94% in comparison with the 95% target in August 2025. Patients were encouraged to provide responses through a digital platform as well as being able to complete a hard copy version if required. However, there was a continued focus on how to improve experience for those patients who did not feel they were not listened to, informed or involved. Actions and next steps were reported through the Patient Experience Committee and upwards to the Quality Committee.

Incidents per 1000 bed days remained within expected range. There was a continued focus on embedding learning into practice with events such as the World Patient Safety Day held the previous week. Work was progressing well through the Patient Safety Incident Response Framework (PSIRF) transition and priorities now related to continued training and improving system functionality in line with the proposal approved by the Executive Management Committee.

The Chief Nursing Officer highlighted that performance on the stability rate metric was consistent and ranged from 90 to 91%. This was supported through the continued stable position in rates of vacancy, turnover and bank and agency use. Next steps to sustain and reach the target position of 92% related to an ongoing focus on staff development and progression, continued partnership working with Henley Business School and University of Reading and a relentless focus on staff wellbeing. Mandatory training compliance had exceeded the 90% target with 91.9% and the appraisal rate had reached the highest position yet at 89.9% against a target of 90%. Preparation for the 2025 staff survey included the 'Because we care' communications programme that highlighted developments from the 2024 staff survey action plans and aligned strongly with the Trust's CARE values and leadership behaviours of aspiring and excellence.

The Board noted that performance on the Emergency Access target was 76.44% in August 2025, an improvement of 5.47% over the last 6 months and just over 1.5% from the 78% revised NHS England (NHSE) target in March 2026. The Trust continued to have high daily attendances, with several days exceeding 400+ patients seen with increased complexity. Ambulance waits over 30 minutes continued to reduce following improvements in flow and were at the lowest level again when reviewing the data over the last 6 months. Length of Stay for non-elective patients remained just below target for the second consecutive month at 6.8 days, average bed occupancy had reduced by 1% at 83% in month and the number of patients stranded in hospital for more than 7 and 21 days remained stable.

As part of sustaining improvement and preparation for Winter there would be an increased focus ambulance handovers, flow through the main department and patients waiting more than 12 hours, consistency of board rounds, accuracy of Targeted Discharge Dates (TDDs) and early us of the Discharge Lounge as well as making better use of funded capacity in the system.

The Chief Nursing Officer advised that the unvalidated 62 day cancer performance in August 2025 was 73.4% against the validated position of 77.6% in July 2025. The national target was

85% with the 2025 national operating plan expectation to achieve 75% in March 2026. Performance in August was above the internally set trajectory of 72% for the month. It was anticipated that the unvalidated to validated position generally improved by a few percentage points in month. Therefore, it was considered that the operating plan target would be met. There was an ongoing concerted effort to achieve this target so patients with a confirmed cancer diagnosis received their first treatment within 62 days. Key areas of focus continued to be lower gastrointestinal, gynaecology and urology.

The Trust continued to perform well when compared nationally in relation to Referral to Treatment (RTT) standards and the volume of elective activity. The Trust continued to meet its plan this month and in consecutive months since May 2025 despite activity continuing to be above 100% of the plan. There was a continued focus on first outpatient appointment and diagnostic waiting times. This was alongside on-going work to cleanse and validate data on the patient tracker lists.

The Chief Nursing Officer advised that the distance travelled by patients' metric remained in the standard range although the 5 mile distance target was not being achieved. Elective activity appeared to be impacting positively on the distance travelled metric although it was important to consider how moving specialities to specific single sites could increase the distance travelled for some patient groups.

The Board noted that Month 5 year-to-date was a deficit of £9.23m, in line with plan for the full year deficit of £7.8m. Income was ahead of plan in Month 5 by £3.2m as a result of other operating income. Pay was adverse to plan by £2.42m mainly due to savings targets, cost of industrial action and premium rate payments for additional activity. Non-pay was also adverse to plan by £0.85m due to high cost drug variance. The Trust remained focused on delivery of cost improvements, workforce controls and finalising contracts with local and specialised commissioners. Cash remained a concern although this had improved significantly in month.

As at August 2025 £35.26m of cost improvement programmes (CIPs) had been identified against a target of £40.6m. The remaining £5.34m had project plans under development. £12.57m had been delivered. The percentage split between recurrent and non-recurrent CIP was 44 to 56. There would continue to be a strong focus on tight controls of Rapid Assessment and Treatment initiatives (RATI) payments and outsourcing. The need for both Care Groups and Corporate areas to achieve their budget and commit to increasing recurrent CIPs was a priority. Delivering the forecasted deficit position would support addressing the productivity gap in relation to workforce increases greater than units of activity. The tensions between productivity, efficiency and budget management had been discussed at both the EMC and corporate performance review meetings.

The Chief Nursing Officer highlighted alerting watch metrics including C. Diff. complaints, Never Events and mortality metrics. The Quality Committee had received an update on mortality highlighting that it was most likely a data issue affecting the metric. External assurance had been provided by Telstra. A further update was scheduled for the Quality Committee in December 2025.

147/25 Winter Plan 2026/27

The Chief Operating Officer introduced the Winter Plan and advised that this had been reviewed in several forums. The Executive Management Committee (EMC) had discussed the residual risk of the plan and acknowledged the potential risk of pressure on the ED. The Quality Committee had also reviewed the NHSE recommendations. The Chief Operating Officer advised that no additional funding would be received externally. The changes in the Winter Plan in comparison to the previous year was to extend the use of the Virtual Hospital Service, the implementation of Same Day Emergency Care (SDEC) and to improve flow both internally and externally.

The Chief Operating Officer highlighted the Board assurance statement and the section specifically where partially confirmed had been stated in relation to the 'Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures' and its alignment to the Trust Risk Appetite Statement in relation to a moderate risk appetite in relation to quality and a low risk appetite in relation to safety. An Equality Quality Impact Assessment (EQIA) would be submitted to the Quality Committee in December 2025. **Action: D Hardy**

The Board discussed plans for public communications. The Chief Operating Officer advised that the Trust would proactively make information available to the public in relation to their options for help during the Winter period and the Trust would continue to engage with the media on this.

The Board approved the Winter Plan for 2026/27 and the Board Assurance statement.

148/25 Work Plan

The Trust Secretary advised that an updated work plan for 2026 would be submitted to the next meeting. **Action: C Lynch**

149/25 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 26 November 2025 at 09.00

The Board noted that this was Don Fairley's last public Board meeting as he was due to retire from the Trust in November 2025. The Chief Executive expressed thanks on behalf of the Board for Don's tenure as Chief People Officer and highlighted that Don joined the NHS in 1987, becoming a Board level director in 1997. He had joined the Trust in May 2016 and had been a Board member since April 2019. Don had led the work to deliver a significant change in the Trust's culture including the organisational development programme and his work on equality, diversity and inclusion. He had also taken on additional specific roles during his tenure as Chief People Officer and had established good external connections taking a leadership role within the Chief People Officer community.

SIGNED:

DATE:

Public Board of Directors Matters Arising Schedule **Agenda Item 4**

Date	Minute Ref	Subject	Matter Arising	Owner	Update
24 September 2025	142/25 (83/25)	Minutes for approval: 30 July 2025 and Matters Arising Schedule: Chief Executive's Report:	The Chief Strategy Officer advised that the Board Assurance Framework (BAF) would be updated in relation to the risks and opportunities of ICB reform.	A Statham	Completed.
24 September 2025	143/25	Minutes of Board Committee Meetings and Committee Updates: Audit & Risk Committee: 9 July 2025 and 10 September 2025	A Board seminar on the Digital Strategy was scheduled for December 2025.	D Hardy	Completed. Board Seminar scheduled for December 2025.
24 September 2025	147/25	Winter Plan 2026/27	An Equality Quality Impact Assessment (EQIA) would be submitted to the Quality Committee in December 2025.	D Hardy	Item on the agenda for Quality Committee 3 December 2025.
24 September 2025	148/25	Work Plan	The Trust Secretary advised that an updated work plan for 2026 would be submitted to the next meeting.	C Lynch	Completed. Item on the agenda

Royal Berkshire NHS Foundation Trust

Minutes

People Committee

Thursday 4 September 2025
14.00 – 16.00
Boardroom, Level 4

Members

Dr. Minoo Irani	(Non-Executive Director) (Chair)
Mr. Oke Eleazu	(Chair of the Trust)
Mr. Don Fairley	(Chief People Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mr. Mike O'Donovan	(Non-Executive Director)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

In Attendance

Mrs. Natalie Bone	(Corporate Governance Officer)
Mr. Dwayne Gillane	(Associate Director Occupational Health and Wellbeing)
Mrs Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)
Ms. Jess Palmer	(Guardian of Safe Working) (for minute 36/25)
Mr. Pete Sandham	(Associate Director Staff Experience and Inclusion)
Mrs. Nicola Kenyon-Smith	(Associate Director of People & Organisational Development)

Apologies

Ms. Catherine McLaughlin	(Non-Executive Director)
Prof. Parveen Yaqoob	(Non-Executive Director)

29/25 Declarations of Interest

There were no declarations of interest.

30/25 Minutes for Approval: 7 July 2025 & Matters Arising Schedule

The minutes of the meeting held on 7 July 2025 were approved as a correct record and signed by the Chair.

Minute 17/25: Chief People Officer Report: The Committee discussed the action in relation to the investment in employee development and whether value for money was quantifiable. The Committee agreed that this action did not require any further monitoring.

31/25 Chief People Officer Report

The Chief People Officer introduced the report and provided an overview of the ongoing work in relation to the National Review of Nursing & Midwifery Job profiles, bands 4-9. The Committee noted that the Chief Nursing Officer's (CNO) team had made good progress although the work remained ongoing. However, the Trust was on target to finalise the review. The Chief People Officer added that an action plan had been developed and this provided assurance.

The Committee noted the Sexual Safety in the workplace update. The Chief People Officer highlighted the status of the charter and what actions had been undertaken. A detailed update including an action plan would be submitted to the next meeting for further comments.

Action: D Fairley

The Committee agreed that all Board Members should undertake the 'Up the Anti' E-learning Training module. The Trust Secretary would circulate the link to the training. **Action: C Lynch**

The Chair advised that the substantive Chair of the Committee had provided feedback included recognition of the work being carried out with the job profiles, and whether the Sexual Safety in the workplace report could be standardised. In addition, further information and data would be useful to identify separate actions with staffing issues and queried how culture had improved.

The Chief People Officer outlined that the Sexual Safety report was not a formal report. However, the inclusion within the Chief People Officer Report did provide assurance. Some of the key features and updated actions would be formalised in a report to the next meeting. However, the focus on this report was specifically on staff. **Action: P Sandham**

The Committee noted that the amendment made to the Datix processes was to limit the number of staff that could view the report given the nature and the content.

32/25 Workforce Information & Key Performance Indicators (KPIs) 2025/26

The Chief People Officer highlighted that the workforce dashboard indicated development and the overall analysis demonstrated progress in recruitment, succession planning and a reduction in temporary staff costs. The campaigns evidenced culture and inclusion. However, this did highlight challenges within the appraisals process and mandatory training modules. The Chief People Officer advised that the Trust's sickness targets were ambitious although the Trust benchmarked well compared to other NHS organisations.

The Committee noted a 22% rise in mental health sickness absence. The Associate Director Occupational Health & Wellbeing advised that the Trust's Care pack was the most downloaded document from the intranet. Managers were provided with enhanced support to ensure staff returned to work sooner, and had appropriate care plans implemented appropriately. There was also a broad range of information available generally.

The Chief Executive advised that stress and mental health sickness absence correlated with staff feeling the pressure of the Trust's financial position as well as more broadly the economic challenges in their personal lives.

33/25 People Strategy 2023/27 Progress Report

The Committee noted that the People Strategy Progress report highlighted strong delivery and ambitious engagement, retention and staff wellbeing. Work continued to ensure a maintained focus in relation to violence and aggression aimed at staff from patients and the wider public.

The Committee requested that future reports should set out separately the breakdown of short-term and long-term absence. The Chief People Officer advised that this level of data was reviewed and monitored regularly by the Executive Management Committee, as well as at monthly performance review meetings.

The Chief Executive highlighted that the Trust remained on course for the publication of the Trust Strategy Refresh (TSF) at the November 2025 Public Board. However, it was noted that the current improvement strategy required greater clarity and specificity, particularly in relation to neighbourhood initiatives and the development of the Virtual Health environment.

The Committee discussed the Physician Associate role and how further guidance and assurance was needed, in context of the Leng review. The Chief Medical officer advised that the Trust had not changed terminology from Physician Associate to Physician Assistant. An update on the Leng recommendations would be provided at the next meeting. **Action: J Lippett**

34/25 NHS Staff Survey 2025

The Associate Director for Staff Experience & Inclusion introduced the report that set out the approach and planning for the Staff Survey for 2025 in addition to delivery of actions against feedback provided for the previous Staff Survey.

The Chair highlighted that there was a short period of time from the publication of results from the previous survey to the launch of the next survey and queried the reason for this. The Associate Director of Staff Experience & Inclusion advised that Staff Survey was managed by an external supplier and they provided a high level view by the end of the calendar year with the completed benchmarking data by March 2026. Data trends were actively shared internally by the Trust.

35/25 Talent Management & Succession Planning

The Chief People Officer introduced the report that set out an in-depth comprehensive overview of the Trust's talent management and succession planning. The report had been socialised with the Care Groups. Good progress made overall. However, further work was required in relation to the need to encourage leaders to develop staff internally. The Chief People Officer highlighted that this aligned with the South East Aspiring Chief Executive programme of which the Trust currently had five participants.

The Associate Director of People & Organisational Development highlighted the need to ensure retention of staff that had been promoted following completion of development programmes and to continue to nurture talent and develop pathways for staff with strong leadership skills.

The Committee discussed the Appraisal One Window pilot, which meant that the appraisal was completed within the first quarter of the year. This would be piloted in April 2026 within Planned Care and would then align with the financial year, ensuring efficient data in one specific time period.

36/25 Guardian of Safe Working Report

The Guardian of Safe Working advised that, at the end of July 2025, there had been a 14% increase in exception reports compared to the previous quarter; a 24% increase when compared to the same quarter in 2023/24. The majority of these increases were noted to be from the General Surgery Department. The Committee also noted that 31 fines had been issued.

The Committee noted that, overall, the most common theme raised in the exemption reports related to late finishes.

The Committee discussed the recent correspondence received from NHS England in relation to the 10 Point Plan to improve Resident Doctors working lives. The Chair advised the that trust boards were required to take clear ownership of local improvements by developing and

implementing action plans informed by resident doctors' feedback and national survey results. The Chief Medical Officer advised that work was on-going by the Medical Education and Medical Human Resources teams to undertake a 'map and gap' analysis. However, the Trust was confident that as a similar 'map and gap' analysis had been undertaken in relation to a very similar British Medical Association (BMA) document. The Trust was awaiting further information from NHSE, such as role descriptions for a couple of leadership posts required and the teams would then collectively review the proposed arrangements to ensure alignment and operational feasibility across all relevant workflows. The Committee requested an update at the next meeting with a proposal for the Board to discharge its responsibility. **Action: J Lippett**

37/25 Occupational Health Annual Report

The Associate Director of Occupational Health and Wellbeing highlighted that there had been an increase in referrals to the service generally. Work was on-going to ensure wait times to be seen were reduced.

The vaccination service team had continued to focus on delivering both the COVID-19 and seasonal flu vaccines to staff in addition to inpatients most at risk such as long stay patients and haemodialysis patients.

The travel vaccination service had been opened to staff and in the future would be opened to the public. This highlighted a further income generating opportunity.

The Clinical Lead Psychologist remained at 1 Whole Time Equivalent (WTE) with the service also now offering a 10-month psychology student placement, co-hosted with Health and Wellbeing team in partnership with University of Reading. This was a pioneering service development that was anticipated to establish working alliances with the local and regional Psychology training programmes.

The Committee discussed staff vaccination numbers for the year ahead, noting that only the Flu vaccination would be offered. The team were aiming to achieve a 60% uptake. This would be a 5% increase from the previous year. However, this would prove challenging.

38/25 Annual Medical Revalidation Report 2024/25

The Chief Medical Officer advised that the report had previously been reviewed by the Executive Management Committee (EMC) The Trust was keen to increase the number of appraisers within surgical specialities and had completed this with the need to further increase appraisers in all areas of the organisation.

The Committee approved the Annual Medical Revalidation Report for 2024/25 noting that the Chief Executive was to sign the 'Statement of Compliance' by 31 October 2025 to confirm that the Trust was in compliance with the regulations.

39/25 Library and Knowledge Services Annual Report

The Chief People Officer presented the report that highlighted a successful year and a service that had developed enhancing both the service delivery and quality of the improvement framework.

40/25 Work Plan

The Committee received the work plan.

41/25 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- Alert the Board that the Guardian of Safe Working update was received and increase in exception reports and fines was noted, with ongoing work to improve this position
- Alert the Board about the responsibility to improve resident doctors' working lives
- Alert the Board to complete 'Up the Anti' e-learning module
- Assurance received from the Occupational Health & Wellbeing report and the Annual Medical Revalidation & Appraisal report
- Approval of the Annual Medical Revaluation report 2025
- Assurance provided by the succession planning and talent management programme
- Plans for the launch of Staff Survey 2025 were aspirational and well structured
- Note the progress of the People Strategy tracker
- Assure the Board that the Committee received the People Strategy and an update on the review of the Nursing & Midwifery job profile work

42/25 Reflections of the Meeting

Minoo Irani led the discussion.

43/25 Date of the Next Meeting

It was agreed that the next meeting would be held on 1 December 2025 at 14.00.

Chair:

Date:

Audit & Risk Committee

Wednesday 10 September 2025
9.30 – 11.15
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike McEnaney	(Non-Executive Director) (Chair from minute 105/25)
Mr. Mike O'Donovan	(Non-Executive Director) (Chair up to minute 105/25)
Mrs. Helen Mackenzie	(Non-Executive Director)

In attendance

Advisors

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

Trust Staff

Mr. Mike Clements	(Director of Finance)
Mr. Oke Eleazu	(Chair of the Trust)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)
Mr. Andrew Statham	(Chief Strategy Officer) (for minute 108/25)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)
Ms. Helen Troalen	(interim Chief Financial Officer)

104/25 Declarations of Interests

There were no declarations of interest.

105/25 Minutes for approval: 9 July 2025 and Matters Arising Schedule

The minutes of the meeting held on 9 July 2025 were agreed as a correct record and signed by the Chair.

Minute 83/25 (25/25), (02/25), (107/24), (96/24) Minutes for approval: 21 November 2024: Non-NHS Debt: The interim Chief Finance Officer advised that, following discussion with the Trust Secretary, the two actions related to the fundamental review of private patients' transformation project and debt recovery were monitored by the Executive Management Committee and did not require submission to the Committee.

Minute 83/25 (25/25) (02/25) (108/24): Minutes for approval: 21 November 2024: Local Counter Fraud: The interim Chief Finance Officer advised that bespoke training had been provided the senior finance team and further bespoke training would be arranged for the procurement, estates, digital, payroll and workforce teams.

Minute 83/25 (25/25) (02/25) (113/24): Minutes for approval: 21 November 2024: HFMS Ltd Annual Report & Accounts 2023/24: The interim Chief Finance Officer advised that, following discussion with the Trust Secretary and the Chair of the Committee and it was

agreed that internal audit would be asked to undertake a governance review of HFMS Ltd. The timing of this review would be confirmed. **Action: H Troalen**

Minute 83/25 (60/25) Minutes for approval: 14 May 2025: Use of Single Tenders:
The Chair would liaise with the interim Chief Finance Officer regarding the content of future reports. **Action: M McEnaney**

106/25 Local Counter Fraud Progress Report

The Local Counter Fraud Specialist (LCFS) introduced the report and advised that a full review of National Fraud Initiatives (NFI) matches had been completed. Work was on-going to update the risk assessment for the Trust. However, the Counter Fraud Authority (CFA) were due to issue a new template that required more extensive documentation to be completed. This incorporated the Failure to Prevent Fraud offence and Executive leads and risk owners would be asked to provide updates as part of the template completion. The LCFS advised that the CFA were due to release risk descriptors during Quarter 3 and Quarter 4 2025/26.

[s43, FOI Act]

The LCFS advised that work to review high risk payroll matches had been completed and no major issues had been identified. All Company House matches had been followed up by the Corporate Governance team and no issued had been identified.

The Committee discussed the proposal for members of the Committee to suggest areas of review as part of the Counter Fraud annual plan. It was agreed that the LCFS would circulate the plan to the Committee for approval. **Action: J Shortall**

The LCFS highlighted that 86 members of staff had received bespoke Counter Fraud training.

107/25 External Audit Progress Report

The Manager, Deloitte, advised that external audit team were in the process of the HFMS Ltd and Royal Berks Charity audits. Work was well progressed and no issues had been identified. It was anticipated that the audit work would be completed over the next couple of weeks.

The Committee noted that post-audit review meetings had been held with members of the finance and external audit teams and actions agreed for the next year-end audit. This included accounting policies to be completed ahead of the year-end. A further meeting had also been held with both teams and the Trust Secretary to agree actions for preparation of the Annual Report.

108/25 Internal Audit Progress Report

The Partner, KPMG, advised that the timescale had been extended for the Artificial Intelligence (AI) AI deployment benchmarking review. KPMG were carrying out the same review for 30 organisations so this would enable the findings to be aligned. This would be reported to the November meeting. **Action: N Thomas**
The Research Post Award and Access and Activity Data reviews had also been delayed. However, these would also be presented to the November meeting. **Action: N Thomas**

The Partner, KPMG introduced the estates project management review that had received an overall rating of 'partial assurance with improvements required'. The review included the design and operation of processes and controls underpinning project management of estates projects. Management responses had been received and some of the dates for implementation were in the next few months. The Chief Strategy Officer advised that the review had been scoped and completed prior to estates being moved into his portfolio. A detailed management action had been developed and had been submitted to the Capital Programme Committee in August 2025. Work was on target to address the recommendations and some changes had already been undertaken, for example, the reconstitution of the Estates Programme Committee to the Capital Programme Committee. The Chief Strategy Officer highlighted that the review also demonstrated important learning for non-estates project management such as digital and other change projects. The Committee noted that one of the original projects reviewed by KPMG did not originate as an estates project. As part of the reconstitution of the Capital Programme Committee all Senior Responsible Officers (SROs) would be required to adopt templates that had been developed for regular reporting. The Chief Strategy Officer advised that several projects were affected by the shortage of capital funding and/or the national process for capital funding. The Chief Strategy Officer and the Chief Finance Officer were reviewing a number of multi-year projects to ensure the Trust was ready when external capital funding became available.

The Committee noted that there were currently 48 projects in the estates programme and the internal audit reviewed four complex projects that were off target. The Chief Executive advised that, as Chair of the Capital Programme Committee, the Committee had received specific assurance of actions being taken including all major programmes, including digital and major equipment, being monitored going forward.

The Committee discussed the requirement for SROs to receive training as well as having the capacity to lead on projects. The Chief Executive highlighted that the Capital Programme Committee had reviewed examples of excellent project management and it was important to ensure accountability remained with the SROs and then scrutinised by the Committee. The Chief Executive highlighted the need for the Trust to reduce the headcount in corporate areas including digital, estates and finance and it was important to recognise the impact on staff in addition to the poor condition of the parts of the Trust's estate.

The Committee requested that a further update should be submitted to the January 2026 to confirm completion of actions and provider wider assurance. **Action: A Statham**

109/25 Internal Audit Recommendations

The Committee noted that there were currently 12 overdue recommendations out of 140. There were three recommendations with a proposed extension date to 30 November 2025 related to the Pathology Report review. The interim Chief Finance Officer advised that the overdue recommendations had been discussed at the Executive Management Committee and actions owners had stated that evidence had been uploaded since the report had been issued.

The Committee approved the extension to three recommendations to the Pathology Report and requested that there was a need to reduce to the number of outstanding recommendations. In the event of any outstanding recommendations by the next meeting it was recommended that the Executive lead should attend to explain the reasons for the delay. **Action: H Troalen**

110/25 Finance Function Review & Working Capital & Cash Forecasting Review

The interim Chief Finance Officer advised that the report had been submitted to the last meeting. There were circa 200 recommendations from both reviews and it had been agreed that the actions would be embedded using the Improving Together methodology. The senior finance team had met and had developed improvement workstreams and reviewed driver metrics. It had been agreed that there would be four workstreams: procure to pay, drug reporting, income reporting and overall financial reporting. An appropriate senior lead had been allocated to each workstream. A discussion had also been scheduled with the procurement team regarding the need to improve inventory management.

