Royal Berkshire
NHS Foundation Trust

Public Board - 29 July 2026

MEETING
29 July 2026 09:00 BST

PUBLISHED
24 July 2026

Agenda

Location	Date	Time
Seminar Room, Trust Education Centre, Royal Berkshire Hospital	29 Jul 2026	09:00 BST

	Item	Owner	Time	Page
1	Apologies for Absence and Declarations of Interest	Helen Mackenzie		-
1.1	Oke Eleazu, Mike McEnaney			-
2	Staff Story (Verbal)	Janet Lippett	09:00	-
3	Patient Story (Verbal)	Katie Prichard-Thomas	09:30	-
4	Minutes for Approval: 27 May 2026 & Matters Arising Schedule	Caroline Lynch	10:00	3
5	Minutes of Board Committee Meetings and Committee Updates:		10:05	-
5.1	Audit & Risk Committee: 13 May 2026 & 8 July 2026	Mike McEnaney		11
5.2	Finance & Investment Committee: 20 May 2026 & 17 June 2026 & 15 July 2026 (Verbal)	Mike O'Donovan		25
5.3	Quality Committee: 15 June 2026 & 25 June 2026 & 1 July 2026 (Verbal)	Minoo Irani		33
5.4	People Committee: 7 May 2026	Catherine McLaughlin		45
5.5	Charity Committee: 21 May 2026	Catherine McLaughlin		51
6	Chief Executive's Report	James Blythe	10:30	53
7	Integrated Performance Report	Paul da Gama	10:50	57
8	Ensuring Safe and Effective Perinatal Care at the Trust	Katie Prichard-Thomas	11:15	86
9	Masterplan	Andrew Statham	11:30	96
10	Work Plan	Caroline Lynch		124
11	Date of Next Meeting: Wednesday 23 September 2026 at 09.00am			-

Board of Directors

Wednesday 27 May 2026
09.00 – 12.00
Seminar Room, Trust Education Centre, Royal Berkshire Hospital

Present

Mr. Oke Eleazu	(Chair)
Mr. James Blythe	(Chief Executive)
Ms. Suzanne Byrne	(Non-Executive Director)
Mr. Paul da Gama	(Chief People Officer)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Minoo Irani	(Non-Executive Director)
Mr. Umesh Jetha	(Non-Executive Director)
Mrs. Frances Khatcherian	(Chief Finance Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)

In attendance

Mrs. Helen Challand	(Deputy Chief Nurse)
Ms. Rebecca Cullen	(Associate Director of Strategy & Performance)
Dr. Alex Evans	(Care Group Director, Networked Care)
Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Dr. Janet Lippett	(Chief Medical Officer)
Mr. Mike McEnaney	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Mr. Andrew Statham	(Chief Strategy Officer)

There were four Governors and three members of the public present.

68/26 Staff Story

Sharon, Associate Chief Nurse Patient Experience, Workforce and Education advised that the Junior Carers programme started in November 2019 following a discussion with the Chief Superintendent of Thames Valley Police (TVP) who had run a similar programme. As part of the health inequalities work the Trust linked with schools in deprived areas. To date over 180 children had been involved with the programme from four different schools. The Junior Carers programme had been recognised by Windsor Academy Trust and NHS England.

Sharon read a letter from the Headteacher of the Geoffrey Field School who stated that the programme provided an amazing experience for children and highlighted the various careers in Healthcare to the children. The school had received over 50 applications for 12 places in the second year of their engagement with the Junior Carers programme. The children were encouraged to be health ambassadors and provided with information to share with their school and their families. The children gained increased confidence, leadership skills, improved oracy skills and raised their aspirations as well as having pride in representing their schools.

The Board considered the value of the programme in providing a good link to the community particularly as the Trust was one of the biggest employers in the area and the programme and there was a significant number of careers in the NHS. The Board also noted one tour a month was provided with 14/15 year old children as part of the Health for Youth programme and the Trust worked with up to 20 different schools.

The Board thanked Sharon for the presentation.

69/26 Patient Story

The Associate Chief Nurse Patient Experience, Workforce and Education introduced Simon who was a recovering alcoholic and had been in sobriety for 8 years. Simon explained that he had starting drinking alcohol in his teenage years and this continued during his college and working life as well as in his retirement. Simon highlighted the progression from 'I like to have a drink' to 'I like to drink'. Simon was admitted to the Acute Medical Unit (AMU) and then to Sidmouth Ward and had been sedated as part of his recovery. He had spent 8 to 10 weeks on Sidmouth Ward and described the care as incredible. Simon explained that, prior to his admission, he was drinking circa 5 bottles of wine a day and highlighted that Abbeyrose, Ward Sister and Alex had saved his life. Simon also highlighted that he had very poor short term memory and he had very little recollection of the previous 8 years. Following his discharge from hospital he had had to learn how to live again from having to be lifted in and out of bed as well as having continence issues.

Simon explained that he had held discussions with Sharon and Abbeyrose as he was keen to give something back to the hospital and discussions were on-going in relation to being a companion available to speak to patients on Sidmouth.

The Associate Chief Nurse read a letter from Simon's wife which highlighted the experience of Simon's admission as well as the support provided to the family by the ward staff. Simon advised that he had had no desire to drink since his discharge from hospital and had also received counselling and support.

The Board thanked Simon for presenting his story.

70/26 Minutes for approval: 25 March 2026 and Matters Arising Schedule

The minutes of the meeting held on 25 March 2026 were agreed as a correct record and signed by the Chair.

The Board received the matters arising schedule.

Minute 38/26: Minutes of Board Committee Meetings and Committee Updates: Audit & Risk Committee: 14 January 2026: It was agreed that the Chief Operating Officer would discuss the Cyber Security item rating with the Chair of the Committee. **Action: D Hardy**

71/26 Minutes of Board Committee Meetings and Committee Updates

Audit & Risk Committee: 11 March 2026 and 13 May 2026

The Chair of the Audit & Risk Committee provided an update on the meeting held on 13 May 2026. The Committee had noted key performance indicators (KPIs) had been developed of the internal audit process and had received the draft Annual Report 2025/26 noting that the remuneration report was yet to be finalised. The Committee had also discussed the year-end audit process and prior year accrual issue. In addition, the Committee had received the external review of the HFMS Ltd with a number of actions required that would be completed by September 2026.

The Committee had also reviewed the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) and had recommended that a specific risk should be developed on cash. The Standing Financial Instructions (SFIs) had also been significantly refreshed and recommended to the Board for approval. The Committee had also received the Freedom To Speak Up (FTSU) update that provided substantial assurance; there had been a slight increase in reporting that demonstrated people felt able to raise concerns. The Committee had also received the Violence Prevention & Reduction self-assessment.

Finance & Investment Committee: 18 March, 15 April and 20 May 2026

The Chair of the Finance & Investment Committee advised that the Committee had received a briefing on the income accrual issue for 2024/25 at its March meeting. The draft budget and draft capital programme for 2026/27 had also been reviewed and recommended for approval to the Board. The budget for 2026/27 was a deficit of £11.2m and this had been agreed with commissioners. The Chief Finance Officer advised that a financial improvement plan for 2026/27 had been developed and additional staff would be recruited to support the finance team. In addition, work was on-going to enable all areas to have sight of their income via Power BI.

The Chair of the Finance & Investment Committee advised that the April meeting the Committee had received assurance of 2025/26 financial plan being delivered with receipt of Deficit Support Funding (DSF) of £3.28m. The Committee had also noted that the prior year adjustment was still being reviewed with external auditors. The Chief Finance Officer confirmed that this was being discussed with the national team that supported the adjustment.

The Chair of the Finance & Investment Committee advised that significant progress had been made for the Cost Improvement Plan (CIP) for 2026/27 and a positive cash position had been achieved at year-end. However, the Trust would need cash support during 2026/27.

At the April 2026 meeting the Committee noted that Month 1 financial position had been met although costs were higher than anticipated and there was an urgent need to focus on savings delivery.

Quality Committee: 22 April 2026

The Chair of the Quality Committee advised that the Committee had discussed a near miss Never Event involving a wrong site attempted eye surgery. The Committee had also been advised that there was a backlog of 500–700 patients awaiting Oral and Maxillofacial (OMF) triage, a service provided by Oxford University Hospitals Trust and had noted that the Maternity building risk had now been added to the Corporate Risk Register (CRR).

The Chair of the Quality advised that the Trust had received a Maternity Outcomes Signal System (MOSS) Level 1 amber alert as a result of all the national maternity investigations as there had been a small increase in the number of stillbirths. The Trust's action plan had been accepted by the regional team. The 2024 Mothers and Babies: Reducing the risk through Audits and Confidential Enquiries (MBRRACE) data had highlighted a national increase in neonatal mortality. Whilst the Trust's data for 2024 demonstrated a small reduction it was anticipated that there would be an increase in 2026/27. Work was on-going in relation to reducing perinatal mortality with a focus on global majority and this had been incorporated as a new driver metric for Urgent Care.

The Board discussed perinatal mortality noting that maternal age as well as pre-existing conditions were contributory factors. Whilst the Trust would remain focused on this it was important to consider these points.

The Chair of the Quality Committee advised that new guidance had been issued in relation to 'corridor care'. The Trust would continue to use escalation spaces although this would now be

classified as ‘corridor care’ under the new guidance in addition to reporting instances when patients were waiting more than 45 minutes in the Emergency Department (ED).

The Board noted that there had been an increase in complaints and there continued to be a low (52%) response rate within 25 days. The Chair of the Quality Committee advised that the Committee had received positive assurance on Learning from Deaths report.

The Board discussed the increase in complaints. The Chief Executive highlighted that most organisations struggle to meet the target response rate and it was important to focus on de-escalation prior to complaints being received. The Deputy Chief Nurse advised that all Care Groups had driver metrics in relation to complaints and work was ongoing to educate staff in order to reduce the number of formal complaints received. The Care Group Director, Networked Care, confirmed that Care Groups were focussed on this and common themes were reviewed.

The Committee had also received its annual effectiveness review and terms of reference and recommended these for approval. The Board approved the terms of reference.

People Committee: 7 May 2026

The Chair of the People Committee advised that a review was on-going in relation to Band 5 nursing job descriptions and the Committee had recommended that the Chief People Officer should undertaken a risk of the impact of this. The Chief People Officer advised that it was anticipated that most staff would remain as Band 5 a significant amount of work had been undertaken as well as engagement with local staff side and working with system partners to ensure consistency. National guidance was still awaited.

The Chair of the People Committee advised that that the Committee had reviewed the detailed Staff Survey results and noted the high percentage of colleagues experiencing unacceptable conduct (such as bullying, harassment and discrimination) from patients, visitors and members of the public. Action plans were being developed in relation to the Staff Survey findings.

The Committee had also received the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standards (WDES) that demonstrated strong benchmarked position relative to NHS average performance and in year trend in terms of the experience of global majority colleagues was largely one of improvement. The Committee had also recommended these reports for publication.

The Committee had also Occupational Health Annual Report received noting an increase in demand for the service particularly for mental health and musculoskeletal services.

The Board noted that Guardian of Safe Working report had highlighted exception reporting in general surgery, ophthalmology and renal although clear improvement actions were in place.

Charity Committee: 6 May 2026

The Chair of the Charity Committee advised that a discussion was planned for the private Board in relation to the Charity Strategy.

The Committee had reviewed the Charity risk register regarding the use of MailChimp for supporter communications. This had been recommended by the Trust’s Information Governance and Cyber Security team and the Trust’s Data Protection Officer. The Committee had also approved the introduction of three funding rounds during the year to help encourage teams to apply for general charity funding. The Committee also approved the 2026/27 Charity budget.

The Committee had also received its terms of reference and recommended these for approval. The Board approved the terms of reference.

72/26 Chief Executive's Report

The Chief Executive expressed his personal thanks to Steve McManus and the Chief Executive team for the handover he received.

The Chief Executive advised that the recent cluster of meningitis cases had been handled skilfully by the clinical and operational teams at the Trust. There had been 4 cases and Trust teams had been praised by the UK Health Security Agency (UKHSA) for their prompt recognition and notification of the cases.

The Chief Executive advised that, Violence and Aggression was a key focus for the Trust in the year ahead. A Staff Safety Strategy was being developed by the Chief People Officer. The NHS Staff Safety Strategy was an integral part of the NHS People Promise and new Staff Standards were due to published over the coming months. The Trust had responded to a Freedom of Information request to the Royal College of Nursing that demonstrated that the number of violence and aggression incidents towards staff had increased from 16 in 2024 to 40 in 2025. The Chief Executive advised that any abuse in relation to protected characteristics was unacceptable.

The Chief Executive advised the Thames Valley Integrated Care Board (ICB) was reviewing changes to commissioners in relation to models of care and themes aligned to two of the Trust's strategic programmes and the Trust would therefore need to discuss delivery of the Trust's strategy with ICB partners.

The Chief Executive highlighted that whilst Month 1 financial performance was on plan there was a need to significantly improve cost savings delivery as well as identify opportunities to reduce the Trust's cost base over multiple years. This had been discussed with the Executive Management Committee (EMC) at the beginning of June 2026 along with the need to mobilise actions and appoint resource required to do so.

The Board discussed the CARE awards event in May 2026 and thanked the Communications team and other staff involved in the event.

73/26 Integrated Performance Report (IPR)

The Deputy Chief Nurse introduced the refreshed IPR incorporated both existing and new metrics. Overall, the IPR highlighted the sustained operational pressure across the Urgent and Emergency Care pathway as well as capacity issues. Incident reporting remained high although incidents were low to no harm. Sickness absence was at its lowest level for 2 years. Cancer performance continued to improve. The ED 4-hour standard performance was 76.5% although the Trust had seen an increase of 17% in attendances from 2025 to 2026. This had been discussed in detail by the Executive Management Committee including the need to develop a clear understand of the increase in attendances. The Chief Operating Officer confirmed that the increase in attendances had been discussed with the Integrated Care Board (ICB) and analysis was being undertaken on the recent increase to understand this further and also to work with GP colleagues as there had been an increase in more minor presentations. Berkshire West had seen the highest increase in the South East region.

The Deputy Chief Nurse highlighted the introduction of the digital enablement metric and advised that use of the patient portal had decreased. Work was on-going to consider the data that would be included as part of this new digital metric. The Chief Operating Officer advised that the reduction in use of the patient portal was one data point and further analysis was not yet required.

The Board noted that financial performance was on plan although cash continued to be actively monitored.

The Deputy Chief Nurse highlighted the focussed work on Mixed Sex Accommodation (MSA) led by the Director of Nursing, Urgent Care that had resulted in a significant reduction in breaches from 302 in March 2026 to 78 in April 2026.

The Board discussed the Length of Stay metric. The Chief Operating Officer confirmed that work was ongoing with community partners in relation to the availability of community beds. In addition, the Trust's three local authority partners were aware, on a daily basis, of the number of patients waiting for onward care.

74/26 Standing Financial Instructions (SFIs)

The Chief Finance Officer introduced the SFIs and advised that these had been reviewed by the Audit & Risk Committee. The Board noted that there was a further amendment required in relation to severance payments that required HM Treasury approval. The Board approved the SFIs subject to the further amendment on severance payments. **Action: F Khatcherian**

75/26 National Oversight Framework (NOF)

The Associate Director of Strategy & Performance introduced the report and advised that the Trust continued to score well and the unadjusted position would be in Tier 1 although due to the financial override was placed in Tier 3. The NOF metrics for 2026/27 were due to be updated to align with the NHS medium term planning framework and it was anticipated this would be issued in September 2026.

The Board noted that integrated care boards were now included in the NOF and the Trust would be required to complete a Provide Capability Assessment (PCA). Once technical definitions had been released the Trust would need to self-assess. The Chief People Officer highlighted that new Staff Standards including Equality Diversity & Inclusion and sexual safety would also be considered as part of the NOF.

76/26 NHS England (NHSE) Annual Self-Certification

The Chief Finance Officer introduced the report and advised that the Board was required to self-certify against each of the four statements on an annual basis. However, there was no requirement to submit the self-certification to NHSE although it had to be published on the Trust's website.

The Chief Finance Officer recommended that the Board should answer the statements as 'confirmed'. The Board approved the recommendations in relation to each of the statements.

77/26 Board Assurance Framework (BAF)

The Trust Secretary introduced the BAF and highlighted that this had been reviewed in detail by the Audit & Risk Committee.

78/26 Corporate Risk Register (CRR)

The Deputy Chief Nursing introduced the CRR and advised that two new potential corporate risks were being scoped: complaints including response time and reputational risk and Martyn's law. The Board noted that the Audit & Risk Committee had challenged the risk ratings scored as 20 as there were a number of mitigations in places for these risks. The Deputy Chief Nurse confirmed that this would be discussed with risk owners as part of the new review cycle.

The Board recommended that future reports should include a more detailed summary as well as the wording of the risks provided more clarity. **Action: K Prichard-Thomas**

79/26 Work Plan

The Board received the work plan.

80/26 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 29 July 2026 at 09.00

SIGNED:

DATE:

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

Date	Minute Ref	Subject	Matter Arising	Owner	Update
27 May 2026	70/26 (38/26)	Minutes of Board Committee Meetings and Committee Updates: Audit & Risk Committee: 14 January 2026:	It was agreed that the Chief Operating Officer would discuss the Cyber Security item rating with the Chair of the Committee.	D Hardy	Completed.
27 May 2026	74/26	Standing Financial Instructions (SFIs)	The Board approved the SFIs subject to the further amendment on severance payments.	F Khatcherian	Completed.
27 May 2026	78/26	Corporate Risk Register (CRR)	The Board recommended that future reports should include a more detailed summary as well as the wording of the risks provided more clarity.	K Prichard-Thomas	This will be included in the next update to the Board.

Audit & Risk Committee Chairs Report

Committee Chair: Mike O'Donovan

Royal Berkshire NHS Foundation Trust

13 May 2026	
Agenda Item 6.1 Internal Audit Reports	**Substantial Assurance**
Agenda Item 8 HFMS Ltd Governance Review	**Partial Assurance**
Agenda Item 10 Finance & Procurement Improvement Review	**Substantial Assurance**
Agenda Item 11 Board Assurance Framework	**Reasonable Assurance**
Agenda Item 12 Corporate Risk Register	**Reasonable Assurance**
Agenda Item 15 Standing Financial Instructions (SFIs)	**Substantial Assurance**
Agenda Item 17 Freedom to Speak Up Guardian Report	**Substantial Assurance**

13 May 2026	
Agenda Item 19 Violence Prevention & Reduction National Standard Self-Assessment	**Partial Assurance**

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE (ALERT)

- None

MAJOR ACTIONS AGREED (ADVISE)

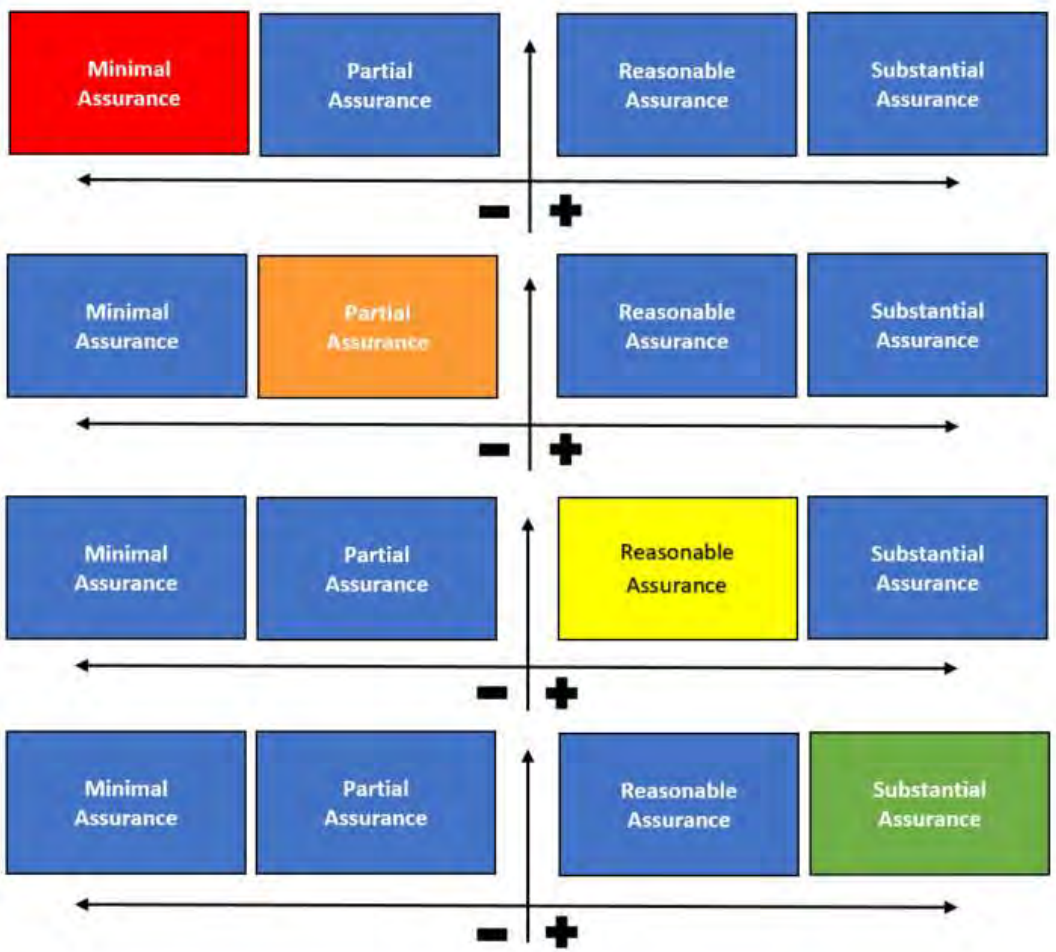
- Three internal audits received, two rated as 'significant assurance with minor improvement opportunities and one with 'partial assurance with improvements required
- New KPIs developed for internal audit process
- Recommendation to approve the revised Standing Financial Instructions
- Ongoing discussions as part of year-end audit on financial statements in relation to income accruals
- Finance and procurement improvement internal audit actions substantially completed and Financial Improvement Plan now developed
- HFMS Ltd Governance review with actions due for completion by September 2026
- Review of BAF and CRR noting that additional CRR risk on cash to be developed
- Violence Prevention & Reduction Self-Assessment received

POSITIVE ASSURANCES TO PROVIDE (ASSURE)

- Annual Report production progressing with some remuneration report items outstanding
- FTSU report received

DECISIONS MADE (APPROVE)

- None



Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing.

There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed.

There is evidence of a good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.

There is evidence of a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and these are being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)

Audit & Risk Committee Chairs Report

Committee Chair: Mike McEnaney

8 July 2026	
Agenda Item 5 External Audit Report & ISA 260	**Substantial Assurance**
Agenda Item 6 Internal Audit Report	**Substantial Assurance**
Agenda Item 7 Internal Audit Recommendations	**Substantial Assurance**
Agenda Item 8 Finance & Procurement Improvement Plan	**Reasonable Assurance**

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE (ALERT)	MAJOR ACTIONS AGREED (ADVISE)
	• Completion of the year end audit • Received two internal audit reports • Received the detailed Finance & procurement function improvement plan
POSITIVE ASSURANCES TO PROVIDE (ASSURE) • Noted the progress in zero overdue internal audit recommendations	**DECISIONS MADE (APPROVE)**

Audit & Risk Committee

Wednesday 13 May 2026
9.30 – 11.35
Boardroom, Level 4

Members

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

In attendance

Advisors

Mr. Michael Evans	(Local Counter Fraud Specialist) (LCFS)
Mr. Neil Thomas	(Partner, KPMG)
Mr. Stephen Turner	(Partner, Deloitte)
Mr. John Oladimeji	(Senior Manager, Deloitte)
Mr. Sam Williams	(Manager, Deloitte)

Trust Staff

Mr. Dom Hardy	(Chief Operating Officer) (for minute 54/26)
Mrs. Frances Khatcherian	(Chief Finance Officer)
Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Mr. Umesh Jetha	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)

51/26 Declarations of Interests

There were no declarations of interest.

52/26 Minutes for approval: 11 March 2026 and Matters Arising Schedule

The minutes of the meeting held on 11 March 2026 were agreed as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 29/26: Local Counter Fraud Progress Report: The Local Counter Fraud Specialist would provide an update on the fraud referral **[s40(2) FOI Act**]. **Action: J Shortall**

Minute 30/26: Local Counter Fraud Annual Plan 2026/27: The Chief Finance Officer suggested the annual plan for 2026/27 would be used to discuss the planned proactive work with the Executive team. **Action: F Khatcherian**

The national procurement exercise would be shared with the Committee. **Action: J Shortall**

Minute 35/26: Digital, Data & Technology (DDaT) Risk Register: The Trust Secretary confirmed that the DDaT risk register had been reviewed at the Integrated Risk Management

Committee (IRMC) and a recommendation had been made for target dates on all DDaT risks to be reviewed.

53/26 Local Counter Fraud Progress Report

The Local Counter Fraud Specialist (LCFS) introduced the report and advised that no new referrals had been received. There had been one fraud alert relating to a fraudulent transaction scam involving Worldpay (UK) Ltd and this had been shared with the finance team. Payroll data for the proactive exercised had been reviewed and this was being reviewed in liaison with the People Directorate. The content of the Trust's Anti-Fraud Policy was being reviewed to ensure this remained valid in light of the Economic Crime and Transparency Act legislation.

It was agreed that the report would be updated to remove the reference to the 'interim' Chief Finance Officer. The update at the next meeting would also include the findings of the local proactive exercised. **Action: J Shortall**

54/26 Internal Audit Progress Report

The Partner, KPMG, introduced the report and advised that three reviews remaining for 2025/26 were included in the report. The Committee queried whether there was any learning identified from the 2025/26 internal audit programme. The Partner, KPMG, advised that delays were occasionally incurred due to both staff being busy and sometimes in relation to complexity where reviews required input from several teams.

The Partner, KPMG, advised that scoping had commenced for the reviews of mortality, absence management, divisional risk management, and Fit and Proper Persons Test. Terms of reference for the FPPT review had been approved.

The Partner, KPMG, advised that the Data Security & Protection Toolkit (DSPT) review had been rated as 'significant assurance with minor improvement opportunities' with two medium level recommendations issued. Twelve outcomes had been assessed as part of the review and there had been two areas rated as 'overstated'. However, the internal audit process provided an opportunity for evidence to be reviewed ahead of the formal data submission at the end of June 2026.

The Trust Secretary advised that the Information Governance team both collated and challenged evidence for the DSPT and those areas marked as 'overstated' by internal audit would be reviewed accordingly. **Action: C Lynch**

The Partner, KPMG, advised that the Access and Activity data review had been rated as 'significant assurance with minor improvement opportunities'. There were 8 medium and 2 low level recommendation issued. The Chief Operating Officer advised that the review had focussed on two specialities, although the recommendations were applicable to a number of specialties. Therefore, the final report had been delayed to enable focus and engagement from all Care Groups as the actions would require cultural change. A digital solution was also being implemented to ensure that coding was correct.

The Partner, KPMG, advised that the Digital Data and Technology (DDaT) Operations review had been rated as 'partial assurance with improvements required'. There were two high and one medium level recommendations issued. The Partner, KPMG, confirmed that there had been good engagement from the DDaT throughout the audit. The Chief Operating Officer advised that the DDaT had struggled to recruit to the new structure and this had presented a challenge in delivery of all of the transformation work required. However, this had not largely been addressed, and the team were embedding the Improving Together methodology as

part of implementation of the Target Operating Model (TOM). The Chief Operating Officer confirmed that the Digital Hospital Committee monitored DDaT operations and Digital Hospital Committee reported to the Executive Management Committee.

55/26 Internal Audit Annual Report

The Partner, KPMG, introduced the report that set out the findings of the reviews undertaken during 2025/26 and highlighted that, overall, these were mostly rated amber-green with a small number of amber-red rated findings. The Committee considered that it would be useful in future reports to include additional narrative alongside the ratings.

The Committee recommended that quality governance and DDaT governance should be reviewed as part of the internal audit programme for 2026/27. The Chief Finance Officer would review with the Chief Executive and Trust Secretary. **Action: F Khatcherian**

56/26 External Audit Progress Report

The Partner, Deloitte, advised that the year-end audit was on target to be completed on time. Areas of focus for the audit included revenue work although there had been some delay on this. Whilst it was noted that the Chief Finance Officer had recruited additional resource and there were improvements, timeliness remained an issue. The Chief Finance Officer confirmed that regular meetings with the finance team had been put in place to ensure information was provided in a timely manner to auditors.

The Senior Manager, Deloitte, advised that a good draft of the Annual Report had been received although it was noted that there had been a delay in relation to the remuneration report. The Chief Finance Officer clarified that this related to pension information being awaited from a third party.

The Partner, Deloitte, provided an overview of the discussions held in relation to the prior year adjustment and advised that there was a need to establish whether information had been available at the time of the previous year's audit and whether this was an error. A queried had been raised in the previous audit and had been confirmed as correct by the finance team. The Chief Finance Officer advised that it had been established that this was an error by the finance team and this would be discussed with NHS England (NHSE) in relation to the level of materiality. The Partner, Deloitte, confirmed that they would also liaise with NHSE.

57/26 Internal Audit Recommendations

The Chief Finance Officer introduced the report and highlighted that there were no overdue actions. There were three requests to extend the due date to 30 September 2026 in relation to actions from the cashflow forecasting review. The Committee approved the proposal.

58/26 Finance and Procurement Improvement Reviews

The Committee received the report and noted that 23 recommendations had now been completed. The Chief Finance Officer advised that a further external review had been commissioned in relation to reviewing errors at source. It was agreed that review would be circulated to the Committee. **Action: F Khatcherian**

The Chief Finance Officer provided an overview of the discussions ongoing with system partners in relation to corporate services consolidation as well as the Trust being a pilot for digitalisation. The Chief Finance Officer highlighted the importance of each organisation undertaking a review of their corporate services prior to any consolidation.

59/26 HFMS Governance Review

The Trust Secretary introduced the report and advised that HFMS Board had received the report and supported the recommendation. The Trust Secretary highlighted a discussion had been scheduled for the Board in May 2026 regarding future use of HFMS Ltd. The Partner, Deloitte, highlighted that the risks in relation to a subsidiary company and advised it was important to be clear on the use from a Board perspective.

60/26 Board Assurance Framework (BAF)

The Trust Secretary introduced the report and advised that risk descriptions had been updated in Strategic Objective 5 and an additional risk had been included in relation to environment sustainability.

The Committee recommended that 5.3 and 5.4 should be updated to set out the recommendation from the recent Well Led review and the impact on patient care respectively. **Action: A Statham**

61/26 Corporate Risk Register (CRR)

The Trust Secretary introduced the CRR and confirmed that risk ratings had been discussed by the Integrated Risk Management Committee (IRMC) and risk owners had been asked to review risk ratings with the Head of Risk taking the Trust's risk appetite statements into account.

The Committee recommended that the risk detail in relation to the New Hospital required updating in relation to the timeframe. **Action: A Statham**

The Chief Finance Officer highlighted that IRMC had also discussed an additional risk to be developed in relation to the Trust's cash position.

62/26 Losses & Special Payments

The Committee noted that there had been three payments for loss of property to the value of £3,699 and 68 cases of other losses totalling £48,065 had been made since the last meeting. There had been four special payments to the value of £23,847.

63/26 Use of Single Tenders

The Committee noted that 13 single tender waiver (STW) contracts had been awarded since the last meeting. The Chief Finance officer advised that the report had been updated to include the percentage of STW versus the percentage of total purchase orders raised. The Committee considered that future report should include further information as to the reason for the use of a STW and also names of staff should not be included.

Action: F Khatcherian

64/26 Use of Significant Contracts

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

- Hydro-X Water Treatment Limited 2-year plus 2-year optional extension £4,238.127.60
- Trustmarque/Ultima 3-year contract £1,050,696.24

65/26 Bank Account Authorisations

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

66/26 Standing Financial Instructions (SFIs)

The Chief Finance Officer introduced the SFIs that had been significantly updated both in relation to the new procurement law as well as including a formal escalation route. General authorisation levels had not been changed although as part of delegation of authority the senior leadership would be able to approve contracts in line with their authorisation level.

The Committee agreed that a recommendation would be submitted to the Board to approve the revised SFIs. **Action: M O'Donovan**

67/26 Non-NHS Debt Report

The Committee noted that non-NHS debt was £8.94m as at 30 April 2026. The Chief Finance Officer highlighted that in relation to overseas debt there was often a number of human factors elements.

68/26 Freedom to Speak Up Guardian

The Committee received the report that set out activity and progress since the last report provided to the Committee in November 2025 and included data for Quarter 3 and 4 2025/26 submitted to the National Guardian's Office (NGO).

The Committee queried whether the patient safety issue set out in the report had been discussed with the Quality Committee. **Action: K Prichard-Thomas**

The Committee noted that the FTSU Guardian would be involved in the ongoing procurement process in relation to the risk management system.

The Committee considered that the report provided good assurance.

69/26 Data & Security Protection Toolkit (DSPT)

The Trust Secretary introduced the report that set out progress in relation to the DSPT submission. It was anticipated that the Trust would achieve the 'standards met' classification following NHS England's review of the submitted documentation.

70/26 Violence Prevention & Reduction National Standard Self-Assessment

The Committee received the self-assessment. The Committee considered that the report required further context as well as target dates for actions. **Action: K Prichard-Thomas**

71/26 Work Plan

The Committee received the work plan.

72/26 Key Messages to the Board

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

- Advise that three internal audits had been received, two rated as 'significant assurance with minor improvement opportunities and one with 'partial assurance with improvements required
- Advise that new KPIs had been developed for internal audit process
- Recommendation to approve the revised Standing Financial Instructions
- Advise that discussions were ongoing as part of year-end audit on financial statements in relation to income accruals
- Advise that finance and procurement improvement internal audit actions substantially completed and Financial Improvement Plan now developed
- Advise that HFMS Ltd Governance review had been received with actions due for completion by September 2026
- Advise that review of BAF and CRR noting that additional CRR risk on cash to be developed
- Advise that Violence Prevention & Reduction Self-Assessment had been received
- Assurance received from the FTSU report
- Assurance that the Annual Report production progressing well with only remuneration report outstanding

73/26 Reflections of the Meeting

Helen Mackenzie led the discussion.

74/26 Date of Next Meeting

It was agreed that the next meeting would take place Wednesday 13 July 2026 at 9.30.

75/26 Private Meeting with Internal Audit

A private meeting with KPMG was not held.

76/26 Private Meeting with External Audit

A private meeting with Deloitte was not held.

77/26 Private Meeting of the Committee

A private meeting of the Committee was not held.

Chair:

Date:

Audit & Risk Committee

Wednesday 8 July 2026
9.30 – 11.15
Boardroom, Level 4

Members

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

In attendance

Advisors

Mr. Michael Evans	(Local Counter Fraud Specialist) (LCFS)
Mr. Neil Thomas	(Partner, KPMG)
Mr. Stephen Turner	(Partner, Deloitte)
Mr. John Oladimeji	(Senior Manager, Deloitte)
Mr. Sam Williams	(Manager, Deloitte)

Trust Staff

Mrs. Frances Khatcherian	(Chief Finance Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Ms. Charlene Sables	(Deputy Director of Finance, Financial Control)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

78/26 Declarations of Interests

There were no declarations of interest.

79/26 Minutes for approval: 13 May 2026 and Matters Arising Schedule

The minutes of the meeting held on 13 May 2026 were agreed as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 52/26 (29/26) Minutes for approval: 11 March 2026 and Matters Arising Schedule: Local Counter Fraud Progress Report: The Deputy Director of Finance, Financial Control, advised that the Trust had written to the patient in relation to **[s40(2) FOI Act]**

Minute 52/26 (30/26): Minutes for approval: 11 March 2026 and Matters Arising Schedule: Local Counter Fraud Annual Plan 2026/27: The Chief Finance Officer confirmed that the Counter Fraud planned proactive work would be incorporated into the control environment workstream in the Financial Improvement Plan.

Minute 53/26 Local Counter Fraud Progress Report: The outcome of the local proactive exercise would be included in the next update to the Committee. **Action: J Shortall**

Minute 55/26: Internal Audit Annual Report: The Chief Finance Officer advised that Digital Data & Technology (DDaT) governance would be included in the internal audit plan for 2027/28.

Minute 63/26 Use of Single Tenders: The Chief Finance Officer confirmed that further information as to the reason for the use of a Single Tender Waiver (STW) would be included in the next update to the Committee. **Action: F Khatcherian**

80/26 Local Counter Fraud Progress Report & Annual Report 2025/26

The Local Counter Fraud Specialist (LCFS) introduced the report and advised that no new fraud referrals had been received. The HR/Counter Fraud policy was due for review and the fieldwork for the local proactive exercised had been delayed.

The Committee discussed the issue of new fraud referrals received year-to-date. The LCFS advised that all fraud notices received were shared with the Trust to promote awareness as well as any suggested control recommendations. It was agreed that the further information would be provided to the next meeting in relation to the low level of referrals and the control environment. **Action: J Shortall**

The Committee queried whether all referrals were reported to the Committee. It was agreed that the Chief Finance Officer would confirm the process. **Action: F Khatcherian**

The LCFS introduced the Annual Report for 2025/26 and highlighted that, overall, a green rating had been issued. The Committee noted that there were three amber ratings including 'reporting identified loss'. This related to the referrals being reported on the NHS Counter Fraud Authority's case management system, CLUE. Despite an increased level of fraud awareness activity undertaken in the period, only one such referral was received and reported on the system. Two other amber ratings related to 'undertake detection activity' as this exercise had not been completed during the year and 'access to and completion of training'. Whilst Counter Fraud training was provided at induction in addition to specific training for specific teams where the risk of fraud was higher, the Trust was unable to demonstrate that staff completed Counter Fraud training every 3 years. However, quite a few trusts were in the same position.

The Committee noted the submission of the annual report.

81/26 External Audit Progress Report

The Partner, Deloitte, advised that the year-end audit had been completed with the Annual Report and Accounts submitted to NHS England (NHSE) on 1 July 2026

The Partner, Deloitte advised that work would now commence on HFMS Ltd and Royal Berks Charity audits with completion planned over the Autumn period.

82/26 External Audit Report 2025/26 & Final ISA 260 Report

The Committee noted that the final ISA260 had been completed and updates had been included. [**s22 FOI Act**] The recommendations and improvements from the year-end audit would need to be implemented effectively by the Trust.

The Chief Nursing Officer highlighted that triangulation of learning from the Care Quality Commission was already in place at the Trust.

The Partner, Deloitte confirmed that the team would support the Trust by engagement with the Financial Improvement Plan.

The Chair thanked the Deloitte team as this was their last year-end audit for the Trust.

83/26 Internal Audit Progress Report

The Partner, KPMG, introduced the report and advised that fieldwork had commenced for the mortality and divisional risk management reviews and the outcome would be presented to the September meeting.

The Partner, KPMG, advised that the Income and Postings controls review had resulted in 3 high, 6 medium and 1 low recommendation. Actions from the review were being incorporated into the Financial Improvement Plan. The Committee discussed concerns that some issues identified by the review had not been communicated previously to the Committee. The Chief Finance Officer advised that the whilst the previous internal audit had identified actions, these were not the source of the issues in the finance team and the content of review aligned with the external audit report. The Chief Finance Officer confirmed that the actions from this review were on target and should be business as usual in the finance function.

The Committee discussed the role of the Finance & Investment Committee would be to review the income and expenditure and capital and the role of the Chief Finance Officer was to provide assurance to the Audit & Risk Committee on the effectiveness of the finance function. The Chief Finance Officer confirmed that Board level assurance would be provided via the regular updates on the Financial Improvement Plan.

The Partner, KPMG, advised that the Fit and Proper Person Test (FPPT) review had been rated as 'significant assurance with minor improvement opportunities'. There were 5 medium and 4 low level recommendations issued. The Partner, KPMG, highlighted that the FPPT review was mandated every 3 years.

84/26 Internal Audit Recommendations

The Chief Finance Officer introduced the report and highlighted that there were no overdue actions. There were 25 actions not yet due that linked to the Financial Improvement Plan. Therefore, it was recommended that these actions were closed and actions monitored as part of the Financial Improvement Plan. The Committee supported the proposal.

The Committee considered good progress had been achieved in relation to closing internal audit recommendations.

85/26 Finance and Procurement Function Improvement Plan

[S40(2) FOI Act]

86/26 Review of High Earners

This item was deferred to the next meeting.

87/26 Losses & Special Payments

The Committee noted that there had been no payments for loss of property since the last meeting and 59 cases of other losses totalling £228,082 had been made since the last meeting. There had been one special payment to the value of £550.

88/26 Use of Single Tenders

The Committee noted that 12 single tender waiver (STW) contracts had been awarded since the last meeting.

It was agreed that staff names would be removed from the report and clarification as to whether spend was capital or revenue would be clarified. In addition, contract renewal states would also be included. **Action: F Khatcherian**

The Committee discussed the general risk in relation to large value STWs being awarded to a small number of contractors for estates work. The Chief Finance Officer advised that work was ongoing with contractors to encourage them to join the framework and it was anticipated that the number of STWs would reduce by Quarter 3 2026/27.

89/26 Use of Significant Contracts

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

- Trustmarque Business Solutions 2-year £1,172,397.60
- Softcat PLC 1-year £163,565.96
- Molnlycke Health Care Limited 2-year plus 1-year optional extension £977,814.00

90/26 Bank Account Authorisations

The Committee noted that there had been one amendment to the Trust Signatory panel since the last meeting. A member of staff had been removed from the signatory panel following their resignation from the Trust.

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

91/26 Non-NHS Debt Report

The Committee noted that non-NHS debt was £9.3m as at 30 May 2026.

The Chief Finance Officer confirmed that the category of 'other' included either local authorities or staff members.

The Committee discussed the debt over 90 days. The Chief Finance Officer advised some of this debt was several years old and some related to private patients. The Committee recommended that future reports should set out the age of the debt and the provision being made for this debt to clarify the risk to financial performance. **Action: F Khatcherian**

The Committee noted that the private patients service was situated in the Planned Care Group although credit control was situated in the finance team.

92/26 Health & Safety Annual Report 2025/26

The Committee received the detailed Annual Report for 2025/26.

The Chief Finance Officer advised that the report had been reviewed by the Health & Safety Committee noting the significant increase in violence and aggression incidents.

The Committee noted that training compliance had reduced due to Winter pressures and the team were reviewing this. Other areas included issues with lifts and high voltage works and electrical works had been agreed as part of the capital plan.

The Committee discussed the increase in violence and aggression incidents. The Chief Executive advised that the Chief People Officer had been commissioned to develop a Staff Safety Strategy including strengthening of the Yellow Amber Red process. The Committee noted that violence and aggression was monitored by the People Committee.

The Committee considered that the report was well structure and easy to read. The Committee approved the Health & Safety annual Report for 2025/26 noting the salient point of the increase in Violence and Aggression incidents.

93/26 Work Plan

The Committee received the work plan. The Trust Secretary confirmed that the September 2027 meeting would be scheduled for later in the month. **Action: C Lynch**

94/26 Key Messages to the Board

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

- Completion of the year end audit
- Received two internal audit reports
- Noted the progress in zero overdue internal audit recommendations
- Received the detailed Finance & procurement function improvement plan

95/26 Reflections of the Meeting

Mike McEnaney led the discussion.

96/26 Date of Next Meeting

It was agreed that the next meeting would take place Wednesday 9 September 2026 at 9.30.

The Chair thanked Helen Mackenzie for her contribution to the Committee as this was her last meeting.

97/26 Private Meeting with Internal Audit

A private meeting with KPMG was not held.

98/26 Private Meeting with External Audit

A private meeting with Deloitte was not held.

99/26 Private Meeting of the Committee

A private meeting of the Committee was not held.

Chair:
Date:

Finance & Investment Committee: Committee Chair's Report

Committee Chair: Mike O'Donovan, Non-Executive Director

20 May 2026	
Agenda Item 3: Month 1 Finance Report	**Reasonable Assurance**
Agenda Item 4: Financial Improvement Plan	**Partial Assurance**

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE (ALERT)	MAJOR ACTIONS AGREED (ADVISE)
• Impact of 17% increase in year-on-year Emergency Dept attendances . • Need to review income data and coding to ensure payment is in line with activity. • Financial Improvement Plan requires a higher % of recurrent savings	• Work collaboratively with system partners to mitigate ED attendances • Continuing discussions with commissioners on contracts for both elective and non-elective work. • Review medium term efficiency requirement and develop 3 year plan.
POSITIVE ASSURANCES TO PROVIDE (ASSURE)	**DECISIONS MADE (APPROVE)**
• On plan overall at end Mth 1 • Strong cash position end Mth 1 • £6million savings carried forward from 2024/25. • Financial Improvement Plan with workstreams completed, with key roles necessary for delivery identified and budgeted.	

Finance & Investment Committee: Chairs Report

Royal Berkshire NHS Foundation Trust

Committee Chair: Mike O'Donovan, Non-Executive Director

17 June 2026	
Agenda Item 3 Finance Report and Financial Improvement Plan	**Partial Assurance**

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE (ALERT)	MAJOR ACTIONS AGREED (ADVISE)
• Run rate of cost improvement programme will need to increase to deliver full year target. • Management of WTE numbers in anticipation of potential increase in activity levels.	• Further work needed to address our cost base, specifically underlying WTE levels, drug expenditure. • Develop a 3 year financial, capital and cash trajectory for September. • More detailed overview of income and income risk to July meeting.
POSITIVE ASSURANCES TO PROVIDE (ASSURE)	**DECISIONS MADE (APPROVE)**
• On Plan at end Month 2 • Cash position sufficient in the short term. • Progress made in aligning coding, income and activity data with contract assumptions. • Capital programme remained affordable, subject to cash availability and timing of release of expenditure from external (PDC) sources.	

Finance & Investment Committee Chair's Report

Royal Berkshire NHS Foundation Trust

Committee Chair: Mike O'Donovan, Non-Executive Director

15 July 2026	
Agenda Item 3 - Finance Report & Financial Improvement Plan	**Partial Assurance**

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE (ALERT)	MAJOR ACTIONS AGREED (ADVISE)
• Management of workforce numbers • Savings – need to accelerate from Q2, with a greater proportion recurrent.	• Further reviews with all Care Groups and depts on plans to deliver full year savings • Develop workforce management plan. • Align internal budget income with commissioner contract expectation • Review second half cash position and plan for mitigations as needed.
POSITIVE ASSURANCES TO PROVIDE (ASSURE)	**DECISIONS MADE (APPROVE)**
• On budget at end of Q1 • Significant progress made in resolving income issues • Cash balance at end Q1	

Finance & Investment Committee Part I

Wednesday 20 May 2026
9.30 – 10.25
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike O'Donovan	(Non-Executive Director) (Chair)
Mr. Oke Eleazu	(Chair of the Trust)
Mr. Dom Hardy	(Chief Operating Officer)
Mrs. Frances Khatcherian	(Chief Finance Officer)
Ms. Catherine McLaughlin	(Non-Executive Director)

In Attendance

Mr. James Blythe	(Chief Executive)
Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Dr. Janet Lippett	(Chief Medical Officer)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)
Mr. Andrew Statham	(Chief Strategy Officer)

65/26 Declarations of Interest

There were no declarations of interest.

66/26 Minutes for Approval: 15 April 2026 & Matters Arising Schedule

The minutes of the meeting held on 15 April 2026 were approved as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 54/26: Minutes for Approval: 18 March 2026 & Matters Arising Schedule: Capital Programme Update 2026/27: The Chief Operating Officer advised that a business case would be developed for the expansion of the Emergency Department once an options appraisal had been completed. The Chief Finance Officer advised that the Trust had applied for £900k seed funding in order to develop the business case.

67/26 Month 1 Finance Report

The Chief Finance Officer introduced the report and advised that the Trust had an underlying deficit of £2.6m. Month 1 financial performance was a deficit of £1.11m although this had been achieved by over budget income offsetting over budget costs. Approximately £2m of the Cost Improvement Programme (CIP) had been delivered for Month 1 although it was anticipated that Months 2 and 3 delivery would be lower than plan. The Chief Operating Officer advised that £6m of savings had been carried forward from 2024/25 to the 2025/26 programme. The Financial Improvement Plan would also enable

future years' planning and include benefits from strategic programmes. The Chief Finance Officer advised that a continuing 3-year capital plan was also required as capital spend during Month 1 was low.

The Committee discussed increasing demand levels, particularly within urgent and emergency care. The Chief Operating Officer highlighted that Emergency Department attendances had increased by 17% in comparison with the previous year. This level of increase was not seen by other trusts in the South East and this level of activity impacted significantly on the Trust's financial performance. The Committee noted that the Trust continued to work collaboratively with system partners although no reduction in attendances was being seen and this impacted both the patient experience and the wellbeing of staff.

[s43, FOI Act]. The Chief Finance Officer advised that there was a need to ensure that income was coded correctly as well as the need to continue discussions with commissioners in relation to payment of activity undertaken.

It was agreed that Month 2 finance report would include further detail on performance in relation to the contract. **Action: F Khatcherian**

The Committee noted that Month 1 cash position was £30.85m.

The Committee discussed the Financial Improvement Plan, noting that a significant proportion of savings remained non-recurrent and that further work was required to strengthen recurrent delivery and longer-term sustainability.

It was agreed an update on the system financial position would be circulated to the Committee. **Action: F Khatcherian**

68/26 Financial Improvement Plan 2026/27

The Chief Finance Officer introduced the report and advised that there were 13 workstreams and a monthly update on the plan would be provided to the Committee. **Action: F Khatcherian**

The Chief Finance Officer provided an overview of the resources required for the Financial Improvement Plan including those roles that would be appointed to either internally or externally. The Committee discussed the importance of developing the skills of internal staff as well as the benefits in terms of knowledge of the organisation. The Chief Finance Officer confirmed that these costs were included in the budget for 2026/27.

The Chief Finance Officer advised that a medium-term plan would need to be reviewed in the first instance with the Chief Executive and following this a 3-year plan could be developed. The Committee discussed the importance of the Long-Term Resource Model (LTRM) as foundation for the next planning round.

69/26 Key Messages for the Board

Key messages for the Board included:

- Financial performance on plan at Month 1 with further work required to improve the efficiency rate and link income with activity.
- Delivery of the Financial Improvement Plan was critical, with a need to increase recurrent savings.
- System pressures continue to impact financial performance.

70/26 Date of Next Meeting

It was agreed that the next meeting would take place on Wednesday 17 June 2026 at 9.30am.

SIGNED:

DATE:

Royal Berkshire NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Wednesday 17 June 2026
9.30 – 10.35
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike O'Donovan	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Mr. Umesh Jetha	(Non-Executive Director)
Mrs. Frances Khatcherian	(Chief Finance Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Andrew Statham	(Chief Strategy Officer)

In Attendance

Mr. James Blythe	(Chief Executive)
Miss. Kerrie Brent	(Corporate Governance Manager)
Mr. Oke Eleazu	(Chair of the Trust)

80/26 Declarations of Interest

There were no declarations of interest.

81/26 Minutes for Approval: 20 May 2026 & Matters Arising Schedule

The minutes of the meeting held on 20 May 2026 were approved as a correct record and signed by the Chair.

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

82/26 Month 2 Finance Report

The Chief Finance Officer introduced the report and advised that the Trust had delivered a year to date deficit of £2.27m at Month 2 in line with plan. However, the underlying deficit had increased to £3.35m, highlighting a more challenging financial position. The Committee noted that although £4.51m of the Cost Improvement Programme (CIP) had been delivered year to date, the current run-rate remained insufficient to achieve the full year target and would need to increase from Month 3 onwards.

The Committee noted that the Trust's cash position at Month 2 was £24.82m and discussed the Trust's income position. There was a substantial programme of work on-going to align activity, coding and income recovery accurately, including a review of specialty-level reporting, contract assumptions and coding depth. [s43, FOI Act]. The Committee discussed the importance of maintaining a consistent narrative both within the organisation and with the Integrated Care Board. It was also agreed that a specific overview setting out income variance, the underlying causes and the expected trajectory would be submitted to the next meeting to support this. **Action: F Khatcherian**

The Chief Finance Officer provided an overview of the on-going development of the Power BI platform to provide improved specialty-level reporting. This would strengthen the Trust's ability to understand productivity, profitability and operational risk. The Committee discussed the importance of strengthening data quality, coding maturity and assurance processes to ensure activity was accurately recorded and reimbursed. It was agreed that future reporting should include an improved articulation of income risk and the extent to which financial performance was exposed to activity variation. **Action: F Khatcherian**

The Committee discussed the cost base. Further work was required to address underlying Whole Time Equivalent (WTE) levels, drug expenditure and other areas of cost pressure.

The Chief Executive highlighted the need to transition from short-term grip and control measures in order to develop a sustainable medium-term approach. As discussed previously a 3-year financial, capital and cash trajectory would be submitted to the September meeting. **Action: F Khatcherian**

The Committee received the update on capital and cash. The Chief Finance Officer advised that the capital programme remained affordable within existing approvals, although the phasing of expenditure continued to be reviewed specifically in relation to the £10.5m Emergency Department (ED) extension allocation. The cash position remained constrained and discussions were on-going with system partners in relation to cash management and the timing of related flows, with a view to supporting delivery of the capital programme and wider organisational transformation.

83/26 Key Messages for the Board

Key messages for the Board included:

- Month 2 financial performance remained on plan
- Detailed review of activity, coding and income recovery being undertaken and would be critical in strengthening both the in-year financial position and the baseline for future planning.
- The need to balance financial recovery with due consideration for patient safety, patient experience and operational performance.
- Received an update on the capital and cash position
- Focus on WTE with noted challenge on reducing the overall numbers due to an increase in growth activity being reviewed
- A three-year financial, capital and cash trajectory would be submitted in September 2026

84/26 Date of Next Meeting

It was agreed that the next meeting would take place on Wednesday 15 July 2026 at 9.30am.

SIGNED:

DATE:

Quality Committee Chairs Report

Royal Berkshire NHS Foundation Trust

Committee Chair: Helen Mackenzie

15 June 2026	
Quality Account	**Substantial Assurance**

25 June 2026	
Quality Account	**Substantial Assurance**

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE (ALERT)	MAJOR ACTIONS AGREED (ADVISE)
• N/A	• N/A
POSITIVE ASSURANCES TO PROVIDE (ASSURE)	**DECISIONS MADE (APPROVE)**
• N/A	• Quality Account for 2025/26 and Quality Priorities for 2026/27.

Quality Committee Chairs Report

Royal Berkshire NHS Foundation Trust

Committee Chair: Minoo Irani, Non-Executive Director

1 July 2026	
Agenda Item 4: Learning from deaths report	**Substantial Assurance**
Agenda Item 12: Patient experience annual report	**Substantial Assurance**
Agenda Item: Safeguarding, mental health, LD annual rep	**Substantial Assurance**
Agenda Item 3: Maternity Quality Assurance report including perinatal mortality	**Partial Assurance**
Agenda Item 13: Patient relations annual report	**Partial Assurance**
Agenda Item 15: Infection prevention & control annual report	**Partial Assurance**

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE (ALERT)

- Data quality (maternity): letter from National Maternity & Perinatal Audit about poor data quality for women who have a post-partum haemorrhage of 1500 ml or above.
- In April 2026, there was an increase in incidence of major obstetric haemorrhage and surgical site infections recorded.
- Maternity ultrasound capacity is a clinical risk and related to difficulty filling in sonographer vacancies.
- While essential safety processes are in place in the trust, they have not consistently functioned as effective barriers to patient harm from never events. The plan is for improvement focus to move to system redesign and standardisation across the Trust rather than individual actions. The Committee supported this improvement approach.

MAJOR ACTIONS AGREED (ADVISE)

- National Inpatient survey 2025 overview report: improved performance in several areas applauded. Assurance for Trust-wide priorities and required improvements noted (virtual wards, waiting for admission, religious and mental health needs).
- RBFT aspires to achieve compliance closer to the national cancer targets through targeted actions to address capacity constraints (radiotherapy) and manage pathway pressures in key tumour sites. All cancer standards in the trust have steadily improved.
- There has been a significant increase in patient complaints during 2025/26; the average number of days to respond to complaints has reduced from 33 to 29 days. The main focus next year will be on strengthening workforce capacity to manage increasing complaint volumes and improve response times
- Focus for improvement in C.difficile infection rate through anti-microbial stewardship.

POSITIVE ASSURANCES TO PROVIDE (ASSURE)

- Mortality performance for March & April 2026 confirms that mortality indicators continue to show gradual improvement. The Committee was assured that key learning themes are clearly identified and are being addressed through existing governance, education and quality improvement routes.
- The patient experience annual report highlights the breadth and impact of Patient Experience work across the Trust.
- Collaboration with BHFT for mental health patients attending RBH A&E should improve the experience of patients.

DECISIONS MADE (APPROVE)

- The Quality Committee supported the proposed actions following the patient safety board seminar in April 2026.

Royal Berkshire NHS Foundation Trust

Notes

Quality Committee

Wednesday 15 June 2026
13.00 – 13.35
Video Conference Call

Members

Mrs. Helen Mackenzie	(Non-Executive Director) (Chair)
Ms. Suzanne Bryne	(Non-Executive Director)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Minoo Irani	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
Mr. Mike O'Donovan	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)

In Attendance

Ms. Karolyn Baker	(Associate Chief Nurse, Workforce, Improvement & Standards)
Mr. James Blythe	(Chief Executive)
Ms. Helen Challand	(Deputy Chief Nurse)
Mr. Oke Eleazu	(Chair of the Trust)
Mrs. Caroline Lynch	(Trust Secretary)

36/26 Declarations of Interest

There were no declarations of interest.

37/26 Quality Account 2025/26

The Chief Nursing Officer introduced the draft Quality Account for 2025/26 and highlighted that the document met statutory requirements and quality priorities had been aligned to the Trust's strategic objectives.

The Associate Chief Nurse, Workforce, Improvement & Standards advised that the Quality Account had been discussed at both the Quality Governance Committee and Executive Management Committee.

The Committee noted the proposed quality priorities for 2026/27 including patient safety, cancer performance, length of stay, elective activity, patient experience and mixed sex accommodation.