111/25 Reporting on & Reviewing Non-Audit Services

The Committee noted that there was one non-audit service undertaken by Deloitte in the last year from September 2024. [s43, FOI Act]

112/25 Losses & Special Payments

[s43, FOI Act]

113/25 Use of Single Tenders

The Committee noted that 9 single tender waiver contracts had been awarded since the last meeting. The interim Chief Finance Officer advised that work was on-going with the procurement team in relation to the documentation of single tender waivers in order to identify the percentage use Care Group. This would be clarified in future reports.

Action: H Troalen

The Committee discussed the overall percentage of spend on single tender waivers and noted that the criteria was often for emergency work or exceptional items from a specific supplier. It was agreed that further narrative would be included in future reports as well benchmarking data. **Action: H Troalen**

114/25 Use of Significant Contracts

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

115/25 Bank Account Authorisations

The Committee noted that there had been two amendments to the Trust's signatory panel for the Trust related to one member of staff who had left the organisation and one who had started. There had been no amendments to the Royal Berks Charity since the last meeting

116/25 Non-NHS Debt Report

The Committee noted that non-NHS debt was £8.4m as at 31 August 2025.

[s43, FOI Act]

The Committee noted that the top 10 overseas debtors related to where patients presented for emergency treatment that the Trust had to provide for free that then led to longer term treatment that was chargeable. Therefore, it was difficult to mitigate against this type of debt.

The interim Chief Finance Officer advised that the top 5 NHS counterparties debt were not individually significant amounts and would be followed up.

The Committee queried the authorisation levels for writing off debt. It was agreed that the interim Chief Finance Officer would confirm this. **Action: H Troalen**

117/25 Treasury Policy

The Committee received the Treasury Policy that had been reviewed and two changes had been made:

- Daily and rolling 12-month cashflow forecast added
- Analysis of Bank Ratings as per Moody's and Standard & Poors updated

The Committee approved the policy and recommended that a cash liquidity statement should be added prior to submission to the Policy Approval Group. **Action: H Troalen**

118/25 Work Plan

The Trust Secretary confirmed that an updated Work Plan for the year ahead would be submitted to the next meeting. **Action: C Lynch**

119/25 Key Messages to the Board

- Internal audit estates project management review received and actions noted with assurance that some changes had already been undertaken
- The need to reduce the number of overdue internal audit recommendations

120/25 Reflections of the Meeting

Helen Mackenzie led the discussion.

121/25 Date of Next Meeting

It was agreed that the next meeting would take place Wednesday 12 November 2025 at 09.30.

Chair:

Date:

Royal Berkshire
NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Wednesday 17 September 2025
11.00 – 12.10
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike O'Donovan	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Janet Lippett	(Chief Medical Officer)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Andrew Statham	(Chief Strategy Officer)
Ms. Helen Troalen	(interim Chief Finance Officer)

In Attendance

Miss. Kerrie Brent	(Corporate Governance Manager)
Ms. Helen Challand	(Deputy Director of Financial Turnaround)
Mr. Oke Eleazu	(Chair of the Trust)
Mr. Steve McManus	(Chief Executive)

118/25 Declarations of Interest

There were no declarations of interest.

119/25 Minutes for Approval: 23 July 2025 & Matters Arising Schedule

The minutes of the meeting held on 23 July 2025 were approved as a correct record and signed by the Chair.

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

120/25 Month 5 Finance Report & Capital Programme 2025/26

The interim Chief Finance Officer reported a Month 5 year-to-date deficit of £9.23m that was in line with budget. A further £0.2m of balance sheet flexibility previously utilised had been restored. Whilst the Month 5 position reflected a £0.5m improvement in the monthly deficit compared to the prior month, delivery of the plan was expected to become increasingly challenging over the coming months, with significant improvement in run rate required.

121/25 Forecast Outturn 2025/26

The interim Chief Finance Officer introduced the report that detailed the work undertaken to further develop the forecast, including the identification of areas causing deviation from plan. The report outlined the next steps required including 10 key actions, all underpinned by the consistent theme of maintaining financial discipline and operating within budget. The Deputy Director of Financial Turnaround confirmed that this had been discussed at the

Efficiency & Productivity Committee and there was strong individual and collective understanding of the actions required over the next few months. The teams recognised the challenges in delivering the plan and a discussion was held on the risks and implications.

The Committee discussed the need to develop a financial process as part of the 2026/27 planning to recognise those who had operated within budget but also further incentivise those who had exceeded expectations in their financial contribution as well as a process to address areas where plans were not delivered.

The Committee discussed the opportunities and risks facing Care Groups in delivering their financial targets. The Ten Point Plan was comprehensive and challenging. It was noted that there was limited headroom to manage any further unforeseen risks that might emerge.

The Committee discussed the £2.5m delivery requirement against the current forecast for Planned Care. The interim Chief Finance Officer confirmed that a meeting had been arranged to accelerate interventions and strengthen oversight and scrutiny in this area. .

The Committee discussed the importance of learning to ensure that Care Groups did not deviate significantly from plan. It was agreed that this would be addressed as part of the 2026/27 planning process.

The Committee discussed the contribution from research income and the need to ensure that income supported overheads. The Chief Executive advised that a review of research was being undertaken, alongside consideration of how best to strengthen research and innovation within the organisation. This would include reviewing the delivery and structure of the research function. It was also noted that a review of recruitment to clinical trials was on-going and an internal audit had been commissioned.

The Committee noted that the Whole Time Equivalent (WTE) plan remained on target with reductions recorded in August and September 2025. It was agreed that closer alignment was required between the WTE trajectory and vacancy management.

The Committee recommended that future reports should provide further assurance on six-month forecast projections with greater granularity on key milestones and alignment to year-end delivery. **Action: H Troalen**

122/25 Financial Improvement Plan 2025/26

The Committee noted that £35.26m of savings had been identified at Month 5 against the 2025/26 target of £40.60m. The remaining £5.34m had been identified, with work on-going to quantify these savings. Going forward, the 2025/26 delivery would be incorporated within the finance report, with the focus on preparations for the 2026/27 efficiency savings.

Action: D Hardy

123/25 Cash Forecast Update

The interim Chief Finance Officer introduced the cash forecast for 2025/26. The Committee noted the forecast had been extended to Quarter 1 2026/27. This identified that whilst good progress had been made on maintaining cash balances, the Trust would likely require revenue support later in the current financial year. Delivery of financial plans were fundamental to accessing support.

The Committee noted the £24m gap in the system financial plan and the need to address this collectively through system wide schemes to reduce the overall cost base. It was agreed that a contingency arrangement would be required in the event of the full £24m not

being delivered, with the share allocated across providers at £3.2m. Significant work was on-going in Medicines Management, with an estimated contribution of £1.5m. This would result in an outstanding gap of £1.7m. Discussions were on-going in relation to how the outstanding balance could be realised. The Committee noted that, pragmatically, this should be treated as an additional efficiency requirement, with the understanding that any shortfall against the £24m target would be subject to clawback.

The Committee noted significant movements in cash over recent weeks. It was noted that internal scrutiny and measures were being progressed in parallel, whilst awaiting NHS England (NHSE) guidance on cash support regimes. It was anticipated that would be issued ahead of any requirement for the Trust to seek additional cash support.

The Committee discussed the position of the ICS cash support system and whether this was being progressed. The interim Chief Finance Officer confirmed that discussions continued regarding potential intra-system support and the legal mechanisms by which individual Boards could participate. However, from a Trust perspective, it was confirmed that such support was not required this year given the agreed deficit plan, and was unlikely to be required going forward, although the Trust would remain engaged in national and system-level discussions.

The Committee recommended that engagement should commence with NHSE regarding an application for cash support under the categories of deficit support and cash balance in January 2026. It was agreed that the application would be developed for review in advance of December 2025. **Action: H Troalen**

124/25 Business Planning 2026/27

The Chief Strategy Officer introduced the report that set out the planning timeline process that was being undertaken. Further guidance had been issued from NHSE that provided an overview of the planning framework and the need to strengthen provider and commissioner planning activities, with all organisations being asked to develop integrated five-year plans that demonstrated how financial sustainability would be secured over the medium term as well as build internal capacity and capability to enhance the robustness of plans and their delivery. Further detail on this would be included in the report to the Board. **Action: A Statham**

As part of the process, a number of actions would be undertaken including a review of internal planning capability and an assessment of services that may no longer be sustainable. In addition, work to develop a comprehensive baseline and efficiency projection was on-going and reported to be on target. A report on the efficiency projection was scheduled for the next meeting. **Action: A Statham**

The Committee discussed the lack of clear commissioning intentions from the ICB. Several discussions had been held with partners, emphasising the need for collective encouragement to the ICB for further guidance on efficiency expectations and outcomes.

The Chief Executive highlighted that work was on-going to develop planning scenarios and how this contributed and informed the next iteration of the Long Term Resourcing Model (LTRM) and the route to a sustainable financial position, in light of the medium-term planning requirement extending beyond 2026/27.

125/25 Key Messages to the Board

Key messages for the Board included:

- Month 5 year-to-date was on plan and in line with budget
- Delivery of the plan was expected to become increasingly challenging over the coming months, with significant improvement in run rate required.
- Cash forecast position noted that projected the likelihood of cash support being required in January 2026 and discussions with NHSE would be commenced
- Noted the planning timeline process that was being undertaken and the request for further robust commission intentions from the ICB to support the development of the plan

126/25 Date of Next Meeting

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

SIGNED:

DATE:

Royal Berkshire
NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Wednesday 22 October 2025
11.00 – 12.45
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike O'Donovan	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Mr. Andrew Statham	(Chief Strategy Officer)
Ms. Helen Troalen	(interim Chief Finance Officer)

In Attendance

Miss. Kerrie Brent	(Corporate Governance Manager)
Mr. Umesh Jetha	(Non-Executive Director) (from minute 138/25)
Mr. Steve McManus	(Chief Executive)

Apologies

Mr. Oke Eleazu	(Chair of the Trust)
Mrs. Janet Lippett	(Chief Medical Officer)

136/25 Declarations of Interest

There were no declarations of interest.

137/25 Minutes for Approval: 17 September 2025 & Matters Arising Schedule

The minutes of the meeting held on 17 September 2025 were approved as a correct record and signed by the Chair subject to the inclusion of the following paragraph:

Minute 121/25: Forecast Outturn 2025/26: The Committee discussed the opportunities and risks facing Care Groups in delivering their financial targets. The 10 point plan was comprehensive and challenging. It was noted that there was limited headroom to manage any further unforeseen risks that might emerge.

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

Minute 124/25: Business Planning 2026/27: The Chief Strategy Officer confirmed that a report on planning competencies would be submitted to the next meeting.

Action: A Statham

138/25 Month 6 Finance Report including Financial Improvement Plan & Capital Programme 2025/26

The interim Chief Finance Officer reported Month 6 year-to-date was a deficit of £10.12m in line with budget. The plan would prove more challenging to deliver over the course of the next few months with Month 7 plan being to achieve a surplus of £1.5m from a deficit of £0.88m representing the need for an in month improvement of £2.4m. There was a need to continue focus on the delivery of the 10 point plan. Month 6 closing cash position was £18.81m.

The Committee noted that as part of planning for 2026/27 and into the medium term, NHSE had made further attempts to ascertain the true underlying position of NHS organisations. The Trust had recalculated its position following detailed guidance and, following the initial declared position of £34.81m deficit, the reported position was now £27.53m. This was not expected to change on a monthly basis. However, NHSE continued to challenge the wider NHS on the overall underlying position.

The interim Chief Finance Officer highlighted the additional section in the report that set out underlying performance against the financial plan for the year that would be included in future reports. The analysis indicated that the position was not aligned with current planning and due to non-recurrent efficiencies. The need to develop recurrent efficiencies to improve the underlying position was highlighted by the analysis. The Committee noted that, alongside achieving the in-year position, focus would also be placed on achieving the year-end position.

The Chief Executive highlighted the need to review the values of each action, particularly in relation to Month 12 delivery, to provide on-going assurance through leading indicators monitored month-on-month. It was agreed that in-month leading indicators would be developed to monitor progress to enable actions to be taken as required.

The Committee discussed the £3.05m benefit from prior-year VAT reclaims and accruals, and £5.83m from releasing prior-year credit provisions, both accounting-related. The Committee queried whether such large amounts would recur in the future. The interim Chief Finance Officer confirmed that following a review of department driver metrics work was on-going to strengthen the balance sheet. The Committee noted the improvements and recognised further work was required.

The Committee discussed risks and opportunities associated with reserve levels and the continued focus on delivering the financial plan including the importance of reviewing the data was good practice and should be further developed. The interim Chief Finance Officer confirmed that the process would continue to be strengthened with the team.

The Committee discussed timescales for opportunities and confirmed that the Industrial Action (IA) risk was reflected within the forecast. Oversight of drug spend remained limited and an action plan was being developed to automate manual processes and release capacity for value-adding work. Whilst the impact was expected to be net nil, accurate spend and income required accuracy. Reserves and delivery of the 10 point plan would be aligned with action plan timescales.

The Committee received a detailed overview of the work being undertaken within Planned Care through weekly meetings including holding vacancies and recovery targets delegated to directorates with focus on high-opportunity areas. This included detailed work on activity spend including Vitalis insourcing contract and endoscopy utilisation. Plans were also in place to recruit to substantive roles and expand training for nurse endoscopists to improve the position by year-end 2025/26 and early into 2026/27.

The Committee discussed the balance between short-term cost control and longer-term transformation. It was noted that this year had required tighter management to deliver the plan and there was a need to review and progress transformational work. A baseline of cost improvement was required throughout the year, alongside pathway redesign, process improvement, and opportunities for patient self-service. The Committee considered that transformation planning was already on-going as part of the planning work for 2026/27 and beyond that focused on progressing priority areas. The Committee considered how Trust-wide transformation could support the Planned Care group position. Budget management discussions had also arisen from safer staffing reviews, with clinical leaders providing strong examples of how to deliver quality care within constraints. There was a need to provide teams with greater ownership in relation to how resources were used to achieve best results. One of the options to do this would be to implement more widespread use of service line reporting (SLR). This would be reviewed along with other potential innovations in financial reporting in 2026/27. **Action: H Troalen**

The Committee discussed clinical supplies and the need for greater alignment between budget and underlying expenditure, together with tighter controls. Some in-month movement related to devices, and whilst variances were offset, there was a need to monitor this closely. The Committee noted that break-even on clinical supplies could not be guaranteed and setting next year's budget accurately would be essential.

139/25 Committee Terms of Reference & Constituting a Cash Committee

The interim Chief Finance Officer introduced the terms of reference that had been updated following NHS England guidance issued in August 2025. The guidance outlined the revenue cash support regime, with an expectation that organisations established a Cash Committee. The Committee noted that one option proposed was to integrate the function within the existing Finance & Investment Committee strengthening responsibilities around cash management and Non-Executive Director oversight on decisions. This meant that when necessary, the meeting would convene a Part 3 Cash Committee.

The Committee suggested that the phrase 'The Committee would also oversee cash' be removed as cash oversight was already a core function of the Committee.
Action: H Troalen

The Chief Executive highlighted the need to consider the additional resource implications of convening a Part 3 meeting, given the already stretched capacity within the Corporate Governance team.

The Committee recommended that the updated terms of reference be submitted to the Board for approval subject to the amendments. **Action: M O'Donovan**

140/25 2025 National Cost Collection Assurance

The Committee received the mandated cost collection submission that provided assurance that the Trust had complied with the requirements of the Approved Costing Guidance that could be used for in-year benchmarking against peers.

The Committee discussed the link to the productivity report that indicated a £67.64m increase in net cost return and highlighted the importance of considering future implications for cost collection. It was agreed that this should be reviewed with particular attention to how the £67.64m evolved over time.

It was agreed that the return would be signed by the interim Chief Finance Officer on behalf of the Trust. **Action: H Troalen**

141/25 Long Term Resourcing Model (LTRM)

The Chief Strategy Officer reported on LTRM progress, scenarios and next steps. The Committee noted that the outlined interventions would be required to achieve break-even in the next couple of years. The Executive Management Committee was reviewing the scale of change and workforce impact in planning for the year ahead.

The Committee reviewed the modelling assumptions underpinning the requirement to achieve break-even. The headline position indicated a £67m efficiency requirement in 2026/27, reflecting the assumption that two major elements of non-recurrent income; £13.25m deficit support and £8m risk share would be non-recurrent and would instead be retained by the ICB for transformation investment. The modelling also assumed that only 50% of the 2025/26 programme was recurrent. Taken over two years, the requirement equated to circa £42m per annum, with an increasing emphasis on recurrent delivery. The Committee acknowledged the scale of the planning challenge ahead.

The Committee requested a long-term cash forecast to accompany the scenarios and noted the high risk of not achieving positive cash flow, resulting in the need for on-going cash support that added pressure on the capital programme. The interim Chief Finance Officer advised that key assumptions would need to be confirmed before a reliable cash projection be produced. It was agreed that preparing forecasts for every scenario at this stage was not recommended. However, this would be progressed once assumptions were validated.

The Chief Nurse reported that sickness management and length of stay metrics were already under significant pressure, making further productivity asks increasingly difficult to achieve. The Committee noted the need to strengthen performance on these drivers, with teams expected to manage greater workloads through revised working processes and the adoption of tools that enabled smarter working.

The Chief Strategy Officer confirmed that work would continue with teams on planning for 2026/27 and developing emerging ideas, with a need to assess viability and understand financial impact. These inputs would be incorporated into the model, alongside cash considerations. The focus was on developing and finalising the plan for the year and producing a financial model that was consistent with the agreed position.

The Committee noted the challenge on teams and the need to manage tightly constrained absence and unavailability rates. It was agreed that sickness driver metrics and staff wellbeing required close monitoring, recognising the creative approaches already being used to mitigate pressures from additional staffing requirements, extra lists, and complex patients. The Chief Operating Officer indicated that the rollout of vital signs technology to automate clinical observations had been partial, with limited uptake to date. This was seen as an opportunity to reduce workload and deliver productivity gains. There was a need to discuss how best to enable teams to adopt and embed such improvements themselves.

142/25 Thames Valley ICB – Commissioning Intentions

The Chief Strategy Officer introduced the report that provided an overview of commissioning intentions for Thames Valley ICB 2026-2030 released on 1 October 2025. The commissioning strategy represented a significant and welcomed shift towards value-

based, integrated, and preventative care. The document set out an overachieving theme of levelling up across the system through creation of an innovation fund for new care models and focussing resource on prevention through the decommissioning of some services. This presented challenges if resource for acute services were removed prior to the prevention benefits being realised. The Chief Strategy Office confirmed that the Trust would continue active engagement with the ICB to shape commissioning frameworks and safeguard equitable outcomes for all patient groups.

[s43, FOI Act]

[s43, FOI Act]

[s43, FOI Act]

The Committee discussed the Acute Provider Collaborative (APC) position. The Chief Executive confirmed that the whole-provider position required greater focus and more detailed discussion to progress planning work, as the issues extended beyond the APC alone. In relation to service consultations, the APC had been active and was content to lead or step in as required, particularly on longer-term clinical service pathways, decommissioning, health inequalities, and prevention. It was highlighted that the APC was currently operating across three different models, with the wider provider group raising similar issues. The Committee noted the positive aspects of working at scale and the importance of positioning within neighbourhood and primary care partnerships to shape what this should look like.

143/25 NHS Oversight Framework (NOF) Benchmarking

The Chief Strategy Officer introduced the report summarising insights from NOF rated 1 trusts. These organisations were broadly generating increased income. However, further opportunities for improvement were identified that provided an indication of areas where teams should focus. Examples included GIRFT analysis and Model Hospital initiatives, shifting activity from inpatient care to day cases and follow-up appointments, system work on non-elective spells within UCG, as well as additional opportunities in APC. These provided a clear indication of priority areas for opportunities to improve efficiencies and productivity across the Trust.

The Committee noted that the Trust was circa 10% more efficient than the average. It was recognised that short-term productivity and efficiency gains could only go so far, and that income generation should not be overlooked. Current income levels suggested that dropping the cost index could be damaging, so the issue should be framed differently. Negotiations were to reflect what a steady-state income position would look like, rather than making income the sole focus.

The Committee noted six actions for further investigation and highlighted on-going income risk. Break-even would require significant cost reductions despite the Trust's efficiency advantage of circa 10% more efficient than the average. The Committee received the comparison of Trust income that reflected was less than Oxford Healthcare Foundation Trust and Berkshire Healthcare Foundation Trust and considerably less than the overall BOB allocation. It was agreed that negotiations should continue to be framed around steady-state income rather than income alone.

144/25 Budget Setting Protocol

The interim Chief Finance Officer introduced the protocol that aimed to address the non-pay allocation process that had previously created perceptions of unfairness regarding distribution. The protocol had been developed and co-produced with Care Group Directors of Finance and reviewed at the Executive Management Committee (EMC). Whilst the detailed framework had not yet been approved, there was strong support for the approach.

The interim Chief Finance Officer highlighted that the proposal would be delivered in two phases. Phase 1 would establish the processes required to transition from 2025/26 into 2026/27 and phase 2 would use identified cost pressures, investment priorities, and a clearer view of income to determine the balancing figure. This iterative approach would support the development of a budget that delivered the control total.

145/25 Key Messages to the Board

Key messages for the Board included:

- Assurance received that the financial forecast was achievable, though it would present significant challenges
- Received an update on LTRM and noted the tasks ahead, with a link to the long-term cash forecast noted
- Commissioning intentions discussed with uncertainty and ability to plan for 2026/27 and the need to continue to escalate this
- Noted the opportunities to improve efficiencies and productivity across the Trust against the NHS Oversight Framework metrics for progression
- Supported the development of a budget setting protocol
- Recommended the updated Committee Terms of Reference to the Board that included convening a Cash committee when required
- Assurance received on the 2025 National Cost Collection Assurance submission
- Detailed discussion on productivity theme and good assurance received on how its being addressed

146/25 Date of Next Meeting

It was agreed that the next meeting would be scheduled for Wednesday 19 November 2025 at 11.00am.

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. The Committee will also oversee cash management, ensuring the Trust maintain liquidity.

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 will review and scrutinise papers and recommend to the Board and advise as necessary. Meetings will consist of three 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. Part 3 will consider the cash position of the organisation and seek assurance on short-term and longer-term cash management strategies.

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 cash balances, its daily cash floor limits, operational management of surplus cash invested within risk profile parameters, monitor committed funds to cover existing business cash flows while providing flexibility for seasonal and capital expenditure.

e) 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.

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

g) 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.

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

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

j) 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.

k) 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.

l) 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 (NHSE) / Treasury. The Director of Estates and Facilities and Director of Strategy will attend for this part of the meeting.

Cash

For the period that the Trust is in receipt of, or anticipating the need for cash support, the Committee will meet on a quarterly basis in part 3 as the Cash Committee. To gain assurance that the Trust has sufficient liquidity, the Cash Committee will scrutinise the following cash reports:

12 month rolling cash forecast
13 week rolling forecast

The Committee maybe convened on an ad-hoc basis to provide NED oversight of short-term cash management strategies such as delaying payment to suppliers or choosing to pay certain suppliers over others.

The Committee will meet to review any revenue cash support applications and recommend the application to the Board for approval.

The Cash Committee will also seek assurance that:

Processes are in place to accurately manage and forecast cash
Sufficient non-pay controls are in place
Sufficient work force controls are in place
Efficiency plans are robust and cash releasing (to the degree required in the annual operating plan)

In line with the annual/ medium term planning cycle the Cash Committee will also oversee the development of medium-term cash planning i.e. for a period longer than 12 months,

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: 22 October 2025

Approved by the Board:

Royal Berkshire NHS Foundation Trust

Minutes

Charity Committee

Wednesday 5 November 2025
10.00 – 11.30
Room 3, Level 4

Present

Ms. Catherine McLaughlin	(Non-Executive Director) (Chair)
Mr. Mike Clements	(Director of Finance)
Dr. Minoo Irani	(Non-Executive Director)
Mr. Umesh Jetha	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
Dr. Sunila Lobo	(Public Governor, Reading)
Mrs. Caroline Lynch	(Trust Secretary)
Ms. Adenike Omogbehin	(Staff Representative)
Mr. John Stannard	(Patient Representative)
Ms. Jo Warrior	(Charity Director)

In attendance

Miss. Kerrie Brent	(Corporate Governance Manager)
Mr. Oke Eleazu	(Chair of the Trust)
Mrs. Helen Troalen	(interim Chief Finance Officer)

Apologies

Mr. Jonathan Barker	(Public Governor, Reading)

24/25 Declarations of Interest

There were no declarations of interest.