The Committee discussed the patient safety metric and noted that whilst incident rates provided a useful indicator of safety culture, further thematic analysis was required to fully understand trends.

The Committee considered reporting of severe harm incidents and noted that increases reflected changes in methodology with the implementation of the Patient Safety Incident Reporting Framework (PSIRF) framework. It was agreed that additional explanatory narrative should be included within the Quality Account.

The Committee suggested the following areas required further refinement including completion of outstanding data, validation of metrics and strengthening of narrative as required. In addition, confirmation regarding the requirement for external stakeholder statements would be provided. **Action: K Prichard-Thomas**

It was agreed that a further meeting would be scheduled for the Committee to receive the final version of the Quality Account 2025/26 for approval. **Action: C Lynch**

38/26 Date of Next Meeting

It was agreed that the next meeting would be scheduled ahead of 30 June 2026.

SIGNED:

DATE:

Royal Berkshire NHS Foundation Trust

Minutes

Quality Committee

Thursday 25 June 2026
Meeting by email

Members

Mrs. Helen Mackenzie	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Mr. Oke Eleazu	(Chair of the Trust)
Dr. Minoo Irani	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)

In Attendance

Miss. Kerrie Brent	(Corporate Governance Manager)

39/26 Quality Account 2025/26

The Committee received the updated Quality Account for 2025/26 and Quality Priorities for 2026/27 for approval.

The Committee discussed the need for greater clarity in future reporting on Quality Priorities. In particular, updates that demonstrated how increased incident reporting translated into learning and reduced harm as well as clearer differentiation of harm levels. It was suggested that the 'listened to and involved' metric should be considered alongside Friends and Family Test response rates to ensure meaningful interpretation. In addition, the use of clear numerical metrics in reporting Emergency Department performance against the four-hour standard.

The Committee approved the Quality Account for 2025/26 and Quality Priorities for 2026/27.

40/26 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 1 July 2026 at 10.00am.

SIGNED:

DATE:

Royal Berkshire NHS Foundation Trust

Notes

Quality Committee

Wednesday 1 July 2026
10.00 – 12.20
Boardroom, Level 4

Members

Dr. Minoo Irani	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)

In Attendance

Ms. Sarah Bailey	(interim Director of Midwifery) (up to minute 41/26)
Mr. James Blythe	(Chief Executive)
Mr. Oke Eleazu	(Chair of the Trust)
Ms. Ange Forster	(Director of Nursing, Urgent Care) (for minute 46/26)
Mrs. Caroline Lynch	(Trust Secretary)
Ms. Alexandra Luke	(Director of Operations, Planned Care) (for minute 47/26)

Apologies

Ms. Suzanne Byrne	(Non-Executive Director)

39/26 Declarations of Interest

There were no declarations of interest.

40/26 Minutes for Approval: and Matters Arising Schedule

The minutes of the meetings held on 2 February, 22 April and 15 June 2026 were approved as a correct record and signed by the Chair.

The Committee noted the matters arising schedule.

Minute 26/26: Patient Relations Update: The Chief Nursing Officer advised that there was an informal process for complaints benchmarking across trusts in the system. It was agreed that, as part of the next quarterly update further benchmarking information against Model Hospital data would be provided. **Action: K Prichard-Thomas**

41/26 Maternity Quality Assurance Report including Perinatal Mortality (PNM)

The Chief Nursing Officer highlighted the current context for maternity services and the importance of listening to families and learning from incidents in relation to maternity and neonatal services. National reports had been issued and the Trust would need to work with teams to understand these in order to frame a response. The Chief Nursing Officer advised that a Maternity & Neonatal Improvement Programme was being developed to encompass this work. A meeting had already been held with teams with the interim Director of Midwifery and the Clinical Lead to support and listen and engage and develop the Improvement Programme.

The interim Director of Midwifery highlighted that, as discussed at previous meetings, a Driver Metric focussed on perinatal morality had been developed for Urgent Care as there had been an increase in the perinatal mortality rate in Quarter 4 2025/26. Therefore, there was a focus on antenatal care and themes raised in perinatal reviews particularly in relation to pathways on foetal growth and monitoring of this and associated risk assessment. One of the areas of focus for the maternity service was the emergency service requirement. Whilst the Trust was challenged in relation to obstetric cover in this area, obstetric colleagues were focussed on ensuring rotas provided cover for the Maternity Assessment Unit (MAU). A further area of focus was the telephone triage service. A significant amount of training had been provided to staff in these areas although women presenting were becoming more complex therefore the calls were also more complex. A further area of focus was flow within the department. Challenges in relation to flow related to the increase in acuity of women and there were more inductions required as well as more Caesarean sections, particularly elective Caesarean sections. Therefore, there was a focus on demand and capacity and how this supported the elective pathway.

The interim Director of Midwifery highlighted that sonography staffing had been added to the maternity and neonatal risk register. Sonography staffing had been a significant issue previously although the situation had been stabilised by using an insourcing company for sonography services.

The Committee noted that there had been an increase in major obstetric haemorrhage in April 2026 and a working group had been set up to review the reasons for this. In addition, there had been an increase in surgical site infections and this had been discussed by the senior team to prioritise actions required.

The Committee discussed the data in relation to perinatal deaths noting a high percentage of these were classified as 'unknown'. The interim Director of Midwifery advised that this this was due to families not wishing to have a postmortem carried out and only limited information could be ascertained from histology reviews of placentas. The Committee recommended that future reports should include learning ascertained from other organisations in relation to how they were able to achieve a higher percentage of perinatal cause of death. **Action: K Prichard-Thomas**

[s40(2) FOI Act] The interim Director of Midwifery advised that she had met with the family and an action plan had been developed. The Committee noted that all cases graded as C/D were reviewed as part of the Patient Safety Incident Response Framework (PSIRF) process and a meeting with the families was always offered in relation to all perinatal mortality cases.

The Committee discussed Midwifery staffing noting that there were high sickness levels in March 2026. Work was on-going with both the occupational health and health and wellbeing teams. The interim Director of Midwifery advised that daily operational meetings were in place and staff were moved around to ensure areas were safely staffed. However, the maternity unit did have to divert on two occasions in February and March although it had been over a year previously since this had been required.

The Committee discussed the importance of listening to mothers and seeking feedback and the Maternity Improvement Programme would focus on this. The interim Director of Midwifery advised that the team were responsive to women. In addition, staff also required support as perinatal mortality cases were also distressing for staff and support was sought from the health and wellbeing team. The Chief Nursing Officer advised that the Experience First strategic programme was reviewing real-time feedback and it had been agreed that Maternity would be added a 4th pilot area. In addition, the Maternity & Neonatal Voices

Partnership (MNVP) obtained feedback daily on the wards. It was agreed that MNVP feedback would be included in future reports. **Action: K Prichard-Thomas**

The Committee discussed the changes to the Electronic Patient Record (EPR) system in order to monitor surgical site infections (SSIs). The interim Director of Midwifery advised that this had been discussed at the Urgent Care Performance Review Meeting (PRM) and the Deputy Chief Digital Information Officer (CDIO) was supporting the maternity team in relation to this. The Chief Operating Officer advised that the Digital Data & Technology (DDaT) would be able to support team to extract data from EPR within the next month following work on the data warehouse.

The Committee agreed that the Board should be alerted to the national reports being incorporated into a Maternity Improvement Plan as well as the initiatives being undertaken in relation to perinatal mortality, major obstetric haemorrhage and SSIs. Overall, the Committee appreciated the detail in the report and the on-going work with addressing improvements to maternity care in the trust.

42/26 Learning from Deaths Report

The Chief Medical Officer introduced the report and advised that, following a query raised regarding Grade 2 deaths in the Mortality dashboard, this was due to the date of death and date when the cases were reviewed. Therefore, there was a timing issue due to the time required for the review to be completed.

The Chief Medical Officer confirmed that mortality indicators still excluded Same Day Emergency Care (SDEC) data and, therefore, they remained statistically higher than expected. In addition, due to the Cerner EPR system at the Trust, the cause of death was linked to the second Finished Consultant Episode (FCE) and this was still part of the diagnostic phase as patients moved through pathways. The Trust excluded SDEC data due to national regulations and would continue to do so until further guidance was issued. As a result of this it was difficult to benchmark nationally against other trusts who still included SDEC data.

The Committee considered that the Board should be advised that substantial assurance about the mortality review process in the Trust was provided by the report.

43/26 Integrated Performance Report (IPR) Quality Watch Metrics

The Chief Medical Officer introduced the report and advised that there had been a reduction in alerting metrics with only three alerting: the proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival, complaints turnaround time within 25 days and cancer incomplete 104 days. The Committee noted that the stroke metric specifically referred to occasions when the stroke unit was full and patients were unable to be admitted to the unit. As mitigation, there was a one year Clinical Nurse Specialist programme to upskill senior nurses in the Emergency Department.

The Chief Nursing Officer advised that the Experience of Care strategic programme had three work streams that would form part of the same governance structure and reporting. A key work stream was obtaining real time patient feedback and this would also include feedback from complaints.

44/26 Quality Governance Committee Report

The Chief Medical Officer introduced the report and highlighted that teams had raised concerns in relation to Digital, Data & Technology (DDaT) delivery as multiple quality, safety and governance programmes were dependent on this. DDaT had been asked to provide a clear prioritisation timeline to confirm ownership, delivery timescales and actions needed. The Chief Operating Officer advised that corporate Performance Review Meetings (PRMs) were held monthly and DDaT had a driver metric to eliminate its backlog.

The Chief Medical Officer highlighted the significant improvement in the reduction of mixed sex accommodation breaches.

The Committee noted that a Medicines Governance Committee had been recently established and discussions were on-going in relation to how information would be provided to clinical governance groups in order to cascade information across the organisation to ensure teams were cited on medicines governance.

The Committee discussed cardiac MRI waiting times. The Chief Medical Officer advised that further narrative would need to be included in the report to set out the actions in place such as additional lists being scheduled. However, this remained an area of significant growth and once the two new MRIs at West Berkshire Community Hospital (WBCH) were online this would support waiting times.

45/26 Care Quality Commission (CQC) Adult Inpatient Survey Results

The Chief Nursing Officer introduced the report and advised that the results were embargoed until August 2026. **[s22, FOI Act]**

The Committee agreed that the Board would be advised that the adult inpatient survey results had been received and the Trust had achieved improvement with further areas to focus on.

46/26 Mental Health Patients in Emergency Department (ED)

The Director of Nursing, Urgent Care, introduced the report and advised that a collaborative working group had been set up previously although the Trust was now working with Berkshire HealthCare Foundation Trust (BHFT) and a new meeting was being launched. Key performance indicators (KPIs) would be put in place to ensure that patients received the best care possible at the right time. Whilst the Trust did not see a vast increase in mental health patients attending ED, the length of stay was increasing as well as the complexity of these patients. The Director of Nursing, Urgent Care, advised that the Trust would work collaboratively with BHFT although it would take time to enable change.

The Committee discussed the importance of sharing data with BHFT colleagues to enable senior level engagement. The Chief Executive confirmed that he had discussed this with the Chief Executive of BHFT and it was important to understand and support system partners and data would support discussions.

The Committee agreed that the Board should be alerted to the collaboration to improve the experience of mental health patients attending ED and the importance of joint recognition of the issues.

47/26 Cancer 62-Day Standard

The Director of Operations, Planned Care, introduced the report and highlighted the improvement achieved over the last year in all three cancer standards. The 28 day standard was currently 86% in comparison to 79.5% in the previous year. The 31 day target had significantly improved from 87.5% to 93%. The 62 day target had been improving month on month over the last 7 to 8 months and was currently 76.8% in comparison to 69% in the previous year. Work continued in the most challenged specialties; urology, lower and upper gastrointestinal (GI) and gynaecology. Focused work was also ongoing in radiotherapy and a 15% improvement had been achieved over the last year despite delays in the installation of the new LINAC machines.

The Committee agreed that the Board should be advised of the significant improvement in cancer performance and applaud the work undertaken.

48/26 Patient Safety Board Seminar Next Steps

The Chief Medical Officer introduced the report that set out the actions agreed from the Board seminar on PSIRF.

The Committee agreed that the Board would be advise that the actions reflected the discussion from the Board seminar, particularly the need to balance the level of information seen by the Board. A further report would be submitted to the Committee in December 2026. **Action: K Prichard-Thomas**

49/26 Never Events Review

The Chief Nursing Officer introduced the report and advised the report set out the Never Events over the least two years alongside the learning from each as well as a thematic review of all 10 Never Events.

The Chief Nursing Officer advised that the Trust was not an outlier in relation to the number of Never Events and highlighted that there was ongoing national consultation as the guidance had not changed for several years. There was a need to strengthen the systems based actions into the improvement work as well as the need to understand the national strategy.

The Committee discussed the human factors element to Never Events in relation to completion of the WHO checklist as a standard template was in place although sometimes this related to how the templates were used as well as areas where staff had to navigate more than one system that also introduced an additional risk of error. The Chief Nursing Officer highlighted that there was also a need to increase the training for the National Patient Safety Syllabus (NPSS) as approved by the Executive Management Committee. This had been added a driver metric for the Chief Nursing Officer directorate in order to improve this.

The Committee agreed that the Board should be alerted to the patient safety improvement actions.

50/26 Patient Experience Annual Report 2025/26

The Committee received the Patient Experience Annual Report for 2025/26. The Chief Nursing Officer advised that the recommendations would form part of the Experience of Care strategic programme.

The Committee agreed that the report provided substantial assurance.

51/26 Patient Relations Annual Report 2025/26

The Committee received the Patient Relations Annual Report for 2025/26.

The Committee considered that the report provided clarity of the main focus on strengthening workforce capacity to manage increasing complaint volumes and improve response times. The Committee also noted that more evidence on learning would be useful in future reports.

52/26 Patient Safety Annual Report 2025/26

The Committee received the Patient Safety Annual Report for 2025/26.

The Committee agreed that the report provided substantial assurance.

53/26 Infection Prevention & Control (IPC) Annual Report 2025/26

The Committee received the IPC Annual Report for 2025/26. The focus for improvement in 2026/27 for C.Diff. infection rate through anti-microbial stewardship was noted.

The Committee noted that the IPC Committee reported to the Quality Governance Committee. The Committee requested that an update on the recommendations in the report should be submitted to a future meeting. **Action: K Prichard-Thomas**

54/26 Safeguarding, Mental Health & Learning Disabilities Annual Report

The Committee received the Safeguarding, Mental Health & Learning Disabilities Annual Report for 2025/26.

The Committee agreed that the report provided substantial assurance.

55/26 Baroness Amos' independent investigation into maternity and neonatal services in England

The Committee noted the publication of the independent investigation into maternity and neonatal services in England. As discussed earlier in the meeting the learning from the report would be incorporated into the Maternity Improvement Plan although actions had been planned for maternity ahead of the report being issued.

56/26 Work Plan

The Committee received the work plan.

57/26 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- Maternity services remained under pressure from internal and external factors. Areas for improvement had been identified and included data quality, monitoring of incidence of major obstetric haemorrhage and surgical site infections. A particular clinical risk arising from the national shortage of sonographers that impacts upon filling sonographer vacancies in the Trust.

- Whilst essential safety processes are in place in the Trust, they have not consistently functioned as effective barriers to patient harm from Never Events. The plan was for improvement focus to move to system redesign and standardisation across the Trust rather than individual actions. The Committee supported this improvement approach.
- The Trust had made significant progress with all cancer standards, [s22, FOI Act] proposed actions following the Patient Safety Board Seminar were reassuring.
- Trust mortality review process, patient experience work across the Trust and collaboration to improve the experience of mental health patients in ED were applauded by the Committee for the substantial assurance received.

58/26 Reflections of the Meeting

The Chief Operating Officer led a discussion.

The Chair of the Trust thanked Helen Mackenzie for her significant contribution to the Trust and the Quality Committee as this would be her last meeting.

59/26 Date of Next Meeting

It was agreed that the next meeting would be held on Monday 3 September 2026 at 14.00.

SIGNED:

DATE:

Royal Berkshire NHS Foundation Trust

Minutes

People Committee

Thursday 7 May 2026
14.00 – 16.00
Boardroom, Level 4

Members

Ms. Catherine McLaughlin	(Non-Executive Director) (Chair)
Mr. Paul da Gama	(Chief People Officer)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Minoo Irani	(Non-Executive Director) (up to minute 22/26)
Mr. Mike O'Donovan	(Non-Executive Director)

In Attendance

Ms. Monica Canosa	(Medical Education Services Manager) (from minute 21/26 to 22/26)
Mr. Oke Eleazu	(Trust Chair)
Ms. Suzanne Emerson-Dam	(Deputy Chief People Officer)
Mr. Dwayne Gillane	(Associate Director Occupational Health & Wellbeing)
Dr. Libby Halford	(Resident Doctor Peer Lead) (from minute 21/26 to 22/26)
Mrs Caroline Lynch	(Trust Secretary)
Dr. Isma Noaman	(Guardian of Safe Working) (from minute 21/26 to 22/26)
Mr Pete Sandham	(Associate Director Staff Experience and Inclusion)

Apologies

Dr. Janet Lippett	(Chief Medical Officer)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

13/26 Declarations of Interest

There were no declarations of interest.

14/26 Minutes for Approval: 20 February 2026 & Matters Arising Schedule

The minutes of the meeting held on 20 February 2026 were approved as a correct record subject to one typographical amendment and were signed by the Chair.

The Committee received the matters arising schedule.

Minute 10/26: Work Plan: The Trust Secretary advised that the review of the work plan with the Chief People Officer had not yet been undertaken. **Action: C Lynch**

14/26 Chief People Officer Report

The Chief People Officer introduced the report and highlighted that new national staff standards set out a core set of minimum expectations for staff experience focused on key areas such as working conditions, safety, health and wellbeing, flexible working, and tackling issues including violence, racism and sexual safety. The Trust would be required to report regularly on these areas as part of the National Oversight Framework (NOF).

The Chief People Officer report that the Acute Provider Collaborative (APC) had been progressing work to align and integrate People Services as part of a wider programme to scale corporate functions across the system. A Target Operating Model (TOM) and business case was being developed. The Chief People Officer advised that the TOM would be aligned with the National TOM for People Services.

The Committee noted that changes to the Apprenticeship Levy could impact on a number of the Trust's leadership Programme although this did provide an opportunity to focus on apprenticeships for younger people with the aim being to create better relationships with local education providers.

The Chief People Officer advised that the annual Fit & Proper Persons Test (FPPT) had been completed and all Board level Directors within the Trust had undertaken the self-attestation for 2026. The annual FPPT reporting template would be submitted to NHS England Regional Directors by 30 June 2026.

The Chief People Officer advised that the Trust had been reviewing all Bands 4 to 7 nursing job descriptions in line with national profiles with a single standardised job description adopted per band in line with NHS Employers guidance. **[s43, FOI Act]**

The Committee discussed the on-going references to violence and aggression towards staff that were present throughout a number of the reports presented to the Committee. The Chief People Officer advised that violence and aggression was a key theme in the Staff Survey and whilst the Trust had put a number of measures in place including Operation Cavell, this remained a concern. It was proposed the that 'Up the Anti' campaign would be projected in public areas across the site. The Yellow Amber Red card system remained in place and feedback was provided back to staff in relation to actions taken. The Committee recommended that a report should be developed setting out actions taken in relation to violence and aggression incidents as well as the outcome including the current support in place. **Action: P da Gama**

The Committee noted that WTE reduction formed part of the Financial Improvement Plan, and this would be reported to the Finance & Investment Committee. It was agreed that the People Committee would need to monitor the impact on people overall. **Action: P da Gama**

15/26 Workforce Information & Key Performance Indicators (KPIs) 2025/26

The Chief People Officer introduced the reports and advised that appraisal compliance was 90.82% for Quarter 4 2025/26. Mandatory and Statutory Training (MAST) compliance for senior medics was only 87.8% and training grade medics was 75.4%. The Associate Director Staff Experience and Inclusion confirmed that the MAST figure in the report related solely to the Core Skill Training Framework only and did not include any local training requirements. The Chief People Officer highlighted that the use of an appraisal window was being piloted in Planned Care. The Trust's use of agency as a percentage of staff costs was 0.30%. The rolling 12-month sickness absence was 3.66% and consideration was ongoing in relation to amending this target to focus on preventative absence.

The Committee discussed the Trust's turnover at 8.6% and noted that this was at its lowest level historically and the vacancy rate was only 1.1%. **[s43, FOI Act]**. The Chair highlighted that the Executive team would need to clearly monitor turnover in relation to the need to achieve cost improvement programmes (CIPs). The Committee queried whether an enforced vacancy rate target could be introduced. The Deputy Chief People Officer highlighted that the Workforce KPIs reviewed was still being reviewed and refreshed. Therefore, any specific feedback from the Committee could be incorporated.

16/26 2025 Staff Survey Results

The Chief People Officer introduced the report that set out key insights from the 2025 Staff Survey focussing on experience across protected characteristics. Analysis indicated an overall improvement for the Trust, with an overall increase in average score of 0.49% compared to 2024 (from 67.25% to 67.74%) across groups. Seven protected characteristic groups were analysed: ethnicity, age, disability, gender, gender identity, sexual orientation, and religion. All groups demonstrated overall improvement from 2024 to 2025, with the exception of gender identity.

The Chief People Officer highlighted that work was on-going to develop an Employee Value Proposition. **Action: P da Gama**

17/26 Workforce Race Equality Standard (WRES) Annual Report

The Chief People Officer introduced the report and advised that approval was sought to publish the data in line with national report requirements. Overall, the report demonstrated a strong performance across many metrics. The Committee noted that the Trust demonstrated strong performance in 7 out of 10 areas across 9 indicators. The percentage of global majority staff in Agenda for Change Bands 8a and above positions was 23.83% in 2026 in comparison to 20.24% in 2025. The Chief People Officer advised that there were a number of global majority staff were in Bands 8A and 8B with fewer at higher grades. The Committee noted that global majority staff made a third of the candidates on both development and management programmes.

The Committee approved the publication of the WRES data.

18/26 Workforce Disability Equality Standard (WDES) Annual Report

The Chief People Officer introduced the report and highlighted that, overall, there was an in-year prevailing trend of deterioration in staff survey experience measures for disabled staff. The Chief People Officer highlighted that the Trust compared less favourably nationally in terms of staff declaration of having a disability.

The Committee discussed the issue of having reasonable adjustments available for disabled staff and the important of educating managers in relation to this. The Trust Secretary highlighted that, as often discussed at the Neurodiversity Forum, in some instances reasonable adjustments could be easily achievable such as amended start and finish times or provision of two monitors. The Committee recognised that sometimes reasonable adjustments could present a challenge in certain clinical settings.

The Committee approved the publication of the WDES data.

19/26 Occupational Health (OH) Annual Report

The Committee received the OH annual report. The Associate Director OH & Wellbeing advised that referrals to the service had increased by 17.4 % over the last year. 96% of referrals were processed within two days although this presented a significant challenge to the team. The most common referrals related to musculoskeletal (MSK) or mental health issues. The Committee noted that the staff physiotherapy service had seen a sustained demand for both assessment and treatment of MSK symptoms. The Oasis Staff health and wellbeing campus had seen over 10,000 staff making use of the facilities.

The Associate Director OH & Wellbeing highlighted that there had been good uptake of the Citizens Advice service during 2025/26 with a range of staff groups accessing the service. The Staff Psychology support service had also had over 940 staff contacts from 55 teams.

The Chief Operating Officer confirmed that reduction of sickness absence was a driver metric for Care Groups and discussions included the need to anticipate when staff needed time off work, for example, via a wellbeing conversation. However, overall, the Trust's sickness absence rate was low by comparison to other trusts.

The Committee considered that the report demonstrated the significant investment in health and wellbeing by the Trust.

20/26 Health & Wellbeing Strategy Update

The Committee received the Health & Wellbeing Strategy update and noted that the Employee Assistance Programme engagement had improved from 9.6% to 12.1% year on year, well above the 7-8% average for organisations of a similar size.

It was agreed that the Chair would discuss the Board Health & Wellbeing Champion role with the Chair of the Trust. **Action: C McLaughlin**

21/26 10 Point Plan to Improve Resident Doctors' Working Lives

The Resident Doctor Peer Lead introduced the report and advised that the Trust was compliant with the majority of actions from the 10-Point Plan The main areas where improvement activity remained ongoing were payroll and rota/work-schedule preparation. However, payroll performance was strong and a 50% reduction in errors had been achieved.

The Resident Doctor Peer Lead advised that national annual leave guidance had recently been issued that stated that Resident Doctors should be able to take two weeks' annual leave. The Trust already offered flexibility as there was an 8-week deadline for rota planning and therefore it was considered that there would not be an issue with a 6-week deadline. However, not all responses had yet been received. The Committee considered it would be useful to benchmark in terms of the deadline for rota planning in other trusts. **Action: J Lippett**

The Committee discussed mandatory and statutory training for Resident Doctors. The Resident Doctor Peer Lead highlighted that there would need to be clarity in the communications package to Resident Doctors in relation to nationally mandated as well as local training. The Chief People Officer advised that the 10 Point Plan related to nationally mandatory training. Therefore, clarity on local training would be required for Resident Doctors. **Action: P da Gama**

22/26 Guardian of Safe Working Report

The Guardian of Safe Working introduced the report for the period 1 February to 20 April 2026. There had been 175 exception reports during this period. These related to general surgery, ophthalmology and renal and related in the main to late shift finishes. The Guardian of Safe Working advised that the senior leadership in all three departments as well as the Deanery were aware and clear improvement plans were in place. There had been no patient safety issues raised.

The Committee noted that exception report themes were presented to clinical leads. However, one concern had been raised as reports were anonymous and as a result this often presented a problem in them being able to address issues raised.

The Committee discussed the exception reports in relation to General Surgery. The Guardian of Safe Working advised that there had been a significant amount of collaboration between senior leadership and the medical education team as trainees had raised concerns in relation to staff capacity. An additional 12 posts had been introduced in the department, and 6 additional staff were to be introduced to ensure sustainability. The Committee noted that the exception reports in relation to ophthalmology related specifically to the high volume of patients in eye casualty. The Committee requested that additional information should be included in future reports to set out the themes of exception reports as well as comparison to the number of exception reports raised in the previous year. **Action: J Lippett**

There had been 19 fines issued in the quarter, in comparison to 28 in the previous quarter.

23/26 Board Assurance Framework (BAF)

The Trust Secretary introduced the BAF and highlighted that significant changes had been made to Strategic Objective 2 as set out in the report. The Committee considered that no further changes were required.

24/26 Corporate Risk Register

The Trust Secretary introduced the CRR that had been reviewed recently by the Integrated Risk Management Committee (IRMC). The Committee discussed the risk matrix and how this was used to evaluate risk ratings.

25/26 Work Plan

It was agreed that Scaling People Services programme would be added to the work plan.
Action: P da Gama

26/26 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- Alert to the ongoing review of Band 5 nursing job descriptions due to be issued in May, supported by local briefings to ensure clarity on process and expectations and potential central funding available to support organisations
- Alert that a high percentage of colleagues were experiencing unacceptable conduct (such as bullying, harassment and discrimination) from patients, visitors and members of the public
- Advise that the Guardian of Safe Working report highlighted exception reports from general surgery, ophthalmology (eye casualty) and renal with clear improvement plans in place
- Approved the publication of WRES and WDES data on the Trust's website
- Positive assurance received on the implementation of actions from the 2025 Staff Survey
- WRES and WDES reports received demonstrating strong benchmarked position relative to NHS average performance and in year trend in terms of the experience of global majority colleagues was largely one of improvement
- Assurance received on the Resident Doctors 10 Point Plan
- Assurance received from the Occupational Health Annual Report noting an increase in demand for the service

27/26 Reflections of the Meeting

The Trust Secretary led a discussion.

28/26 Date of the Next Meeting

It was agreed that the next meeting would be held on Thursday 10 September 2026 at 14.00.

Chair:

Date:

Charity Committee Chairs Report

Committee Chair: Catherine McLaughlin, Non-Executive Director

Royal Berkshire NHS Foundation Trust

21 May 2026	
Grant application: Cardiology Outpatients waiting area refurbishment	**Substantial Assurance**

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE (ALERT)	MAJOR ACTIONS AGREED (ADVISE)
• N/A	• N/A
POSITIVE ASSURANCES TO PROVIDE (ASSURE)	**DECISIONS MADE (APPROVE)**
• N/A	• Approved the grant application for the refurbishment of the Cardiology Outpatients waiting area

Royal Berkshire NHS Foundation Trust

Minutes

Charity Committee

Thursday 21 May 2026
Meeting by Email

Present

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

23/26 Grant Application

The Committee received the proposal to approve a grant application for the refurbishment of the Cardiology Outpatients waiting area. The grant had already been previously approved by the Charity Grants Panel in May 2026 and the Capital Investment Group in May 2026.

The Committee approved the grant application.