25/25 Minutes for Approval: 7 May 2025 & 4 August 2025 and Matters Arising Schedule

The minutes and notes of the meetings held on 7 May 2025 and 4 August 2025 were approved as an accurate record of the meeting and would be signed by the Chair.

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

Minute 17/25: Finance Update: The Director of Finance reported that an Investment Institution had previously been considered through a procurement process. However, no response had been received. In light of the current unfavourable bank interest rates, the matter would be revisited with Procurement. The Committee noted the proposal to consider Investec alongside two additional potential options. The Committee queried whether the balance between cash holdings and alternative investments had been considered. It was confirmed that this remained under review. A timeline was agreed, with a decision expected by March 2026 following completion of the necessary internal processes. **Action: M Clements**

26/25 Charity Director's Report

The Charity Director introduced the report and highlighted that a recent major donor visit had resulted in a further £25k donation, providing a total of £50k for neonatal services. A new "Charity of the Year" partnership had also been secured, with two existing partnerships continuing for a further year, providing stewardship and demonstrating positive growth.

The Charity Director highlighted the need to build on these partnerships by moving beyond staff-led fundraising groups towards developing stronger organisational relationships that generated direct donations. It was noted that progress in this area remained challenging. The importance of developing a corporate pipeline was highlighted. However, this had not yet been established. In addition, there was a need to consider alternative strategies, particularly for larger companies as some preferred to contribute time instead of funding donations.

The Committee agreed that the major donor work required careful consideration and that a workshop would be scheduled over the coming months to consider next steps. The importance of articulating benefits for donors should also be considered.

The Committee discussed the development of an annual event. It was confirmed that this would be considered as part of future planning.

The Charity Director reported that a potential benefactor had formally notified the Trust of their decision not to proceed due to a change in personal circumstances. The Committee acknowledged the significant time and effort that had been invested in cultivating this relationship.

The Committee noted that £43k had been secured through trusts and grant applications in Quarter 2, with a further application to be submitted to the National Lottery for maternity services. This work continued to increase.

The Committee noted that the events programme continued to strengthen community engagement and developing relationships. However, it was acknowledged that the Charity had encountered challenges in running its own profitable events, with market saturation contributing to difficulties including the loss incurred on the annual "Walk for Wards." It was further noted that event performance had not always been monitored despite the significant time and effort required.

The Committee agreed that alternative approaches should be explored, including challenge events, with major donors participating, demonstrating the potential of such activities to attract support. Further to this, a review of successful events should be considered through a benchmarking exercise. The Charity Director confirmed that the Youth Forum and Youth Governor would also be asked to contribute ideas.

The Committee noted the launch of the Christmas appeal, with a target of £50k for elderly care. It was agreed that the benefits to patients and the wider community should be clearly articulated. The Committee discussed the focus of the appeal and the need to promote this through marketing. The Committee noted that feedback indicated that donors preferred to support a specific initiative rather than a general charity appeal.

The Committee discussed communications and marketing and the need for visibility and focus on increasing the social media following and engagement. It was recognised that investment would be required to further analyse the audience and activity and to benchmark against the approaches of other charities. In addition, a refresh of the charity's website was identified as

necessary, and it was acknowledged that the overall profile of the Charity required further enhancement.

The Committee agreed that communications and reach should be reviewed prior to the launch of the 30-year campaign, with input sought from those with relevant expertise.

Action: J Warrior

The Charity Director confirmed that concerns raised by the Charity Commission in 2023 regarding the level of reserves had been addressed through a formal communication outlining the work taken to reduce reserves. The Commission subsequently responded to confirm that they did not intend to engage further with the Trustees on this matter. The Committee agreed that the risk would be formally closed. **Action: J Warrior**

The Committee discussed the need to identify a significant "campaign" to mark the Royal Berks Charity 30-year anniversary and relaunch of the strategy. It was agreed that suggestions would be considered during a two-hour workshop, including the scale of project and the level of investment required. To inform this, the baseline of unrestricted income would be reviewed, with a target set to provide context for future proposals.

Action: J Warrior

It was further noted that the initiative could be framed as a five-year programme rather than a single-year campaign, with consideration given to the new hospital programme and wider estates developments. In addition, a suggestion was made to consider the wider NHS 10-year plan health inequalities and prevention work.

27/25 Knowledge and Development Fund Update

The Committee received the update.

28/25 Knowledge and Development Fund Panel Terms of Reference

The Charity Director introduced the updated terms of reference that included further information added to the purpose and the nomination of the chair. The Committee discussed whether the purpose could be further developed including referring to consultations with staff who had benefited by opportunities from hard-to-reach groups. It was confirmed that the approach was already intended to be inclusive, offering opportunities to all staff.

The Director of Finance highlighted the need to strengthen the non-clinical input and the understanding of non-clinical qualifications, suggesting consideration of including a professional group or inviting specific representation for particular applications. The Committee also noted the importance of linking the fund to wider Trust strategic priorities.

Action: J Warrior

The Committee noted that the Trust would ensure funds were available to support any training in decision-making. However, this funding was intended for opportunities over and above existing provision.

The Committee approved the terms of reference subject to the agreed amendments.

29/25 Charity Grants Panel Terms of Reference

The Charity Director introduced the updated terms of reference that included the addition of operational representation and an appointed chair.

The Committee approved the revised terms of reference.

30/25 Charity Ethical Standards Policy

The Charity Director introduced the policy that was aligned to the Trust policy. The Committee noted that an investment institution would be required to adhere to this policy.

31/25 Charity Strategy 2026/29

The Charity Director introduced the refreshed strategy and highlighted that amendments had been made to strategic priority 3 following feedback at the previous meeting. The Committee agreed with the inclusion of strategic priority 3. However, it should be further updated to remove the reference to 'dedicated NHS professional' and amended to 'dedicated NHS worker, from nurses to porters' **Action: J Warrior**

It was agreed that the Charity Director would undertake a further review to ensure that the refresh aligned with the refreshed Trust Strategy. **Action: J Warrior**

The Committee noted the need to socialise the strategy and undertake a survey with the Council of Governors and the Trust Membership ahead of approval. **Action: J Warrior**

32/25 Ambassador Programme

The Charity Director introduced the report and outlined the ambassador programme. Ambassadors were intended to support general promotion, with plans to build on this by training them to present on behalf of the Charity and to represent more widely over and above the work of the Champions. The Committee supported the proposal.

32/25 Trust Deed

The item was removed.

34/25 Finance Update

The Director of Finance advised that, as at September 2025, the Charity's fund balances had increased by £87k from the start of the financial year. Expenditure was ahead of plan. Donations had slightly reduced in Quarter 1. However, year to date it was £75k higher when compared to the same period the previous year. The overall increase in income related to a large legacy fund of £400k that was accrued in Quarter 2 following notification received in September 2025. Total expenditure in Quarter 2 was £460k with the overall year to date £899k.

The Director of Finance would include a year on year high level trend analysis in future reports. **Action: M Clements**

[s43, FOI Act]

The Committee highlighted the need to be clear on return on investment, demonstrating how each pound generated a defined outcome. It was agreed that return on investment should be amplified within the report. **Action: M Clements**

35/25 Reserves Policy

The interim Chief Finance Officer introduced the policy that set out the proposal to retain a minimum of 12-months operating and governance costs in the Charity. The Committee noted that this was greater than the minimum expectation of 6-months operating costs for charities.

It was recognised that the figure was high. However, it was recommended that there remained a need to agree the scale of this. **Action: M Clements**

36/25 Work Plan

The Committee received the work plan.

37/25 Key Messages to the Board

The Committee noted the following key messages:

- Reviewed the Refreshed Strategy and the need to socialise this
- Approved Knowledge and Development Fund Panel Terms of Reference
- Approved Charity Grants Panel Terms of Reference
- Approved Ambassador Programme
- Approved Reserves Policy
- Assurance received on Ethical Standards Policy
- Awareness of the upcoming 30th anniversary and planned workshop

38/25 Reflections of the Meeting

The Chief Medical Officer led the reflections.

41/25 Date of the Next Meeting

It was agreed that the next meeting would be held on Wednesday 4 March 2026 at 10.00.

SIGNED:

DATE:

Royal Berkshire
NHS Foundation Trust

Title:	**Chief Executive Report**
Agenda item no:	6
Meeting:	Board of Directors
Date:	26 November 2025
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	
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

National Maternity Investigation

1.1 The Trust has been considering the implications of the national maternity investigation which includes Oxford University Hospitals (OUH). As near neighbours we are aware some patients may be reviewing the investigation with heightened interest and concern. We are also aware that the current national scrutiny of maternity services, whilst not involving the Trust, can prove distressing for staff and patients.

1.2 The Chief Nursing Officer and the Chief Medical Officer have met with the maternity senior leadership team, our Maternity Voices Partnership and the regional Chief Midwife to offer support and reassurance. We have agreed a proactive communications approach emphasising our commitment to providing the highest quality of care, as evidenced in our latest CQC inspection, whilst engaging with maternity services users to listen and learn and act on their feedback.

1.3 Building on recent external assurance regarding the safety of our maternity services, we have been reviewing all the information and data available and conducting an internal review of existing areas of improvement with NHS England (NHSE) support is being developed. This will be expanded upon in Quality Committee in December 2025. To note, the CQC maternity survey is embargoed until end of this month, a full report on the findings is due to be presented at Quality Committee in December.

Prevention of Future Death (PFD) Notice

1.4 On 27 October 2025 the Trust was issued with a Prevention of Future Deaths (PFD) Regulation 28 report from the Senior Coroner for Berkshire. This PFD was issued following the inquest of Baby W who sadly died in June 2024. The PFD focused on the training compliance within the maternity team.

1.5 The case was reviewed at the time of the incident; both internally through our perinatal mortality review tool (PMRT) processes and externally by referral to the Maternity and Newborn Safety Investigation (MNSI) programme. The MNSI report was received in June 2025 and contained three safety prompts and no safety recommendations. An improvement plan was developed capturing feedback and learning from the PMRT, MNSI and family feedback.

1.7 At the time of the inquest all aspects of the action plan had been completed with the exception of compliance with locally developed training for management of an impacted foetal head. Nationally PROMPT training (PRactical Obstetric Multi-Professional Training) is due to be updated and launched in 2026; this will include impacted foetal head training.

1.8 The Coroner issued two regulation 28 reports; one to the Trust regarding the lack of compliance with the training, (as outlined below) and one to the Royal College of Obstetricians and Gynaecologists (RCOG) regarding the lack of guidance to manage an impacted foetal head. At the time of writing this report, training compliance has increased significantly with a target to achieve 100% by the deadline for the PFD response. A full and detailed report will be reviewed by the Quality Committee in December 2025.

Provider Capability Assessment

1.10 The Trust completed its capability self-assessment during September and October 2025 and following approval by the Board this was submitted to NHSE on 31 October 2025 accompanied by evidence to support the self-assessment.

1.11 The assessment required the Trust to review each of the domains with one of the following ratings: confirmed, partially confirmed or not met. The ratings approved by the Board were as follows:

- Strategy, Leadership and Planning Confirmed
- Quality of Care Confirmed
- People and Culture Confirmed
- Access and Delivery of Services Partially Confirmed
- Productivity and Value for Money Partially Confirmed
- Finance performance and oversight Confirmed

1.12 As part of the submission the Board also confirmed the statement 'in addition, the board confirms that it has not received any relevant third-party information contradicting or undermining the information underpinning the disclosures above'.

1.13 Following submission of the Trust's self-assessment, the NHS Regional team will be asked to review our submission and provide a rating.

Resident Doctors strike

1.14 Resident doctors took part in further nationwide industrial action between 14 and19 November 2025. At the Trust an average of 77% of resident doctors who were rostered to work each day took action. This compares similarly with the last period of industrial action in July 2024.

1.15 As in previous periods, our teams worked extremely hard to ensure that the impact to patients was minimised; with cover provided by senior medics, specialty doctors, physician associates and allied health professionals In total, 187 outpatient appointments (predominantly follow-up appointments) and 16 inpatient and day case procedures had to be rescheduled, a small proportion of scheduled activity (less than10%). These patients will be seen as soon as possible based on clinical need.

1.16 As yet no further industrial action dates have been announced.

Winter Preparedness

1.17 The Winter Plan is being implemented. It was exercised as planned on 13 October 2025 with Berkshire West partners, which has enabled teams to refine escalation arrangements. Following wide engagement with clinical teams internally, a process of using temporary escalation spaces had been agreed and implemented, helping mitigate the risk identified in the Board Assurance template (discussed at the public Board in September 2025) that patients could be delayed being admitted from the Emergency Department (EDE). The Quality Committee in December 2025 will be reviewing the Equality Quality Impact Assessment (EQIA) on the Winter Plan

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

2025 Staff Survey

2.1 The 2025 Staff Survey launched on 24 September 2025. As at the 17 November 2025, the Trust's response rate is at 55%, higher than our equivalent benchmarked position last year and tracking very favourably to acute average response rates. In the final two weeks of the survey period (survey closes on 28 November 2025), we will continue to drive forward participation rates and with concerted efforts, are on course to deliver our best ever response rate.

Executive Recruitment

2.2 Chief People Officer

We have formally appointed Paul de Gama as our Chief People Officer. Paul takes up the role from 1 January 2026. Paul was previously Group Chief People Officer at St George's, Epsom and St Helier University Hospitals and Health Group. Since January 2024, he has worked as Workforce Improvement Programme Director at NHS Employers, where he has led a national programme within NHS England focused on improving the working lives of Resident Doctors. Most recently, he has led the design and programme management of the national Resident Doctors' 10 Point Plan — a key initiative to improve working conditions and tackle practical challenges, including enhancing local facilities, reducing payroll errors, and expanding lead employer arrangements. These changes are central to ensuring Resident Doctors have a positive and supportive working experience.

2.3 Chief Finance Officer

Following interviews held on 1 October 2025 we have now formally appointed Frances Khatcherian to the role of Chief Finance Officer. Frances joins us from Hertfordshire Community NHS Trust, where she has been serving as Chief Financial Officer with responsibility for Finance, Estates, and Systems. During her time there, she led the Trust through a period of strengthened financial resilience, embedding value for money, supporting long-term sustainability, and aligning estates and digital infrastructure with strategic priorities. She is known for her collaborative approach and for building strong relationships across clinical, operational, and corporate teams Frances will take up the role from March 2026.

3. Strategic Objective 3: Deliver in Partnership

International Exchange Partnership

3.1 Following the Trust's visit to Amphia Hospital, Breda in the Netherlands the reciprocal visit took place earlier in the month. A team of eight senior managers and clinicians visited the Trust for a two day programme including an event hosted by Robert van de Noort, Vice Chancellor at the University of Reading.

3.2 The programme showcased the Trust's key strengths and also in response to some agreed areas of shared interest. Visits included maternity, Urgent Care services/Emergency Department, Research and Innovation, Prevention, Staff Wellbeing including the Oasis Centre and the Medical Museum. The team also heard more about how Improving Together methodology and saw Improvement and Management huddles in action. Networking time provided valuable opportunity for ideas and collaborations to further develop the partnership.

3.3 Initial informal feedback to-date from both teams involved in the visits suggests that both organisations found the visits interesting, valuable and informative and that positive relationships between the two teams had been developed. A report outlining key learning and future opportunities for collaboration was submitted to the Executive Management Committee (EMC) and a follow-up review between our Chief Executive and Robert Wagenmaker, Amphia's Chief Executive is planned for earlier December 2025.

3.4 We will be sharing more of the learning and future opportunities with the Board but key opportunities include research collaborations and adoption and implementation of advanced analytics and AI, in partnership with the University of Reading, Hospital at Home, Education and Training and Management Models.

Operational Planning 2026 - 2029

3.5 In October 2025, NHS England (NHSE) and the Department of Health and Social Care (DHSC) issued planning guidance for the period of 2026/27 to 2028/29. Mandating the development of a three-year plan and a four-year capital plan. For final submissions in February 2026. The guidance included the requirement to deliver a balanced plan in each year whilst deficit support funding is phased out. To achieve this in the next three years the Trust must address its underlying deficit position. This will require the Trust to improve its financial position by approximately £10.0m per annum over this period.

3.6 The planning process requires a comprehensive activity, workforce and financial plan to be developed in collaboration with the Integrated Care Board (ICB) and aligned to a set of financial and performance targets. Currently Care Groups and Directorates have submitted their initial draft plans, and these are being reviewed alongside assumptions regarding deficit improvement and delivery of activity.

3.7 Review meetings continue with Care Groups and Corporate services to improve the underlying position, understand the benefit of identifying opportunities to convert 2025/26 non-recurrent savings into recurrent efficiencies, and to priorities areas for investments, identifying where relevant how investment can support short and long-term impact for both patients and staff.

3.8 This week further national guidance regarding funding arrangements and financial allocations for 2026/27 and 2027/28, together with technical information covering both revenue and capital has been issued. This will need to be assimilated with the ICB and system partners together with the internal planning activity our teams have been undertaking.

4. Strategic Objective 4 – Cultivate Innovation & Improvement

West Berkshire Community Hospital – New Community Diagnostic Centre

4.1 The legal agreements between the Trust, Berkshire Healthcare FT, Newbury and Thatcham Hospital Building Trust and Scottish and Southern Electricity Network , which support the new Community Diagnostic Centre we are building at West Berkshire Community Hospital (WBCH), formally completed on 14 November 2025. Work to build and commission the CDC commenced on 24 November 2025 and the new units will be installed through the course of the next financial year.

4.2 This development that has been made possible due to the generosity of donors to the Newbury and Thatcham Building Trust working alongside the Trust's resources, means we will be able to expand the range of diagnostics we offer at WBCH, bringing care closer to home for our patients. We are grateful for the support of all parties involved in navigating the complex arrangements involved in reaching this point and look forward to the benefits that this facility will bring to our patients.

Thyroid ablation

4.3 Earlier in the month our Interventional Radiology (IR) Team undertook the UKs first thyroid artery embolization (TAE) as part of the TArGET study to assess this new minimally invasive option to treat large thyroid nodules. This provides a non-surgical option for patients who are not candidates for, or who wish to avoid, traditional surgery or radioactive iodine. The procedure is performed under local anaesthesia, as an outpatient, allowing patients to go home the same day. Recovery is quick, with most patients returning to normal activities within one to two days.

4.4 The study is being led by Dr Farhan Ahmad and Professor Mark Little in Interventional Radiology, Mr Sid Nagala in ENT, Dr Theingi Aung in Endocrinology, Dr Amelia Hollywood at the University of Reading and Dr Yan-Lin Li at Oxford University Hospitals. The study has received superb support from IR, Radiology research, Research & Innovation and the clinical team on Dorrell ward. A great team effort.

5. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

5.1 The Trust has reported delivery of the planned financial position at the end of Month 7 which is a deficit of £8.53m.

5.2 The Trust has updated its cash projections following Month 7 and this demonstrates a need to secure additional cash for operating expenditure whilst we progress the capital programme. An application will be made to NHS England in December 2025.

NHS
Royal Berkshire
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Title:	**Integrated Performance Report (IPR)**
Agenda item no:	7
Meeting:	Board of Directors
Date:	26 November 2025
Presented by:	Dom Hardy, Chief Operating Officer
Prepared by:	Executive Team

Purpose of the Report	The purpose of this report is to provide the Board with an analysis of quality performance to the end of October 2025

Report History	New report

What action is required?	
Assurance	
Information	The Board 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	✓

NHS
Royal Berkshire
NHS Foundation Trust

Integrated Performance Report

October 2025

Improving together to deliver
outstanding care for our community

Improving Together

Guide to statistical process control (SPC)

NHS 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:

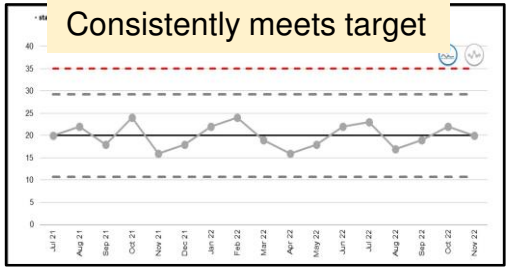
- The variation is routine, expected and stable within a range. We call this '*common cause*' variation, or
- The variation is irregular, unexpected and unstable. We call this '*special cause*' variation and indicates an irregularity or that something significant has changed in the process

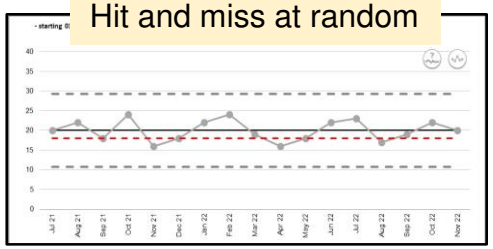
Each chart shows a VARIATION icon to identify either common cause or special cause variation. If special cause variation is detected the icon can also indicate if it is improving (blue) or worsening (orange).

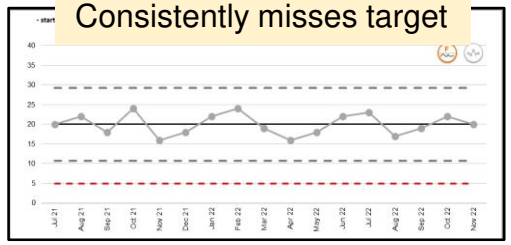
Where we have set a target, the chart also provides an ASSURANCE icon indicating:

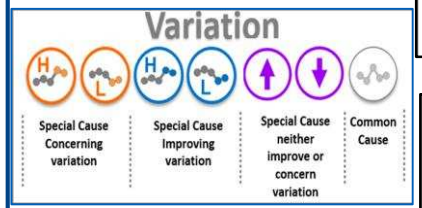
- If we have consistently met that target (blue icon),
- If we hit and miss randomly over time (grey icon), or
- If we consistently fail the target (orange icon)

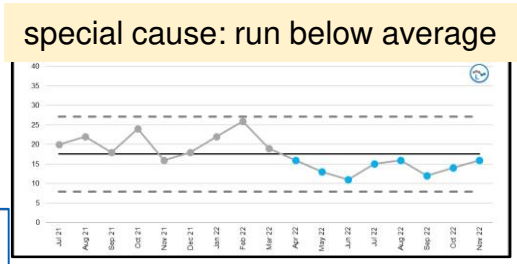
For each of our strategic metrics and breakthrough priorities we will provide a SPC chart and detailed performance report. We apply the same Variation and Assurance rules to watch metrics but display just the icon(s) in a table highlighting those that need further discussion or investigation.