SIGNED:

DATE:

NHS
Royal Berkshire
NHS Foundation Trust

Title:	**Chief Executive's Report**
Agenda item no:	6
Meeting:	Board of Directors
Date:	29 July 2026
Presented by:	James Blythe, 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	
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	✓

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	✓

Strategic Objective 1: Delivering the highest quality care for all

National reports on Maternity & Neonatal services

1.1 The publication of both the national maternity and neonatal investigation led by Baroness Amos (June 2026) and the final Ockenden Review into maternity services at Nottingham University Hospitals (June 2026) has reinforced the need for continued focus on safety, quality, culture and equity across maternity and neonatal services. While the reports relate to different settings, they identify consistent themes including women and families not being listened to, delays in recognising and responding to clinical deterioration, workforce and capacity pressures, inequitable outcomes, and organisational cultures that can inhibit learning and speaking up. The Amos investigation concluded that maternity and neonatal services require significant system-wide improvement and set out recommendations to strengthen accountability, workforce capacity, safety, compassionate care and anti-racist practice, while the Ockenden Review highlighted the devastating consequences of failures in governance, leadership and patient-centred care.

1.2 In response, NHS England (NHSE) has issued a national 10-point improvement plan and required all organisations providing maternity and neonatal services to undertake a structured review against the recommendations from both reports. Locally, these findings have been incorporated into our perinatal service review, with particular focus on safety culture, effective escalation and triage processes, staff engagement, estates, reducing health inequalities, strengthening board oversight, and ensuring women, families and staff are listened to and actively involved in service improvement. The Board will continue to receive assurance through established governance arrangements, Maternity and Neonatal Board Safety Champions and through partnership working with our Maternity and Neonatal Voices Partnership Lead, with progress monitored against national expectations and local improvement plans.

Strategic Objective 2: Supporting our people to thrive

Board Equality, Diversity & Inclusion (EDI) Seminar

2.1 We held our Board EDI seminar held on 24 June 2026 to reaffirm the Trust's commitment to becoming the NHS's best and most inclusive workplace. Using a "why, what and how" approach, the Board considered the evidence and identified four priorities for the next 12–24 months:

- Tackling unacceptable behaviour and abuse from patients and the wider public
- Improving support and accessibility for disabled colleagues
- Strengthening the experience and engagement of younger staff.
- Improving the progression and retention of global majority staff into senior leadership.
- Improving the robustness of our data and our understanding of the diversity of our workforce.

2.2 The next step will be to translate the priorities into measurable 12–24 month delivery plans, supported by clear governance and progress monitoring.

2.3 The Health Service Journal published an article on 23 July 2026 highlighting the ways we are continuing to strengthen our response to abuse of staff. We are continuing to pursue a number of prosecutions and plan to have a senior presence from the Trust in court where cases come to trial.

NHS Staff Standards

2.3 The NHS Staff Standards were published on 6 July 2026, establishing a mandatory national framework to improve staff experience across six priority areas: flexible working, line management, health and wellbeing, violence prevention, tackling racism, and sexual safety.

2.4 Executive Teams are expected to review existing policies, procedures and staff experience initiatives to ensure alignment with the new standards, with overview from Trust Boards. Delivery will be monitored through a new measure within the NHS Oversight Framework, placing staff experience alongside finance, operational performance and quality as a core area of organisational accountability.

2.5 The standards are expected to be implemented within existing resources and are designed to build on current good practice rather than introduce new funded programmes. They establish a consistent national baseline, with the expectation that every organisation embeds staff experience as a strategic priority and drives continuous improvement.

2.6 The Trust is currently undertaking a gap analysis to identify areas of good compliance with the standards and where further improvement is required. An action plan to address any identified gaps will be completed by the end of August 2026.

Strategic Objective 3: Partnering for impact

Neighbourhood Health Visit

3.1 At the end of June 2026, the Chief Strategy Officer and I represented the Trust at the Thames Valley neighbourhood health meeting with the national programme director, Dr Claire Fuller.

3.2 Partners across Berkshire West updated the team on our key areas of shared progress as part of the Thames Valley Innovation Fund: Paediatric Multidisciplinary Teams (MDTs), Frailty Integrated Neighbourhood Teams, Cardiovascular Disease prevention (via health checks), Women's Health Hubs; and Community Health and Wellbeing workers.

3.3 Outside of the shared areas of focus, the Trust has also led on a place-wide lipid prevention in conjunction with primary care partners, and in June hosted our second collaboration event with clinical leaders across Berkshire West.

3.4 Both Berkshire places (Berkshire West and East Berkshire) were recognised for the progress made across a range of neighbourhood health initiatives, but with Oxfordshire and particularly Buckinghamshire seen as having moved further ahead in delivering integrated models of care. This feedback is supporting us to strengthen our joint delivery arrangements, and the local partnership executive, with leaders from all NHS partners, have upcoming visits to systems in Hillingdon and Surrey Downs to learn from their experience in developing integrated care models with joint governance across acute, community, social care and primary care services.

Strategic Objective 4 – Driving improvement and enabling innovation

New Pharmacy Robot

4.1 On Friday 10 July 20256 we held a ribbon-cutting event to mark the completion of an eight-week £1.3 million project to update the automation systems in Pharmacy. This encompasses two new 'robots' to pick and sort medications, and also new automated controlled drug cabinets. The robots will increase capacity in service by 50% and make the service more resilient, and the drugs cabinets will make sure we can manage stock more securely and efficiently.

Value Stream Analysis (VSA) Event 6 - 10 July 2026

4.2 The Trust successfully delivered its first Value Stream Analysis (VSA) workshop from 7-10 July, focused on the Emergency General Surgery pathway for non-elective patients presenting with abdominal pain. The workshop brought together a multidisciplinary team of clinical and operational colleagues and patient leaders to develop a shared understanding of the current pathway, identify key challenges and opportunities, and undertake detailed root cause analysis. This highly collaborative event resulted in an ambitious, jointly owned improvement plan, demonstrating strong organisational commitment to improving patient flow, experience and outcomes across the patient pathway.

Strategic Objective 5: Building a sustainable future together

Financial Position – Month 3

5.1 The Trust ended the first quarter of 2026/27 broadly on plan. In Month 3 (June 2026), the Trust delivered a deficit of £1.32m against a planned deficit of £1.30m, and the year-to-date reported deficit stands at £3.59m, £0.01m favourable to plan.

5.2 The underlying position is still not in a position which we would want it to be. Once one-off items, £0.83m per month of NHS England Deficit Support Funding, and £4.05m of non-recurrent Q1 savings are stripped out, the underlying deficit for June is £4.15m. Closing this gap is the central purpose of the Financial Improvement Programme.

5.3 Efficiency savings are ahead of the quarterly plan with £7.40m delivered against £6.74m. However, £8.34m of the £43.69m full-year target remains without an identified scheme. At the current run rate of £2.77m per month, year-end delivery would reach approximately £29.6m, a £14.1m shortfall; monthly delivery needs to rise by around 47% from July. 45.3% of savings delivered so far are recurrent, against a 70% target. he Financial Improvement Programme's first Gate 1 review is planned for early Autumn and this will provide the Board a fuller assessment of trajectory against the £43.7m programme target.

5.4 Two further items are being managed closely. Workforce numbers rose by 56 in-month despite remaining 85 below plan. The closing cash balance of £23.51m is £11.31m ahead of plan although this includes approximately £10.4m due to be reclaimed by the commissioner in August; excluding this, the underlying cash position is close to plan, with a second-half mitigation plan to follow.

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Title:	**Integrated Performance Report (IPR)**
Agenda item no:	7
Meeting:	Board of Directors
Date:	29 July 2026
Presented by:	Paul da Gama, Chief People Officer
Prepared by:	Executive Team

Purpose of the Report	The purpose of this report is to provide an analysis of quality performance to the end of June 2026

Report History	Executive Management Committee 27 July 2026

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)**:**	
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	

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

Publication						
Published on website		Confidentiality (FoI)	Private		Public	✓

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Integrated Performance Report

June 2026

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:

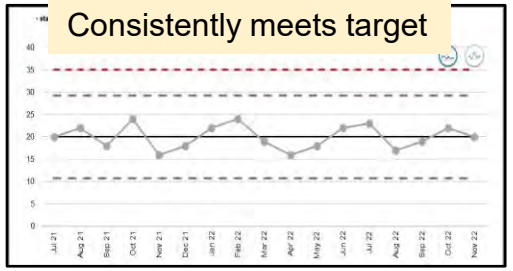
- The variation is routine, expected and stable within a range. We call this '*common cause*' variation, or
- The variation is irregular, unexpected and unstable. We call this '*special cause*' variation and indicates an irregularity or that something significant has changed in the process

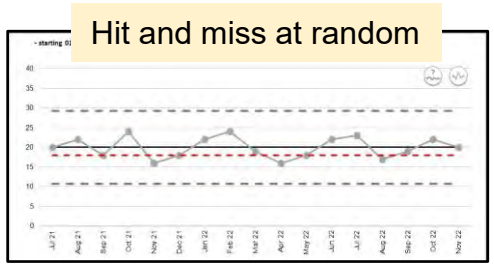
Each chart shows a VARIATION icon to identify either common cause or special cause variation. If special cause variation is detected the icon can also indicate if it is improving (blue) or worsening (orange).

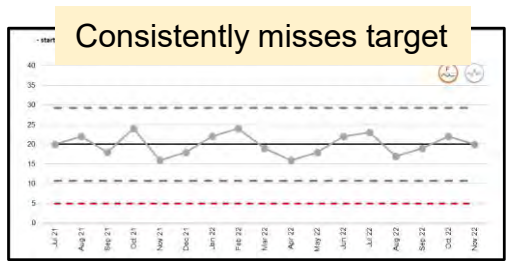
Where we have set a target, the chart also provides an ASSURANCE icon indicating:

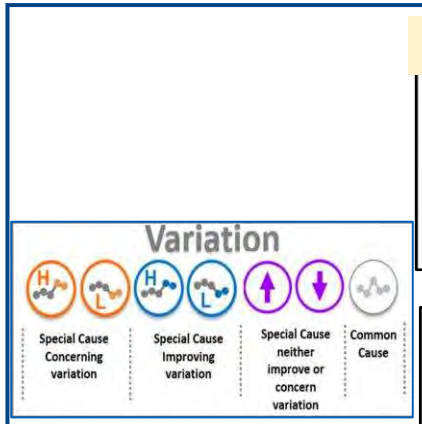
- If we have consistently met that target (blue icon),
- If we hit and miss randomly over time (grey icon), or
- If we consistently fail the target (orange icon)

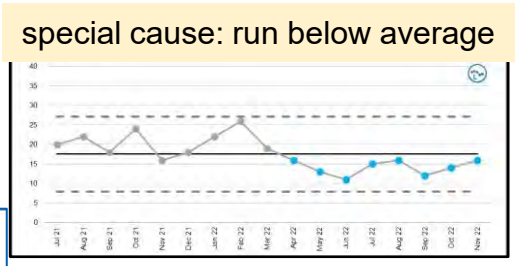
For each of our strategic metrics and breakthrough priorities we will provide a SPC chart and detailed performance report. We apply the same Variation and Assurance rules to watch metrics but display just the icon(s) in a table highlighting those that need further discussion or investigation.

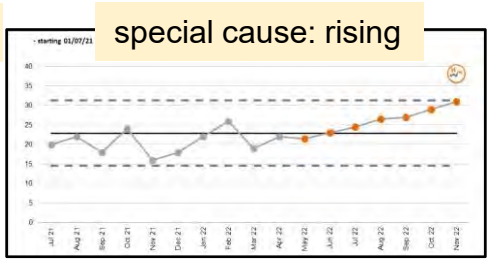


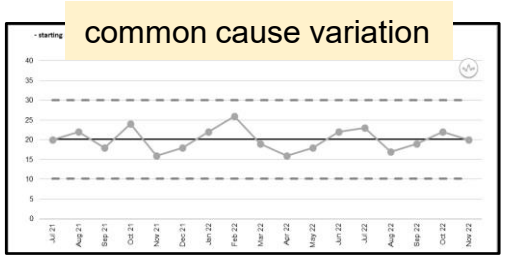


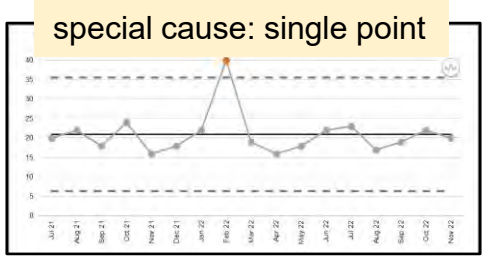












June 2026 performance summary

Royal Berkshire NHS Foundation Trust

The data in this report relates to the period up to 30th June 2026. The key messages from the report are:

- **ED Performance:** Despite sustained demand and operational pressures, the Emergency Department maintained resilient performance throughout June 2026, with continued focus on improving patient flow and reducing delays. Overall, 76.09% of patients were seen within four hours, with Type 1 Emergency Department performance at 65.33%, an improvement of 0.5% compared with the previous month. Type 1 attendances increased by 7.8% compared with June 2025, while ambulance conveyances remained broadly in line with expected seasonal patterns, reflecting sustained pressure on emergency care services. Throughout the month, operational focus remained on improving patient flow, reducing discharge delays, and strengthening processes across the acute care pathway.
- **Cancer performance:** May performance (month arrears) shows all cancer access standards ahead of the Trust's planned trajectory. Improvement actions continue, with the most challenged pathways reviewed weekly Cancer Action Group meetings.
- **Financial performance: YTD M03** position, the Trust achieved a deficit of £(3.59)m, in line with plan deficit of £(3.59)m. The financial improvement plan delivered £7.40m of the £43.69m, £0.66m ahead of plan. We continue to develop the savings programme to ensure delivery.
- **Cash:** There is evidence of strong cash management position at the end of June 2026. Closing cash balance is £23.51m. Sufficient cash is expected to be available until December 26 although there is a requirement to continue to monitor and manage the cash balances and develop the financial improvement programme to secure liquidity, for the financial year 2026/27.
- This month we have seen 12 of the 118 **watch metrics** measure outside of statistical control.

Variance \ Assurance	P	?	F	No Target
H / L		62 day cancer standard (%) Page 9	18wks RTT (%) Page 10 Productivity % Growth Page 14	% total inpatients cared for in virtual hospital Page 12
		I was listened to (FFT) Page 5 Cash Performance Page 13 Ave LOS for non-elective patients (inc zero LOS) Page 16 Total Volume of first OP activity Page 17	Emergency Department (ED) performance against 4hr target Page 8 % of eligible patients using portal or NHS app within month Page 11	Patient Safety incidents/1000 bed days Page 6 Avoidable absence in days lost per month Page 7 Total WTE worked Page 18
H / L				

Royal Berkshire
NHS Foundation Trust

Strategic Metrics

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

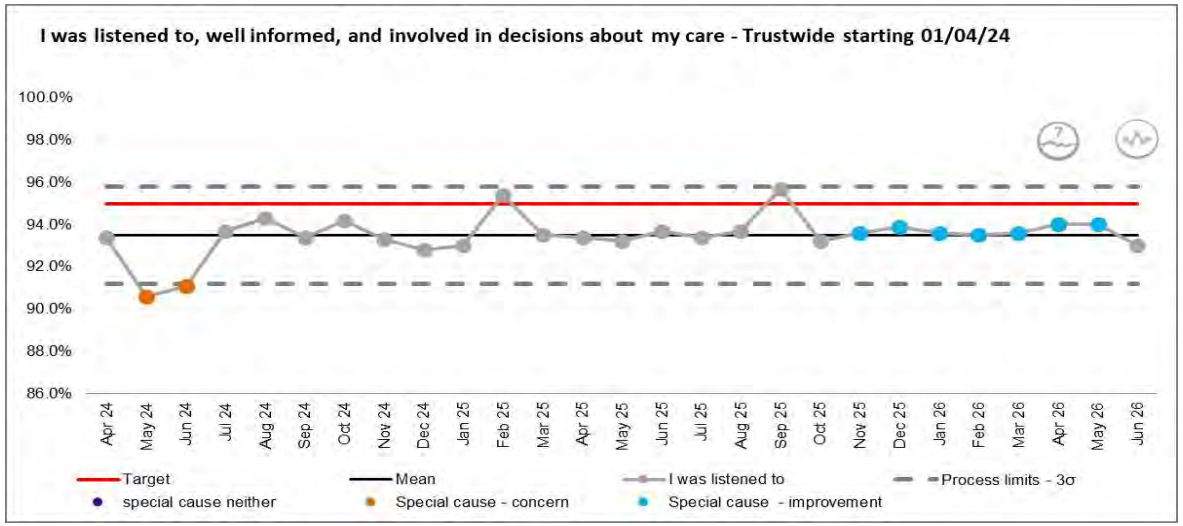
Strategic metric: I was listened to, well informed & involved in decisions about my care

Board Committee: Quality committee

SRO: Chief Nursing Officer

Assurance	Variation
	

NHS Royal Berkshire NHS Foundation Trust



Insight Metrics	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
I was listened to, well informed & involved in decisions about my care (FFT) Q2	93.6%	93.5%	93.6%	94.0%	94.0%	93.0%
FFT Overall satisfaction rate: Trustwide	93.4%	93.5%	93.3%	94.0%	93.5%	92.8%
FFT Overall response rate: Trustwide	9.4%	9.4%	9.0%	8.1%	6.9%	6.9%
Number of complaints	90	71	64	54	70	87
Complaints turnaround in 25 days	59%	67%	55%	75%	60%	72%
Percentage of complaints acknowledged within 3 days	54%	86%	72%	68%	71%	80%

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:

- After a period of sustained improvement, this month has not followed that trend and we are yet to hit our target of 95% and have scored 93%
- The Trust response rate remains low, at 6.9%
- This metric now includes the Trust wide overall FFT satisfaction score, currently 92.8% for June (target 95%)
- Complaints acknowledged on time was 80%, those closed / responded to on time was 72%. Q1 demonstrated overall improvement in responses received on time

Actions and next steps:

- Review outpatient clinic names - focus now on satellite services. **July 26**
- Trial of action-driver function in IQVIA - 2 teams being set up **July 26**
- Roll out new QR poster and comms to prompt FFT completion **July 26**
- Experience First strategic programme to include workstream on utilising feedback. Currently scoping project and what data to monitor. **Aug 26**
- Patient experience team undertaking more detailed analysis of response rate decrease. **Aug 26**
- Translate FFT into additional 5 languages: awaiting quote **Aug 26**

Risks:

- AI analysis support limited – work being undertaken to trial other platforms
- Limited FFT information on Workvivo to support specialty queries
- Quail unable to implement - delay due to access federated data platform now resolved. Due to start work on 20th July 26

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

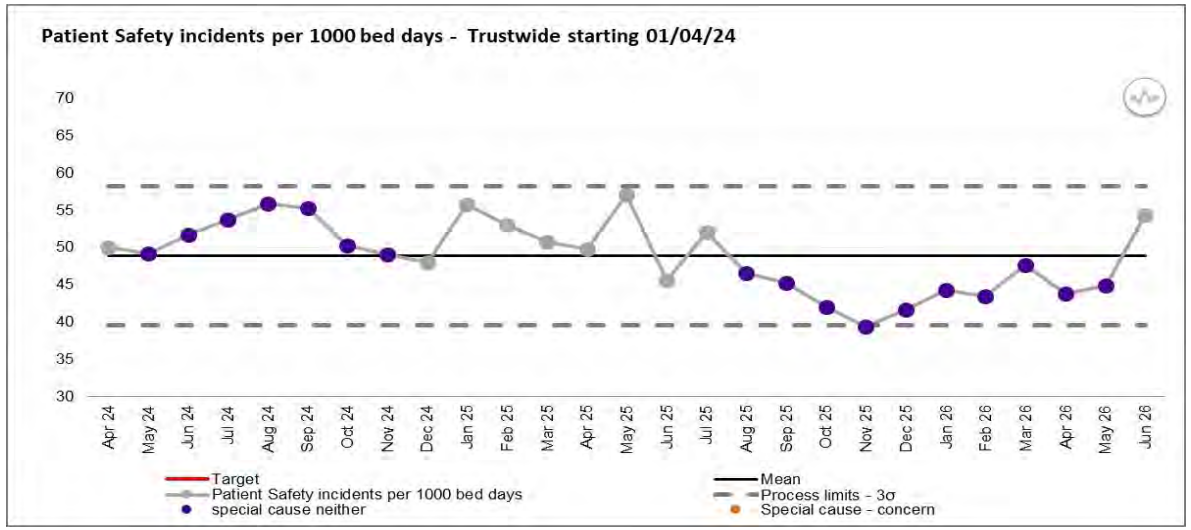
Strategic metric: Learning from incidents to reduce harm

Board Committee: Quality committee

SRO: Chief Nursing Officer

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



Insight Metrics	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Patient Safety incidents per 1000 bed days	44.27	43.50	47.62	43.76	44.85	54.34
% of patient safety incidents that are low/no harm	96.89%	97.19%	95.63%	96.26%	95.31%	95.47%
No. of Deteriorating patient incidents	9	5	7	8	5	6
FFT question: I felt safe during my visit to the hospital (%)	90.8%	91.2%	90.29%	91.0%	89.0%	91.0%
Total Calls for Concern from patient and family	30	31	17	22	37	45
National Patient Safety Syllabus training compliance	1,242	2,602	3,622	4,417	5,007	5,734

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:

- The number of incidents per 1000 bed days remains above the minimum threshold of 40 and within to control limits
- National Patient Safety Syllabus training continues to show an increase in compliance: Level 1 - 63% and Level 2 – 37%. Compliance rates have been shared with care groups and through speciality governance and training meetings
- External training delivered to just over 70 people who attended the PSIRF fundamental and Patient Safety Incident Investigation (PSII) Masterclass training

Actions and next steps:

- Replacement/upgrade of the Datix system for managing incidents and risk continues through the tender process with a focus to hear more from the end users
- Development of a community of practice for all that attended the PSII Masterclass and After-Action Review training
- Standardise reporting on PSIRF priorities with support from Improving Together team

Risks:

- Variable staff awareness of all the systems approach training available and this is being addressed through training and community of practice
- PSIRF requires a use of updated methodology focusing on system wide learning which is a large cultural change across the organisation

Strategic objective: **Supporting our people to thrive**

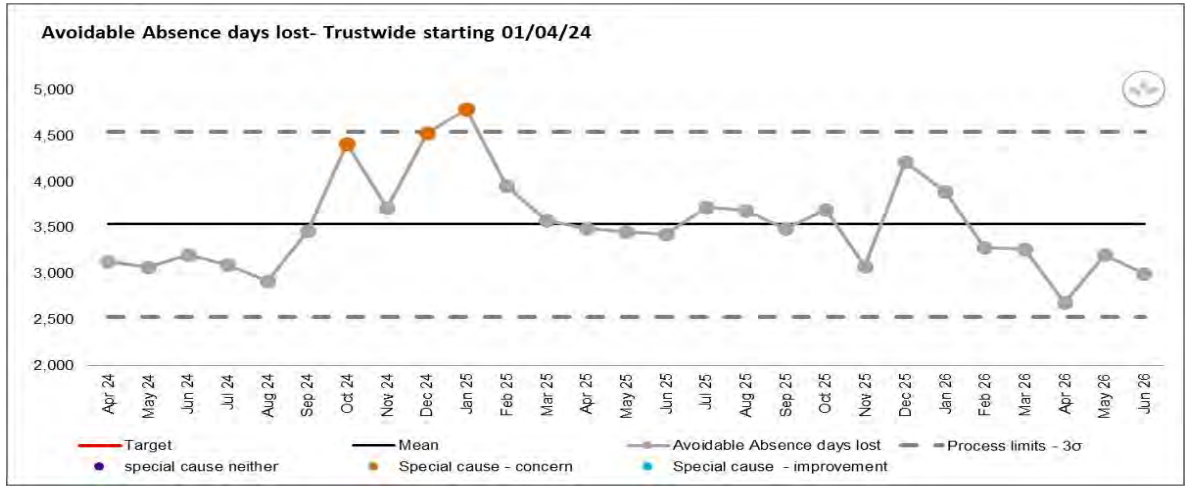
Strategic metric: Reducing avoidable absence

Board Committee: People Committee

SRO: Chief People Officer

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



Insight Metrics	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Avoidable absence in days lost per month	3894	3283	3267	2686	3203	3003
Stress, anxiety & depression absence (no. of days lost)	1399	1194	1395	1233	1345	1410
Incidents of violence and aggression (patients, relatives, visitors to staff)	77	54	64	58	88	91
Total number of freedom to speak up referrals	16	6	11	8	8	15
Number staff accessing health prevention offer	-	130	136	81	111	54
Statutory and mandatory training compliance	92.80%	93.00%	92.80%	92.90%	93.07%	93.42%

This measures: Avoidable absence, including anxiety, stress, depression, back problems, musculoskeletal problems and cough, colds and flu, measured in days lost per month.

How are we performing:

- Trust absence rates remain lower than the NHS average and generally benchmark amongst the best in the region
- Total absence rates were lower than May at 3.01% (in month) and 3.54% (Rolling year) against targets of 3.5% and 3.7% respectively
- Total Avoidable absence YTD is currently 7.1% lower than the previous year while Stress/Anxiety & Depression is 6% lower than 2024/25 against a target of delivering a 5% reduction in 2026/27

Actions and next steps:

- Staff Survey 2025 Action Plans are now operational, with many departments committed to reducing burnout in their areas
- Information webinars from the E-Rostering and Occupational Health teams were held in May 2026, to help managers manage sickness absence in their teams. Webinars for leaders in Facilities are currently being arranged
- People and Change Partners are developing their Strategic People Plans for their respective care groups which will outline the key people priorities over the next few years

Risks:

- Financial constraints are putting pressure on staffing and other resources
- Staff survey results show that unacceptable behaviours from patients are on the rise

Strategic objective: **Partnering for Impact**

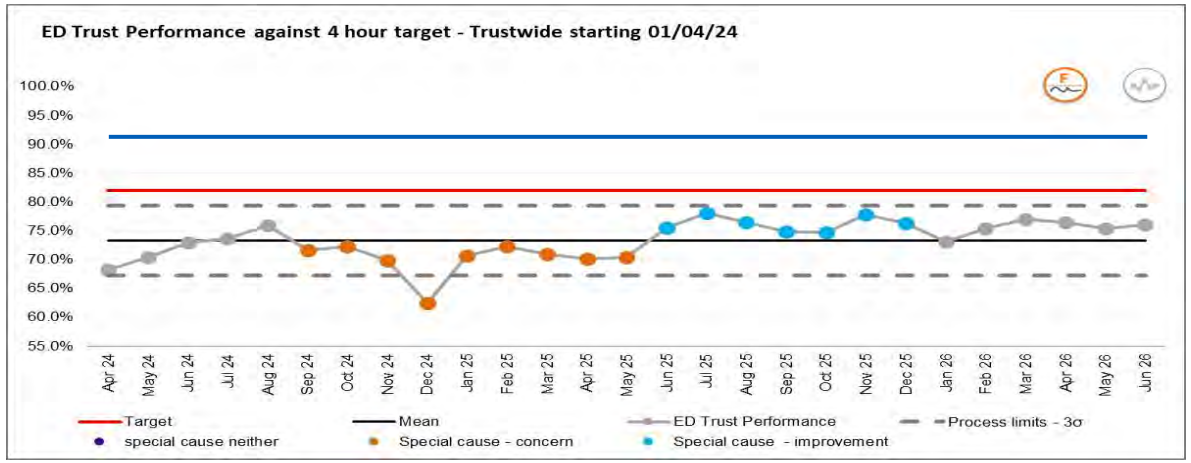
Strategic metric: Working together: Performance against 4hr Emergency Pathway target

Board Committee: Quality Committee

SRO: Chief Operating Officer

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



Insight Metrics	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
4hour Performance (%)	75.40%	76.93%	76.49%	76.49%	75.42%	76.09%
Average time to Clinician - all arrivals (minutes)	82	70	74	74	80	85
Number of redirects from ED to Urgent Care Centre (UCC)	1181	1068	1208	1009	1061	1034
Average Handover time (SCAS)	24:05	18:16	17:54	18:49	18:27	20:26
Number of >12hr LOS from arrival in ED (% of total volume	8.3%	6.6%	5.0%	5.5%	4.9%	6.1%
Number of >12hr Decision To Admit (DTA) LOS in ED	11	52	28	16	17	47
No. of patients who received corridor care >45 minutes within the previous 24-hour period (midnight to midnight)	-	-	-	-	-	0

This measures: The number of patients experiencing excess waiting times (>4hr) for emergency service. While the constitutional standard remains at 95%, NHS England has set the target of consistently seeing 82% of patients within 4 hours by the end of March 2027.