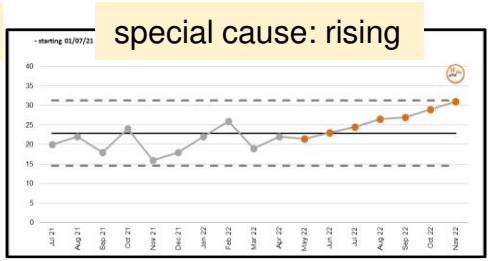


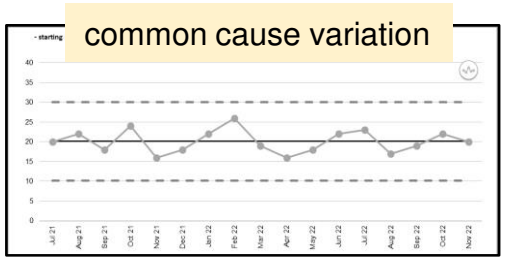


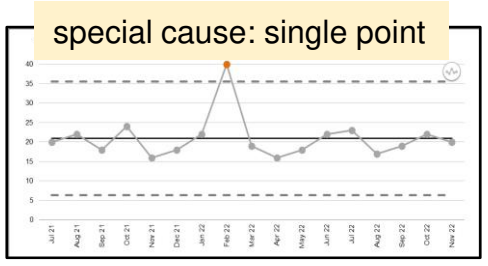










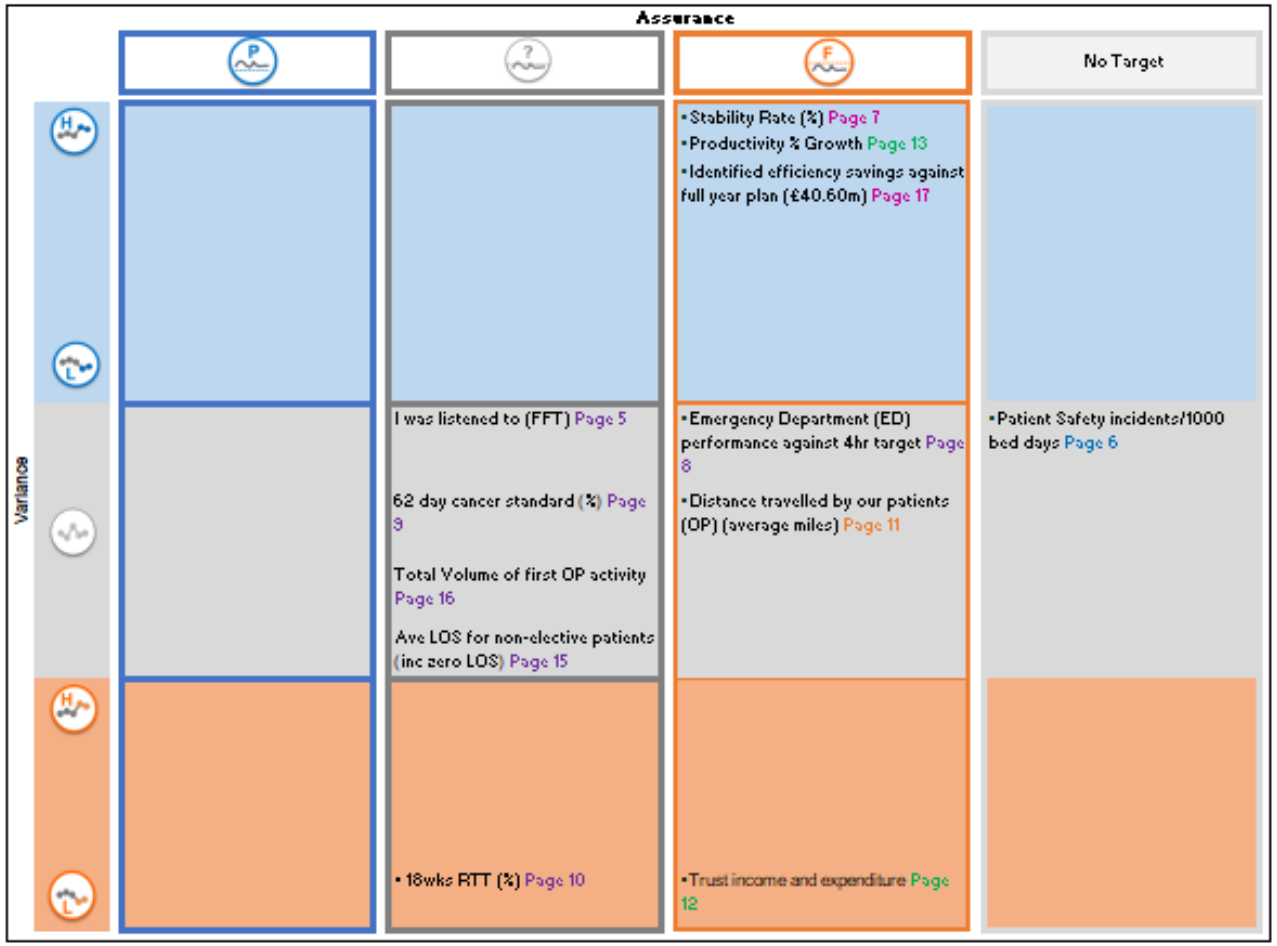


October 2025 performance summary

Royal Berkshire NHS Foundation Trust

The data in this report relates to the period up to 31st October The key messages from the report are:

- **ED Performance:** performance remains stable and was above plan for October in spite of the highest average daily attendance in the last 6 months. Performance is expected to remain at a similar level in November despite the onset of seasonal pressures.
- **Cancer performance:** performance against the 28-day faster diagnosis standard remains compliant with the Trust's planned trajectory for 2025-26. Performance against the 62-day standard will improve in October post-validation; improvement actions are in place for key high-volume pathways to ensure this happens.
- **Financial performance:** at the end of October the income and expenditure deficit of £(8.53)m YTD is within agreed plan. In the YTD position we have delivered £20.27m of the £40.60m efficiency savings plan. However, there remains an over-reliance on non-recurrent items within the efficiency programme. Action is underway to ensure the exit run-rate of expenditure improves through improved tracking of WTE and development of recurrent efficiency plans.
- **Cash** continues to be closely managed, resulting in higher balances than planned. The forecast demonstrates a need to secure additional support and an application is being prepared to apply for cash support in December 2025
- This month we have seen 15 of the 110 **watch metrics** measure outside of statistical control.



Royal Berkshire
NHS Foundation Trust

Strategic Metrics

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

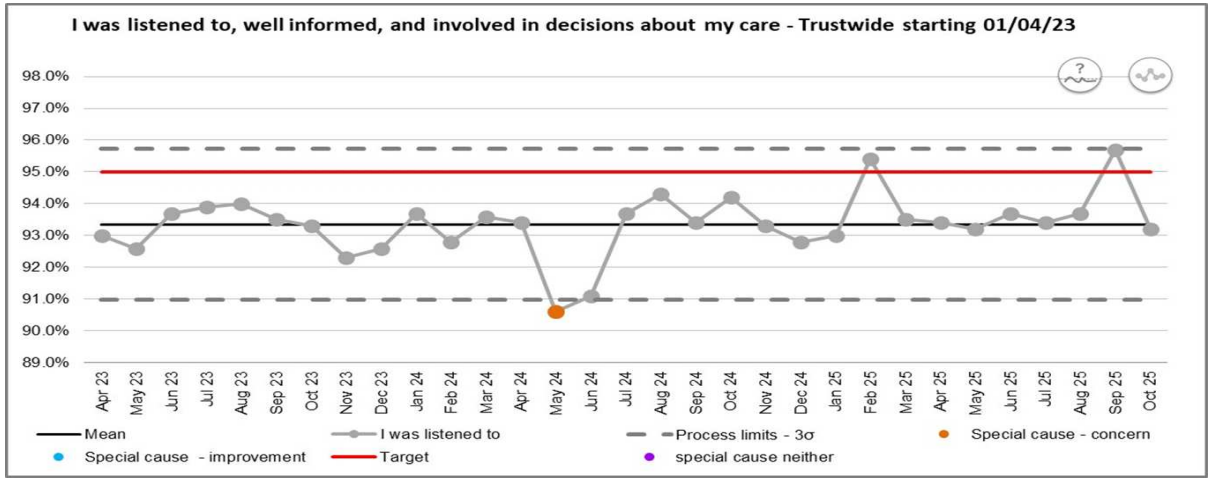
Strategic metric: I was listened to, well informed & involved in decisions about my care

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
	

Royal Berkshire NHS Foundation Trust



	May-25	June-25	July-25	Aug-25	Sep-25	Oct-25
I was listened to, well informed & involved in decisions about my care (FFT) Q2	93.2%	93.7%	93.4%	93.7%	95.7%	93.2%
Inpatient FFT satisfaction rate	94%	95%	93%	94%	96%	95%
Outpatient FFT satisfaction rate	95%	95%	95%	96%	95%	95%
Maternity FFT satisfaction rate	97%	95%	99%	98%	97%	95%
Emergency Departments FFT satisfaction rate	81%	81%	83%	81%	78%	78%
Day Case FFT satisfaction rate	98%	98%	99%	98%	97%	99%
Paediatrics (IP only) FFT satisfaction rate (%)	94%	100%	94%	93%	77%	96%
Overall Trust FFT satisfaction rate	93%	94%	93%	94%	93.7%	93.3%

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:

- This metric now includes the Trustwide overall FFT Satisfaction score, currently **93.3%** with a target of **95%.**
- Satisfaction score for FFT Question 2 for October is **93.2%**, below the Trust target of **95%**.
- These scores could still potentially be distorted due to the system failure.

Actions and next steps

- FFT responses have increased back to almost normal range for October
- Trust Response Rate was 6.6% (n 6211) in October (an improvement on **3.1%** in September).
- November and December there will be a drive of other FFT modalities and cards in different languages to drive an increase in response rates
- Working with Lead Sister for FFT model ward SSU to work on FFT timings, touchpoints, reviewing and drawing themes from comments. Finalise redesign of 'You said, We Did' posters.
- Awaiting meeting with representative for Woodley ward. Learning from this model FFT ward pilot will be rolled out trustwide.
- All OP and DC depts. to have their reusable FFT results posters delivered in November, as well as new PE board posters and template.
- IQVIA quadrants sent to Directors of nursing to identify areas where improvements can be made to increase their scores.
- IQVIA training available via Teams every Friday at 2pm.

Risks

- FFT text message system from PPUK still not automated. DDAT team are sending manually 3 times a week, potential long-term solution identified, but no timescales given.
- SOP for current manual process being created by DDAT, in case of staff absence.

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

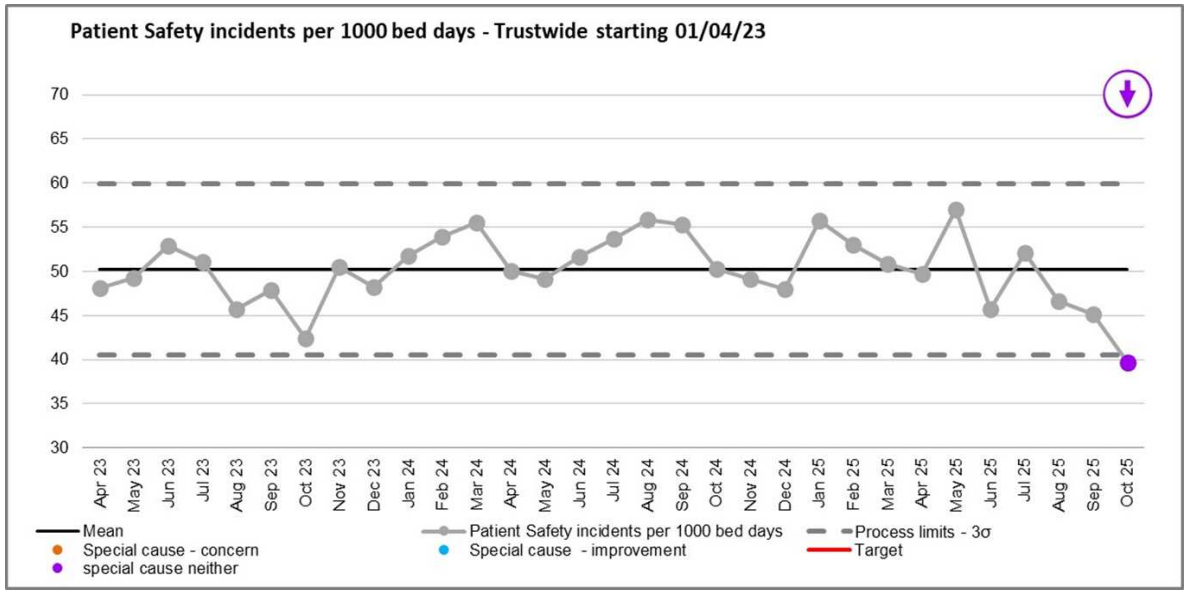
Strategic metric: Learning from incidents to reduce harm

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	↓

Royal Berkshire NHS Foundation Trust



	May-25	June-25	July-25	Aug-25	Sep-25	Oct-25
Patient Safety incidents per 1000 bed days	57.05	45.66	52.06	46.58	45.29	39.68
Patient Safety incidents/100 admissions	11.45	9.43	10.24	9.41	9.08	7.84
No. of Deteriorating patient incidents	11	5	10	8	7	7
FFT question: I felt safe during my visit to the hospital (%)	91.9%	92.4%	92.3%	89.8%	93.1%	91.2%
Total Calls for Concern from patient and family	24	28	23	24	34	27

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:

- There has been a decrease in reported patient safety incidents for 3 months consecutively.
- October reported incidents are below 40 per 1000 beds days (and alerting).
- The % completion rate for the National Patient Safety Syllabus (NPSS) training for execs and senior leaders (level 1) is 93%.
- NPSS training level 1 (Trust wide) is 14% - this is currently not part of mandatory training requirements.

Actions and next steps

- Deep dive into the decrease in reported incidents will be completed during November 2025 to identify if there are any trends (in department, directorate or care group).
- A full training evaluation report will be taken to EMC in January as part of the next quarterly patient safety report.
- New Head of Patient Safety has been appointed substantively and will start at the beginning of November.

Risks:

- Decrease in the number of reported incidents.
- Number of total staff who have completed NPSS e-learning remains low (14% of Trust staff).
- Replacement/upgrade of the datix system for managing incidents, risk and complaints will be going to tender in early 2026 with a plan for purchase and implementation in 2026/27.

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

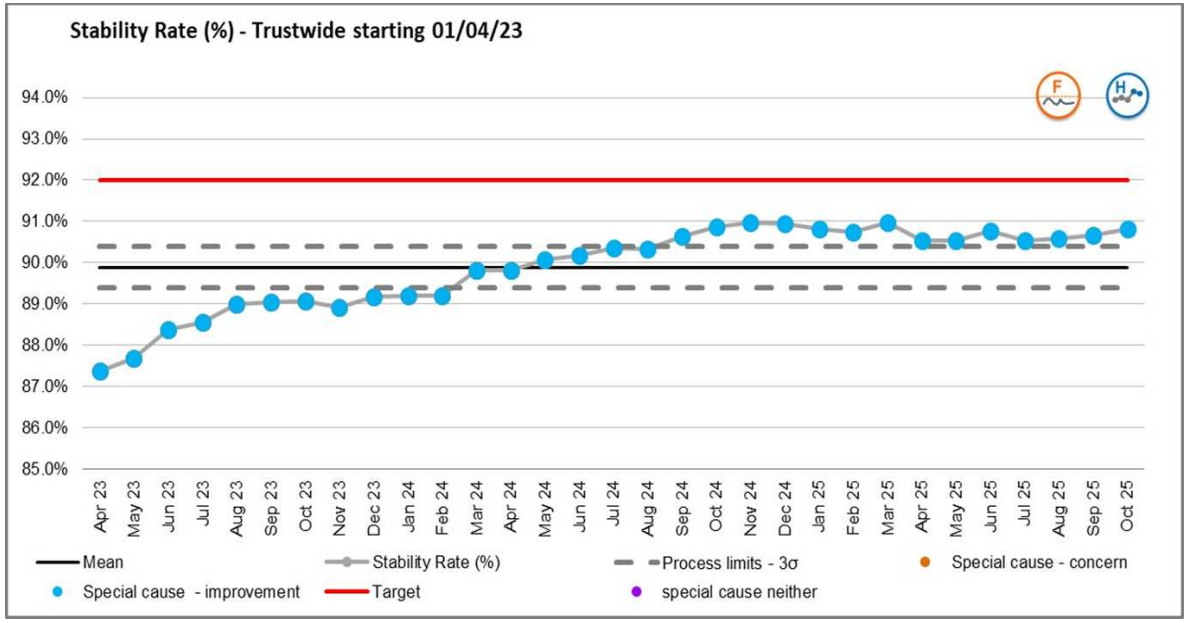
Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	May-25	June-25	July-25	Aug-25	Sep-25	Oct-25
Stability Rate (%)	90.54%	90.76%	90.53%	90.59%	90.67%	90.81%
Turnover rate %	9.16%	8.92%	9.72%	9.93%	9.99%	9.85%
Vacancy rate	4.90%	4.83%	1.79%	2.58%	3.92%	2.05%
Sickness absence (rolling 12 month)	3.83%	3.81%	3.81%	3.86%	3.85%	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:

- Stability rate trend continues to improve but we are yet to achieve our 92% target (which would place us in the top decile Nationally).

Actions and next steps:

- Because we care' Communications programme shared across care groups highlighting developments from 2024 Action Plans. Focal points are Appraisal, Health and Wellbeing, Diversity and Inclusion and Violence and Aggression.
- PCP'S focusing on staff survey response across care groups and including Go and See for areas with low response.
- Occupational Health and wellbeing team supporting care groups at Board meetings quarterly going forwards. Particular focus this month on supporting clinical staff attending Inquests with PCP and Patient Safety team.
- Managing Sickness Absence webinars across Care Groups to support managers. Have been well attended with drop-in sessions scheduled to support going forwards.
- "Working with Occupational Health Recommendations" webinar. well attended cross care group.

Risks:

- E return to work forms still have low completion rate, if no improvement for further focus next month.

Strategic objective: **Deliver in partnership**

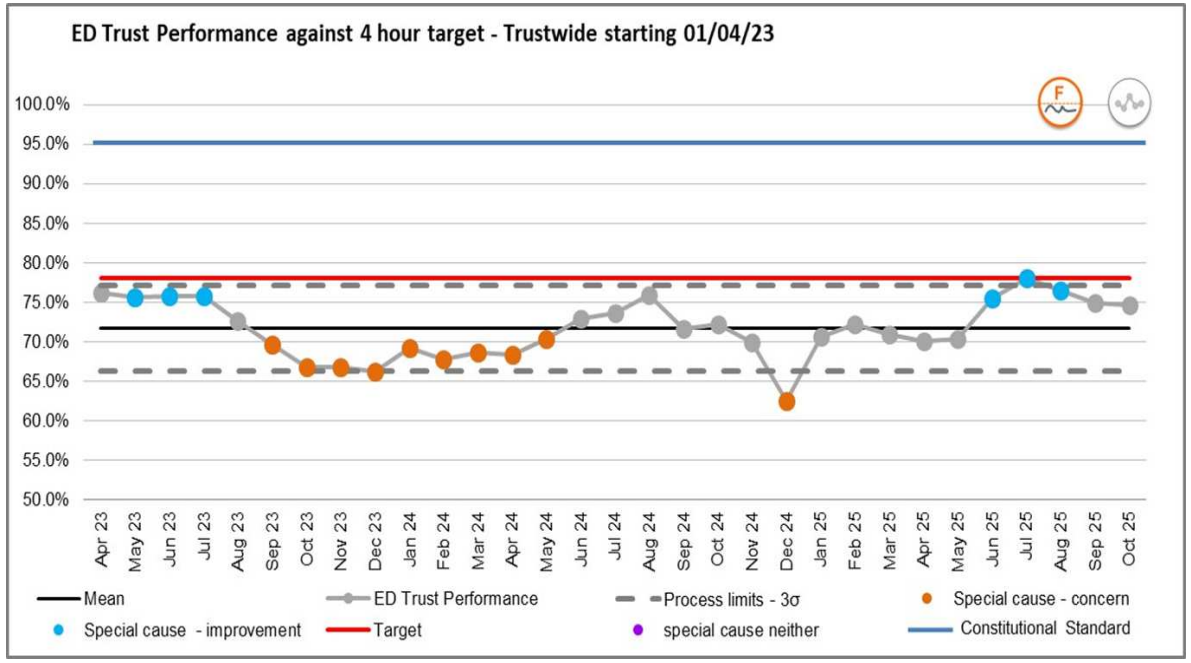
Strategic metric: Performance against 4hr Emergency Pathway target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	May-25	June-25	July-25	Aug-25	Sep-25	Oct-25
4hour Performance (%)	70.34%	75.47%	78.09%	76.44%	74.87%	74.69%
4hr Performance (%) Trajectory	71.6%	70.6%	75%	74%	75%	73%
Average daily Type 1 attendance	389	395	398	368	403	418
Total Breaches	4626	4000	3951	3508	4385	4640
Ambulance Handover: 30 Minutes	280	205	156	139	165	246
12 hours from arrival in ED (%)	5.06%	4.21%	2.73%	3.43%	2.68%	2.85%

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 2026

How are we performing:

- 74.69% all types of patients were seen within 4 hours – 0.41% below plan
- Despite all the efforts across Berkshire West UEC pathways, ED has seen 366 more patients this October compared to October 24.
- Ambulance handovers remain consistent with seasonal pattern, and flat against least years conveyances. Overall performance remains in a good position, with 62% of all hanodvers achieving the 15min target.
- RBFT ED T1 performance 64.9%, under plan by 0.9%. ED team are monitoring compliance to the 4hr standard by individual areas - Adult Main department remains the area of focus with new pathways going live in October.

Actions and next steps:

- Focusing on Adult main department performance and zone 'B' processes
- Focus on reducing the number of patients awaiting an inpatient bed at 7am, aligned to the winter plans
- Working with UCC, to profile capacity in line with demand of peaks

Risks: Corporate Risk 4172

- Significant increase in Mental Health demand as well as incidences of violence and aggression towards staff; and associated costs. Additionally increased LOS
- Demand for ED sustained, above the anticipated UCC volume
- Dependence on specialties to see referred patients in a timely manner

Strategic objective: **Deliver in partnership**

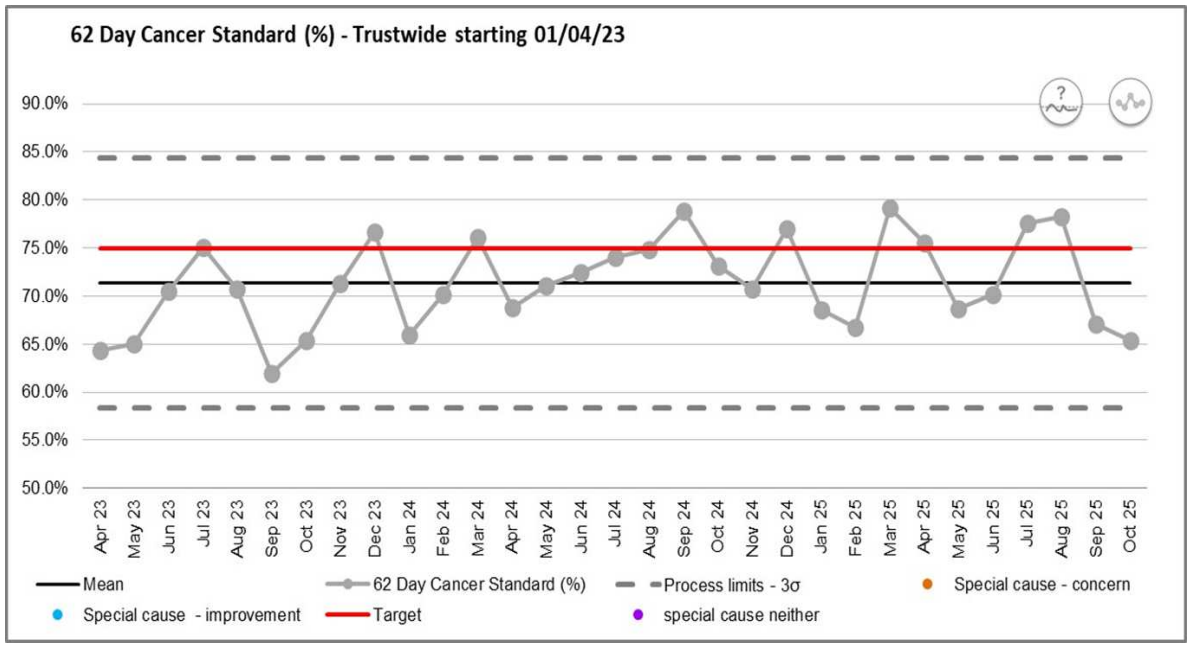
Strategic metric: Reduce waits of over 62 days for Cancer patients

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
	

Royal Berkshire NHS Foundation Trust



	May-25	June-25	July-25	Aug-25	Sep-25	Oct-25
Cancer 62 day %	68.7%	70.2%	77.6%	78.3%	67.1%	67.6%
Cancer 62 day% Trajectory	70.0%	72.0%	72.0%	72.0%	73.0%	70.0%
No. on PTL over 62 days	272	213	262	345	366	227
% on PTL over 62 days	9.9%	7.5%	8.5%	11.3%	12.2%	10.0%
Cancer 28 day Faster Diagnosis (80% standard)	79.5%	78.9%	80.4%	79.7%	77.2%	81.4%

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%. The 2025 National Operating Plan expectation is to achieve performance to 75% by March 2026.