How are we performing:

- 76.09% all types of patients were seen within 4 hours, below our target of 82%. There has been an increase of 7.8% in attendances to ED when comparing June 26 to June 25
- Decline in Ambulance handovers >15 mins (41%). Overall demand remains consistent with seasonal patterns. Average 20min handover
- Admissions from ED, are the same as June 25 but there has been an increase in admissions from other sources; such as Outpatients
- Paediatric ED achieved performance of 78.19%, the team are relaunching the Improving Together pathway to embed further improvement opportunities

Actions and next steps:

- Development of front door optimisation programme aligning with key deliverables for Winter 26/27
- Exit block and downstream capacity/flow – work continues to address early discharge and fallow bed time through internal ward moves
- Attendance & admission alternatives to support admission capacity

Risks: Corporate Risk 4172

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

Strategic objective: **Partnering for Impact**

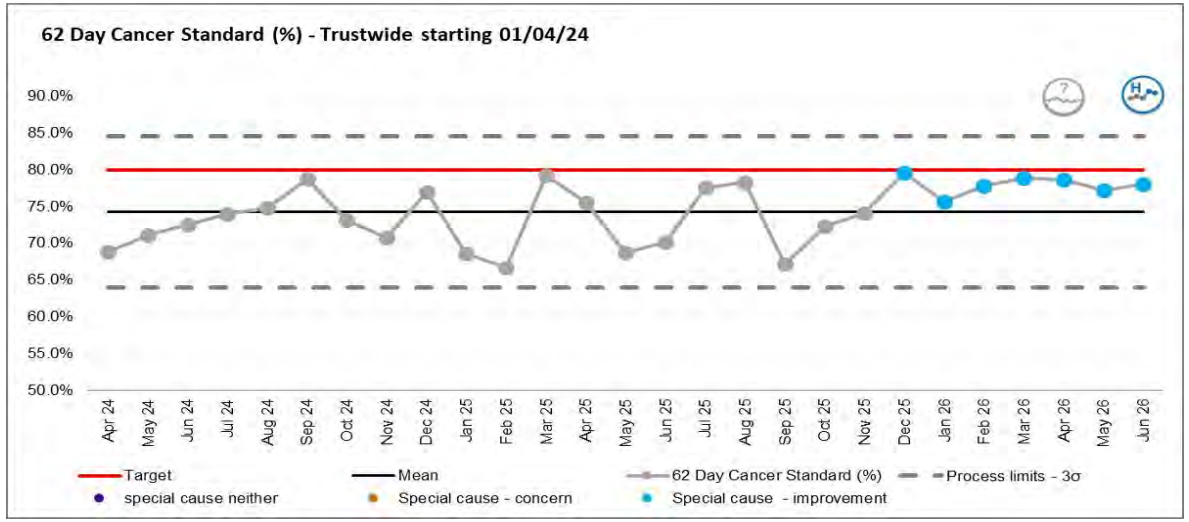
Strategic metric: Improve waiting times: Reduce waits of over 62 days for Cancer patients

Board Committee: Quality Committee

SRO: Chief Operating Officer

Assurance	Variation
?	H

Royal Berkshire NHS Foundation Trust



Insight Metrics	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Cancer 62 day %	75.7%	77.8%	78.9%	78.7%	77.2%	78.0%
Cancer 62 day % Trajectory	74.0%	74.0%	75.0%	75.0%	75.2%	75.3%
Performance against 28 day faster diagnostic standard (FDS) (%)	80.0%	85.6%	87.1%	84.0%	86.0%	84.8%
31-day cancer standard performance (combined)	89.3%	89.5%	90.9%	89.1%	92.9%	91.5%
31-day cancer standard trajectory	-	-	-	89.9%	90.0%	90.0%
Stage cancer presentation (%)	52.4%	48.5%	45.5%	50.0%	Arrears	Arrears

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%. Trusts are expected to achieve 80% performance by March 2027

How are we performing:

- In May 77.2% of patients were treated within 62 days. June's unvalidated performance is 78.0%. This will likely improve post-validation
- The total number of patients on the Patient Tracking List (PTL) waiting over 62 days at the end of June was 238, up from 228 in May. The tumour sites with the most patients on the PTL over 62 days are Gynaecology, Urology and Lower Gastrointestinal (LGI)

Actions and next steps:

- Gynaecology are focusing on increasing capacity for inpatient hysteroscopy as patients are currently waiting nearly 4 weeks for the procedure
- LGI are continuing to enhance their nurse-led triage process as well as reviewing the process for Care of the Elderly appointments which have added some delays to the pathway
- Urology are focusing on reducing length of wait for diagnostics for suspected bladder cancer and ensuring that diagnostic results are communicated to patients as quickly as possible

Risks: Corporate Risk 4241

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

Strategic objective: **Partnering for Impact**

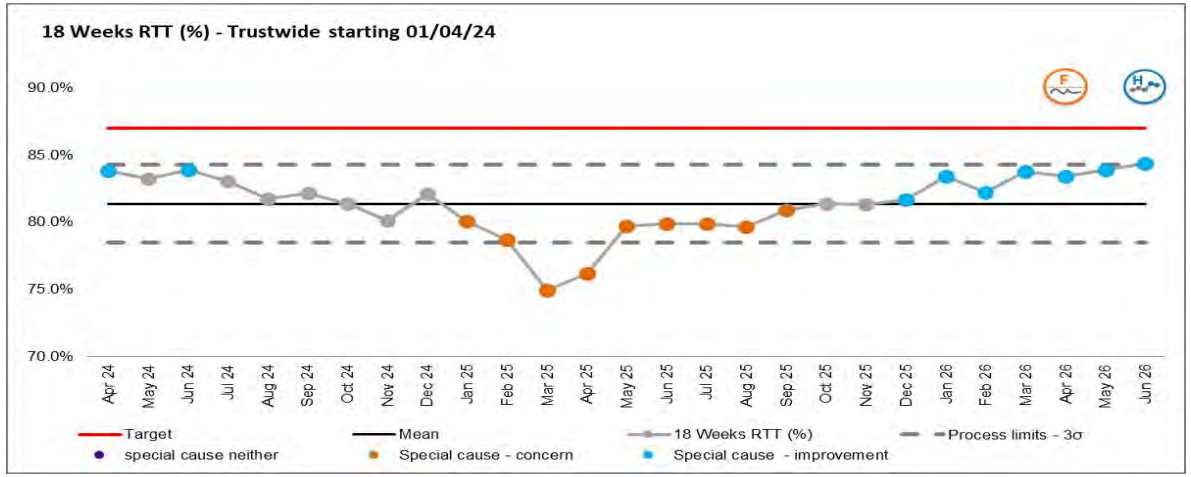
Strategic metric: Maximising Elective Activity: Achievement of the <18 week Referral to Treatment (RTT) standard

Board Committee: Quality Committee

SRO: Chief Operating Officer

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



Insight Metrics	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
18 Weeks RTT (%)	83.45%	82.21%	83.78%	83.40%	83.09%	84.38%
% referrals returned with advice to referrer	14.7%	14.4%	14.9%	14.6%	13.3%	13.5%
% plan for first outpatients	-	-	-	36.13%	36.50%	36.81%
% plan for combined daycase and inpatients (cumulative)	96.45%	96.56%	96.70%	97.14%	96.65%	98.90%
% patients waiting less than 6 weeks for diagnostics (DM01)	79.9%	86.0%	86.8%	77.1%	81.50%	82.9%
Number of patients waiting more than 52 weeks for treatment (RTT)	32	43	40	38	39	30

This measures: Trust performance against the national Referral to Treatment standard (92%). The 2026 National Operating Plan expectation is to achieve 7 percentage point improvement by March 2027 and return to 92% by March 2029. RBFT has submitted intention to comply with these expectations

How are we performing:

- Performance against the headline RTT standard is ahead of trajectory. This is, in part, due to delayed implementation of a DQ enhancement. As well as the combined result of RTT-specific validation, Master waiting list data cleansing actions, additional activity and increased triage
- 2026/27 core focus of recovery actions will be on maximising first assessment activity and driving down first assessment waiting times
- We expect performance to reduce slightly through Q2 as triage, validation and DQ enhancement continue to affect the profile, before improving in the second half of the year. This is in line with the submitted trajectory

Actions and next steps:

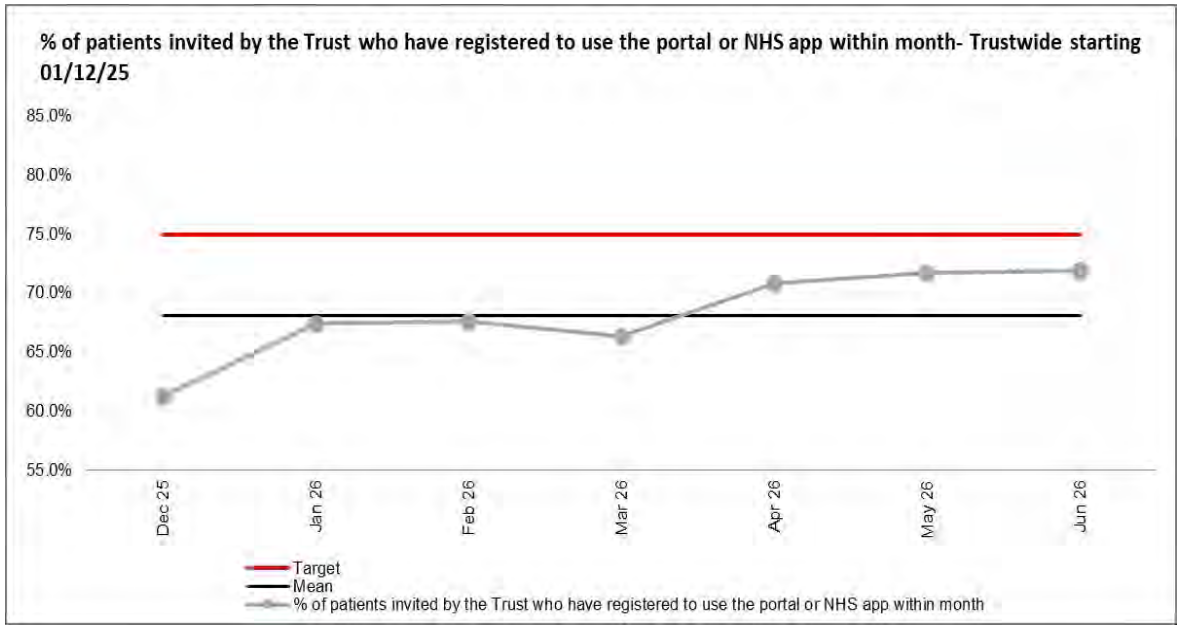
- Continue to drive improvement in the 1st OPA waiting times
- Continue to focus on reducing tip-over demand whilst driving down volume of long wait pathways
- Large Language Model Development and Pathways Insight & Coordination Solution (PICS) is well underway. With early results looking promising. Parallel running of PICs is delayed (resourcing) but expected to available by the summer
- Allocation of TV Innovation Funds to maximise stage of treatment backlog reduction.

Risks: Corporate Risk 5995

- Capacity to sustain performance against standard

Strategic objective: **Driving improvement and enabling innovation**

Strategic metric: Digitally enabling our patients



Insight Metrics	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Cumulative % of patients eligible who are registered	67.4%	67.6%	66.3%	70.8%	71.7%	71.9%
Number of logins via NHS App or patient portal	241,143	217,206	242,385	223,636	240,901	268,972
Total number of letters viewed in the portal / NHS app in month	-	-	-	-	127,753	149,287
Advice and guidance (A&G) activity	2728	2757	3043	2634	2706	2907

Board Committee
Quality Committee

SRO: Chief Strategy Officer

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust

This measures: The percentage of eligible patients accessing our patient-facing portal (Royal Berkshire Connect), including via the NHS App. This is calculated by dividing the number of patients registered by number of invites sent since we first used the portal. The Trust target is 75%.

How are we performing:

- Adoption rate has stabilised at a higher figure after increasing during our communications campaign
- After launching the ability for patients to view their clinical letters in the portal, the number of letters viewed has increased by 20,000 in month and we expect to see this rise again in July

Actions and next steps:

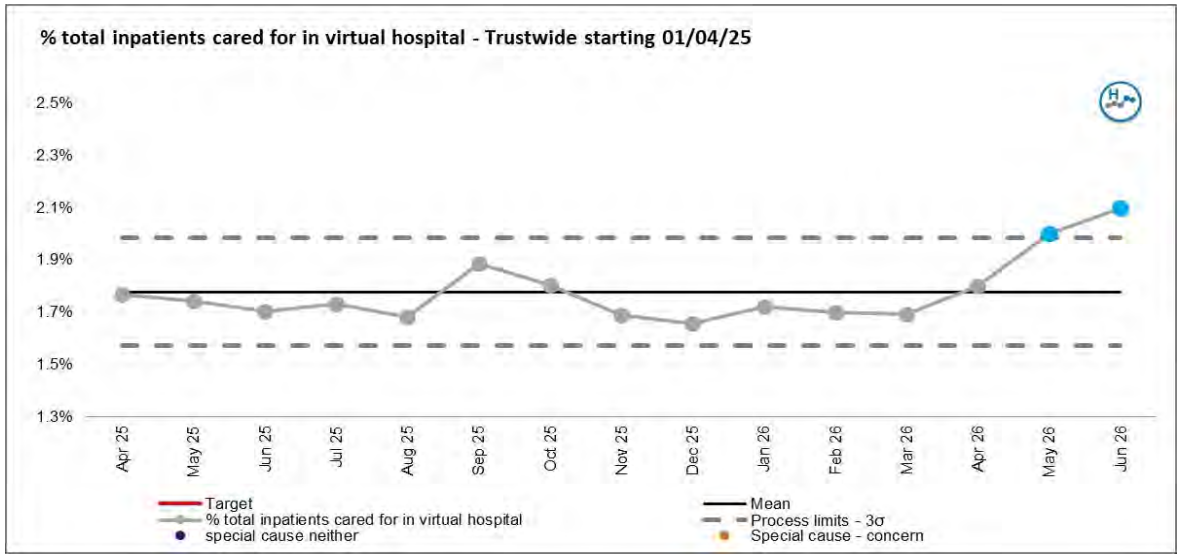
- We started to adhere to patient-preference for paperless letters for clinic letters after their addition to the portal, which should reduce printed costs
- We launched a new remote monitoring tool for ENT thyroid cancer follow-ups avoiding patients needing to come into the hospital
- Sending a message to all patients when we have received their referral
- Allowing patients to use the portal to request support when their condition worsens rather than default follow up timescales (PIFU)
- Add ability for patients to manage their own appointments without any administrative interaction

Risks:

- Patient and staff knowledge of what functionality is available in the portal / NHS App is still lower than it could be, which we are mitigating through improved communications

Strategic objective: **Driving improvement and enabling innovation**

Strategic metric: Percentage of total inpatients cared for by our virtual hospital at home



Insight Metrics	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
% total inpatients cared for in virtual hospital	1.7%	1.7%	1.7%	1.8%	2.0%	2.1%
Daily Average Virtual Hospital Activity	107	109	99	85	96	85
Daily Average Virtual Hospital Performance against plan (%)	134%	136%	124%	106%	120%	106%
Number of Virtual attendances	10,173	9919	11,799	10,658	9490	11,790
Distance travelled by our patients (average miles) (Outpatients including Virtual Attendances and Advice & Guidance)	5.1	5.0	5.3	5.1	5.1	5.0

Board Committee
Quality Committee

SRO: Chief Strategy Officer

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust

This measures: The metric currently shows the percentage of all total inpatients cared for by our virtual hospital at home. This metric and its insights will be amended as required as the Royal Berks @ Home programme is scoped and enters delivery.

How are we performing:

- In June, 2.1% of all inpatients were cared for in our virtual hospital
- We are seeing a gradual upward trend in the proportion of inpatients cared for in our virtual hospital

Actions and next steps:

- This is the second month of reporting this new strategic metric in the IPR
- The 'Royal Berks @ Home' strategic programme is a multi-year transformation programme that is currently in the scoping phase, therefore the metrics on this page are subject to change once KPIs are confirmed
- Beyond the above, further actions, risks, and next steps will be identified once the scope is agreed

Risks:

Strategic objective: **Building a sustainable future together**

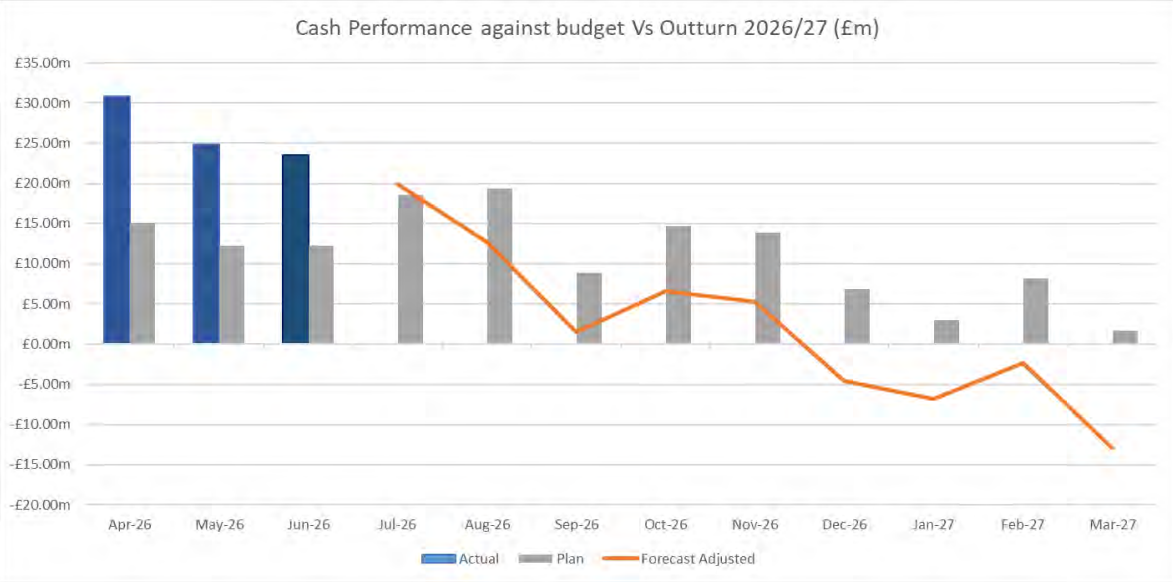
Strategic metric: Cash performance (£)

Board Committee
Finance & Investment

SRO: Chief Finance Officer

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



Insight Metrics	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Cash Performance (£m)	£8.01m	£22.52m	£27.04m	£30.85m	£24.82m	£23.51m
Underlying financial position (£m)	£(2.57)m	£(3.04)m	£(3.86)m	£(2.60)m	£(3.35)m	£(4.15)m
In-month variance to plan: Pay (£m)	£(1.01)m	£(1.40)m	£(1.39)m	£(0.18)m	£0.26m	£(0.19)m
In-month variance to plan: Non-Pay (£m)	£(0.85)m	£2.62m	£(2.82)m	£0.72m	£0.59m	£(0.64)m
In-month WTE (incl bank and agency	6390	6428	6469	6388	6366	6421

This measures: RBFT's cash position at M03 (£23.51m). The graph shows in-month performance against adjusted plan, with a straight-line projection to year-end. Without mitigation, the forecast deteriorates to a negative cash position in Q3.

How are we performing:
Cash Performance: £23.51m, £11.31m above plan, due to £10.36m ICB clawback (due in Q2 26).
Forecast: The cash forecast has been refreshed to reflect the latest estimate of 25/26 clawbacks, now estimated to fall from the initial £13.2m to £10.3m, resulting in a £2.9m cash improvement.

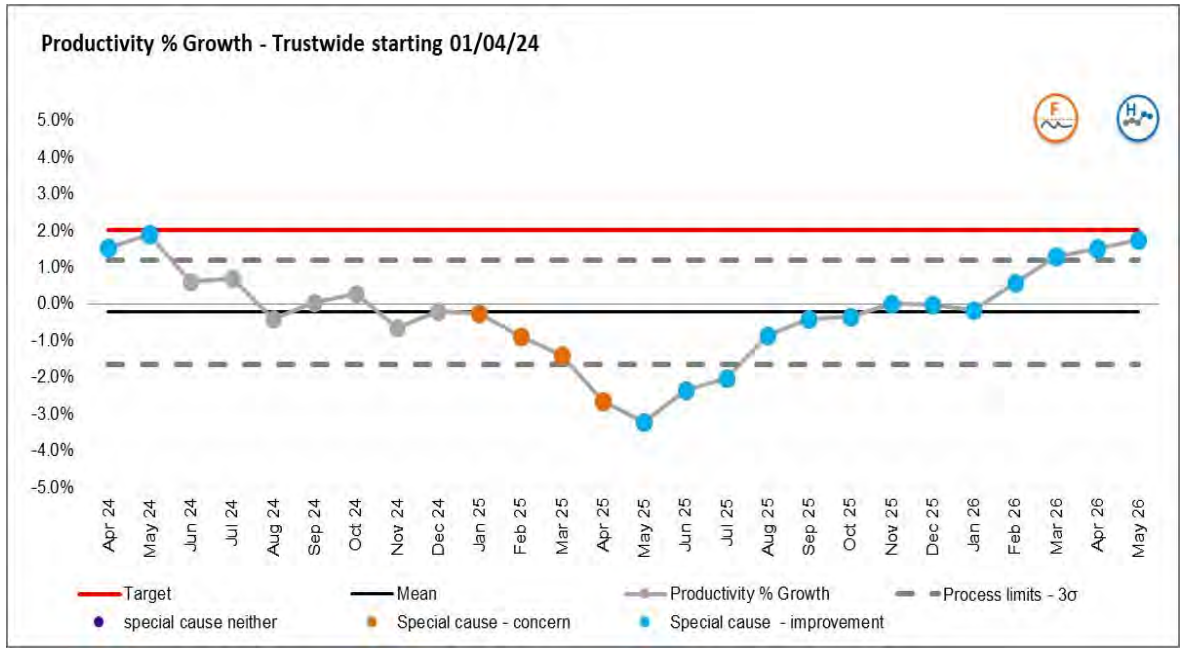
Sufficient cash is expected to be available to the Trust until December 2026, assuming mitigations on spend. Financial Improvement Programme (FIP) delivery remains the critical lever.

Actions and next steps:
- Weekly tracking of FIP cash-releasing savings against profile
- Q4 ICB clawback impact actively managed within liquidity plan
- Capital payment profile kept under review; any acceleration assessed for cash impact before commitment. Discussions with NHSE to provide Capital Cash support up to Capital Departmental Expenditure Limit allocation

Risks:
- FIP non-delivery - direct cash shortage risk with limited Q3/Q4 headroom
- WTE Cost Improvement Plan slippage where reinvestment offsets savings
- Liquidity risk if capital payment or ICB receipt timing cannot be managed
- £0.47m unfunded industrial action cost remains unresolved at M02
- National capital risk: if NHS England require in-year capitalisation (as in 2025/26), cash position will require capital programme re-profiling

Strategic objective: **Building a sustainable future together**

Strategic metric: Productivity Growth



Insight Metrics	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Year-on-year Productivity % Growth (activity/WTE)	-0.2%	0.6%	1.3%	1.5%	1.7%	Arrears
Cost Weighted Activity (CWA) % Growth	-0.3%	0.5%	1.3%	1.5%	1.8%	Arrears
Whole Time Equivalent (WTE) % Growth	-0.1%	-0.1%	0.0%	0.0%	0.1%	Arrears

Board Committee
Finance & Investment

SRO: Chief Strategy Officer

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 wholetime equivalent (WTE) growth against activity growth year on year. The measure is reported on a 12-month moving average basis to account for seasonal variation.

How are we performing:

- In May, the Trusts productivity was 1.7% higher than the 12 months previously this was driven by continued growth in activity delivered by a fixed workforce base
- The National outcomes framework indicates RBFT productivity improvement in the last 12 months is in the top quartile of acute trusts with a year-on-year productivity improvement of 6% on the NHSE metric

Actions and next steps:

- Teams are working on the identification of their cost improvement plans for 26/27, with around 50% of the total plan identified to date
- In addition, a financial improvement plan is under development with a focus on improving the capture of activity and the delivery of benefits from the Trust's Transformation programmes

Risks:

- The Trusts WTE plan for 2026/27 requires teams to make savings aligned to CIP targets. Plans are not yet robust enough to ensure delivery
- There is a risk that the Trust will not be able to recover the income from activity growth in Non-elective pathways

Royal Berkshire
NHS Foundation Trust

Breakthrough Priorities

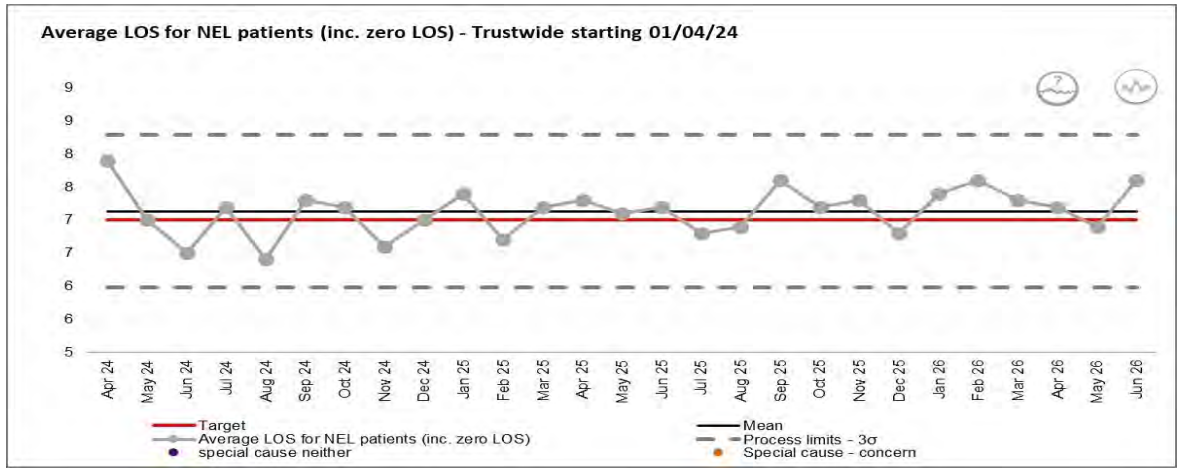
Breakthrough priority metric: Safest place
Average Length of Stay (LOS) for non-elective patients

Board Committee: Quality Committee

SRO: Chief Operating Officer

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



Insight Metrics	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Ave LOS for NEL patients (inc. zero LOS	7.4	7.6	7.3	7.2	6.9	7.6
Wait time (days) for a community hospital bed in Berkshire West	3.2	4.1	2.8	3.1	3.1	3.8
% of core inpatients who are DC Ready but require support on DC	12.1	11.6	10.7	9.8	11.1	10.1
Average number of Community Hospital empty beds overnight	9	12	8	6	7	8
Average number of days patients wait for Social Care packages at home in Berkshire West	3.5	3.3	3.9	4.4	3.2	4.2
Average number of days patients wait for a Health Care(reablement) package of care at home in Berkshire West	1.6	2.0	1.6	1.8	2.0	1.9

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 (reduce) ambulance handover times and ED performance

How are we performing:

- The average LOS in June was 7.6 days. We are not routinely hitting our target of <7 days.