How are we performing:

- In September 67.1% of patients were treated within 62 days. Octobers unvalidated performance is 67.6%. This will likely improve post-validation.
- The total number of patients on the Patient Tracking List waiting over 62 days at the end of October was 227,down from 336 in August. Predominantly within Gynaecology, Lower Gastrointestinal (LGI) & Urology
- The dip in 62-day performance is largely due to capacity shortages during the summer leave period. Teams are addressing this in Q3
- RBFT remains part of NHSE's tiering process with the OUH and BHT

Actions and next steps:

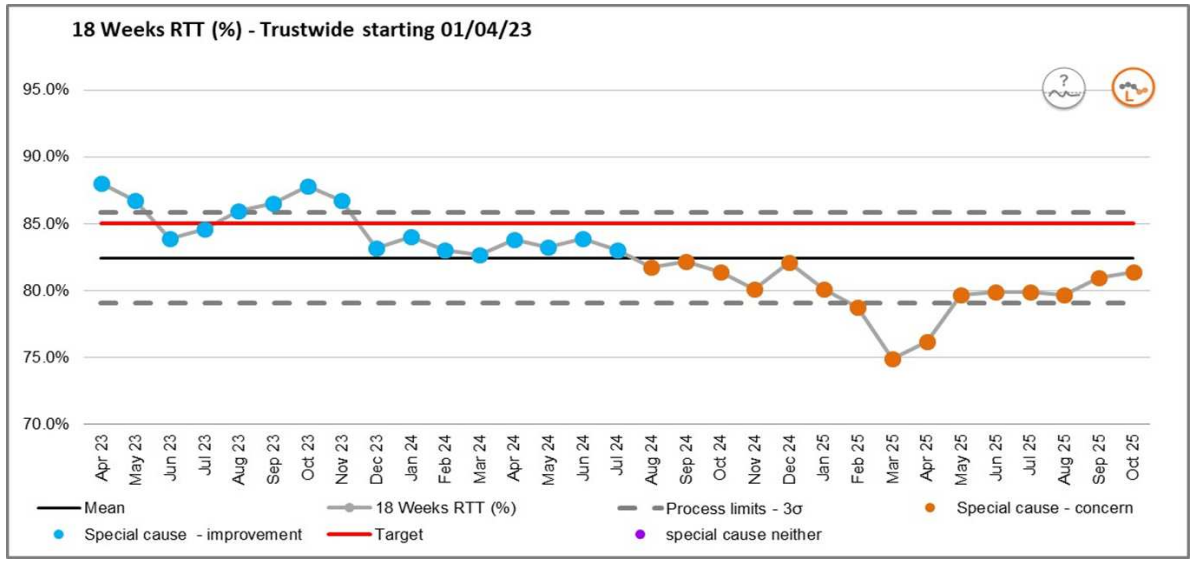
- Gynae have completed a review of demand & capacity for outpatient hysteroscopy (OPH). Exploring availability of clinical space to enable an increase in OPH capacity
- LGI working to expand nurse-led triage capacity to ensure patients are triaged within 1 day of referral and have their 1st appointment or endoscopy within 7 days
- Urology focusing on increasing capacity for prostate biopsy and results

Risks: Corporate Risk 4241

- Continued delays to some parts of pathways in Gynaecology, Gastroenterology and Urology
- High reliance on insourcing/outsourcing

Strategic objective: **Deliver in partnership**

Strategic metric: Maximising Elective Activity: Achievement of the <18 week Referral to Treatment (RTT) standard



	May-25	June-25	July-25	Aug-25	Sep-25	Oct-25
18 Weeks RTT (%)	79.7%	79.92%	79.91%	79.65%	80.93%	81.38%
18 Wks RTT (%) Trajectory	80%	80%	80%	80%	80%	80%
Total Elective Activity (No.) (provisional)	4584	4549	4806	4240	4920	4982
% of plan for Daycases (cumulative)	102.19%	100.38%	98.80%	98.33%	98.26%	97.73%
% of plan for Inpatients (cumulative)	103.20%	100.01%	97.71%	97.01%	94.39%	95.30%
% of plan for Outpatient Attendances (News & Follow Ups (cumulative)	109.71%	114.38%	112.63%	110.92%	110.53%	109.51%

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	L

Royal Berkshire NHS Foundation Trust

This measures: The measure shows the Trust performance against the national Referral to Treatment standard. The national standard is 92%. The 2025 National Operating Plan expectation is to achieve performance to 85% by March 2026. RBFT trajectory is 80% with a commitment to improve on this by up to a further two percentage points

How are we performing:

- Performance against the headline RTT standard is beginning to improve as a combined result of RTT-specific validation and Master waiting list data cleansing actions. The PTL size is beginning to reduce. We are on track with our plans to improve to 82.5% by the end of March.
- However a number of specialties continue to have extended waits for first outpatient appointment. Without intervention over the remainder of the year, this may adversely impact on 26/27 performance.

Actions and next steps:

- Continue to drive improvement in the diagnostic waiting times (currently 88.5% <6 weeks)
- Discussions in progress regarding options to increase in first OPA activity to reduce waiting times through Q4.
- LLM Development and Pathways Insight and Coordination Solution (PICS) is well underway. Parallel running is planned for Q4, in combination with Master waiting list cleansing. This is expected to improve performance and reduce RTT validation processes by c.75%.

Risks: Corporate Risk 5995

- Capacity to sustain performance against standard

Strategic objective: **Cultivate Innovation and Improvement**

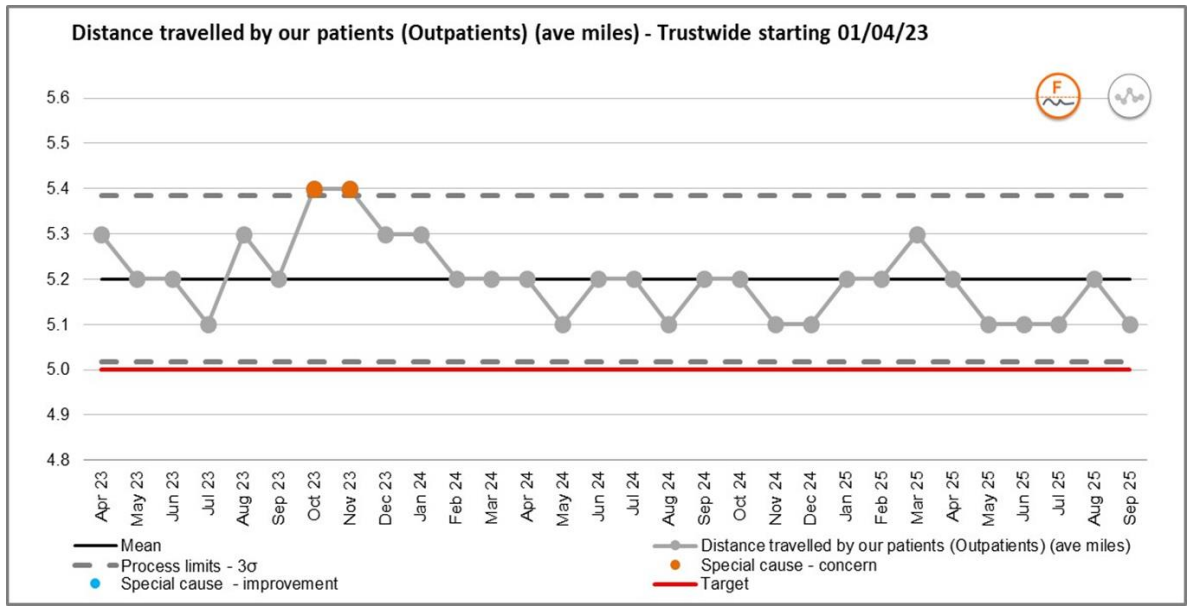
Strategic metric: Distance travelled by our patients (outpatients)

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	May-25	June-25	July-25	Aug-25	Sep-25	Oct-25
Distance travelled by our patients (average miles) (Outpatients including Virtual Attendances and Advice & Guidance\)	5.1	5.1	5.1	5.2	5.1	5.1
Number of Virtual attendances	9910	10508	11107	8833	10709	11189
Advice & Guidance (A&G) activity	1817	1899	2008	1795	1954	Arrears
Face to face (FTF) activity at non RBH sites	9368	9909	10148	8536	9592	9987

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

How are we performing:

- In October, the average distance travelled remained 5.1 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 remains variable over the last 6 months with no positive or negative trend

Actions and next steps

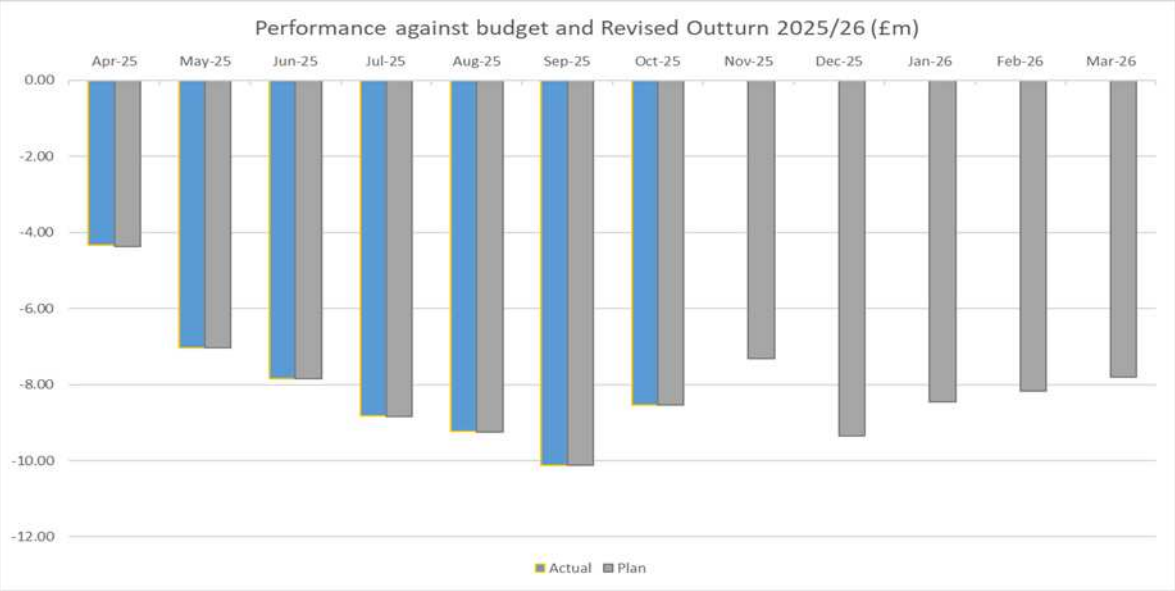
- The Transformation Outpatient programme has begun it's third phase and is currently in the scoping phase. Initial ideas for focus are increase remote monitoring, improving patient initiated follow up (PIFU), reducing DNAs and reducing turnaround time for triaging referrals on eTriage.
- The 6-4-2 planning meetings continue to be held weekly, and the monthly utilisation report continues to be shared with DMs for review of percentage booking against use.

Risks:

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

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

Strategic metric: Trust income & expenditure performance



Metric Description	May-25	June-25	July-25	Aug-25	Sep-25	Oct-25
Income as % of plan	100.72%	100.87%	105.17%	99.15%	101.99%	103.5%
Pay as a % of plan	100.66%	100.85	107.64%	97.26%	100.94%	102.17%
Non-Pay as a % of plan	101.76%	101.02%	100.84%	102.42%	103.51%	106.30%
Cost Improvement Plans (CIP) delivered (cumulative) (£)	£4.20m	£6.89m	£9.53m	£12.57m	£17.16m	£20.27m
Value weighted activity actual in month (£m)	£37.71m	£41.02m	£42.79m	£39.76m	£38.39m	£44.89m
Bank and Agency Spend actual (cumulative) (£m)	£3.17m	£4.52m	£5.88m	£7.34m	£8.74m	£10.34m
Cash Position (£m)	£5.34m	£7.43m	£17.15m	£25.92m	£18.81m	£21.96m

Board Committee
Finance & Investment

SRO: Helen Troalen

Assurance	Variation
F	L

Royal Berkshire NHS Foundation Trust

This measures: Our 2025/26 performance against our financial plan for the year. The full year plan deficit for 2025/26 is £7.80m.

How are we performing:

- YTD M07 October 2025 deficit is £(8.53)m which is in line with agreed plan
- Income is at £396.07m, £6.35m ahead of plan, driven by Other Operating Income – including non patient care, grant income, sales of goods and education income.
- Pay adverse to plan by £(3.47)m, driven by corporate and care group savings targets. YTDM07 position includes costs of industrial action and premium rate payments for additional activity from previous month.
- Non-pay is £(2.94)m adverse to plan driven by both high-cost drugs and, Clinical Supplies.

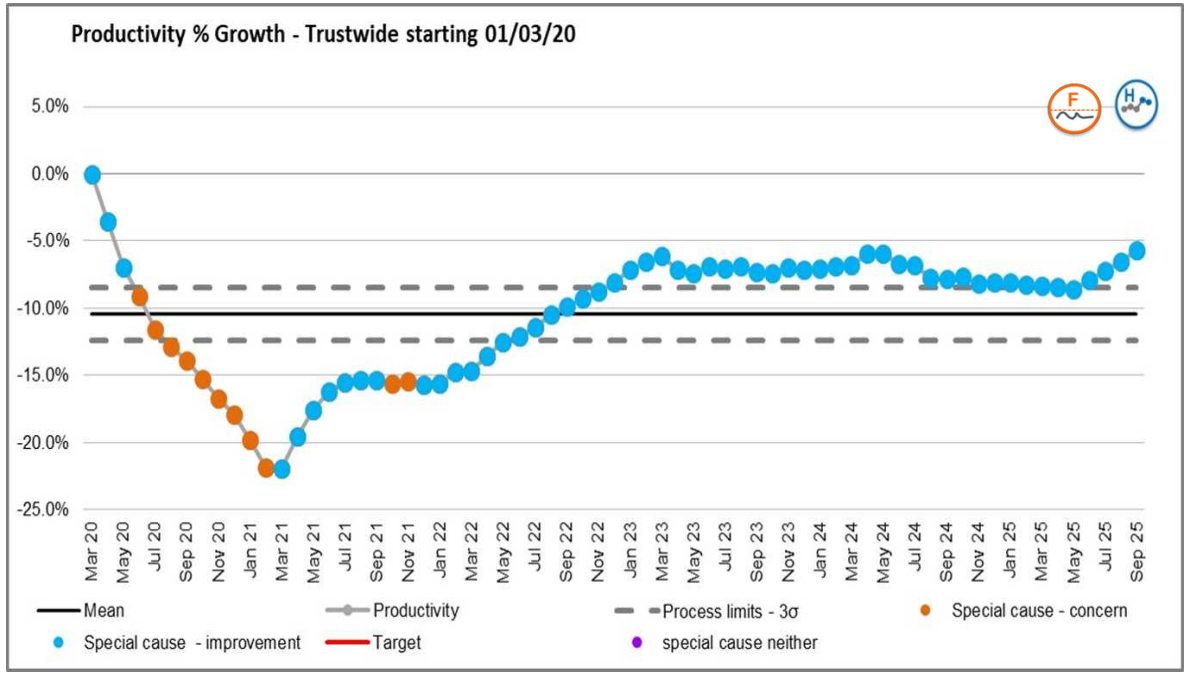
Actions and next steps

- Continue to drive the focus on the delivery of identified CIP to achieve plan for 2025/26.
- Focus on the ten actions to mitigate the outturn deficit and deliver the planned deficit.
- Analysis of income and drugs to ensure we account for variable performance in line with contractual agreements.

- **Risks: Corporate Risk 4182**
- CIP delivery given the current level of identified savings
- Expenditure run rates given the phasing of the plan for efficiencies
- Further industrial action planned for the winter period

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

Strategic metric: Productivity (Activity/Wholetime Equivalent)



	May-25	June-25	July-25	Aug-25	Sep-25	Oct-25
Productivity % Growth	-8.1%	-7.9%	-7.2	-6.5	-5.7	Arrears
Cost Weighted Activity (CWA) % Growth	13.4%	13.7%	14.4%	15.2%	16.1%	Arrears
Whole Time Equivalent (WTE) % Growth	23.3%	23.3%	23.2%	23.2%	23.1%	Arrears

Board Committee
Finance & Investment

SRO: Helen Troalen / Andrew Statham

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust

This measures: Productivity, here measured by 'output per worker' in the Trust as approximated by the value of all NHS patient activity delivered in the month divided by the wholetime equivalent workforce. The measure is reported on a 12month moving average basis to account for seasonal variation

How are we performing:

- Output per worker' fell significantly during COVID-19 as activity reduced and the Trust employed more people to support the pandemic effort. Since 2021, productivity has continued to improve as the Trust's activity levels returned to and then exceeded 2019/20 levels. This trend continues for September.
- In the last year, productivity improved as workforce stabilised and activity growth continued. In September, the Trust performs 5.7% below 2019/20 levels of productivity as workforce growth (23.1%) exceeds activity growth (16.1%).

Actions and next steps:

- Care groups and corporate teams are reviewing the latest change in workforce data by team and profession as an input into 26/27 planning.
- We're reviewing the opportunities with teams and using these insights to shape the 2026/2027 transformation programmes.

Risks:

- The Trust is heading into second half of the financial year where we typically use more labour so do not expect the WTE % growth to decrease

Breakthrough Priorities

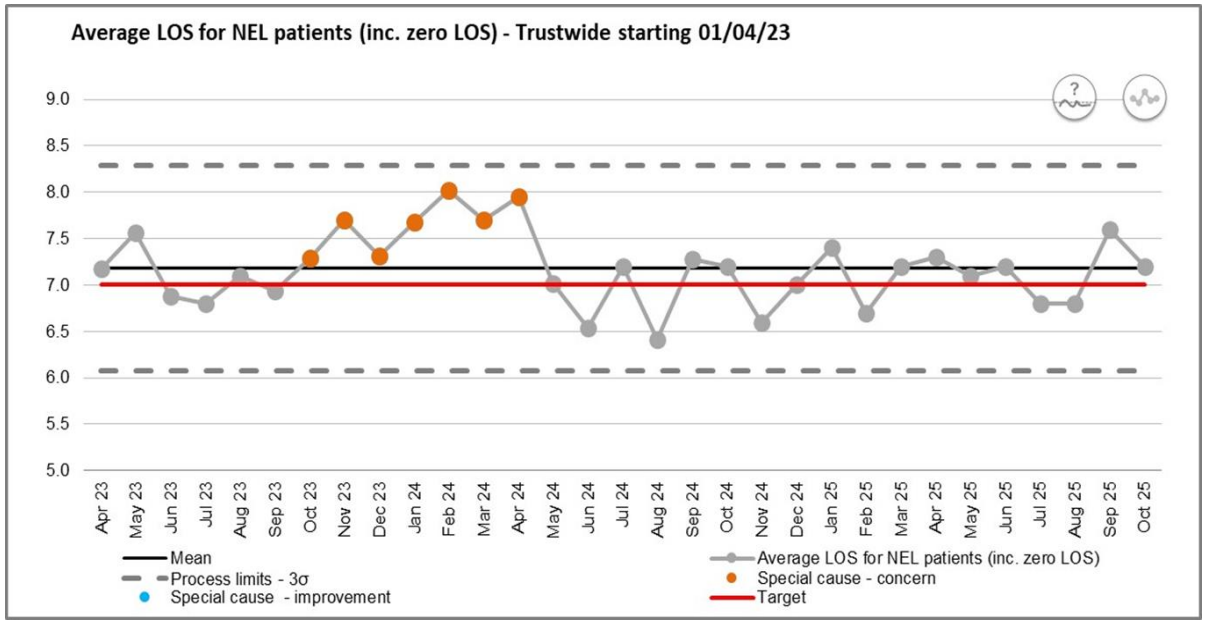
Breakthrough priority metric: Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
	

Royal Berkshire NHS Foundation Trust



	May-25	June-25	July-25	Aug-25	Sep-25	Oct-25
Ave LOS for NEL patients (inc. zero LOS	7.10	7.20	6.80	6.90	7.60	7.20
Bed Occupancy (%)	87%	84%	84%	83%	86%	86%
No. of patients with zero day LoS	507	607	591	539	715	677
Ave number patients > 7 days	268	246	242	244	262	248
Ave number patients > 21 days	96	94	79	95	96	85
Ave no. of patients through discharge lounge per day	19	19	20	19	19	19

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:

- LOS has decreased in Oct to 7.2 days (overall mean is 7.2 days)
- Slight rise in overall 6 month trend (0.1 days increase) due to longer stay patients discharged in Oct (max LOS = 236 days)

Actions and next steps

- Continued drive for improved accuracy of targeted day of discharge (60% target)
- Continued focus on early use of Discharge Lounge. Oct saw 43% of patients discharged by midday – target is 50%
- Improved usage of the discharge lounge – 542 patients in Oct (target = 500) with 303 patients being before 12pm. Marked improvement in transfers before 9am.
- Agreed a new process to highlight community bed capacity and demand
- Improved pharmacy support over winter agreed and being modelled (c. 2 bed days, starting Dec)
- Improved visibility of HDT at morning board rounds with in-person attendance
- Winter meeting being set up with Community Hospital partners

Risks:

- Winter pressure and increased patient moves / discharge to non-optimal wards
- Complexity across the Trust and externally hides successful improvement

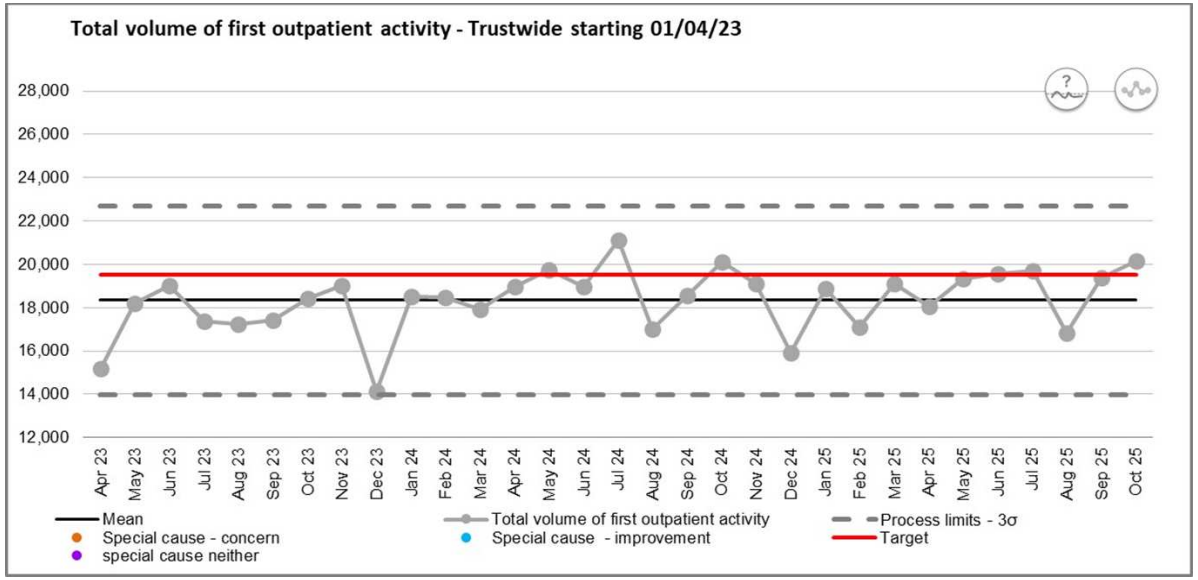
Breakthrough priority metric: Total Volume of first Outpatient (OP) Activity

Board Committee: Quality Committee

SRO: Andrew Statham

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



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 19,540k per month

How are we performing:

- Completed data for October shows that we delivered 20k 1st OPA which is lower than our plan in-month and does not hit our target. This data is provisional and may increase as the data is refreshed in coming weeks.
- Wait to first OPA continues to improve, down 12% points from May 2025.

	May-25	June-25	July-25	Aug-25	Sep-25	Oct-25
Total Volume of first outpatient activity	19,342	19,561	19,721	16,810	19,396	20,161
First outpatient activity Plan	18,536	19,463	21,317	18,536	20,390	21,317
% of patients waiting over 12 weeks All patients, wait to first assessment	85.30%	86.37%	86.37%	79.79%	77.48%	73.73%
No. of patients waiting >52wks RTT national standard	19	37	37	32	40	34
% OP that did not attend/were not brought (1st OP Appt)	6.1%	7.0%	7.8%	6.3%	7.4%	7.9%
% triage within 2 working days for all GP referrals (including 2 week wait, urgent and routine)	44%	44.5%	44.50%	32.6%	47.46%	Arrears

Actions and next steps

- Work continues to increase the number of first Outpatient Appointments and reduce waiting times.
- The Transformation Outpatient programme has begun it's third phase and is currently in the scoping phase. Initial ideas for focus are increase remote monitoring, improving patient initiated follow up (PIFU), reducing DNAs and reducing turnaround time for triaging referrals on eTriage.

Risks: Corporate Risk 5698

- Delivery of the financial benefits from the OP transformation programme will require teams to revise both contingent and ordinary capacity. Advanced planning by teams will be essential for success.

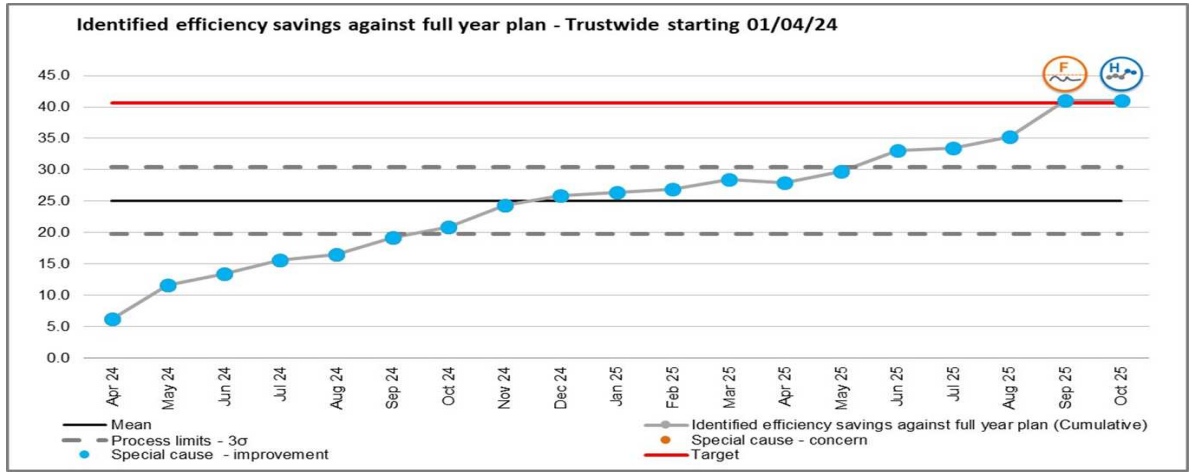
Breakthrough priority metric:
Identified efficiency savings against full year plan (£40.60m)

Board Committee: Finance & Investment Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	May-25	June-25	July-25	Aug-25	Sep-25	Oct-25
Cumulative identified efficiency savings against full year plan (£40.60m)	£29.70m	£33.04m	£33.44m	£35.26m	£41.05m	£41.05m
Total Delivery against identified efficiency savings (%)	14.76%	20.85%	28.50%	35.64%	41.8%	49.4%
Delivery against identified efficiency savings: Corporate Services (%)	9.79%	17.53%	24.67%	29.98%	33.09%	38.88%
Delivery against identified efficiency savings: Commercial (Procurement & Income) %	13.55%	22.87%	32.62%	38.4%	47.90%	56.08%
Delivery against identified efficiency savings: Other local opportunities (%)	16.21%	22.13%	27.44%	36.07%	40.37%	50.99%
Identified efficiency savings %: Recurrent	43.30%	43.99%	47.30%	49.24%	49.89%	43.99%
Identified efficiency savings %: Non-recurrent savings	56.70%	56.01%	52.70%	50.86%	50.11%	56.01%

This measures: The achievement of our efficiency savings plans against the full year plan of £40.60m:

- 43.99% of the schemes identified are recurrent,
- 56.01% of the schemes identified are non-recurrent

How are we performing:

- Our efficiency savings target is £40.60m for the 2025/26 financial year
- At year-to-date M07 October 2025, we have identified all our efficiency savings plan
- We delivered £20.27m

Actions and next steps:

- We are changing the model of Vitalis, such as moving from procedures to first attendance and reduce the use of RATIs.
- Steps have been taken to review demand and capacity for improve business planning and target support for more challenged directorates
- The Trust is looking to deliver a further £0.63m through the WTE reduction.
- Work is currently ongoing between the team to materialise the drugs over performance of £2.00m
- Research & Innovation's contribution to move from £0.16m to £0.25m as a one-off contribution to cover previous years overhead.

Risks: - Corporate Risk 4182

The deliver of £41.05m. Identified efficiency savings

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 110 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 October 2025:

In the last month 15 of the 110 metrics exceeded their process controls, two more than last month. These are set out in the table opposite.

There are no new alerting watch metrics this month.

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

Provide the highest quality of care for all

- C.diff (Cumulative – Trust Apportioned) 36 cases against a threshold of 39.
- Complaints turnaround time within 25 days (54%)
- Increase in number of child protection and adult safeguarding concerns raised by the Trust.
- Increase in mixed sex accommodation breaches (303 in October)

Invest in our staff and live out or values

- % of staff from global majority backgrounds in senior AFC Bands 8a and above
- Rolling 12 month Sickness Absence
- Appraisals

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) (%)

Achieve long term sustainability

- Debtors (£m)
- Cash Position (£m)
- 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

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Aug-25	Sep-25	Oct-25	Oct-24
Never Events			0	1	1	0	2
Pressure ulcer incidence per 1000 bed days			1.00	0.56	0.25	0.40	0.00
Category 2 avoidable pressure ulcers			5	0	1	1	0
Category 3 avoidable pressure ulcers			0	1	1	0	1
Category 4 avoidable pressure ulcers			0	0	0	0	0
Unstageable avoidable pressure ulcers			0	0	0	0	0
Patient Falls per 1000 bed days			5.00	4.37	3.77	3.58	3.60
Patient falls resulting in harm (PSIRF methodology applied)			-	1	0	0	4
No. of DOLS applications applied for			-	20	22	22	28
No. of detentions under the MH act to RBH			-	2	2	2	3
% of staff: Safeguarding children L1 training			90.00%	96.50%	97.30%	92.10%	97.10%
No. of child safeguarding concerns by the Trust			-	153	154	172	172
No. of adult safeguarding concerns by the Trust			-	30	66	82	25
No. of safeguarding concerns against the Trust			-	9	2	17	0
Unborn babies on child protection (CP) / child in need plans (CIP)			-	44	50	44	43
C.Diff (Cumulative – Trust Apportioned)			39	29	30	36	35
C.Diff lapses in care			-	3	3	6	0
MRSA Bacteraemia (avoidable)			0	0	0	0	1
E.coli (Trust Apportioned) Bloodstream Infections			-	4	6	7	12
E.coli (Trust Apportioned) Bloodstream Infections (Cumulative)			92	43	49	56	67
MSSA surveillance (trust acquired)			-	4	4	6	1
Hand Hygiene			95.00%	97.28%	96.31%	94.12%	98.00%
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance			95.00%	93.30%	96.15%	96.80%	95.90%
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions			0.00	0.50	0.74	0.00	2.63
Medication incidents per 1000 bed days			0.00	7.44	6.94	5.78	5.77

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	Aug-25	Sep-25	Oct-25	Oct-24
No. of compliments			-	18	37	59	54
FFT Satisfaction Rates Inpatients: i.Inpatients			95%	94%	96%	95%	93%
FFT Satisfaction Rates Inpatients: ii.ED			95%	81%	78%	78%	80%
FFT Satisfaction Rates Inpatients: iii.OPA			95%	97%	95%	95%	96%
FFT Satisfaction Rates Inpatients: iv.Daycases			95%	98%	97%	99%	96%
FFT Satisfaction Rates Inpatients: v.Children and Young People			95%	93%	77%	96%	96%
Mixed sex accommodation - breaches			0	192	254	303	184
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes			97%	79%	100%	Arrears	100%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes			86%	73%	75%	Arrears	71%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes			82%	91%	92%	Arrears	100%
No. of Patient Safety Incident Investigations (PSII)			-	2	3	0	2
No. of SWARM huddles			-	1	0	0	4
No. of After Action reviews			-	6	5	0	1
No. of Multidisciplinary Team (MDT) reviews			-	5	0	1	1
No. of Thematic reviews			-	0	0	0	3
Number of Complaints			-	48	69	73	27
Complaints turnaround time within 25 days (%)			80%	70%	54%	54%	47%

Mortality Metrics	Variation	Assurance	Target	Oct-24	Nov-24	Dec-24	Dec-23
Crude mortality			-	1.20	1.40	1.40	1.60
HSMR			100.0	97.0	98.1	101.0	82.9
SMR			100.0	97.5	98.3	100.2	83.0
SHMI			1.00	1.04	1.04	1.05	1.00

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	Aug-25	Sep-25	Oct-25	Oct-24
Deliveries			-	385	388	444	394
Bookings			-	512	486	490	502
% of Inductions of labour	L		-	30.9%	27.1%	27.1%	31.0%
Perinatal mortality rate (rolling year per 1000 births)	L	P	5.03	0.02	0.33	0.04	0.31
Number of occassions MLU service suspended for 4 hours or more		?	4	14	17	6	4
Midwifery staffing vacancy rate			-	5.3%	6.0%	0.7%	0.8%
Midwifery staffing turnover	H	?	14.0%	11.7%	14.7%	15.1%	10.2%
Midwife : birth ratio (utilised workforce)	H	P	1.22	1:23	1:23	1.24	1:21
FFT Satisfaction Rates Maternity	L	F	95.00%	98.10%	97.00%	95.00%	94.40%
No. of complaints - Maternity			3	2	7	4	2
Number of Rapid Reviews			-	12	10	5	0
No. of After Action reviews			-	6	1	0	5
Percentage of babies born with features associated with potential hypoxia	L	?	1.50%	1.54%	0.25%	0.00%	1.03%
No. of Patient Safety Incident Investigations (PSII)			-	0	1	1	0
Complaints response Rate			78.00%	-	50.00%	60.00%	-

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	Aug-25	Sep-25	Oct-25	Oct-24
% of staff from global majority backgrounds in senior AFC Bands 8a and above	H	F	25.00%	21.48%	21.90%	22.01%	19.70%
Rolling 12 month Sickness absence	H	F	3.3%	3.9%	3.9%	Arrears	3.7%
% Fill rate of Registered Nurse Shifts (RN)	L	P	90.0%	93.0%	93.0%	94.0%	98.2%
% Fill rate of Care Support Worker Shifts (CSW)	L	P	90.0%	94.1%	95.9%	94.8%	104.5%
Completed Mandatory Training		P	90.0%	91.9%	92.0%	92.3%	93.4%
Appraisals	H	F	90.0%	89.9%	89.8%	89.0%	88.7%
Nurse Staffing Red Flags			-	49	32	40	53

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	Aug-25	Sep-25	Oct-25	Oct-24
RIDDOR reportable Incidents			-	3	1	1	0
Abuse/V&A (Patient to staff)			-	60	72	60	96
Body fluid exposure/needle stick injury			-	20	16	20	23
Environment Related Incidents			-	19	10	11	20
Conflict Resolution			90%	90%	88%	88%	94%
Fire (Annual)			90%	92%	93%	92%	92%
Moving and Handling Level 1			90%	94%	96%	96%	92%
Moving and Handling Level 2			90%	90%	88%	89%	95%
Health and Safety Training			-	95%	95%	95%	97%
Slips and Trips			-	2	4	4	3
Musculoskeletal - Inanimate object			-	7	4	3	4
Total non clinical incidents reported			-	217	234	247	172

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Aug-25	Sep-25	Oct-25	Oct-24
Fractured Neck of Femur: Surg in 36 hours			75.0%	51.0%	51.0%	52.0%	57.1%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival		F	90.0%	73.0%	70.0%	75.0%	67.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)		?	80.0%	88.0%	87.0%	86.0%	87.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)	H	F	90.0%	90.0%	85.0%	91.0%	84.0%
Cancer 31 day wait: to first treatment		?	96.0%	94.2%	87.4%	95.3%	95.9%
62 Day screen Ref		?	85.0%	100.0%	58.1%	75.0%	81.5%
Cancer Incomplete 104 days		F	0	83	82	80	60
Average waiting times in diagnostic (DM01) services	L	?	6	4	4	4	7
Diagnostics Waiting < 6 weeks (DM01) (%)		F	99.0%	78.5%	84.1%	88.4%	81.0%

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Aug-25	Sep-25	Oct-25	Oct-24
% OP appointments done virtually			-	19.4%	20.0%	20.1%	20.5%
Number of OPPROC			-	13809	14884	14437	13684
Number of MDT OP			-	704	863	887	785
Number of PIs			-	137	139	140	124
Number of active research trials			-	179	185	189	149
Number of projects supported by HIP			-	63	63	63	53

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

Watch metrics

SRO: Helen Troalen

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Aug-25	Sep-25	Oct-25	Oct-24
Pay cost vs Budget (£m)			-	0.96	-0.32	-0.73	-0.11
Non pay cost vs Budget (£m)			-	-0.53	-0.77	-1.32	-7.29
Income vs Plan (£m)			-	-0.48	1.11	2.04	-0.40
Daycase actual vs Plan (£m)			-	0.32	-0.30	-0.11	1.02
Elective actual vs Plan (£m)			-	-0.04	-0.56	0.23	0.24
Outpatients actual vs Plan (£m)			-	2.62	-0.40	0.73	0.00
Non-elective actual vs plan (£m)			-	-0.40	-1.76	0.96	-0.07
A&E actual vs plan (£m)			-	0.92	-0.24	0.35	0.39
Drugs & devices actual vs plan (£m)			-	0.82	1.24	1.01	1.02
Other patient income (£m)			-	-0.10	0.18	0.05	0.19
Delivery of capital programme (£m)			-	2.58	2.39	2.58	3.29
Cash position (£m)			-	25.92	18.81	21.96	21.70
Agency spend % of total staff cost (%)			-	0.4%	0.4%	0.4%	1.2%
Creditors (£m)			-	-97.55	-87.10	-139.28	-86.05
Debtors (£m)			-	45.85	50.13	51.28	46.74
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) YTD			95.00%	81.10%	75.90%	73.10%	79.00%
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) In Month			95.00%	50.20%	52.70%	54.70%	80.00%

NHS
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Title:	**Strategy Refresh: Final Draft for Approval**
Agenda item no:	8
Meeting:	Public Board
Date:	26 November 2025
Presented by:	Andrew Statham, Chief Strategy Officer
Prepared by:	Rebecca Cullen, Associate Director of Strategy and Performance

Purpose of the Report	To present to Trust Board the final draft of Our Trust Strategy for approval

Report History	EMC 10 November 2025

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

Resource Impact:	None
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	✓

1. Executive Summary

1.1. This cover paper presents the final draft of Our Trust Strategy to the Trust Board for approval.

1.2. Thank you to all those that contributed, sharing their priorities and ideas and helping to shape our future direction. In total, more than 2500 patients, community, staff, volunteers and partner organisations came together to refresh Our Trust Strategy. Additional acknowledgement for our Strategy Steering Group for their invaluable guidance and commitment throughout this process.

1.3. A concise 'strategy on a page' document summary has also been developed and is attached as an appendix.

1.4. Following approval and launch, we will move into comprehensive delivery across the Trust.

1.5. The Board are recommended to approve Our Trust Strategy.

2. Strategy Development

2.1. Our previous Strategy, Our Strategy: Improving Together, was published in 2022 and has supported us in driving forward the care we provide for our community over the past three years.

2.2. Our drivers for refreshing our organisational strategy were as follows:

- **Change in health landscape** with the legislation of Integrated Care Boards in 2022 and increased appetite and 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 subsequent 10 Year Plan.

2.3. In July this year, the Government published the 10 Year Plan for Health (10YHP) which set out three major shifts:

- From **treatment → prevention**
- From **hospital → community**
- From **analogue → digital**

2.4. These shifts provided useful additional framing for our work and engagement. Our Trust Strategy aligns with these shifts, that are golden threads throughout Our Trust Strategy.

2.5. The stages and timeline for the work are shown below:

1. Exploration and Planning (December 2024 – 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.
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 and multi transformation programme development (post approval)

2.6. Our Trust Strategy reflects the view, values and priorities of more than 2500 patients, community, staff, volunteers and partner organisations. We held 65 workshops with our staff and volunteers across all our sites, had over 800 online survey responses and undertook 34 community engagement events - from the Forgotten British Gurkhas in Central Reading, to the Family Fun Day in Wokingham; the Newbury EduCafe to the Caversham Jacket Potato Club; the Indian Community Centre in Whitley to Reading Pride.

2.7. Our Trust Strategy strongly reflects the voices of our staff, community, patients, volunteers and partners throughout. Three key messages were clear throughout our engagement:

- We've served our community for almost 200 years, and we are committed to creating a future where we can continue to deliver outstanding care for our community. This will require us to **plan for the long term, achieve financial sustainability, work differently with partners and embrace technology**
- We heard that it isn't always **easy to innovate** here, and that's something we need to change over the next 5 years, to become a place where ideas can be tested, and we can scale what works
- And finally, that in our partnerships, we want to **partner for impact**, in particularly with our patients. Whether as empowered partners in their own care and wellbeing, or in the codesign of our services. Through this partnership we believe we can **transform both the outcomes and experience of care** we provide

3. Strategy Launch and Delivery

3.1. Following approval at Public Board we will launch Our Trust Strategy across the organisation and beyond with a wide-reaching communications campaign. This will include a series of “what the strategy means for me” insights from staff and patients.

3.2. Each strategic objective and priority will have clear metrics attached, so we can track our progress and measure impact. This will also be reflected in the next Integrated Performance Report Refresh (for start of next financial year), and the performance architecture across the Trust.

3.3. Delivery will be supported by:

- Everyday improvement for everyone, delivered through our Improving Together continuous improvement approach, that is aligned to Our Trust Strategy alongside our Breakthrough Priorities.
- Trust Projects and core multi-year Strategic Programmes that will be cross-cutting through all our strategic objectives.

4. Recommendation

4.1. The Board are recommended to approve Our Trust Strategy

DRAFT

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Our Trust Strategy
2025 - 2030

Welcome

At Royal Berkshire NHS Foundation Trust, we stand on the shoulders of nearly two centuries of compassionate care, community service, and clinical excellence. Our Royal Berkshire Hospital is older than the NHS itself, woven into the fabric of our communities across Berkshire and beyond.

Over the last 200 years, our communities have changed: in their makeup, their expectations, and their needs. Yet throughout this time, Royal Berks has remained a constant; pioneering then and pioneering now.

But legacy alone is not enough. The world is changing, and so must we.

Our vision, working together to provide outstanding care for our community, is the foundation of everything we do. As we look to the future, our refreshed Trust strategy sets an aspiration that firmly places Royal Berks at the centre of the biggest industrial revolution in healthcare since the 19th century. And just as our founders did nearly 200 years ago, we are stepping forward ready to shape the future of care, driving improvement and enabling innovation.

At the heart of the Royal Berks are over 7,000 dedicated staff and volunteers who bring our values to life every day. Their compassion, aspiration, resourcefulness and excellence are what make outstanding care possible. They are the driving force behind our ambition for the future and we are committed to supporting our people to thrive. Over the coming years we will prepare our workforce for tomorrow, equipping our people with the digital tools and confidence to lead the future of care.

With our Strategy refresh, we are embracing the NHS's 10-Year Health Plan to lead transformation through innovation. From artificial intelligence and data, to genomics, robotics and advanced diagnostics, we will harness the power of technology to personalise care, improve outcomes, and increase our productivity. These tools will help us in delivering the highest quality of care for all, improving our patient and service user experience and providing safe, effective, and compassionate care.

More than 2,500 staff, volunteers, patients, community members, and partner organisations came together to shape this strategy. It is a shared commitment to delivering care and improving the health and wellbeing of our community. Together, we are partnering for impact to empower patients and citizens, support prevention in our communities and deliver more care closer to home.

This strategy reflects who we are, and who we aspire to be. We are building a sustainable future together and will now work closely with our staff, volunteers, patients, community and partners to take our strategy forward over the next 5 years and beyond.

Steve McManus
Chief Executive Officer

Oke Eleazu
Trust Chair

Contents

About us

Royal Berkshire NHS Foundation Trust

The Royal Berkshire NHS Foundation Trust is one of the largest general hospital foundation trusts in the country. We are the main provider of acute and specialist services for Reading, Newbury, Henley-on-Thames, Wokingham and surrounding villages in Berkshire West and South Oxfordshire; serving a catchment area of over 600,000 people. In addition, we provide specialist Cancer, Cardiology and Renal services that serve a wider population of up to 1 million.

We work across our 7 main sites - Bracknell Healthspace, Dingley Child Development Centre, Prince Charles Eye Unit, Royal Berkshire Hospital, Townlands Memorial Hospital, West Berkshire Community Hospital and Windsor Dialysis Unit - as well as providing care in different community locations and in people's homes.

A year at Royal Berks

7000 staff and volunteers

£650m turnover

715 inpatient beds

23 operating theatres

141,658 Emergency Department attendances

4702 births

761,364 outpatient appointments

225,713 outpatient procedures

29,305 Eye Casualty attendances

Our Partnerships

Thames Valley and Berkshire West

We work in close partnership with health, social care, and voluntary sector organisations across the Thames Valley Integrated Care System (ICS) to deliver coordinated, integrated care for our communities. As a member of the Thames Valley Acute Provider Collaborative (APC), we are committed to improving care quality, reducing health inequalities, and enhancing productivity by working together.

As the principal acute care provider in Berkshire West Place, we also collaborate with our Place-Based Partners to deliver outstanding care for our communities by working alongside colleagues in local government, primary care, and other health, care, and voluntary, community and social enterprise organisations. The Trust has been nationally recognised for our work with primary care and has an established partnership interface between the Trust and Primary Care.

Our Networks

The Trust works with a range of networks, including the Thames Valley Cancer Alliance and Thames Valley Clinical Network. We are a partner of Berkshire and Surrey Pathology Services (BSPS), one of the UK's largest NHS-led pathology networks, which provides diagnostic testing and analysis across five NHS Trusts.

Academia, Research and Innovation

We partner with several universities in our region to deliver across teaching, education, research, innovation and workforce development opportunities.

Through our strategic partnership with the University of Reading, we work together to transform the health and care of the people of Berkshire and beyond to advance healthcare practice and policy through excellence in innovation, research, and education.

Together with Health Innovation Oxford and Thames Valley, we support our innovators and the translation of research and development into clinical practice, such as the Brainomix programme utilising AI to support clinical decision making in Stroke care and access care more quickly.





Our changing context

Healthcare Challenges

We operate in a context of significant challenge and continuous change, perhaps more so now than ever before. The National Health Service (NHS) is at a historic crossroads. The Lord Ara Darzi Independent Investigation concluded the NHS was in 'critical condition' and unsustainable in its current form as demographic change and population ageing increase demand on an already stretched services.
Outside the NHS, changes across local government and wider public services add further uncertainty. These evolving dynamics reinforce the importance of collaboration and adaptability as we plan for the future to collectively serve our communities.

10 Year Health Plan

The Government's 10 Year Health Plan for England, published during our strategy engagement, set out three major shifts that seek to ensure that the service is "fit for the future".

These shifts will shape the future of care:

- From treatment to prevention
- From hospital to community
- From analogue to digital

These shifts align closely with our ambitions and reflect what we heard from our patients, communities, staff, volunteers and partner organisations. They represent cross-cutting themes than run throughout this strategy and underpin our priorities for change.

Our Commitment

Over the period of this strategy, we will reaffirm and restore our constitutional standards, ensuring we deliver timely, high-quality care across both urgent and routine pathways.

We are committed to working with our partners to transform our models of delivery and redesign our services with our communities.