Actions and next steps:

- Continued drive for improved accuracy of predicting a targeted day of discharge for all patients the day before they go home. June improved to 54.9%, against a 60% target
- Focus on early use of Discharge Lounge (DCL). June DCL activity exceeded target with 586 patients (target 500), including 268 before midday (target 250). 43.6% of DCL patients were in the lounge before midday (target 50%)
- Exploration of the possibility of dedicated porters for the Patient Flow
- Refining new process to highlight community bed capacity & demand and identifying patient transfers 1 day in advance is underway, but difficult to implement, especially over the weekend
- Winter resilience meetings along with improved communication with BHFT to ensure visibility and improvement of Community Hospital Flow

Risks:

- Bed capacity pressures, increased patient moves / discharge to non-optimal ward
- Ward closures and delays for patients needing isolation period Community Hospital ward closures preventing use of their beds

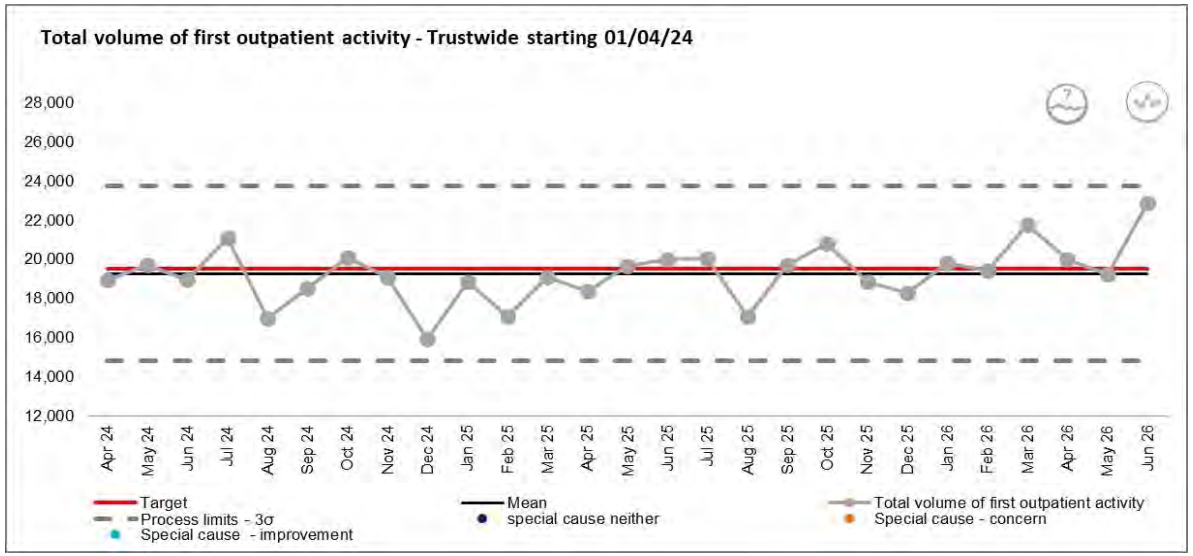
Breakthrough priority metric: Improving elective performance
Total Volume of first Outpatient (OP) Activity

Board Committee: Quality Committee

SRO: Chief Strategy Officer

Assurance	Variation
	

Royal Berkshire NHS Foundation Trust



Insight Metrics	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Total Volume of first outpatient activity	19,805	19,461	21,792	20,020	19,265	22,907
First outpatient activity Plan	19,463	18,536	19,499	17,370	16,487	19,070
Average wait for first outpatient appointment	68.0	71.2	64.5	60.3	57.6	64.2
% patients waiting over 12 weeks for first assessment	70.27%	69.39%	68.75%	69.82%	70.20%	69.52%
% OP that did not attend/were not brought (1st OP Appt)	7.9%	7.6%	7.0%	7.4%	7.9%	7.4%
% triage within 2 working days for all GP referrals (including 2 week wait, urgent and routine)	54.30%	56.30%	57.10%	55.20%	50.90%	65.30%

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 June shows that we delivered over 22.9k 1st OPA. Q1 has achieved activity levels above plan
- June data is provisional and is likely to increase in post-validation

Actions and next steps

- Work led by finance and informatics is continuing to focus on improvement in the recording of OP activity which will help us reflect work delivered by teams, this is helping us sustain the increased performance from March 26
- Role of triage is to support a left shift in 1st OP waiting times, increasing volumes straight to test and reducing the need for attendance where advice or treatment can be delivered remotely
- The implementation of PIFU on the Outpatients MPage has seen a rise in PIFU utilisation across specialties

Risks: Corporate Risk 5698

- Sustained focus on first OP delivery is required to deliver the Trust's plan for the year
- Implementing reform to follow up activity is essential to creating capacity and avoiding a backlog in the wider elective pathway

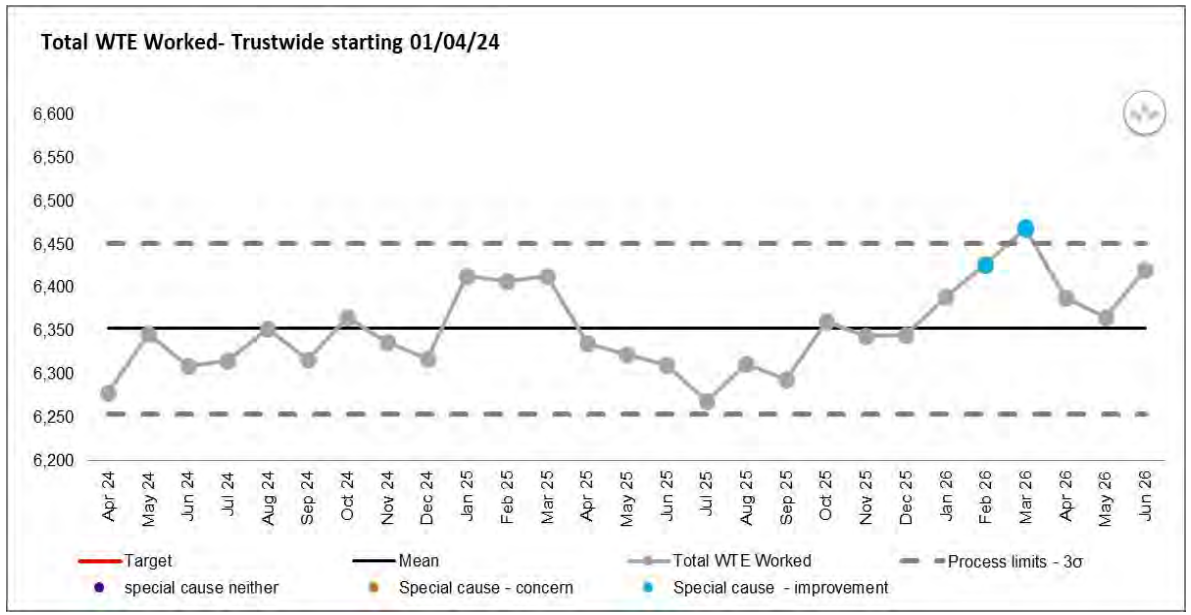
Breakthrough priority metric: Future workforce
Future fit workforce (total wholetime equivalent worked)

Board Committee: Finance & Investment Committee

SRO: Chief People Officer

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



Insight Metrics	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Total WTE worked	6389	6427	6469	6388	6366	6421
Contracted worked WTE	6087	6109	6111	6127	6130	6152
Bank WTE	294	308	346	254	228	262
Agency WTE	8	10	11	7	7	8
Internal promotion (all bands) proportion vacancies filled with internal applicants (%)	-	-	-	-	42%	41%

This measures: the total whole time equivalent (WTE) worked per month. There is no target shown on the chart as the target changes each month based on the Trust workforce plan.

How are we performing:

- In June, workforce worked was 6,421 WTE, while higher than the previous month was 84.6 WTE lower than the workforce plan. This is driven by lower substantive numbers than planned for in Month 3. However, it is anticipated this gap will close in the coming months
- Bank staffing was higher than in Month 2, but was below the long-term average, while Agency WTE was 40% lower than June 2025, against a 30% reduction target set nationally

Actions and next steps:

- Care groups continue to work on Cost Improvement (CIP) schemes to identify recurrent savings. This will support the headcount reduction required in later months in the workforce plan
- Workforce controls continue to be refined and improved across Care Groups, Digital Data and Technology and Estates and Facilities. Focus is on wider understanding of the service and efficiencies in ways of working to identify truly necessary vacancies only

Risks:

- Balancing rightsized workforce with patient safety & experience, activity levels and income and maintaining cancer standards. Ongoing need to develop CIP schemes to deliver workforce plans which will need to be delivered by March 2027

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 118 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 June 2026:

In the last month 12 of the 118 metrics exceeded their process controls. These are set out in the table opposite.

There are 3 new alerting watch metrics this month:

- Cyber Risk average (out of 25) on Datix Level 1, 2, & 3 includes Security, Infrastructure, application cyber risk
- Windows 11 across End User Device (EUD) Operating System (%)
- Perinatal mortality rate (rolling year per 1000 births)

A number of the alerting relate to the operational pressures experienced in the Trust and the focus being given to enhancing flow and addressing 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.

Delivering the highest quality of care for all
- C.diff (Cumulative – Trust Apportioned) 7 cases against a threshold of 39 FY 26/27 (currently below local monthly threshold tracker)
- Number of unborn babies on child protection plan
- Mixed Sex Accommodation
- Perinatal mortality rate (rolling year per 1000 births)

Supporting our people to thrive
- % of staff from global majority backgrounds in senior AFC Bands 8a and above
- Rolling 12 month Sickness Absence

Partnering for Impact
- Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival
- Cancer – Incomplete 104 days

Driving improvement and enabling innovation
- Cyber Risk average (out of 25) on Datix Level 1, 2, & 3 includes Security, Infrastructure, application cyber risk
- Windows 11 across End User Device (EUD) Operating System (%)

Building a sustainable future together
- Pay cost vs Budget (£m)
- Better Payment Practice Code

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

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-26	May-26	Jun-26	Jun-25
Pressure ulcer incidence per 1000 bed days			1.00	0.16	0.05	0.21	0.41
Category 2 avoidable pressure ulcers			5	0	0	0	0
Category 3 avoidable pressure ulcers			0	2	0	0	0
Category 4 avoidable pressure ulcers			0	0	0	0	0
Unstageable avoidable pressure ulcers			0	0	0	0	0
Patient Falls per 1 000 bed days			5.00	3.96	3.74	3.13	3.46
Patient falls resulting in harm (PSIRF methodology applied)			-	3	1	3	1
No. of DOLS applications applied for			-	36	36	28	27
No. of detentions under the MH act to RBH			-	4	2	2	2
% of staff: Safeguarding children L1 training			90.00%	95.90%	95.50%	Arrears	96.00%
No. of child safeguarding concerns by the Trust			-	146	157	138	165
No. of adult safeguarding concerns by the Trust			-	55	73	54	53
No. of safeguarding concerns against the Trust			-	5	8	4	8
Unborn babies on child protection (CP) / child in need plans (CIP)			-	48	46	42	41
C.Diff (Cumulative – Trust Apportioned)			39	4	6	7	15
C.Diff lapses in care			-	4	2	1	5
MRSA Bacteraemia (avoidable)			0	0	0	0	0
E.coli (Trust Apportioned) Bloodstream Infections			-	6	12	8	6
E.coli (Trust Apportioned) Bloodstream Infections (Cumulative)			92	6	18	26	27
MSSA surveillance (trust acquired)			-	3	2	5	5
Hand Hygiene			95.00%	96.07%	95.37%	94.67%	95.93%
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance			95.00%	96.50%	96.50%	96.80%	93.80%
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions			0.00	1.30	0.44	1.37	1.34
Medication incidents per 1000 bed days			-	6.52	6.62	8.10	7.20

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

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-26	May-26	Jun-26	Jun-25
FFT Satisfaction Rates Inpatients			95.0%	94.0%	96.0%	94.7%	95.4%
FFT Satisfaction Rates ED			95.0%	82.0%	80.0%	80.0%	81.1%
FFT Satisfaction Rates Outpatients			95.0%	95.0%	95.0%	95.0%	95.3%
FFT Satisfaction Rates Daycases			95.0%	99.0%	98.8%	97.5%	97.7%
FFT Satisfaction Rates Children and Young People			95.0%	100.0%	100.0%	100.0%	100.0%
Mixed sex accommodation - breaches			0	78	49	100	208
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes			97.0%	75.0%	100.0%	Arrears	90.0%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes			86.0%	83.3%	75.0%	Arrears	66.7%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes			82.0%	100.0%	87.5%	Arrears	100.0%
Never Events			0	0	0	0	0
PSIRF: No. of Patient Safety Incident Investigations (PSII)			-	1	0	0	4
PSIRF: No. of SWARM huddles			-	0	0	0	0
PSIRF: No. of After Action reviews			-	1	3	1	5
PSIRF: No. of Multidisciplinary Team (MDT) reviews			-	4	2	0	4
PSIRF: No. of Thematic reviews			-	0	1	0	0
No. of compliments			-	43	41	56	50

Metric	Variation	Assurance	Target	Nov-25	Dec-25	Jan-26	Jan-25
Crude mortality			-	1.20	1.80	1.80	1.70
HSMR			100.00	112.20	112.20	111.70	102.80
SMR			100.00	113.00	112.20	111.70	101.80
SHMI			1.00	1.13	1.14	1.15	1.06

Strategic Objective: **Delivering 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	Apr-26	May-26	Jun-26	Jun-25
Deliveries			-	407	385	399	405
Bookings			-	448	398	462	498
% of Inductions of labour			-	30.2%	30.6%	29.7%	34.0%
Perinatal mortality rate (rolling year per 1000 births)			4.84	5.88	5.05	5.80	2.40
Number of occassions MLU service suspended for 4 hours or more			4	0	0	Arrears	11
Midwifery staffing vacancy rate			-	0.0%	0.0%	Arrears	2.8%
Midwifery staffing turnover			14.0%	10.4%	10.4%	Arrears	13.8%
Midwife : birth ratio (utilised workforce)			1.22	1.22	1.21	Arrears	1:22
FFT Satisfaction Rates Maternity			95.00%	93.00%	98.00%	93.00%	95.60%
No. of complaints - Maternity			3	4	8	10	4
Complaints response Rate			80.00%	67.00%	33.00%	57.00%	0.00%
Number of Patient Advice and Liaison Service (PALS)			-		7	8	-
Number of Rapid Reviews			-	11	16	10	-
PSIRF: No. of Patient Safety Incident Investigations (PSII)			-	1	0	1	-
PSIRF: Number of SWARM huddles			-	0	0	0	-
PSIRF: No. of After Action reviews			-	1	0	0	-
PSIRF: Number of MDT reviews			-	1	0	0	-
PSIRF: Number of thematic reviews			-	0	0	0	-
Percentage of babies born with features associated with potential hypoxia			0.00%	0.00%	0.00%	0.25%	1.20%

Strategic Objective: **Supporting our people to thrive**

Watch metrics:

SRO: Paul da Gama

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-26	May-26	Jun-26	Jun-25
% of staff from global majority backgrounds in senior AFC Bands 8a and above	H	F	25.00%	24.15%	24.55%	22.48%	20.71%
Rolling 12 month Sickness absence	L	F	3.3%	3.6%	3.6%	Arrears	3.8%
% Fill rate of Registered Nurse Shifts (RN)	L	P	90.0%	96.5%	95.9%	96.2%	94.6%
% Fill rate of Care Support Worker Shifts (CSW)	L	P	90.0%	97.6%	97.6%	99.6%	101.2%
Appraisals		P	90.0%	86.9%	87.8%	90.4%	88.5%
Nurse Staffing Red Flags			-	60	39	32	26
Stability Rate (%)	H	P	90.0%	91.8%	92.0%	92.2%	90.8%
Turnover rate % (excluding fixed term temps and non-execs)	L	P	13.0%	8.5%	8.6%	8.6%	8.9%
Vacancy rate	L	P	7.0%	2.9%	3.1%	4.1%	4.8%

Strategic Objective: **Supporting our people to thrive**

Watch metrics:

SRO: Paul da Gama

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-26	May-26	Jun-26	Jun-25
RIDDOR reportable Incidents			-	1	1	6	1
Body fluid exposure/needle stick injury			-	26	25	16	19
Environment Related Incidents			-	8	29	28	19
Conflict Resolution			90%	93%	94%	95%	89%
Fire (Annual)			90%	93%	93%	93%	92%
Moving and Handling Level 1			90%	94%	95%	95%	95%
Moving and Handling Level 2			90%	90%	90%	88%	89%
Health and Safety Training			-	96%	96%	96%	94%
Slips and Trips			-	2	3	4	4
Musculoskeletal - Inanimate object			-	2	5	2	1
Total non clinical incidents reported			-	193	275	299	257
Incidents of violence and aggression (patients, relatives, visitors to staff) - other			-	-	-	77	-

Strategic Objective: **Partnering for Impact**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-26	May-26	Jun-26	Jun-25
Fractured Neck of Femur: Surg in 36 hours			60.0%	50.0%	53.0%	Arrears	53.0%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival		F	90.0%	66.0%	68.0%	72.0%	77%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)			80.0%	90.0%	90.0%	93.0%	93%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)	H		90.0%	92.0%	85.0%	91.0%	89.0%
62 Day screen Ref			85.0%	88.9%	83.3%	100.0%	64.5%
Cancer Incomplete 104 days	L	F	0	48	56	56	56
Average waiting times in diagnostic (DM01) services	L		6	2	2	2	4

Strategic Objective: **Driving improvement and enabling innovation**

Watch metrics

SRO: Andrew Statham

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-26	May-26	Jun-26	Jun-25
% OP appointments done virtually			-	20.5%	19.3%	20.5%	19.8%
Number of OPPROC			-	12408	11920	12826	15348
Number of MDT OP			-	719	750	810	817
Number of PIs			-	171	173	175	132
Number of active research trials			-	363	367	371	169
Total Number of projects supported by Health Innovation Partnership (HIP)			-	64	65	66	63
Percentage of Commercial Studies opened < 60 days(from site selection to opening of studies)			-	-	100.0%	100.0%	-
Cyber Risk average (out of 25) on Datix Level 1, 2, & 3 includes Security, Infrastructure, application cyber risk		F	6	12	12	11	-
Windows 11 across End User Device (EUD) Operating System (%)	H	F	95.0%	4.6%	24.5%	44.8%	-

Strategic Objective: **Building a sustainable future together**

Watch metrics

SRO: Frances Khatcherian

NHS
Royal Berkshire
NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-26	May-26	Jun-26	Jun-25
Pay cost vs Budget (£m)			-	-0.18	0.26	-0.19	-0.29
Non pay cost vs Budget (£m)			-	0.72	-0.12	-0.64	-0.23
Income vs Plan (£m)			-	-0.52	-0.06	0.93	0.49
Daycase actual vs Plan (£m)			-	-0.40	0.35	0.40	0.32
Elective actual vs Plan (£m)			-	-0.48	-0.59	0.64	-0.04
Outpatients actual vs Plan (£m)			-	-0.40	-0.35	0.40	2.62
Non-elective actual vs plan (£m)	H		-	-2.98	-3.39	11.20	-0.40
A&E actual vs plan (£m)	H		-	-0.04	-0.40	2.75	0.92
Drugs & devices actual vs plan (£m)			-	-1.19	-0.17	0.59	0.82
Other patient income (£m)			-	-0.08	-0.19	0.16	-0.10
Delivery of capital programme (£m)			-	0.10	0.77	1.84	0.05
Agency spend % of total staff cost (%)	H		-	4.1%	3.6%	3.7%	0.4%
Creditors (£m)			-	-93.53	-96.89	-87.26	-81.20
Debtors (£m)			-	40.35	40.36	40.15	47.59
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) YTD	H	F	95.00%	85.90%	86.50%	87.50%	81.20%
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) In Month	H	F	95.00%	85.90%	86.50%	89.30%	80.60%

NHS
Royal Berkshire
NHS Foundation Trust

Title:	**Ensuring safe and effective perinatal care at the Trust**
Agenda item no:	8
Meeting:	Board of Directors
Date:	29 July 2026
Presented by:	Katie Prichard-Thomas, Chief Nursing Officer
Prepared by:	Sarah Bailey, Interim Director of Midwifery

Purpose of the Report	To provide an overview of themes and learning from the national maternity investigations (Ockenden and Amos, 2026) recently published. Provide assurance on the plans to commission a RBFT perinatal service review and respond to the 10 urgent actions including the 100 day sprint.

Report History	Executive Management Committee 27 July 2026

What action is required?	
Assurance	Assure the board on the current position regarding the national maternity and neonatal reports and the 10 urgent actions including the 100-day sprint and the RBFT perinatal service review.
Information	Confirm the Trusts responses to date in relation to the national maternity investigations and progress / plans to continue to achieve the actions set out by NHSE.
Discussion/input	
Decision/approval	

Resource Impact:	Additional requests for resources will be requested through Care Group & Executive routes and availability for national funding will be requested when available. Non elective care funding approval gained to support maternity assessment unit.
Relationship to Risk in BAF:	N/A
Corporate Risk Register (CRR) Reference /score	Maternity Block Fire Safety Risk (7442/20) Management of Estates Infrastructure (4183/20) New Hospital (6320/16)
Title of CRR	See above

Strategic objectives this report impacts on (tick all that apply):	
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	√

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

The perinatal period is defined as pregnancy and post birth of up to 1 year. The term also focuses on the year combined health outcomes of both the mother and the baby.

The publication of the Amos and Ockenden investigations in June 2026 focus on driving deep systemic and cultural transformation. The national objective of improving maternity and neonatal services through stronger leadership, safety culture, compassionate care, effective governance and partnership with women, birthing people and families has also been strongly reinforced.

Whilst many of the recommendations align with work already underway across Royal Berkshire NHS Foundation Trust, the reports provide an opportunity to reflect, accelerate improvement and reprioritise next steps.

This report outlines and provides further assurance on the plans and progress against the following areas:

- RBFT perinatal service review
- Key themes and learning from the national investigations and reviews.
- RBFT progress against the 10 urgent actions, launched by NHSE outlined in a letter to all NHS Trusts and ICB's from Sir Jim Mackey, NHSE Chief Executive received 30th June 2026.
- Delivery of the national 100-day sprint in response to the 10 safety actions.

2.0 RBFT perinatal service review

In response to significant changes over the last five years in perinatal services at the RBFT, including increasing complexity of care, increased demand, rising intervention rates, increasing scanning requirements, greater complexity of patient choice and the publication of these reports, the Urgent Care Group, supported by the Executive Team, has commissioned a formal perinatal service review.

The review will provide assurance regarding current safety and quality while establishing a clear future model for maternity and neonatal services that is clinically sustainable, operationally effective and aligned with national expectations. The review will culminate in a detailed implementation roadmap for service transformation over subsequent years. The review has commenced and will take 6–9 months to complete and will report into the Board via Executive Management Committee and Quality Committee.

It will initially focus on the high-priority areas of maternity triage and theatre capacity.

The review will be supported by external resources from NHSE, the transformation team, the assigned review lead and the perinatal leadership team, supported by the Urgent Care Board.

3.0 Key themes and learning from the national investigations and reviews.

3.1 Independent National Maternity and Neonatal Investigation led by Baroness Amos

Baroness Amos led the Independent National Maternity and Neonatal Investigation, which was published on 30 June 2026. This was a review of 12 identified trusts across England and was commissioned to identify systemic issues affecting services across England and to inform the development of the national recommendations. The investigation heard from women (10,500) birthing people and families (450), staff (9,000) working in the services and executive teams, and reviewed evidence (9,500 documents) from each Trust.

There were consistent themes across the 12 Trusts, which were:

1) Women and birthing people not being listened to, heard or believed:

Across all Trusts, women, birthing people and families, particularly those from ethnic minority backgrounds or deprived areas, described not being listened to, feeling dismissed when raising concerns, not being treated with kindness or compassion and being excluded from decision-making.

2) Persistent workforce pressures:

Staffing levels that do not match demand, leading to attrition, rota gaps, high absence levels, heavy workloads, and reduced continuity of care. This led to the system lacking responsiveness, inconsistent, feeling confusing and not always joined up. Also, challenging cultures, with fear, staff feeling blamed, hierarchical structures, racism and discrimination undermining when speaking up as well as fragmented educational arrangements, uneven educator capacity and insufficient multi professional training.

3) Challenges in managing demand and capacity:

High demand on services, alongside the increasingly complex care needs of women which puts pressure on available capacity. This leads to delays, overcrowding and, at times, care decisions being shaped by available space and patient flow rather than clinical need.

4) Fragmented governance and leadership:

Leadership and executive teams were aware of the challenges facing maternity and neonatal services but were not always equipped with the skills, knowledge and capabilities to make the changes required. Care between organisations was fragmented, a lack of connectivity between GP, ante natal and post-natal care as well as between maternity and neonatal care.

5) Response when things go wrong

Women, birthing people and families across the country described traumatic experiences after things went wrong, with slow or defensive responses from Trusts and apologies that were either not made or were grudgingly made and felt meaningless leading to loss of trust. Services not designed to ensure consistent safety, resulting in avoidable harm, complex complaints and lifelong trauma.

6) Lack of focus on reducing health inequalities:

Health inequalities across maternity and neonatal services were consistently raised during panel sessions with differences in experience linked to ethnicity, socioeconomic status, language, disability and gender.

7) Poor infrastructure:

Across the Trusts, examples were seen of estates that were not fit for purpose. Women and families lacked privacy for sensitive conversations, and staff were delivering care in cramped conditions.

8) Digital and data systems:

Trusts are working with multiple digital and data systems that do not interface with each other or are unable to share information. This can create potential patient safety risks if information is not consistently shared across platforms and creates additional burdens for staff.

2.2 Independent Review of Maternity and Neonatal Services at Nottingham University Hospitals NHS Trust (NUH) led by Donna Ockenden.

This review was commissioned in June 2022 and examined maternity and neonatal services at NUH between 2012 and 2025. The review involved a multi-professional team and engaged with over 500 families and 830 current and former staff at NUH. The report was published on 24 June 2026. Many themes were identified as similar to those from the Amos investigation. For example, listening to the voice of women, birthing people and families, understanding and acting on the psychological impact of birth and sub optimal care, listening to staff voices, understanding key areas of demand and challenge in the maternity pathway, importance of strong multi professional leadership and governance structures.

The review identifies 18 immediate and essential actions to improve care and safety in maternity
1) Strengthening women-centred communication and informed choice.

2) Support a nationally agreed perinatal workforce planning methodology as a critical enabler of perinatal improvement at pace and scale.

3) National immediate and essential actions for the Labour Ward Coordinator (LWC) role. Implement a nationally recognised LWC programme for all Band 7 LWC midwives undertaking the role.

4) All trusts must support training for midwives in the use of speculum examination for women of any gestation, with clear escalation for women in pre-term labour.

5) Enhanced maternal care- multidisciplinary training to ensure timely recognition and management of deteriorating women, have skills to deliver enhanced maternal care, national education programmes must cover this.

6) Delivering safe, personalised and equitable maternity care through early risk recognition, coordinated care and responsive services. All Trusts must ensure that women receive appropriate safety-netting within their care, enabling them to access services and treatments, including consideration of how barriers can be reduced to support the provision of safe maternity care.

7) National standard for standardisation and recording of fetal growth risk assessment. There must be standardisation of fetal growth risk assessment, management and audit across RCOG, SBLCB and NICE guidance, with clear concise recommendations on the choice of pathways and charts to ensure consistency of the approach to the reduction in stillbirth.

8) There must be a national standard and documentation for maternity triage and record keeping in maternity care provision.

9) Support the development and implementation of a structured assessment framework for the latent phase of labour, ensuring clarity when the ‘latent phase of labour’ becomes abnormal requiring escalation.

10) All Trusts must define criteria for the safe use of telephone postnatal follow-up, indicating when telephone follow-up is acceptable or when face-to-face follow-up is mandatory.

11) National standard for obstetric anaesthetic record-keeping.

12) Safe, accessible and comprehensive maternity anaesthetic documentation.

13) Department of Health and Social Care/NHS England (DHSC/NHSE) should introduce and support access to coordinated multidisciplinary debrief and psychological support.

14) Funding for implementation of maternity Patient Safety Incident Reporting Framework (PSIRF)- DHSC/NHSE must provide adequate funding to address the systemic resource gap that prevents Trusts from operationalising new national policy. DHSC/NHSE should develop clear maternity-specific definitions and guidance on patient-safety incidents to resolve national inconsistency in interpretation.

15) Strengthened multidisciplinary governance and learning. All Trusts must ensure protected time for multidisciplinary governance, review and learning. This must include learning from both adverse events and examples of good practice to support continuous improvement in the quality and safety of care provided to women. Learning from neonatal PSIRF investigations should be considered alongside maternity investigations.

16) Foster a compassionate, psychologically safe, and learning culture- All Trusts must actively foster a culture of safety, compassion and respect across all maternity services. Staff must feel supported to speak up and raise concerns without fear of reprisal.
17) DHSC/NHSE should recommend and support recruitment processes and implement a consistent on boarding package for new starters.

18) All Trusts should ensure compliance, audited annually, with the NHS Records Management Code of Practice for post-death care.

2.3 RBFT progress against the 10 urgent actions, launched by NHSE outlined in a letter to all NHS Trusts and ICB's from Sir Jim Mackey, NHSE Chief Executive received 30th June 2026.

2.3.1 The 10 urgent actions are based on the key themes from both reports:

- Listening to Women and Families, Safety Culture and Leadership, Learning from Incidents, Reduction of Health Inequalities, Safe and Responsive Service, Partnership working, Accountability and Assurance.

Table one: RBFT Progress against the 10 urgent actions.

Urgent Action	Plan	Progress to date
Listening to Women and Families through Martha's Rule	Maternity working with trust Call for Concern team. Maternity leads, consultant midwife, ANP Midwife, Maternity and Neonatal Voice partnership to develop further roll out to all maternity services- community and hospital services. There will be national support, including learning from recent pilots and the national Martha's Rule programme team. National roll-out has been shared, with a webinar scheduled for 12 August 2026.	In progress. Call for Concern rolled out across hospital based maternity services. Development of SOP for maternity. Trial already in place on Marsh ward of additional patient wellness questions to support Martha's Rule which will then be implemented across maternity. Need to develop how women in community can also have access to Call for Concern.

		Maternity staff have received training on Martha's rule.
Real Time Outcomes, Experience and Audit Data – all Trusts to implement a monthly cycle of collecting and analysing real time patient outcomes and experience data at Public Board.	Development of new live dashboard of maternal and neonatal outcomes- in final test phase, will include equity data. Maternity will be part of the Experience First strategic Programme sub work stream related to improving and responding to near real time patient feedback through piloting a digital platform for all experience feedback data.	In progress. Over the past year maternity and DDAT team have been working together to develop a live dashboard. Currently have a monthly RAG rated dashboard, shared through governance structure, identifying areas of risk, good performance and areas in need of action. Strong collaboration Maternity, Neonatal and MNVP. MNVP established drop-in feedback sessions on the maternity wards for real time feedback. Complaint reports and breakdowns of themes are in place for maternity. First meeting re Experience First Strategic Programme launches in July 2026 Perinatal Service Review – will incorporate patient experience, safety and outcomes.
Dual board level accountability between medical directors and chief nursing officers for maternity and neonatal care.	Implemented and in place at RBFT with CNO & CMO. Recognition of the need to strengthen capacity in leadership at Directorate level.	Implemented & plans for further improvement. Additional recruitment of a Clinical Director for Women's Services is planned to work alongside the Clinical Director for Neonatal Services and the Director of Midwifery. Interviews for this role are scheduled for early August 26.
Amos into Action, Staff Listening events	NHS England to launch, open conversation with NHS staff and leaders to identify how recommendations can be implemented- await further details from national team.	Implemented & plans for further improvement. Locally, listening events are in progress with all teams that work within perinatal services, involving perinatal leaders, executive members and Urgent Care directors. Collation and analysis of staff feedback will feed into the perinatal service review.

		Immediate learning from staff suggestions will be implemented through 'You said, we did' by the end of August 2026.
Addressing inequalities in maternity and neonatal care.	NHSE to roll out Perinatal Equity and Anti-Discrimination training. Board to support time for maternity and neonatal service to release staff and invest in this important aspect of development. National and Neonatal Equality Dashboard data to be reviewed at Board level. The Maternity Care Bundle is due to be implemented by March 2027.	In progress. Maternity team receive inclusion training annually delivered by Inclusion Midwife. Up the Anti training implemented across Trust. Await further details from NHSE about other training opportunities. Dashboard data will be reported through perinatal board papers presented at each Quality Committee and through watch metrics reports. Maternity Care Bundle is being implemented, progress to be reported to Quality Committee and Board in September 2026.
Ensuring 24/7 safety and responsiveness of maternity and neonatal services	All boards must ensure safe and effective service arrangements and review 24/7 availability and responsiveness.	Implemented & plans for further improvement. Six monthly Board safe staffing reports are presented through People Committee in line with MIS requirements, will include all staff groups - next review to People Committee in September 2026. Updates to Board will be presented through the Committee Chair Assurance Reports. 'Birth Rate Plus' last full maternity review occurred in 2024; Trust supported recommendations and all midwifery posts funded and implemented. Presented to People Committee. Trust provides 24/7 Resident Obstetric Consultant

		As part of Perinatal Service review TOR, all staffing models to be reviewed further, ensuring that staffing meets increased acuity. Urgent Care approved completing another full Birth Rate Plus Assessment, next date available with Birth Rate Plus, early 2027. Additional roles have been approved using non-elective funding to increase midwifery staffing in DAU and MAU, to support increased activity in MAU/triage. Recruitment is currently under way. Additional Obstetric cover for evenings will commence in August 2026 to be specifically assigned to MAU. Anaesthetic team are reviewing staffing in response to increase acuity. There is 24/7 anaesthetic cover on delivery suite A review of the maternity escalation plan is under way, in line with national and regional escalation processes and OPEL status.
Trusts to review Homebirth Service	Completed.	Complete with ongoing monitoring and oversight. This was completed in 2026 and presented to Quality Committee, a committee of Board. It was also reported to the ICB and region. Small changes have been made to the service and implemented, including information provided to families, on-call rotas for midwives and ensuring that only midwives who are fully compliant with enhanced resuscitation training attend home births.
Responding to patient safety incidents, complaints and concerns with humanity, duty of candour and trauma informed approach	NHSE to provide a national blueprint, further guidance is awaited.	In progress.

		Expansion of the patient safety structure within maternity has been agreed, with additional resources to increase responsiveness to women and families. The senior maternity team has reviewed how PSIRF is implemented in maternity, producing a process map to be presented to Trust safety leads in August 2026. This includes seeking patient feedback and fulfilling duty of candour requirements.
Deliver safe and effective triage in maternity services	To use NHSE new guidance on gap analysis of service and audit data.	In progress. Gap analysis has commenced and will be reported to Quality Committee and Public Board in September 2026. A working party to improve triage is in progress and has identified increased activity. In response, additional staffing support has been agreed and recruitment is underway. Additional obstetric support in the evenings for triage will commence from Aug 2026. The gap analysis and audit will feed into the perinatal service review.
Post-death care: system response to the Fuller report by 31 July and HTA (Human Tissue Act)	Review service against Fuller Report	In progress. Maternity and Trust teams responsible for HTA have reviewed the service in line with the Fuller report. Ockenden Mortuary Board Assurance Report will be presented to EMC and Public board in July 2026. Some actions to be implemented, including installing video cameras at the entrance to the maternity annexe where the mortuary fridge is located, and reviewing all incidents relating to HTA in maternity services over the last ten years.

3. Conclusion

3.1 The recommendations and 10 urgent actions from the two national reports have been reviewed and incorporated into local improvements. Priority work is under way across several actions, and the home birth review has already been completed. Some actions are still awaiting further correspondence from NHSE with national guidance, including Martha's Rule implementation and national perinatal and anti-discrimination training.

3.2 The perinatal service review that has commenced will culminate in a detailed implementation roadmap for service transformation over subsequent years, initially focusing on the priorities of capacity and maternity triage. The review will consider capacity across services, pathways, staffing according to acuity, digital support, estates and culture, and will incorporate feedback from women, families and staff.

3.3 Reporting against the urgent actions and the 100-day sprint will be provided regularly through established governance processes such as Maternity and Neonatal Governance Meetings, Quality Governance Committee, Maternity and Neonatal Safety and Compliance meeting with strong continuous Care Group and Executive oversight.

3.4 In addition, the Trust has a regional NHSE insight visit scheduled for August and September 2026, to assess the service against the urgent actions and compliance with national priorities for perinatal care.

3.5 Next steps nationally are for these urgent actions to support, and report into, the National Maternity and Neonatal Taskforce as it develops the National Action Plan which is expected to be published in December as well as further information on reporting templates. Trusts have received in response to the Amos report NHSE funding (£10.6 million nationally) to support the recruitment of newly qualified midwives, helping them enter and remain in the NHS while strengthening frontline maternity capacity. RBFT midwifery leads are currently submitting a bid for monies to support local recruitment. The government has also announced the creation of the UK's first ever Maternity and Neonatal Commissioner, providing an independent voice to strengthen focus on safety, experience, equity and accountability for women, babies and families. Alongside this, an additional £41 million will be invested to improve the safety and quality of the maternity and neonatal estate, supporting better environments for those using and working in maternity and neonatal services.

3.6 The Board are asked to **note** the Trusts response to date in relation to the national maternity investigations and the plans to continue to achieve the actions set out by NHSE. The Board are asked to consider and take **assurance** from the outlined position regarding the national maternity and neonatal reports, the 10 urgent actions including the 100-day sprint and the RBFT perinatal service review.

NHS
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Title:	**Estates Masterplan**
Agenda item no:	9
Meeting:	Public Board
Date:	29 July 2026
Presented by:	Andrew Statham, Chief Strategy Officer
Prepared by:	Tracey Middleton, Director of Estates and Facilities Rebecca Cullen, Associate Director for Strategy and Performance

Purpose of the Report	To present the Royal Berkshire NHS FT Estates Masterplan for approval.

Report History	Finance & Investment Committee 19 November 2025 Board Seminar 25 February 2026 Finance & Investment Committee 15 April 2026 Finance & Investment Committee 20 May 2026 Executive Management Committee 22 June 2026 Finance and Investment Committee 15 July 2026

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

Resource Impact:	The Masterplan will inform investment priorities for the coming years until services are transferred to a new hospital. The Masterplan also sets the basis for future delivery of estate driven operational efficiencies and cost reduction.
Relationship to Risk in BAF:	The Masterplan is aligned to all five of the Strategic Objectives and identified improvements
Corporate Risk Register (CRR) Reference /score	12 to 20
Title of CRR	Multiple related to backlog maintenance and new hospital delay

Strategic objectives This report impacts on (tick all that apply)**:**	
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	✓

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

Publication						
Published on website	✓	Confidentiality (FoI)	Private		Public	✓

1 Executive Summary

1.1 This report presents the Trust's Estates Masterplan (the Masterplan), which will set a 15-year strategic vision and sets the design principles for the future use of all sites.

1.2 This final Masterplan was considered and supported by Executive Management Committee (EMC) on 22 June 2026 and Finance and Investment Committee on 15 July 2026. EMC and F&I members recognised the alignment to the strategic programmes, the implications for the Trust and decision making and supported the submission of the Masterplan for approval to Board.

1.3 Following approval of the Masterplan we will move into the next, detailed, planning and delivery stages; producing a Development Control Plan (DCP) and associated business cases.

1.4 The Board are recommended to approve the Masterplan.

2 Masterplan Development

2.1 As a result of delays to the New Hospital Programme, the Masterplan has been produced to provide a vision for the Trust's physical estates assets ahead of a new hospital, optimising the use of those assets, and informing and prioritising opportunities and investment requirements.

2.2 The Masterplan has been developed based on:

- Assessment of the Estate condition and longevity, and how it can be maximised
- High level space optimisation opportunities and options
- Assessment of options for improving patient experience, efficiency and productivity
- Clinical service development priorities
- Identification of major investment opportunities and priorities
- High level consideration of potential funding sources and opportunities

2.3 The Masterplan provides an overview with design principles that all future business cases must align to, the details of which will be included in the next step: the Development Control Plan.

2.4 There has been extensive internal engagement, as well as cross referencing to other key National, Regional, Trust and key partner strategies to prepare the Masterplan. As the Board will be aware the Trust Strategy reflects the views, values and priorities of more than 2500 patients, community, staff, volunteers and partner organisations. We have built on those insights and further engaged across our clinical, operational and corporate teams to develop the Masterplan:

2.5 Once the Masterplan is agreed, further engagement with key partner organisations and stakeholders will be undertaken to develop and agree the DCP and associated individual investment business cases.

2.6 The results of our engagement has been distilled to the following principles and priorities:

- *Optimise all our sites and move more activity away from the Royal Berkshire Hospital site*, supported by digital, virtual and neighbourhood care models,
- *Prioritise "no-regrets" investment* in buildings and infrastructure that are needed for at least the next 15 years or have a clear long-term legacy use,
- *Develop the RBH site around clear concept zones*, separating public/clinical functions from logistics, support and non-clinical space where possible. Enabling a focus on improving experience and safety, patient, public and staff 'welcome' and a standardised RBFT look and feel across all our sites,
- *Explore partner estate opportunities:* exploration with system partners of opportunities for co-location, shared use and joint development,
- *Maximise opportunities to release value from estate rationalisation*
- *Focus major investment on six strategic clinical and operational priorities*:
    i. Emergency Care (Emergency Care Village)
    ii. Elective Surgery (Cold Surgical Hub)
    iii. Ambulatory Care (Combined Day Unit)
    iv. Trauma capacity
    v. Maternity and Neonates
    vi. Pharmacy (including aseptics and stores)

3 Next Steps

3.1 Following approval of the Masterplan we will:
i. Launch the Masterplan across the organisation and with key partner organisations,
ii. Undertake the detailed work of the DCP with the aim to complete the DCP by Q1 2027/28 in order that Trust capital investment decisions are guided by the DCP going forward,
iii. Concurrently, we will be developing the early designs, feasibility and funding options for the initial business cases with a view to implementation commencing in 2027/28.

4 Recommendations

4.1 The Board are recommended to approve the Masterplan.

5 Appendices

Masterplan

Royal Berkshire
NHS Foundation Trust

PRIVATE AND CONFIDENTIAL - July 2026

Estates Masterplan

2026 - 2040

Contents

1. O? r Estates Masterplan Vision

The Royal Berkshire NHS Foundation Trust (RBFT) Estates Masterplan sets out a long-term vision for our physical estate across all sites, enabling us to deliver safe, high-quality and modern healthcare for the communities of Berkshire West and South Oxfordshire for at least the next 15 years until the completion of the new Royal Berkshire Hospital.

Our vision at RBFT is 'working together to provide outstanding care for our community' and our Estates Masterplan will help us to ensure every building, every space and every investment decision actively supports the delivery of excellent, integrated care for our community, both now and in the years ahead.

This Masterplan will guide how we invest in, develop, and rationalise our Trust owned and occupied estate as we work towards a new Royal Berkshire Hospital. As we progress towards the development of the new hospital, the Masterplan acts as a bridge to ensure we continue to invest strategically, maximise the use of our capacity to meet the growing demand on our services and maintain safe, effective environments until redevelopment.

It provides a framework for planning and decision making so that wherever possible we can drive towards: the right services being delivered from the right places, that our buildings are as safe, efficient and fit for purpose, and that our infrastructure keeps pace with changing clinical models, demographic growth and technological opportunity in the intervening years until we can make the step change offered by a new hospital. The masterplan will cover all RBFT estate, not just the Royal Berkshire Hospital in Reading.

By the end of the Masterplan period, we aim to have:

- A transformed acute hospital site at Royal Berkshire Hospital focused on high-acuity, specialist and emergency care, with improved clinical adjacencies and patient environment.
- Expanded community and ambulatory care capacity, delivering more services closer to where patients live.
- A significantly reduced backlog maintenance burden, with investment focused on buildings with a long-term future.
- A more digitally enabled estate supporting virtual care, remote monitoring and same-day pathways.
- A more sustainable, net- ero-aligned estate that delivers value for money for patients and taxpayers.

2. Fore word

Our vision at the Royal Berkshire NHS Foundation Trust is to work together to provide outstanding care for the communities we serve. Our estate is central to that ambition, with the estate and buildings we work from shaping the care we are able to deliver, the experience of our patients and their families, and the working lives of our 7000 staff and volunteers.

This Estates Masterplan sets out how we will look after and develop all our estate between now and the delivery of our new Royal Berkshire Hospital. Many of our buildings are ageing and increasingly difficult to adapt, and the timetable for a new hospital means we must plan to operate safely and effectively from our current estate for longer than we had previously expected.

At the same time, demand for our services continues to grow and change, and resources are becoming increasingly constrained. Our population is growing and ageing, and more people are living with complex conditions. Alongside this, we must ensure every pound of public funding is used wisely in an increasingly challenging economic climate, while also meeting our responsibility to reduce our environmental impact, make our estate as climate resilient as practicable and make better use of natural resources. These pressures mean we must make better use of every part of our estate and think differently about where and how care is delivered.

Our Estates Masterplan is our blueprint for investment and decision making across all our sites, establishing a clear approach that will guide how we prioritise, design, and deliver improvements and our major equipment replacement over the next 15 years and beyond.

A central part of our approach is to use our estate to support transformational changes in care as we continue to deliver services closer to where people live, making better use of our community sites and working with our partners across Berkshire West. We will use digital technology to reduce unnecessary visits to hospital and support care in people's homes. We will focus our acute Royal Berkshire Hospital site on the services that need to be delivered there.

In this Masterplan, we are also clear about where we need to prioritise investment. Given the scale of need and the within the resources available, we will prioritise investment that maintains safety, supports the transformation of care, improves experience and supports our future direction. We also consider how we will prepare the site for potential longer-term development as the new hospital comes online.

Delivering our Estates Masterplan depends on strong partnerships with our colleagues across health and care, with local authorities and with the communities we serve. It also depends on the insight and commitment of our staff, who have played a central role in shaping these plans and whose expertise will be critical as we move into delivery.

James Blythe
Chief Executive Officer, Royal Berkshire NHS Foundation Trust

3. Conte t and Backgro nd

Abo t Ro al Berkshire NHS Fo ndation Tr st

RBFT is the main district general hospital provider for Reading, Newbury, Henley, Wokingham and surrounding villages across Berkshire West and South Oxfordshire. We provide general acute services to a population of around 550,000 people and employ approximately 7,000 staff. We also provide specialist Cancer, Cardiology and Renal services that serve a wider population of up to one million people.

We deliver care across seven sites:

- Royal Berkshire Hospital (RBH)
- Townlands Memorial Hospital
- Windsor Dialysis Unit
- Prince Charles Eye Unit
- Bracknell Healthspace
- Dingley Child Development Centre and Histopathology at the University of Reading Whiteknights campus
- West Berkshire Community Hospital

The Royal Berkshire Hospital is our main site and the only location from which we provide bedded inpatient care.
In addition to our own estate, we are an active partner within Berkshire West and work closely with primary care, community health, local authority and voluntary sector partners to deliver joined-up, neighbourhood-based care. We are increasingly delivering care remotely and in virtual settings, which we expect to continue to grow and redirect need to the appropriate care setting.

The Challenge: Wh are e doing this?

Parts of our estate are over 180 years old. The Royal Berkshire Hospital site in particular presents increasing challenges in terms of fitness for purpose, resilience and our ability to meet the changing needs of our population. Backlog maintenance works across the Trust currently stand at 175 million (June 2026 works cost), with high and significant critica infrastructure risk elements accounting for a substantial portion of this. Full costs including design, decant and enabling works are considerably higher. The current configuration of our services also means that we have constraints in capacity on the Royal Berkshire Hospital site, with corresponding impact on our patient, visitor and staff experience. In contrast, other hospital sites within the Trust estate are generally in better condition with better facilities, provide for a better experience and are under-utilised presenting opportunities to optimise how and where services are delivered.

With previous expectations of a new hospital within five years, investment in the existing estate had been kept to a minimum and focused primarily on managing the highest-risk items and keeping aged infrastructure operational. With the current timeline for a new Royal Berkshire Hospital 10 to 15 years away, we are progressing a comprehensive estate masterplanning programme to ensure our estate can effectively support the delivery of high-quality, modern healthcare, both now and in the future. This masterplan will act as a critical enabler and bridge to the future new hospital, ensuring that investment decisions made today support long-term strategic objectives, maintain safe and effective environments, and enable transition to new facilities over time. It will also drive changes in service delivery models during this period ensuring increased readiness for a new hospital.

3. Context and Background

Working as part of the New Hospital Programme (NHP), the RBFT considered how best to redevelop Trust facilities to better serve patients, staff, and wider communities. The current hospital faces challenges in meeting modern healthcare needs and in ensuring that safe, efficient, and effective care is delivered. The RBFT 2020 Strategic Outline Case (SOC) described the case for change and the specific challenges RBFT was facing within the context of 5 C's: Condition, Capacity, Capability, Climate, and Catalyst.

Through the SOC and subsequent work for NHP the Trust identified that a new hospital on a new site was the preferred way forward. This was driven by the condition and capacity of the current estate, and the expected timescales for development of the current site (14 years) verses a new site (5 years). For the reasons described in the SOC, this masterplan will not be able to address all of the 5C challenges within our current estate, however it provides a framework and an intent to invest, improve and manage those challenges until a new hospital is built.

This work is closely linked to Health and Social Care system forward plans and neighbourhood care work, our Trust and Clinical strategies, future demand and demographic changes, the Government's 10 Year Health Plan, and the opportunities presented through the New Hospital Programme.

Our Changing Population

The population pressures facing RBFT are significant and well-evidenced:

- The total population across Berkshire West is projected to grow by 8% by 2040.
- The population aged 65 and over is expected to grow by 70% by 2037, this is significantly faster than the national average.
- Demand modelling undertaken as part of the New Hospital Programme indicates that further population growth and rising need for health services will begin to overwhelm the Royal Berkshire Hospital facility by 2027-2030.
- The Building Berkshire Together demand and capacity model projects that by 2030 we will require a 27% increase in Gross Internal Floor Area and a growth of nearly 8% in the number of beds required (from 686 to 740).

These pressures, combined with the demographic shift towards more complex, long-term conditions and the growing opportunities offered by digital and community-based care, mean we must fundamentally rethink how we use our estate.

3. Context and Background

Our Place in the Wider System

Our Estates Masterplan has been developed with system partners. We are committed to close collaboration with Integrated Care Board colleagues, primary care networks, local authorities, community providers and other partners to ensure that our estate planning aligns with, and actively supports ambitions for integrated, place-based care.
We are and will continue to work with partners to:

- Opportunities for co-location and shared use of facilities
- Alignment of estate investment plans
- Shared models for delivering neighbourhood and community care
- Joint approaches to digital infrastructure and enabling technology
- Deliver sustainability and net ero improvements including a low carbon heat delivery network in partnership with Reading Borough Council and the University of Reading

We recognise that the most effective and sustainable solutions to our estate challenges will require partnership, and that the development of the subsequent Development Control Plan (DCP) must be shaped in close collaboration with system partners.

How the Masterplan was Developed

4. Our Estates Masterplanning Principles

Royal Berkshire NHS Foundation Trust

Eight core principles underpin the Estates Masterplan. These principles will guide all investment decisions, design choices and partnership arrangements throughout the next 15 years and will be embedded in the subsequent Development Control Plan and individual business cases.

1. Better Patient, Visitor and Staff Experience

- Improve care environments to be welcoming, accessible and of high quality.
- Improve efficiency through better location of services and streamlined pathways.
- Ensure care is easy to access and delivered in the right place at the right time.

2. Maximise Digital and Technology Enablement

- Harness digital as a core enabler of better care, productivity and future ways of working.
- Expand virtual care, remote monitoring and same-day pathways including the ‘Royal Berks @ Home’ programme.
- Increase digital capability across all sites to support future models of care.

3. Best Value and Long Term Sustainability

- Achieve value for money for the taxpayer and deliver return on investment where possible.
- Make no-regrets investment decisions that safely maintain essential buildings.
- Ensure all long-term assets have a clear legacy purpose.
- Increase the useful life of built assets across the Masterplan period.

4. Improved Safety, Compliance and Resilience

- Deliver a step change in estate-related safety and compliance, reducing backlog maintenance.
- Lower risk scores across the estate.
- Ensure infrastructure is resilient, reliable and capable of supporting modern clinical services.

5. Optimise Use of all our Estate

- Maximise utilisation of our best and most expensive assets.
- Ensure clinical and clinical-potential space is used for clinical service delivery.
- Evolve the RBH site into a concentrated acute clinical site.
- Deliver more services closer to patients homes via all sites and partner sites.

6. Advance our Environmental and Net Zero Goals

- Improve environmental performance and reduce the estate s carbon footprint.
- Support progress toward Net Zero Carbon in operating assets and in building and refurbishment practices.

7. Engage and Involve all our People

- Work with our staff, volunteers, patients and communities to co-design our estate.
- Ensure the Masterplan reflects clinical, operational and patient needs.
- Every service and team has a vital role in shaping and delivering the masterplan

8. Maximise Neighbourhood Working and Community Delivery

- Support the shift of care away from the acute hospital and into communities and neighbourhoods.
- Invest in our community sites, working with partners to share and optimise estate, and designing the RBH site to be leaner, more focused and more efficient.
- Pursue through our own estate and through partnership with system colleagues.

5. What This Masterplan Is (and What comes next)

What the Masterplan is

The Estates Masterplan is a strategic-level document that establishes the long-term vision, principles and framework for RBFT's estate over the next 15-plus years. It provides:

- An overarching vision and set of principles to guide all future estate decisions
- A high-level assessment of the condition and longevity of our estate and how we can maximise it
- High-level space optimisation opportunities and options across all sites
- Concept one maps for the RBH site illustrating strategic intent
- A prioritised, high-level view of the demand for change and the opportunities available
- A summary of the financing options and approaches available
- A framework within which all future development and business cases must sit

The Masterplan and the resulting Development Control Plan will be living documents. As such they will be reviewed at least every 2 years to ensure they remain aligned with changing clinical needs, system priorities and external factors, including the progress of the New Hospital Programme.

What comes next

The Masterplan is deliberately not a detailed implementation plan. It does not:

- Specify in detail which buildings will house which services.
- Provide firm cost estimates or confirmed funding.
- Confirm the sequencing of individual projects.
- Commit to specific designs, layouts or specifications.
- Replace the need for individual business cases.

These levels of detail are for the subsequent Development Control Plan (DCP) and individual Associated Business Cases. The table overleaf sets out clearly what sits in each stage of the process.

5. What This Masterplan Is (and what comes next)

	Stage 1 - Masterplan	Stage 2 - Development Control Plan	Stage 3 Onwards - Associated Business Cases
Design	• High level vision with site options • Design principles & assumptions • Concept maps	• Proposals for what buildings will be for which services (subject to ongoing review through the period covered) • Identify options for collaboration and delivery within the wider community for greater benefit outside of the NHS/Trust • Detailed planning and design guidelines to support delivery and guide development • Transport assessment and plans to support the sitewide delivery and impact during construction periods and ongoing operational delivery • Detailed enabling/infrastructure planning and design • Ensure compliance and/or agree risk assessed derogations	• Detailed, signed off design, specifications and approvals for each specific building/major refurbishment.
Opportunities/ Supply	• Summary of opportunities by site and block with indicative massing, outline cost and relative complexity of decant and build	• Options related to sequencing and required enabling works and decant requirements.	• Full/short-form project-level business case detail, procurement plan and delivery and detailed benefits and outcomes
Demand	• Prioritised list of demand and emerging proposals from engagement, clinical strategy and risk profile	• Proposals for solutions and options for sequencing, depending on funding solutions and sources e.g. badged funding (subject to ongoing review through the period covered to respond to changing national priorities) • Minimum investment to keep remaining assets safely operational • Required enabling/infrastructure investment to support the above • Requirements for successful delivery and optimal design	• Confirmed scope, benefits and outcomes for each project • Plans for how the requirements for success are delivered, including operational and system change requirements.
Finance	• High level summary of financing options available	• Detailed options and implications relating to financing opportunities for each investment requirement.	• Full financial case including: Recommendations and decisions regarding funding options

6. Ass mptions

Ne Hospital Programme

The Masterplan has been developed on the basis of a number of key assumptions. These assumptions will be revisited and refined as the work progresses through subsequent stages and kept under review during the period covered by the Masterplan.

In January 2025, the New Hospital Programme (NHP) was re-evaluated by the Government, and as a result RBFT was assigned into Wave 3 of the programme. This means that construction of a new Royal Berkshire Hospital is now anticipated to commence between 2037 and 2039, with occupation and service transfer expected no earlier than the early 2040s approximately 10 to 15 years from now.

This is a significant change from previous planning assumptions. The age and backlog maintenance, as well as the significant change in building and technical standards since our buildings were built means that we must plan to operate services safely and effectively from our current estate and for a considerably longer period than previously anticipated. This is the fundamental driver for the Masterplan.

It is important to note that considering demographic change, digital advances and evolving models of care, we know that we will still need a new hospital of similar capacity to the current RBH. Modern building standards and compliance requirements will mean that the total floor area required will be substantially greater than the current building.

We have been given approval by NHS England to pursue the purchase of land for a new hospital development. This work is actively progressing and when land is procured for the New Hospital Programme, it will be considered for appropriate enabling use as part of the estate masterplanning until new hospital construction begins. Population growth is forecast in the demand modelling completed as part of the NHP set out in Chapter 3. There remains a need for an acute hospital in Reading, both from a population growth and acuity need, and because no extra capacity will be available in the next 10 years to negate this.

All o r Estates co ered b o r estates Masterplan

The Masterplan covers all sites from which RBFT provides care, not just the Royal Berkshire Hospital site. Our community sites are an important part of the overall estate and will play an increasingly significant role as we shift more services into community and neighbourhood settings.

Digital Ad ances

The Masterplan assumes that we will maximise digital advances to manage and reduce physical demand on our estate. This includes expanding virtual care, remote monitoring and same-day pathways through the ‘Royal Berks @ Home programme’ and similar initiatives as well as delivering digital estate, asset and facility management solutions.

6. Assumptions

Neighbourhood Care

We will work with partners to deliver neighbourhood care at scale, including through the 'Care Where I Am' strategic programme. This will mean services moving off the acute hospital site to be delivered closer to patients' homes, whether in our community sites, in our partners' estate or in patients own homes. This will provide an important bridge to ensuring our new hospital is planned appropriately and 'right sized'.

No-Regrets Decisions

All major investment decisions in the current estate will be guided by a 'no-regrets' principle. This means that investment will be directed towards assets that are either required for the full remaining period of service delivery at the current RBH site (at least 15 years) and the full lifecycle for our other sites, or that have a clear long-term future use – e.g. for health, community or local authority purposes – after essential inpatient/hospital services have relocated to the new hospital. Investment in assets that do not meet this test will be limited to the minimum required to maintain health and safety compliance and enhance the patient experience.

7. Demand: Our Six Emerging Strategic Investment Priorities

Extensive engagement across our clinical care groups and corporate and teams has identified six emerging strategic priorities for investment through the Estates Masterplan. These are in addition to investment required within our community sites to support the delivery of the Clinical Services Strategy and the Trust Strategy, as well as the ongoing investment required in digital enablement and the core and flex assets, (see chapter 8) to maintain safety and maximise experience and efficiency.

Recognising that a new hospital is the means by which we meet the totality of our demand requirements our clinical care groups determined these priorities, representing the areas where estates investment will make the greatest difference to delivering against increasing patient demand, patient outcomes, clinical efficiency and operational sustainability during the 'bridging' period. These 6 areas should be prioritised for investment in the development control plan and associated business cases.

Through the Development Control Plan, we will explore in detail the extent to which each priority can be addressed within the constraints of our current estate, available funding, no regret principle and operational continuity requirements. Not everything on the complete demand list will be fully deliverable ahead of the new hospital, and the DCP will be clear about what is in scope, what is aspirational and what must await the new hospital.

For all areas, more in-depth data analysis, utilisation, and demand/capacity modelling, adjacencies and schedules of accommodation will be needed as part of the DCP and associated business cases.

Emergency Care

Opportunity to co-locate services as part of an Emergency Care Village to improve flow, capacity and oversight.

Elective Surgery

Opportunity to co-locate elective surgical services and endoscopy to create a cold surgical hub, improving efficiency and providing protected capacity.

Ambulatory Care

Opportunity to bring together ambulatory non-surgical services in a Combined Day Unit.

Trauma

Opportunity to increase trauma capacity as part of the Estates Masterplanning to meet growing demand.

Maternity and Neonates

Maternity and neonatal estate to be prioritised following the essential building works currently underway.

Pharmacy

A future-fit pharmacy service is essential for supporting care across all settings. The Masterplan will replace the pharmacy aseptic unit and stores.

8. Supply

This chapter sets out the supply of buildings and estate opportunities across the RBFT portfolio what we currently have, what condition it is in, and what our key development areas are.