We will do this whilst building a financial sustainable and resilient organisation, equipped to serve future generations. By making best use of our estate, workforce, and resources, and by reducing our environmental impact, we will ensure that the Royal Berks remains a cornerstone of outstanding and sustainable care in the Thames Valley.

We will keep listening to our patients and communities, using their experience and feedback to shape services that feel joined-up, easy to navigate and responsive to individual needs. Our ambition is that every person cared for by Royal Berks has an experience of care that is timely, compassionate and consistently excellent, wherever and however they access it.

Our celebrations and achievements

Since we published our last Trust Strategy, Improving Together, in 2022, we have a lot to be proud of. Including:

Opening of our Frederick Potts clinical unit

Top Trust in 13 areas in the 2024 National NHS Staff Survey

New joint Fracture Liaison Service launched with the Acute Provider Collaborative

Opening of our award winning Oasis Health and Wellbeing Centre

Thames Valley Chamber of Commerce Employer of the Year 2025

More than 4600 staff told us what's important to them in our What Matters 2024 conversation

More than 4000 preventative community health checks carried out since 2024

Gold Armed Forces Employer Award recognising our support of our Armed Forces Community

New co-located Urgent Care Centre opened on the Royal Berkshire Hospital site

6 new University Departments via our Recognition of Excellence Scheme

Achieved the European Site Spark Award for commercial research

Expansion of our Virtual Hospital and specialist virtual care pathways

Over £120m invested into our capital programmes to improve patient care and experience

Expansion of our services at Townlands Memorial Hospital

Launch of Trust Park and Ride and our Green Rewards Programme

Our strategic framework and values

Our vision

At the Royal Berkshire NHS Foundation Trust, our vision is "Working together to provide outstanding care for our community.''

Our framework

Our strategic framework is organised into five strategic objectives, each of which are supported by multiple priorities and a range of enabling activities to drive our progress. These will be underpinned by a set of metrics and targets derived by ongoing work in continuous quality improvement.

Together with our CARE values and supporting strategies, this framework will support us in delivering our strategy and in achieving our mission. In the pages that follow we set out our goals and aims for each of our strategic objectives.

Our CARE values

Compassionate:

All our relationships are based on empathy, respect, integrity and dignity. In every interaction and communication, we treat colleagues, patients and their families with care and understanding.

Aspirational:

We strive to continuously improve, to be the very best that we can be – as individuals and as an organisation.

Resourceful:

We live within our means. We respond to the challenges of today and tomorrow in effective, efficient, innovative and optimistic ways.

Excellent:

We commit to excellence in everything that we do – placing patient safety and quality at our heart. We learn from mistakes, we do what we say we are going to do while holding ourselves and colleagues to the highest standards.

1. Delivering the highest quality of care for all

At Royal Berks, our top priority is to provide the highest quality care to our patients and communities. High quality care is safe, effective, evidence-based, and centred around an individual's needs. It is not just about the right care at the right time, but also about choice, shared decision-making, and clear communication in every healthcare interaction.

Over the next five years, we will build on our strong foundations to make our care more personalised, improving how patients, families and carers navigate our services, and ensuring that everyone receives compassionate, accessible, and effective care.

Delivering the highest quality of care for all

To help deliver the highest quality of care for all, our priorities for the next 5 years are:

Person-centred and personalised care

Individualised for all our patients, reflecting their needs. One size doesn't fit all our patients, and over the next five years we will increase the personalisation of our services for each of our patients.

We'll empower patients to make informed choices and lead their care, continuing to strive to give patients the choice of care closer to home, delivering more services across all our sites and virtually, and using Patient Initiated Follow Up to give patients greater control over when and how to access follow-up care, based on their individual needs and preferences.

Our pathways will be transparent and optimised, continuously streamlining to improve our patient pathways from start to finish, making them easier to navigate, with clear expected waiting times.

As part of this, we will maximise our use of one-stop clinics and optimise our diagnostic pathways, and use personalised medicine and genomics advances to provide timely care specific to each individual patient.

Communication that works for everyone

We will embrace digital technology like the NHS app to improve patient and service user experience, to book appointments, provide clarity on waiting times, communicate with professionals, receive advice, co-produce and view their care plans, and self-service. As the NHS increasingly moves from 'analogue to digital' we will work with partners to support our digitally excluded patients and communities to improve their digital access and literacy, if they choose to, so that everyone can access the care they need.

We'll also support staff to be confident in having compassionate conversations and improve how information is shared across departments, so that our patients, families and carers experience more seamless care. We will provide clear information and helpful videos about our services, staff roles, and locations, especially for children, young people, and those with additional needs.

Increasing accessibility of all our services

Including improvements to our wayfinding and signage across our sites, our physical accessibility, and necessary travel and transport, including car parking. By maximising the use of our satellite sites, we will increasingly deliver services closer to where people live.

We will improve how we support our patients with additional needs, ensuring our communications and information reflect the different needs of our patients and strengthen our staff training.

Through our partnership with AccessAble and co-design with Disabled people in our patient community, we will continuously review and enhance accessibility across our sites, ensuring our facilities such as Disabled parking, drop-off zones and signage meet the highest standards.

We recognise the crucial role that families and carers play in supporting our patients. We will involve carers from the very beginning of care planning, supported by tools like the carer's passport. We will also build on our successful roll out of Martha's Rule, ensuring the voice of patients, families, carers, and staff are listened to and acted upon.

Addressing health inequalities

By delivering care where it is needed most and co-designing services together. We will support attendance through flexible options and patient choice, translation services, and outreach such as our Meet PEET (Patient Engagement and Experience Team) and Seeking Sanctuary programmes.

We'll work with communities to co-create solutions that reflect their needs, especially in areas of highest deprivation, re-engineering our practices and services to remove exclusion.

Improving patient experience and comfort

We want all our patients, families and carers to feel safe, respected, and comfortable across all Royal Berks services. We will prioritise improvements in our busiest environments, such as the Emergency Department, and ensure spaces are supportive for our most vulnerable patients.

We'll also focus on practical things that make a real difference to our patients experience such as continuing to reduce unnecessary disruptions during sleep and mealtimes, informed by our patient feedback.

Listening, learning, and acting on feedback transparently

We will be transparent and share openly what we have learned and the steps we are taking to improve care, ensuring that feedback leads to actionable change that improves our patients' experience.

We will also work with our Patient Leaders to grow and improve how we capture feedback from our patients and communities, ensuring it is inclusive and represents those who we care for, so that every perspective can help improve our services.

2. Supporting our people to thrive

Our people are at the heart of everything we do. The most consistent feedback from our patients and community has been about the compassion and professionalism of our staff and volunteers, and we are proud of the care and dedication they bring every day.

In our 2024 What Matters conversation, 97% of staff said they are committed to our CARE values, which underpin how we work with each other, and with our patients and community. Over the next five years, we will build on our CARE values, and this strong foundation to support, develop, and care for our staff so they can continue to provide the very best care to our patients and communities.

Supporting our people to thrive

Our priorities for our people over the next 5 years are:

Health and Wellbeing

We're proud that our people have ranked us as the Top Acute Trust for taking positive action on staff and wellbeing, and of our award-winning Oasis Centre for Staff Health and Wellbeing. We know that a focus on staff health and wellbeing matters to our people, and we will continue to act on staff feedback to expand and tailor our wellbeing offer across the Trust, embracing innovation and partnerships to do so.

Improving mental health will remain a key focus, with our staff able to access dedicated psychological support and preventative initiatives. We will also develop new and innovative pathways in areas such as workplace stress, and diabetes prevention, to enable our people to stay well.

Growing and supporting talent

Creating the next generation of Royal Berks and wider system leaders, with robust talent management, meaningful appraisals, clear objective setting, and career coaching.

We will create transparent pathways for development, supported by opportunities such as apprenticeships, secondments, and leadership programmes such as our RISE programme. All our people will have development pathways providing a roadmap for their future growth and support for career enhancement at the Royal Berks.

We recognise that we still have more to do to address the underrepresentation of minority, marginalised, and underrepresented communities in our senior leadership roles. Building on the success of our Global Majority Aspiring Leaders Programme, we will work to close this gap with expansion of our equality, diversity and inclusion actions.

Education, development, and training

Education, development and training are important to our staff, our patients and our community. We will strengthen our investment in training that builds compassionate and inclusive leadership across our organisation, while also developing skills and creating a culture where our people are supported to grow and deliver the very best care.

Multiprofessional by design, our training will promote collaboration across disciplines, ensuring teams learn together and from each other to improve our patient care. We will champion development across all staff groups and departments, with equitable access to opportunities and supportive management that enables every member of staff to thrive.

Preparing our workforce for tomorrow

We will equip our people with the digital knowledge, tools, and confidence to use new technologies safely and effectively, including Artificial Intelligence (AI), automation and advanced diagnostic tools.

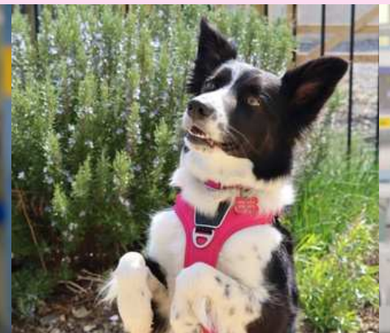
We will transform and develop workforce models that respond to the healthcare needs of the future, invest in training, development and ongoing support to ensure our staff are confident in adopting innovation and using digital tools to enhance patient care, enabling us to respond to new opportunities to improve our care as they arise.

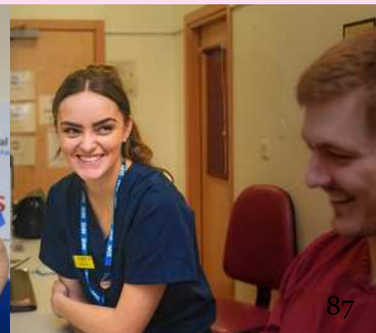
Strengthening our role as a community anchor

We will fulfill our responsibilities as a long-standing 'Anchor Institution' across our communities. As one of the largest employers in the local area responsible for spending significant funds and supporting the health of the Berkshire West population, we'll explore how our employment and procurement practices can deliver greater social value and drive economic growth for our communities.

By engaging with local schools to all our sites, via our Young Carers and Youth Forum programmes, we will build the Royal Berks workforce of the future and look to grow our recruitment from within our local communities, increasing the apprenticeship and other educational pathways into work. We will also develop our community partnerships to provide pathways and opportunities for care leavers and other under-represented groups.



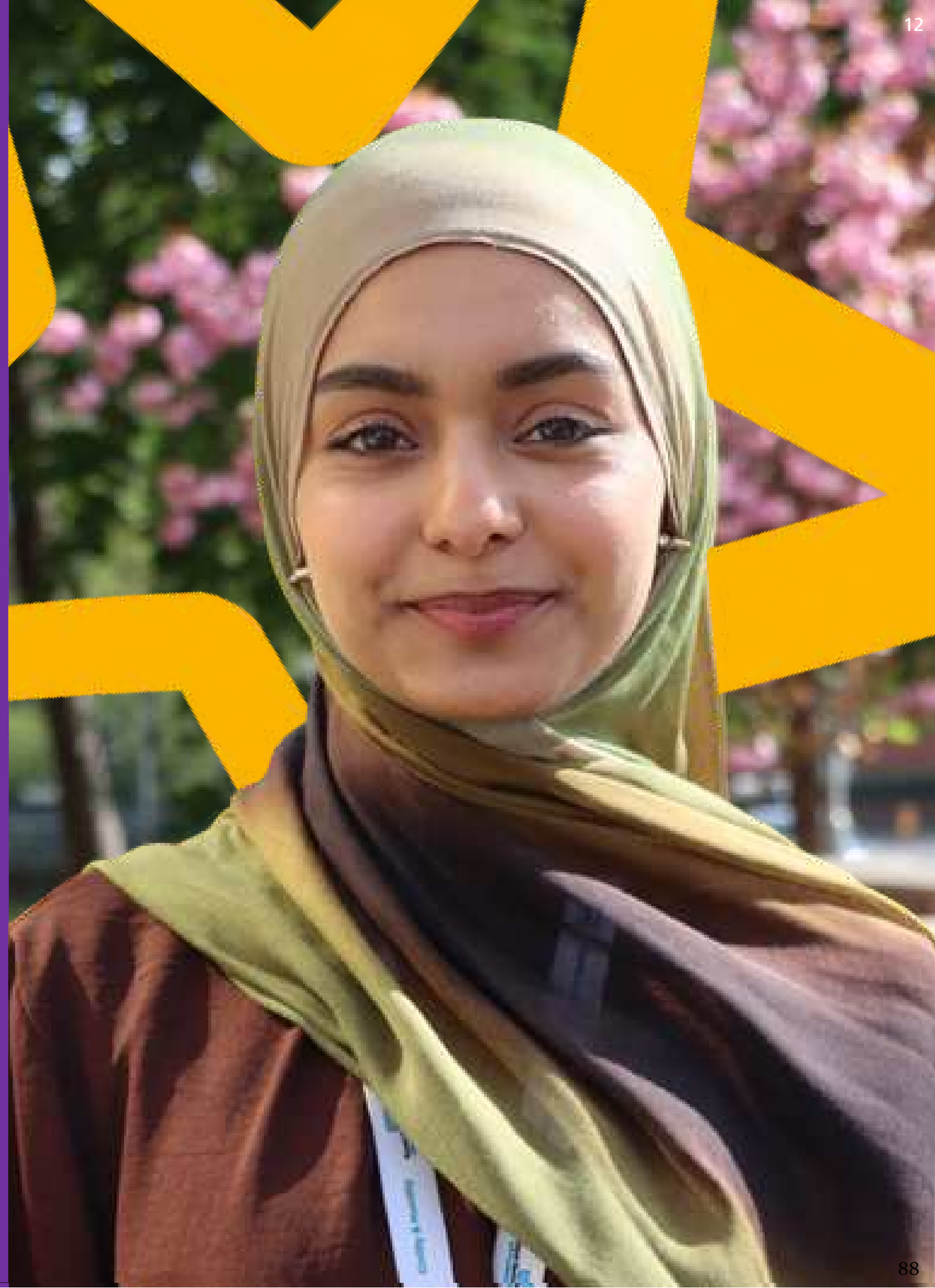


3. Partnering for Impact

We work with hundreds of different partners to deliver patient care and improve the health and wellbeing of our community. Partnerships are central to our future success and to delivering high quality, joined-up care that meets the needs of our citizens. Many of our partners worked with us to create this strategy, sharing their views and ideas to improve how we work together.

The healthcare we deliver tomorrow will not look the same as it does today. Changing needs, evolving expectations, and advances in technology require new capabilities, different resources and learning from and alongside our partners.



Partnering for Impact

Our shared priorities for the next 5 years are:

Partnering for prevention

Every contact with our services is an opportunity to support prevention and early intervention. Together with our partners, we will identify the core areas of prevention, and the roles we play to improve them.

We will develop approaches such as preventative triage and build on our existing prehabilitation and 'waiting well' services to improve outcomes, reduce avoidable illnesses and support long-term healthy lifestyle change.

We already deliver many preventative services, such as breast and lung cancer screening checks, and health checks in our local community.

Over the next five years we will use our interactions to raise awareness and signpost patients to helpful services and information, and to encourage healthier lifestyle choices.

Neighbourhood healthcare, closer to home

Joined up care closer to home, that supports people to improve their wellness and better manage their conditions is at the heart of the government's 10 Year Health Plan and our community feedback. We will work with our partner organisations to deliver neighbourhood care, closer to our patients homes.

Our patients and community will experience seamless care across Royal Berks, community, mental health, and primary care services, strengthened further by even closer collaboration with our local authority, and voluntary community and social enterprise sector partners.

Over the next five years, more care will be provided jointly with partners, helping patients manage their health and receive care closer to home.

We will strengthen partnerships to improve communication, integrate systems, and advance technology.

Building on the success of Connected Care and shared multidisciplinary meetings, we will deliver more coordinated services and prevention initiatives.

Patients as partners, both in their care and in healthcare services design

As partners and experts in their own healthcare across all our services, including inpatient care:

Our patients will have access to a dedicated patient portal so they can manage their health with their information, appointments, test results and care plans all in one place. We will also expand our patient education and self-care support, building on innovations such as the award-winning Kidney Essentials programme developed by our Renal team.

And in the design and cocreation of services:

With the expansion of our successful patient leaders programme, improving our engagement with seldom-heard groups and building a strong, representative, and dynamic patient voice. Our patients and community are key to shaping our services and making Trust decisions that support our local population.

Unlocking commercial, academic, and industry partnerships

We will make the most of our central Thames Valley location, life sciences, and health technology landscape to ensure our patients, community, and staff benefit from the latest research, technology and innovation.

We will work with commercial, academic and industry partners to solve challenges, bring fresh ideas and gain an 'outside-in' perspective.

4. Driving improvement and enabling innovation

We are committed to creating a culture where every member of staff feels empowered to contribute to improvement, supported to take forward their ideas, and recognised for the impact they make on patient care. Continuous Improvement, through our Improving Together approach, enables staff in every area of the Trust to manage and improve the quality of care for patients and deliver patient experiences and outcomes that are outstanding every day, everywhere.

At Royal Berks, we're an aspirational and research-active Trust with international recognition via our Global Clinical Site Accreditation. Over the coming years, we will continue to make research part of our everyday care, ensuring all patients and staff can take part and benefit from research.

By embedding our forward-looking approach, we will remain at the forefront of delivering high-quality, modern care, making sure our patients benefit from the very best that the NHS and wider healthcare system can offer. We will make innovation easier and more accessible, building infrastructure and support systems to help staff to turn ideas into action.

Driving improvement and enabling innovation

Our priorities for the next 5 years are:

Strengthening the foundations for a smarter, and more connected future

Strong and reliable infrastructure is essential to help our staff deliver outstanding care.

Over the coming years, we'll focus on consolidating systems and improving interoperability both internally and externally.

This includes speeding up and simplifying access for our staff with single-sign-on solutions, strengthening Wi-Fi across our sites, and ensuring our estate and digital foundations are fit for purpose.

Leveraging data and insights to drive excellence

We will maintain a continued focus on improving our data quality, accuracy and capturing all our activity.

We will use these insights, along with population health data, to inform how we deliver services, identify patient groups most likely to require support, including those with multiple long-term conditions, and target our resources to prevent illness and improve patient outcomes.

We will empower everyone to use the tools available to make decisions and use predictive modelling to enable transformation and change.

We will also work with partners in the Thames Valley Secure Data Environment to provide and gain actionable insights, support system-wide planning, population health management, and collaborative improvement across our region.

Building on our Improving Together Success

Our recognised and celebrated continuous quality improvement methodology, Improving Together is now embedded across Royal Berks. We are the top acute Trust for staff being able to make improvements in their area of work (NHS Staff Survey, 2024) and over the coming years will expand our improvement approach by increasing patient and community involvement and rapid process improvement workshops.

We will become the national exemplar for continuous improvement, sharing our methodology with other NHS trusts and healthcare organisations and the trusted partner of choice for healthcare improvement.

Through our in-house consultancy, LiveLab, we'll work alongside other organisations to embed our approach, offering practical support, coaching, and guidance to empower teams, streamline processes, and continuously improve patient care.

Making innovation easier and more accessible for all our staff

We are committed to harnessing the creativity and expertise of our people across all groups and disciplines.

We've heard that it isn't always easy to progress ideas and navigate the healthcare landscape. Over the next five years we will build the infrastructure to support innovation and empower all our staff with clear and supportive governance processes, space for shared learning, collaboration, and idea generation.

We will explore ring-fenced funds and targeted support for staff-led innovation projects to ensure the best ideas can move from concept to implementation and beyond.

By democratising information and building networks for collaboration, we will ensure that good practice is spread quickly and consistently, without reinventing the wheel.

We will actively look beyond our own organisation, learning from best practice across the NHS and internationally to benefit our patients and staff.

Innovating to improve patient experience before, during and after our care

This will include improving our communication and information to help patients make choices and manage their care, expansion of our virtual hospital and same-day access pathways to care for patients more quickly and at home where possible and making greater use of digital tools such as remote monitoring and wearable technology to empower patients to actively manage their health.

Research and innovations, such as ambient scribes, will also improve our staff experience by reducing administrative burden, supporting productivity and allowing our staff to spend more time directly caring for patients.

Expanding research for all and keeping our eyes on the horizon

We will promote research opportunities for both patients and staff, making research part of our everyday care and expanding access to opportunities across all roles and departments.

We will strengthen our ability to anticipate and adopt innovations that will shape the future of healthcare.

Through horizon scanning, our strategic partnerships like our work with the University of Reading, and our research expertise, we will identify emerging technologies, treatments, and care models that benefit our patients, communities, and staff.

We will grow our partnership with the University by developing a joint research office and sharing staff and resources, including our Clinical Simulation Training Suite and Health Data Institute to further our excellence in innovation, research and education.







5. Building a sustainable future together

We are committed to creating a future where the Royal Berks can continue to deliver outstanding care for generations to come. We will focus on long-term planning and tracking progress toward financial sustainability, making the best use of our estate, workforce, and resources, and reducing our environmental impact.

Over the next five years, we will deploy approximately £3.5bn of revenue and £150m of capital expenditure. To best deliver our objectives, we will carefully target our investments across our workforce, estates, and services. We will work resourcefully and collectively, both with our staff internally and with partners, to ensure we get best value for the money we spend, whilst we also track back to a balanced financial budget. By achieving financial stability, we will ensure our services are resilient, efficient, and designed to meet the needs of our population both now and in the future.

Building a sustainable future together

Our priorities for the next 5 years are:

Planning for the long term to achieve financial sustainability

Central changes at NHS England and the Department of Health and Social Care mean we can now work together to plan across multiple financial years and invest more effectively in our future. Our teams will be supported to build our strong financial foundation, be resourceful, and ensure the best value for money for the taxpayer. Financial sustainability requires us to continue to identify and deliver efficiency savings, return to financial balance, and then generate surpluses to invest in our future.

We will expand the commercialisation of our expertise to allow us to invest more into our services. We will explore opportunities to generate additional income via our innovation, education, and training to share our knowledge while reinvesting in our future.

Maximising our current estate, whilst getting ready for our New Hospital

We will deliver a clinically led estates master plan for how we will use all our sites and locations beyond them by working with partners over the next 15 years. In doing so we will identify how we can expand the range of services we can deliver remotely and in our patients' homes and what investments we need to make in our community-based hubs at West Berkshire Community Hospital, Bracknell Healthspace, and Townlands Memorial Hospital.

Over the next few years, with the support of the Government's New Hospital Programme, we will secure a site for our new hospital and continue to develop our plans. We will work together with our staff, patients, partners, and community to ensure our New Hospital meets the needs of our future populations.

Evolving future-forward clinical support services

We will evolve our clinical support services to align with future models of care. In Pharmacy, we will optimise our medicines management, harness automation and technological advances, and make best use of our highly skilled pharmacy teams to ensure safety, value, and better outcomes for patients in the years ahead.

In Diagnostics, we will continue to expand capacity across our sites, reduce waiting times, and invest in digital advances. These changes will strengthen our clinical services and help us deliver excellent care that is more proactive, efficient, and centred around the needs of our patients and communities.

Collaborating across our Thames Valley Acute Provider Collaborative

Working together with peer acute healthcare providers in our system, we will share resources, expertise, and both clinical and non-clinical services to improve our care.

We will work together to reduce variation and inequality in outcomes, access and experience, improve our collective resilience and productivity, and deliver best value for the taxpayer.

Protecting our environment

We will protect our environment and reduce our carbon footprint in line with the NHS Net Zero ambition by 2040.

We will reduce our environmental impact through more sustainable travel and transport options, improved waste management, reduced reliance on printing, and greater energy efficiency across all our sites including £1.6 million decarbonisation works at Bracknell Healthspace.

Royal Berks in 2030

I'm 13 now and I've been coming to the Royal Berks since I was little. Now I use the NHS app that connects with my wearable monitor, my diabetes nurse can see my levels and insulin doses before I even arrive. I get reminders and tips through the app, and there's a video that explains what to expect at each appointment, which helps me feel prepared.

We've had joint sessions with a dietitian and psychologist, all in one visit and it means I don't have to miss lots of school. I've learned how to manage my diabetes, and feel more confident every time I come in. And because we live in Whitley, I can now get most of my care locally through my Integrated Neighbourhood Team that includes my GP.

Jakob, Local Resident

I've worked at the Royal Berks for 15 years and have never felt so supported. Professionally, I've grown more than I ever thought possible. I'm part of the RISE leadership programme, and I've mentored two new nurses through their apprenticeships. With our multidisciplinary training I learn alongside my physios, doctor, and pharmacist colleagues, which has made our teamwork stronger and more collaborative.

I've also led a small innovation project to improve sleep routines for patients in our ward. It started as an idea in our Improving Together staff huddle, and now it's part of our standard practice. We include patients, families, and carers in our improvement work as standard because they sometimes see things we don't, and their ideas make our care better.

Kai, Colleague

I usually start my morning with a workout and some quiet time at the Oasis Centre, before beginning my workday at a one-stop clinic where patients receive imaging, bloods, and consultations in a single visit. I've noticed how patients arrive informed, having reviewed their care plans on the patient portal, making shared decision-making feel natural. Ambient scribes transcribe my notes and places order forms on our EPR for any required tests for me to confirm, freeing me to focus on care. It's amazing how much smoother things run now that diagnostics, consultations, and follow-ups are streamlined.

In the afternoon, I head to Newbury to join a community outreach clinic where translation services and flexible appointments make a real difference for patients. Later, I join a virtual ward round that uses wearable tech data to monitor our patients in our virtual hospital. The Trust has helped me pilot a new app for IBS self-management, and I'm excited to present it at next month's innovation showcase.

Before heading home, I join a multidisciplinary meeting with community partners. We discuss plans for the new hospital site in the future, and how services could expand at Bracknell Healthspace in the medium term. It's exciting to be part of a Trust that listens, innovates, and invests in its people.

Sarah, Colleague

My wife, Devinder, has cardiovascular disease and a few other conditions, and I've been her carer for years. At Royal Berks, I have a carer's passport, I'm recognised from the moment we arrive and it makes things easier if Devinder is admitted as an inpatient. Staff include me in conversations, ask about how I'm coping, and make sure I understand what's happening with her care.

I can access her care plan through the NHS app, and we get updates together. I've even joined the carers cafe that meets once a month, which has made a huge difference to my wellbeing.

Aman, Local Resident and Carer

I've been living with cardiovascular disease for over a decade, along with a few other long-term conditions. Managing everything used to feel overwhelming with different clinics, long waits, and repeating my story over and over. But now, it's different.

At Royal Berks, I use my patient portal to keep track of everything, my appointments, test results, care plans and information about my conditions. It's all in one place, and I can message my care team directly if I have questions.

Most of my care happens closer to home now, at Bracknell Healthspace, or virtually via telephone or video. When I do have to come into the Royal Berkshire Hospital, the signage is clear, the staff are kind, and I feel genuinely respected. Two months ago, I had a cardiac emergency and was admitted as a patient in the Royal Berks. They support my whole wellbeing, not just my conditions, and help me make better lifestyle choices.

I've joined the Patient Leaders programme, and I help co-design services. It's empowering to know my voice matters. I've seen real changes based on feedback, and I know this Trust is listening. It's not just about treating my conditions it's about helping me live well.

Devinder, Local Resident

"I work in the finance department of the Royal Berkshire Hospital. My role involves working closely with clinical teams, really listening to what they need and figuring out how we can support them in a way that is financially sustainable. Our new financial dashboards show real-time insights that help departments track spending against outcomes. We also use predictive modelling and population health data to guide our investment decisions that improves lives. It is amazing to see data driving smarter decisions!

We are exploring new income streams, such as commercialisation of our innovation and training programmes and I have also been involved in developing business cases for staff-led ideas. We are driving social value too, through local procurement and apprenticeships, so our impact is felt further than just inside the organisation. I am currently focused on my own leadership development, and I am keen to grown into a role focused on commercial business development within healthcare."

Zara, Colleague

Delivering our strategy

Our Trust Strategy is not just a glossy document. It sets out who we are, and who we aspire to be. Each strategic objective and priority will have clear metrics attached, so we can track our progress and measure impact.

Delivering the highest quality care for all

Supporting our people to thrive

Partnering for Impact

Driving improvement and enabling innovation

Building a sustainable future together

Everyday improvement for everyone is delivered through our Improving Together continuous improvement approach, alongside our Breakthrough Priorities, Trust Projects and Strategic Programmes that are cross-cutting through all our strategic objectives.

To deliver our vision and our strategic objectives, our core Strategic Programmes for the next 5 years are:

Experience First

Transform how patients, and their carers and families, experience our services from referral to arrival to discharge and beyond.

Royal Berks @ Home

Supporting recovery, self-management and rapid access at home and in the community, through digital tools, flexible pathways and follow-up.

Care where I am

Delivering care differently and in the places people live. Expanding urgent, elective and community services, working with partners to deliver neighbourhood services, prevent ill health, and tackle inequalities.

Future Ready Spaces

Creating the physical and digital environment we need to deliver outstanding, compassionate care.

Thank you

In 2025, we started the journey to refresh our Trust Strategy, with meaningful engagement at the heart of our approach.

Our Trust Strategy reflects the views, values, and priorities of more than 2500 patients, community, staff, volunteers and partner organisations who shared their time, energy and ideas.

We held over 65 workshops with our staff and volunteers across all of our sites.

We had 800 online survey responses and also undertook 34 community engagement events - from the Forgotten British Gurkhas in Central Reading, to the Family Fun Day in Wokingham; the Newbury EduCafe to the Caversham Jacket Potato Club; the Indian Community Centre in Whitley to Reading Pride.

This work was guided by our brilliant Strategy Steering Group - made up of staff, volunteers, patients,and members of the community who came together to share their experiences, design our engagement, and co-create our Trust Strategy.

We're grateful for both their valuable perspectives and the time they gave so generously to set our direction for the next five years.

And finally, thank you to the Royal Berks Charity who supported our engagement, helping us to reach out across our geographies and capture what matters most to our community.

rbc
Royal Berks Charity
supporting your local hospital

Royal Berkshire
NHS Foundation Trust

For more information about the Trust, to get in touch or to join the conversation:

Royal Berkshire NHS Foundation Trust

facebook.com/RBNHSFT

@royalberkshospital

www.royalberkshire.nhs.uk

foundation.trust@royalberkshire.nhs.uk

Our Trust Strategy
2025-2030 at a glance

Royal Berkshire NHS Foundation Trust

Our Strategic Objectives and underpinning priorities shape how we move forward over the next 5 years:

Delivering the highest quality care for all

- Person-centred and personalised care
- Communication that works for everyone
- Increasing accessibility of all our services
- Addressing health inequalities
- Improving patient experience and comfort
- Listening, learning, and acting on feedback transparently

Supporting our people to thrive

- Health and Wellbeing
- Growing and supporting talent
- Education, development, and training
- Preparing our workforce for tomorrow
- Strengthening our role as a community anchor

Partnering for Impact

- Partnering for prevention
- Neighbourhood healthcare, closer to home
- Patients as partners, both in their care and in healthcare services design
- Unlocking commercial, academic, and industry partnerships

Our Vision
'Working together to provide outstanding care for our community'

Our Trust Strategy: 2025-2030

- Delivering the highest quality care for all
- Supporting our people to thrive
- Partnering for Impact
- Driving improvement and enabling innovation
- Building a sustainable future together

Our Clinical Services Strategy

Our values: Compassionate, Aspirational, Resourceful, Excellent

Driving improvement and enabling innovation

- Strengthening the foundations for a smarter, and more connected future
- Leveraging data and insights to drive excellence
- Building on our Improving Together Success
- Making innovation easier and more accessible for all our staff
- Innovating to improve patient experience before, during and after our care
- Expanding research for all and keeping our eyes on the horizon

Building a sustainable future together

- Planning for the long term to achieve financial sustainability
- Maximising our current estate, whilst getting ready for our New Hospital
- Evolving future-forward clinical support services
- Collaborating across our Thames Valley Acute Provider Collaborative
- Protecting our environment

Created: November 2025

Royal Berkshire
NHS Foundation Trust

Title:	**Board Assurance Framework**
Agenda item no:	X
Meeting:	Board of Directors
Date:	26 November 2025
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	To provide the Committee with a summary of the Trust's Key risks reviewed by Board sub-Committees and relevant Executive leads.

Report History	Quality Committee 1 September 2025 Finance & Investment Committee 17 September 2025 Integrated Risk Management Committee: 9 October 2025 Audit & Risk Committee: 12 November 2025

What action is required?	
Assurance	
Information	The Committee is asked to note the updates on the 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						
Published on website		Confidentiality (FoI)	Private		Public	✓

1 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 previously been reviewed by the Quality Committee: 1 September 2025, Finance & Investment Committee: 17 September 2025, Integrated Risk Management Committee: 9 October 2025. Following discussion at the Finance & Investment Committee on 17 September 2025.

2.2 Reviews have also been undertaken with the interim Chief Finance Officer, Chief Strategy Officer, Director of Estates & Facilities Chief Operating Officer

- **Strategic Objective 1**
    - The following had been added/updated in the improvement/action section.
        Monitoring of Prevention of Future Deaths reports
        Learning from deaths quarterly report
        Implementation of Childrens & Young People Strategy
        CQC IR[ME]R improvement plan
        ED worry and concern pilot programme
        Mandatory & Statutory Training review Continuous focus on NPSS and Oliver McGowan training awareness

- **Strategic Objective 3**
    - The following has been added to the gap in assurance section
        NHSE and ICB transition plan

- **Strategic Objective 4**
    - Confirmation of the Trust Projects for 2025/26 and associated benefits has been added to the control assurance section
    - Confirmation of 2026/27 Trust Projects and associated benefits has been added to the gap in assurance
    - Bi-annual review of benchmarking data on productivity and efficiency has been added to the improvement/action

- **Strategic Objective 5**
    - The list of key controls for the finance section have been amalgamated and various other tracked changes as set out in the report.
    - Updates to the Estates & Facilities section.
    - Various other changes to the Finance section.

- There was a need to further update strategic objective 5 following discussions at the Finance & Investment Committee in September 2025.

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

August 2025

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 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	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		Board	Chief Strategy Officer

	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.	partnerships as potentially enhancing quality and financial sustainability and so where collectively shared it has a relatively high appetite for integration risk.	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 Operating Officer
	4.2	If we fail to realise benefits/secure commercial advantage from innovation, improvement 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 Strategy 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 our Strategy and strategic objectives.		Finance & Investment Committee	Chief Finance Officer
	5.3	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 we do not create and maintain a built environment suitable for current and future needs, we risk delivery of Our Strategy: Improving Together		Finance & Investment Committee	Chief Strategy Officer
	5.5	If the Trust is not successful in converting the future promise of a new hospital and bring it to fruition sooner than 2040, we risk the ability to deliver on our mission over the long term		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 Inspection Reports including IR[ME]R • IPC BAF • Clinical Accreditation Programme	• ~~Clinical Accreditation Programme~~	• Clinical Accreditation Programme implementation • CQC IR[ME]R improvement plan	• Board • Quality Committee
• Quality and Clinical Services Regulation ~~Monitoring~~ including NHS England	• Quality ~~A~~account • Clinical audit programme • Patient feedback – NHS choices, Friends & Family~~-~~ and Inpatient & Outpatients Annual surveys • Internal Audit, • External Audit, • Monitoring progress against Quality Strategy • IPR report and watch metrics • Maternity Incentive Scheme • Maternity Strategy • Childrens & Young People Strategy • Continuous Quality Improvement Programme (Improving Together)	• Health Inequalities Delivery Plan • Worry and concern element of Martha's rule • ED capacity • Risks to delivery of access standards • Mixed sex accommodation monitoring due to operational pressures • ~~Childrens & Young People Strategy Delivery Plan~~	• Health Equalities Programme • Pilot programme underway • ED worry and concern pilot programme • 2024/25 Elective Activity Plan supported by insourcing, additional premium rate activity and APC system working • Patient Flow programme • Cancer, Referral To Treatment and ED performance reviews • ~~Development of~~ Implementation of Childrens & Young People Strategy ~~delivery plan~~	• Quality Committee
• Quality reporting schedule	• Safeguarding Mental Health, ~~&~~ Learning Disability & Autism 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 • Patient Safety Quarterly report.	• Patient Autism Strategy	• Development of Autism strategy and service • ~~Implementation of reasonable adjustment digital flag~~ • Monitoring of Prevention of Future Deaths reports • Learning from deaths quarterly report	• Quality Committee • Board

• Performance management Process	• Monthly Care Group & Corporate performance meetings • Integrated performance report • QIA process to monitor impact of CIP • 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 EQIA reporting	• Quality Committee • Finance & Investment 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	• ~~Year 1 PSIRF evaluation~~ • NPSS training compliance • Oliver McGowan mandatory training compliance	• ~~PSIRF Year 1 evaluation plan and dissemination of learning.~~Mandatory & Statutory Training review • Continuous focus on NPSS and Oliver McGowan training awareness	• 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 People Strategy RBFT Education Strategy What Matters Engagement Programme Annual Staff Survey and results People Strategy 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 • MAST and appraisal detailed reviews • Global Majority Aspiring Leaders programme	
	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 • Update Behaviours Framework • Up The Anti programme	
	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 -

- 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
- 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
- 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

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 • Strategic Partnership Review	• NHSE/ICB's commissioning and performance management framework • NHSE and ICB transition plan	• APC & Berkshire West Place Programme Delivery	• Board of Directors • ~~Quality Committee~~ • ~~Finance & Investment Committee~~
			• Implementation of Strategic Partnership reviews recommendations	• Board of Directors

Strategic Objective 4: Cultivate innovation and improvement

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

- The capability culture and capacity in the organisation to deliver change
- Our continued commitment to invest in and develop our digital environment
- Our ability to realise benefits/secure commercial advantage from innovation, investment and digital investment

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
• Improving Together (IT)	• Integrated Performance Report • NHS Impact CQI (Improving Together) Maturity Matrix		Full implementation of Improving Together programme Launch of online Improving Together training	• Quality Committee
• Trust Transformation Programme • Digital Hospital Committee • Target Operating Model and revised DDaT structure • Commercial Strategy • R&I programme	• Turnaround and Transformation reports to F&I • Efficiency and Productivity Committee • System Transformation Board • Confirmation of the Trust Projects for 2025/26 and associated benefits	• ~~Confirmation of the Trust Projects for 2025/26 and associated benefits~~ • Confirmation of 2026/27 Trust Projects and associated benefits • Progress of APC and system savings	• ~~Review of proposed projects by EMC and discussion at Board Committee~~ • Reporting on progress to EPC and F&I • Executive engagement with APC and SRTB – focus on actions and delivery • Bi-annual review of benchmarking data on productivity and efficiency	• Finance & Investment Committee
	• Digital Strategy	• Recruitment to new DDaT structure within the current financial envelope	• Implementation of the 2025/26 roadmap of projects that digitally enable clinical improvement • Refreshed Digital Strategy	• Finance and Investment Committee
	• 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
	• Annual update on R&I to Quality Committee/R&I Strategy • Strategic Partnership Review		• Achievement of R&I Strategy milestones • Implementation of Strategic Partnership reviews recommendations	• 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 converting the future promise of a new hospital and bring it to fruition sooner than 2040, we risk the ability to deliver on our mission over the long term

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
Finance				
• Standardised Annual Planning .Prioritised Capital Programme • Internal performance management system: • Monthly Ffinancial Rreporting system • Standardised internal expenditure controls (enhancements to the SFIs) including workforce controls • 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) • Daily/ weekly/ monthly cash management processes • 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	Performance Reviews • All annual plans: capital, revenue, efficiency, workforce and activity approved through EMC, Board committees and Board • External Audit annual process • Internal Audit annual reviewwork plan • 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, minutes to demonstrate appropriate discussions • / Board, comparing budget to actual, balance sheet and liquidity position • Monthly performance meetings with Care Groups and corporate areas • HFMA Financial Sustainability checklist • NHS England Grip & Control checklist • Monthly Efficiency & Productivity Committee • Monthly NHSE/ICB Financial Oversight Meetings (FOM) • 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	• 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 Standardised review process to look at accuracy of forecasting • Sustainable run rate of expenditure, and the need to contain labour costs to deliver services • Sustainable level of income from commissioners to pay for levels of activity in non-elective and urgent care Evidencing cost efficiency and productivity • Identified control weaknesses in the finance environment Refresh Finance Strategy (aligned to Trust Strategy & NHSE 10 Year Plan) Application of new NHSEC guidance on Strengthening Financial Management to be reviewed to identify any gaps. Review likely to identify a gap in non-pay controls and the requirement for a finance recovery committee,	• Implementation of Service Line Reporting at specialty level • Through Improving Together programme holding budget managers to account to deliver their service within allocated resources. Further develop a more robust approach to forecasting which incorporates a review of robustness of the prior period forecast. • Development of Continue to seek to convert efficiencies into recurrent savings programme forin 2025/26 CFO commissioned finance department review by internal audit with findings to be actioned in Q4 2024/25 and through Q1 2025/26. Long Term Resourcing Model Finance function improvement plan • • Refresh the Long Term Resourcing Model to align to the clinical strategy supporting delivery of the 10-year plan Review the guidance and present further opportunities for enhanced assurance to F&I in November.	• Audit & Risk Committee • Finance & Investment Committee Finance and Investment Committee Effficiency and productivity committee • Finance & Investment Committee F&I

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 • 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 and still in place •	Cost Collection (Reference costs) and national corporate services cost collection to drive financial efficiency opportunities • Sustainable services review led by APC and investigating viability of loss making services in funding shortfall environment • 5-year LTRM developed and shared with Board in November 2024 across various option scenarios • Delegated authorities removed for those budget holders who are not demonstrating sufficient financial control • Reduced delegated authorities across the organisation for further grip and control during Q4 2024/25 and into 2025/26. • Executive Director oversight and intervention where necessary across workforce temporary labour bookings • Forecast assumptions and modelling • Development of recurrent savings programme for 2024/25 •			
Estates & Facilities				
• Management of backlog maintenance including Critical Infrastructure Risks • Food safety/catering standards • Estates Programme Committee • Estates Maintenance supply and management arrangements • Estates Governance & 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 • Capital prioritisation process • Audit processes • Estates & Facilities Improving Together metrics • Estates & Facilities Health & Safety dashboard report • Geo-technical site survey with specific	• Capacity, resourcing and expertise constraints in the directorate (National shortage and market salaries of project management and engineers with estate skills) • HTM compliance due to backlog maintenance • High and medium Critical Infrastructure Risks • Exponential increase in running costs (utilities and maintenance) as a result of the New Hospital Programme review announcement and increasing backlog maintenance. • Sources of capital for major estate	• Prioritisation and risk management of backlog maintenance and Critical Infrastructure Risks • Review of risk register ratings and mitigations in light of the New Hospital Programme review announcement. • Investment plans and funding related to Estates Strategy/Masterplan. • On-going contract management and enhanced compliance management • Resources required to develop Estates strategy in light of the	• Finance & Investment Committee • Audit & Risk Committee • Finance & Investment Committee

	recommendations and actions	programme and to address backlog maintenance • ~~Challenges of the contractual management of estates maintenance~~ • Up to date Estates Strategy and Masterplan • Effective utilisation of estate	~~Government's review announcement (incorporating~~ Development of Masterplan, development control plan and asset management plan.~~)~~ • ~~Driver metric led by Estates & Facilities for effective utilisation of estate~~	
• 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
• New Hospital	• Government confirmation of funding of £2bn for a new hospital in 2040 • Proposals with NHP to progress land purchase • ~~Evidence from BBT programme to support restart of new hospital~~ • Stakeholder support to explore how to bring forward the new hospital	• Promise of new hospital is subject to multiple general elections • Focus of NHP is on wave 1 and 2 Trusts • Decision making at NHP is subject to political influence • Trust has no access to funding until 2030 ~~and as a result has stood down the programme team~~ • Both of the preferred sites for the new hospital are likely to be marketed during 2025/26 ~~and the Trust is not able to secure them without NHP funding~~	• ~~Secure funding to progress land options~~ • Complete land search project • Explore creation of a taskforce with local partners to influence national government on the case for hospital investment • Continue to engage with NHP through the wave 3 engagement process	• 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:	X
Meeting:	Board of Directors
Date:	26 November 2025
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 on 9 October 2025 Audit & Risk Committee on 12 November 2025

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

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

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

Publication						
Published on website		Confidentiality (FoI)	Private	✓	Public	

1 Executive Summary

This discussion paper provides the Board with an update on the Trust's corporate risks following the Integrated Risk Management Committee (IRMC) meeting on Thursday 9 October 2025 and the Audit & Risk Committee on Wednesday 12 November 2025

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
5080	Fire Safety	20	20	4	Audit & Risk	Approved
4183	Management of Estates Infrastructure / Backlogged Maintenance	20	20	6	Finance & Investment	Approved
7188	Challenge to delivering timely access to patient equipment - patient safety, financial and operational risk	16	N/A	4	Quality	Approved
6320	Building Berkshire Together	16	16	4	Finance & Investment	Approved
4241	Compliance with cancer standards due to capacity issues in diagnostic modalities	16	16	6	Quality	Approved
5654	Lack of mortuary capacity and risk to HTA licence.	16	16	4	Quality	Approved
4172	ED Capacity & compliance	16	16	6	Quality	Approved

4170	Risk of Cyber-Attack	16	12	1	Finance & Investment	Increase in risk rating approved from a 12 approved to a 16
4839	North Block East Wing	15	15	6	Audit & Risk	Approved
6302	Failure of Trust central digital connectivity centre	15	15	4	Finance & Investment	Approved
5995	Failure to achieve elective standards targets	12	12	6	Quality	Approved
5698	Risk to compliance of DM01 Standard	12	12	4	Quality	Approved
5601	Potential geological/sink hole risk across RBH Estate	12	12	6	Audit & Risk Finance & Investment	Approved
6571	Risk of failure of Trust communication platform	12	12	4	Finance & Investment	Approved
4637	North Block Steel works	12	12	2	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
4460	Outbreaks of infectious conditions	12	12	9	Quality	Approved
5717	Risk following significant power failure incident	9	9	4	Audit & Risk	Approved

2.1 The IRMC considered Risk 7316 Impact on delivery of clinical and operational services due to delays to capital funding for inclusion on the corporate risk register. It was agreed this would be deferred until after the Capital Planning Committee meeting.

2.2 All risks within Care Groups were reviewed by the IRMC together with risks held within Estates & Facilities, Chief Nursing Officer portfolio (including Safeguarding), DDaT, Finance and Information Governance.

2.3 All corporate risks will be reviewed by the Executives during November/December 2025

2.4 The Audit & Risk Committee asked IRMC to consider if any maternity related risks should be added to the corporate risk register. This will be included in the next IRMC agenda and the work plan amended to include additional time to review maternity risks.

2.5 The Audit & Risk Committee asked for the title of Risk 4182 Risk to achieving strategic objective of financial sustainability to be reviewed and this will be actioned during November for approval at the next IRMC meeting.

4 Conclusion

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

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Board Work Plan 2025

Focus	Item	Lead	Freq	Nov-25	Jan-26	Mar-26	May-26	Jul-26	Sep-26	Nov-26
Provide the Highest Quality Care to all	Winter Plan	DH	Annually						■	
Invest in our People and live out our Values	Patient Story	Exec	Every	■	■	■	■	■	■	■
	Staff Story	Exec	Every	■	■	■	■	■	■	■
Achieve Long-Term Sustainability	Quarterly Forecast	HT	Quarterly		■			■		
	2026/27 Budget	HT	Annually			■				
	2026/27 Capital Plan	HT	Annually			■				
	Operating Plan/ Business Plan 2026/27	AS	Annually	■	■					■
	The Green Plan	HT	Annually	■						■
Cultivate Innovation & Improvement	Standing Financial Instructions	HT	Annually		■					
	Trust Strategy Refresh	AS	Nov-25	■						
Other / Governance	Chief Executive Report	SM	Every	■	■	■	■	■	■	■
	Board Assurance Framework	CL	Bi-Annually	■			■			■
	Corporate Risk Register	KP-T	Bi-Annually	■		■				■
	Integrated Performance Report (IPR)	Exec	Every	■	■	■	■	■	■	■
	NHSE Annual Self-Certification	HT/CL	Annually				■			
	Standing Orders Review	CL	Annually	■						■
	Board Work Plan	CL	Every	■	■	■	■	■	■	■