Understanding our supply is essential context for the investment priorities and opportunities described in subsequent sections. The three concept maps below illustrate the current state and strategic options for our estate, covering both the Royal Berkshire Hospital site and our community sites.

The concept maps have been developed to support the strategic intent of the Masterplan specifically/in detail for the RBH site but also covering our community sites which are an essential part of our plans. These maps are illustrative and conceptual and will be refined and developed in detail through the Development Control Plan, informing development options, sequencing and asset management.

Understanding the interplay between these maps will inform the options and plans for the Development Control Plan and associated business cases in future stages.

8. Supply

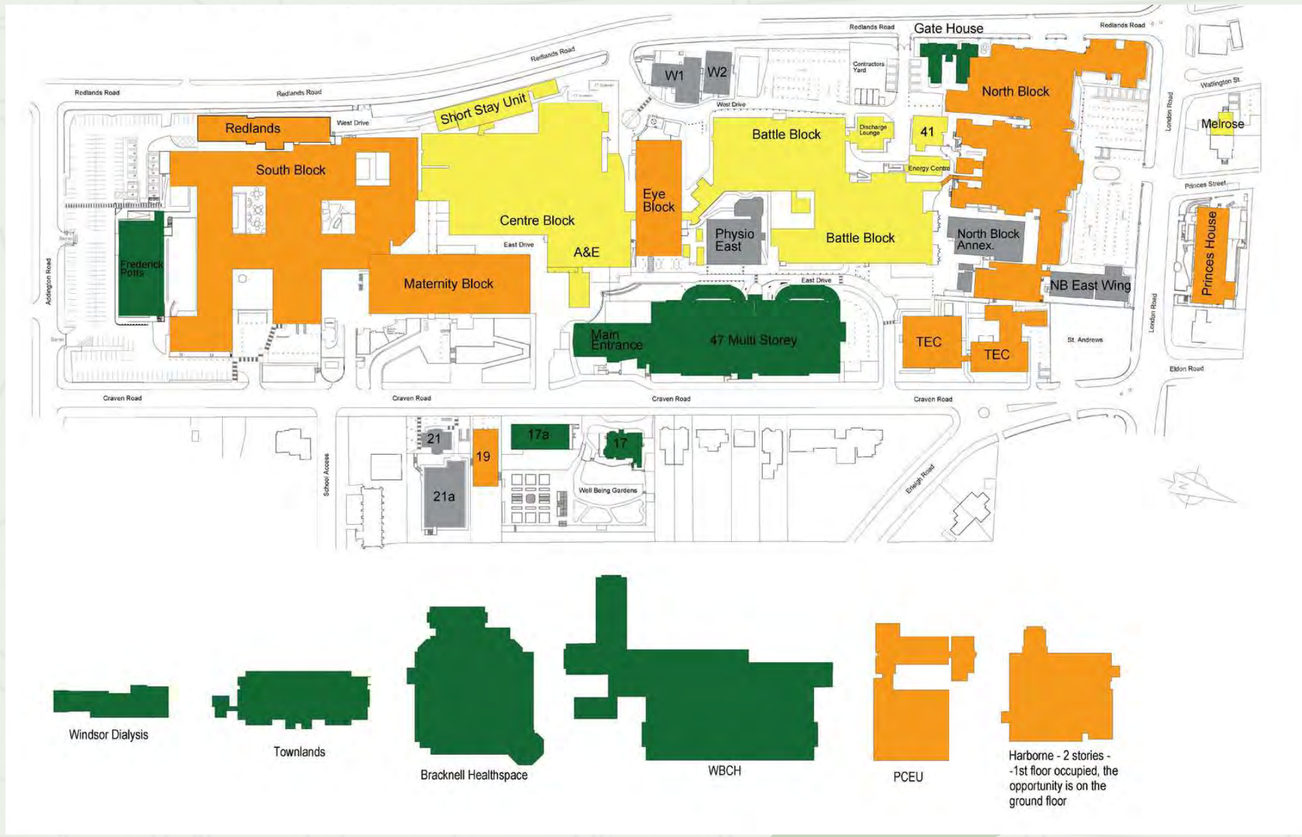
Map 1: Core, Flex and Tail

This map categorises buildings across the RBFT estate using the NHS England 'Core, Flex and Tail' ratings framework, informed by 6-facet survey and operational data. It provides a view of which buildings require significant investment, which require targeted improvement, and which should be phased out over time.

This demonstrates that the greatest focus for investment is on the current RBH site.

The community sites from which we deliver our services from are generally in good condition, requiring some ongoing investment to keep them fit for purpose. These sites do, however, have opportunity to improve utilisation and delivery of services closer to where our patients live. This is referenced elsewhere in this Masterplan and the more detailed DCP work will provide for more detail and specificity for these sites.

Core	Crucial to the Trust; no plans to dispose. Good quality, fit for purpose, flexible and aligns with long-term plans and clinical strategy.
Core / Flex	Aspects are crucial to the Trust but not all of good quality; requires additional investment to reach full CORE condition.
Flex	Acceptable quality; retained for the medium term (5 years+). Requires additional investment focused on improving to CORE standard or maintaining existing condition.
Tail	Poor quality; should be phased out once the services it houses can be relocated. Investment limited to maintaining compliance and health and safety requirements.



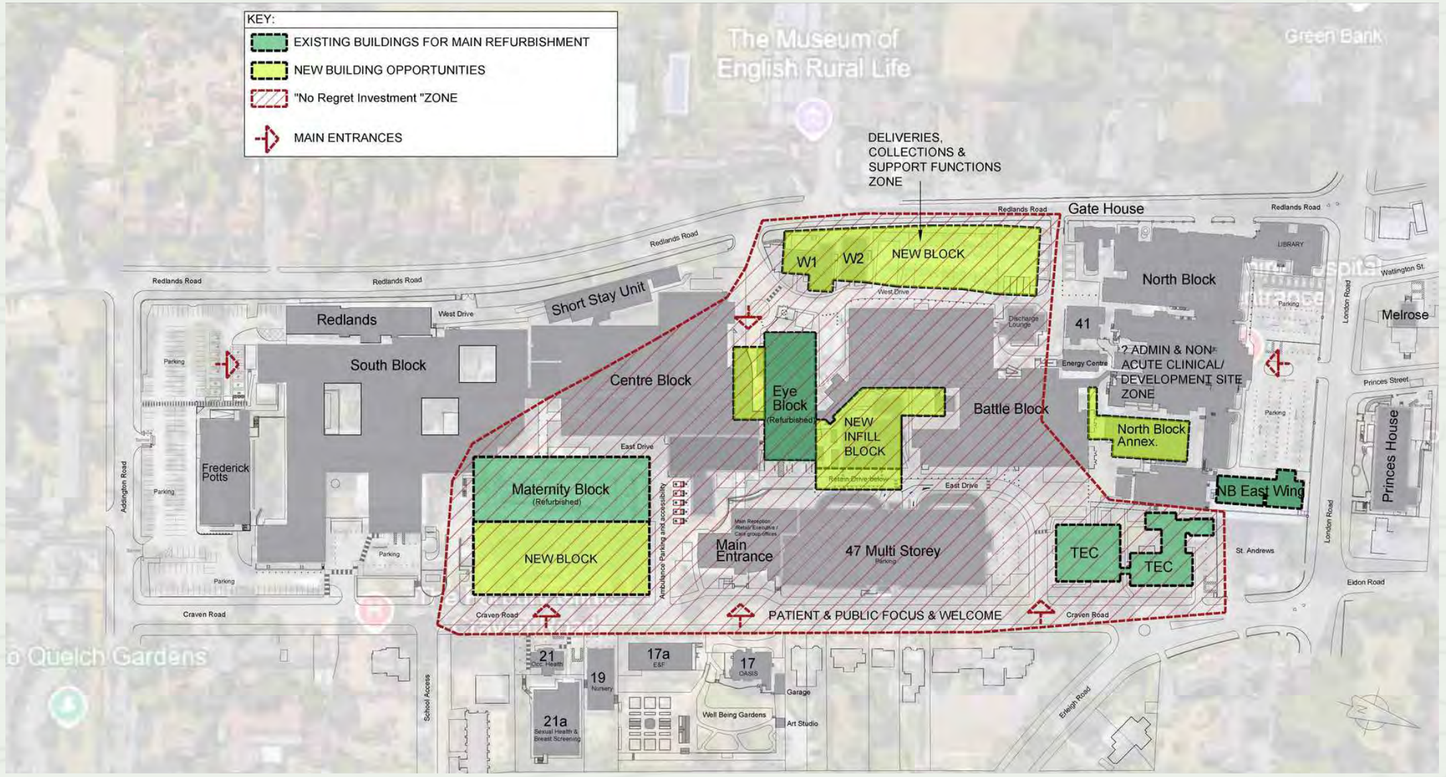
8. Supply

Map 2: ? No Regret? Investment Zone

This map identifies a core one at the centre of the RBH site where major refurbishment and new build investment can be made with confidence due to the condition of the land and buildings. and the potential future use of the site once a new hospital has opened.
In this instance, an asset is considered a no-regret investment if it is either required for the full remaining period of RBFT services on the current site (at least 15 years) and/or has a clear long-term future as a building for health, community or local authority use after hospital services have relocated. For clarity this is not intended to imply no investment at all outside of this one.

The no-regret investment one reflects:

- The locations of new build and major refurbishment opportunities.
- Those parts of the site that are least fit for purpose and require the highest level of investment or are not feasible for major investment.
- The risk and ability to address the geotechnical risk profiles across the site.
- The optimal location of services and buildings that minimises impact on future site disposal and maximises long-term value.

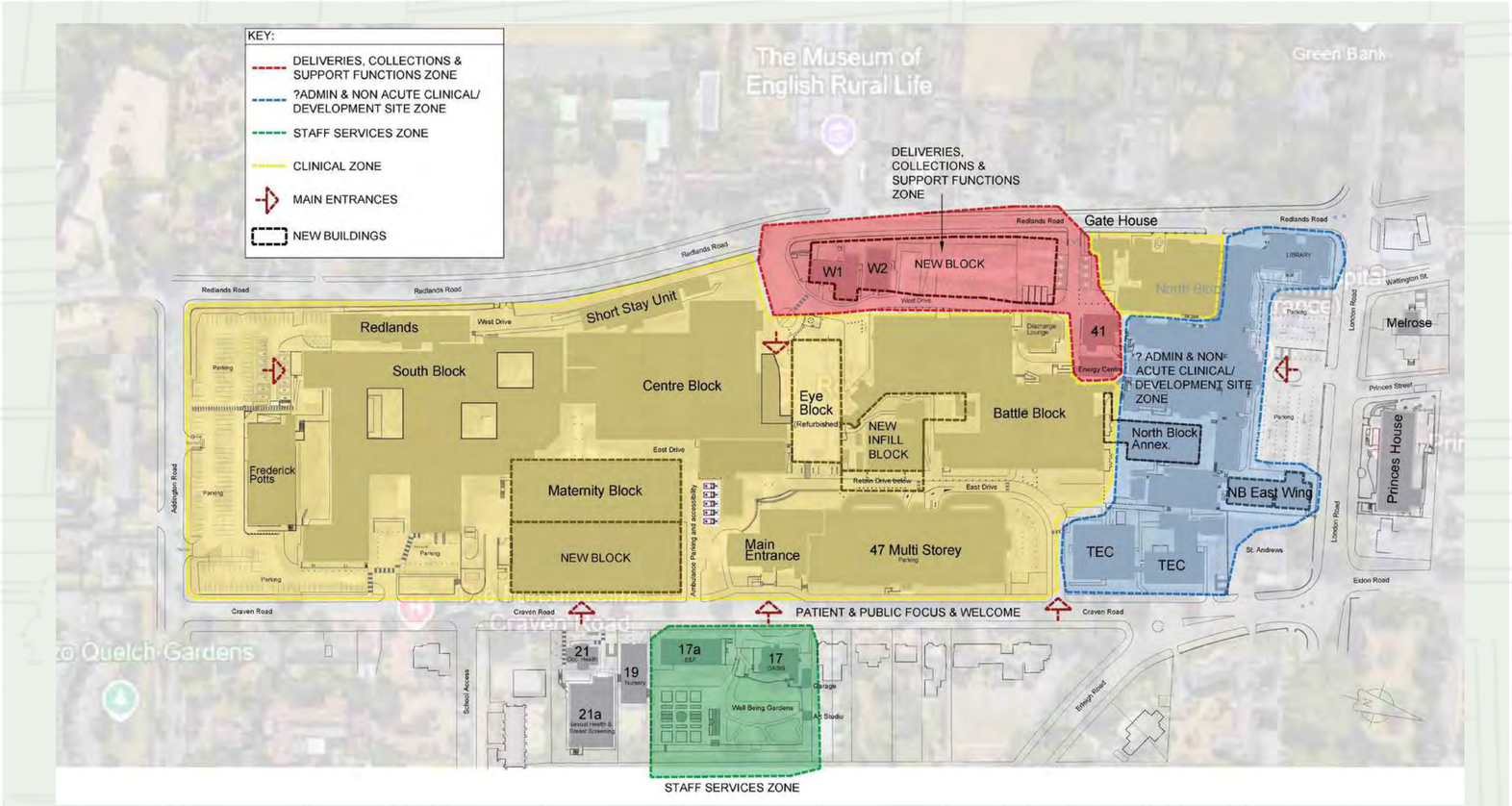


8. Supply

Map 3: Concept Zones

Our masterplanning engagement, alongside the existing Trust Strategy and Clinical Services Strategy told us that there were some key qualitative and experience priorities for us to strive for.As a result, this RBH map is a proposed output from the Masterplan showing the separation of patient-facing and public parts of the RBH site from staff and support functions. The concept centres on the separation and grouping of clinical and public-facing accommodation from support and logistics functions, wherever feasible. The benefits of this approach include:

- Maximising available clinical and public-facing accommodation.
- Standardising patient-facing environments, entrances, welcome and brand.
- Resolving longstanding signage and wayfinding challenges.
- Maximising opportunities for compliance with NHS contract, CQC, and Martyn s Law requirements.
- Improving pedestrian and vehicular traffic flow and safety on site and in surrounding roads. wherever possible, separating emergency vehicle routes from delivery and collection routes to reduce congestion and potential emergency vehicle delays on Craven Road.
- Delivering better value for money, capital and revenue, by separating the higher-cost clinical estate from non-clinical space, and taking into account existing high value fixed plant and equipment such as our Linac accelerators



9. Identified Opportunities

Bringing together the demand and the supply outlined in previous chapters, the Masterplan has identified a range of estate opportunities across the RBFT estate portfolio. These are presented at a high level at this stage. Not all opportunities will ultimately be progressed, and feasibility, sequencing, cost, programme and operational constraints will be assessed in detail through the Development Control Plan and associated business cases. Equally, new opportunities may emerge as the DCP work develops.

Key Opportunities Summarised:

- New block developments: new build opportunities on the RBH site, focused within the no-regret investment one such as anew block on West Drive, extension of the High-Rise building (formerly maternity block) and infill block on the current Physio East site, to provide modern, flexible clinical space.
- Existing estate refurbishment: targeted refurbishment investment in key clinical buildings (e.g. North Block and Battle block) to extend their useful life and improve fitness for purpose.
- Community site development: targeted investment in our community-based sites, particularly Bracknell Healthspace, West Berkshire Community Hospital and Townlands Memorial Hospital, to maximise utilisation of this good quality estate, expand outpatient and ambulatory capacity and care for more patients closer to their homes.
- Partner estate opportunities: exploration with system partners of opportunities for co-location, shared use and joint development of community facilities.
- Maximising land value and appropriate disposal: as services consolidate with unfit buildings phased out, current estate utilisation will be maximised, there may be opportunities to consolidate our footprint if clinically appropriate which would support our investment requirements, reduce our revenue running costs and drive up our efficiency in terms of space utilisation. There are various RBH-adjacent buildings in RG1 that could be rationalised as described.

Each of the potential schemes within these opportunities will be assessed through the DCP process against criteria including feasibility, clinical benefit, cost, programme, operational and experiential impact, buildability, no-regrets status and alignment with the Masterplan principles.

10. Critical Success Factors

A number of key enablers must be in place, or actively developed, to deliver the Estates Masterplan, DCP and associated business cases. These critical success factors cut across organisational boundaries and will require sustained commitment from Trust leadership, clinical teams, system partners and external bodies.

Digital Infrastructure and Transformation

For the estate to operate efficiently and support future models of care, we need:

- Robust, reliable, and future-proofed digital infrastructure across all sites, including connectivity and networks, building management systems and clinical technology.
- Full exploitation of virtual care, remote monitoring and same-day pathway technology through the Royal Berks @ Home programme and other initiatives.
- Integration of digital wayfinding, patient-facing technology and estate management systems to improve the experience of patients, visitors, and staff.
- Data and analytics capability to support space utilisation monitoring, predictive maintenance, and demand forecasting.

Digital investment decisions must be aligned with the Masterplan to ensure that technology is deployed in buildings that have a long-term future, and that digital capability is not stranded in assets that are due to be phased out. This year's capital plan is focused on the foundational structures required to transform our digital capability and capacity, including telephone network infrastructure and data centre.

Outpatient Transformation

A significant proportion of the estate pressure on the RBH site stems from outpatient and ambulatory demand, with outpatient space underutilised across our community sites. Transforming how we deliver outpatient care, whether through virtual appointments, community-based clinics, or streamlined pathways, will be essential to releasing space on the acute site and improving patient access.

The Estates Masterplan requires that outpatient and ambulatory care transformation will be pursued in parallel across our strategic programmes, and at pace, so that estate planning for these services will reflect an evolving of care closer to, and in, our patients homes, aiming for a 50% reduction in outpatient activity delivered on the RBH site.

Delivery of the Trust-Wide Transformation Programmes

The Estates Masterplan requires delivery of the Trust's wider transformation and improvement agenda, including:

- Our four multi-year strategic programmes: Experience First, Care where I am, Royal Berks @ Home, Future Ready Spaces.
- Workforce planning and development.
- Financial sustainability and productivity programmes.

10. Critical Success Factors

People, Culture and Change

Together with our strategic transformation programmes, delivering the Estates Masterplan, as well our Trust and Clinical Services Strategies, will change how, and where, we deliver care. Delivery of our Masterplan will both require and enable changes our ways of working and this means that it is essential that we treat culture and physical space as inseparable.

This will require the Trust to change how, when and where our people work and ensure that the workforce planning and requirements change alongside, if not ahead of the delivery of the masterplan, and the new hospital.

It will be essential that workforce plans are developed and delivered alongside Masterplan delivery. Future buildings must support our staff effectively and the necessary changes to working patterns, roles and ways of working are planned and implemented in a timely and structured way.

We will:

- Engage staff in the co-design of new and refurbished spaces
- Continue to implement agile & digital enabled ways of working
- Drive the required changes throughout the organisation via our embedded Improving Together continuous improvement methodology ensuring;
  - Leadership Buy-In: Culture change requires compassionate, distributed leadership rather than top-down mandates.
  - Cross-Boundary Collaboration: ensuring the maximum benefit is achieved, creating environments that require integrated, multi-professional teamwork
  - Provide a compelling vision do that our staff are passionate leaders of the changes required

Logistics: Staff, Patients, Equipment and Supplies

To increasingly deliver more of our services and care away from the RBH site, delivery of the Estates Masterplan must be supported by a modern, efficient logistics model that:

- Reduces unnecessary clinical staff time spent on logistics and supplies tasks.
- Improves the reliability and speed of drug and equipment delivery, including exploration of automated and drone-based delivery solutions.
- Improves patient transport and patient flow, including between sites.
- Separates logistics and delivery traffic from patient and emergency vehicle routes, consistent with the concept one mapping.

Logistics solutions will be co-designed with RBFT teams and built into the physical design of new and refurbished spaces.

Planning and Regulatory Consents

Major estate developments will require planning permission and engagement with the relevant planning authorities. Early pre-application engagement with planning authorities will be essential to ensure that the DCP and individual business cases are developed with a clear understanding of the planning context and requirements, including Martyn s Law compliance.

11. Finance

Delivering the Masterplan will require sustained capital investment. This chapter outlines the main funding routes available to the Trust, alongside early considerations on how each could realistically be pursued. A detailed financing strategy will be developed as part of the Development Control Plan. At this stage, the Masterplan notes that:

- Not all investment can be funded from existing Trust capital allocations and may be not from the ‘public purse’.
- A proactive approach to external funding, charitable and commercial income and asset optimisation will be needed.
- No-regrets investment decisions will be prioritised to maximise the impact of available funding.
- There is no single solution, and a combination of approaches is likely to be required.

There is a need to actively talk about our estate its age, constraints, and day-to-day challenges and the impact on patient and staff experience, efficiency and finances. Inviting key stakeholders and decision-makers to physically visit the site to see the issues first hand to help contextualise the need for investment and encourages partners to think about how RBFT could be supported.

National Funds

There are a range of nationally driven funding pots that are periodically made available and that estates projects can apply for. A key requirement for accessing these funds is having a clearly defined, well-developed business case ready to bid at short notice highlighting the importance of having projects within the Masterplan that can be progressed quickly when calls for funding emerge.

Alongside formal bidding, there is also value in maintaining close and proactive relationships with regional and national NHS colleagues. Informal conversations and visibility can help ensure that RBFT remains front of mind when new funding streams are being shaped or discretionary allocations are being discussed.

NHP draw down

The New Hospital Programme (NHP) provides another potential funding mechanism, particularly in relation to new sites or specific enablement works, as well as appropriate legacy schemes. While this still involves a bidding process, the pool of competing schemes is significantly smaller than national funding routes, making it a good option where alignment exists.

11. Finance

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Commercial and Private Partnerships

Commercial development presents an opportunity to generate partnership investment options and potential ongoing revenue streams. This could include developing space specifically intended to be rented out, either to NHS partners or other aligned organisations.

Partnership models will also be explored, for example where a third party brings investment or development expertise in return for a long-term income or lease arrangement. This may reduce upfront capital requirements while still delivering estate improvements. The North Block is a potential example of this approach. For example, there may be an opportunity to consider a long lease to a third party who would then take responsibility for development and fit out, providing a capital receipt or ongoing income while retaining, or achieving strategic control of the asset now or in the future.

There are several examples across the UK where innovative partnership funding models have delivered significant benefits. These include local authority pension fund investments, development and funding alliances such as the Great North Healthcare Alliance, the community-led investment programme at Springfield Village, and the wider infrastructure investment ripple effect seen in Lanarkshire. Similar approaches and opportunities will be explored in collaboration with system partners to identify sustainable funding and development solutions.

Charitable funding including our Royal Berks Charity

Charity funding continues to be an important route, particularly for a high profile, big impact project where their name and fundraising efforts can be clearly associated with a tangible improvement.

For an estates project to be suitable, it would need to be either located on the new site or be something that will remain in use once the acute services move off-site. However, it is important to recognise that some larger charitable builds may be dependent on the land purchase progressing, which introduces an additional layer of risk and timing dependency.

Dedicated Grant Funding

Grant funding could be available. An example of this is a sustainability fund. There may be other grant opportunities that could emerge depending on future policy direction. Ongoing hori on scanning will be needed to understand what additional grants may become available and how the Masterplan could align with them.

Sales Opportunities

Capital from asset sales is another potential source of funding. This would involve reviewing the existing estate to identify buildings or land that could be sold. The former Battle hospital, and North Block East Wing are examples of assets that could be considered for disposal.

11. Finance

Research and Innovation Partnerships

Finally, there may be commercial opportunities linked to research and innovation. This could include partnerships with academic institutions, industry, or commercial research organisations. Developments that support innovation could attract external funding and generate income.

Taking it forward

The Trust will take forward a structured approach to funding exploration, building on the opportunities outlined above. Each route will be assessed for its suitability, timing, and alignment with specific Masterplan projects, with early priorities focused on those schemes that are most investment-ready.

Relationships with key funding bodies and stakeholders will be actively developed, and hori□ on scanning will be embedded into ongoing estate planning to ensure the Trust is well-positioned to respond to emerging opportunities. A comprehensive financing strategy, drawing together the most viable combination of funding routes, will be brought forward as part of the Development Control Plan.

12. Next Steps

The Estates Masterplan sets the strategic direction and framework within which all subsequent estate decisions will be made, and delivery of the plan, particularly at pace, will not be possible without the critical success factors identified in Chapter 10 and financial strategy development in the DCP. The immediate next steps are as follows:

Development Control Plan

The primary next step is to develop the Development Control Plan (DCP). This will translate the high-level vision and principles of the Masterplan into a specific, sequenced and costed plan for estate and infrastructure investment, development and rationalisation. The DCP will be broken into phases:

- Under 2 years - immediate priorities and quick wins.
- 2 to 5 years - medium-term investment and development.
- 5 to 10 years - longer-term transformation.
- Over 10 years - aspirational future state, informed by progress on the new hospital.

Further Engagement

As the Development Control Plan is developed, it will require further extensive engagement with our clinical, non-clinical and operational teams, as well as our patients and community. We will continue to work closely with system partners to ensure that our estate masterplanning is aligned with wider system ambitions, that opportunities for co-location and shared use are identified, and that our proposals are realistic and deliverable within the system context, particularly as we collectively deliver more care in neighbourhoods and closer to home.

Regular Review

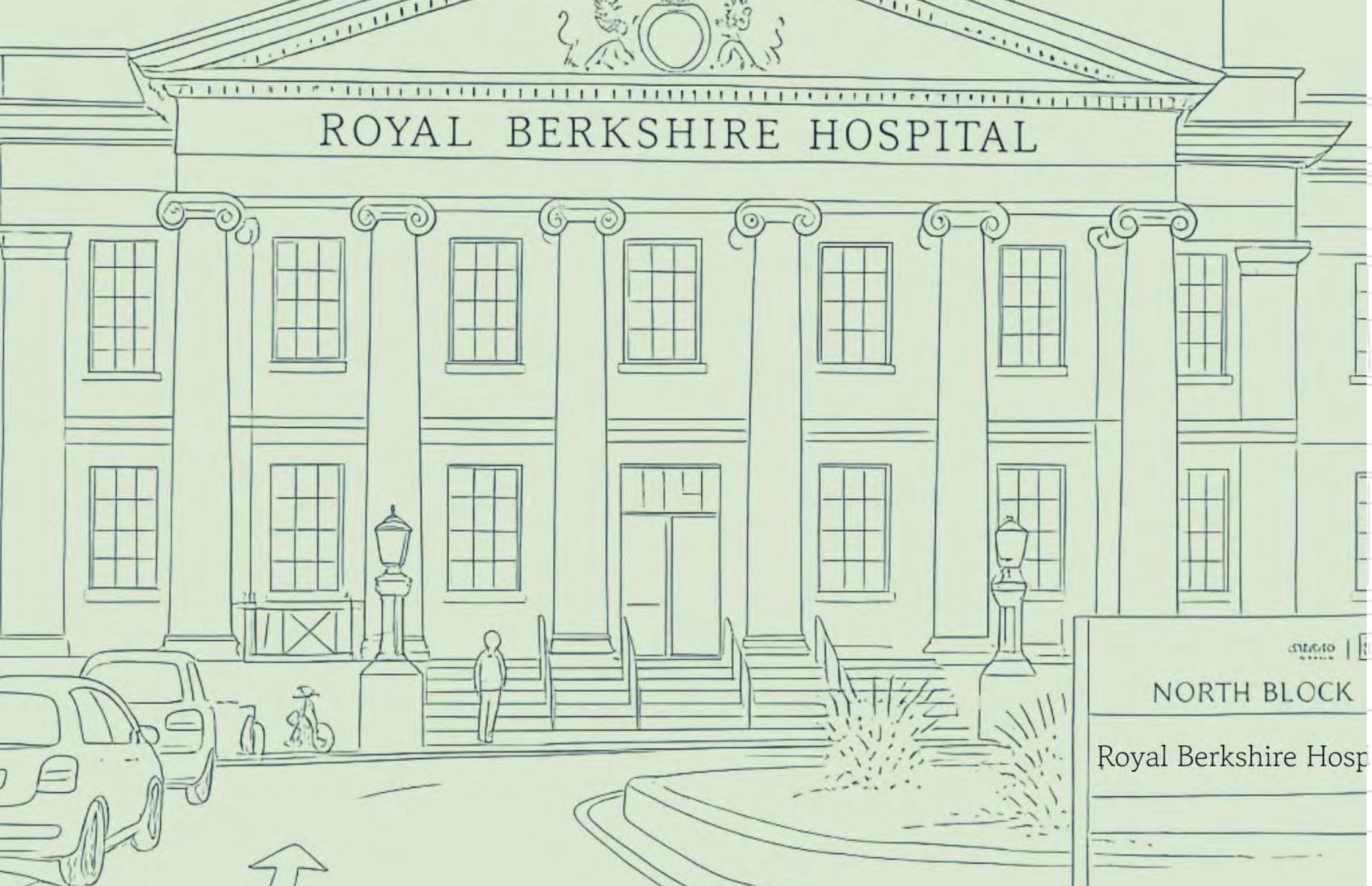
The Estates Masterplan and Development Control Plans should not be fixed documents. They will need to be reviewed bi-annually to reflect:

- Progress on the New Hospital Programme, including land acquisition and programme milestones.
- Changes to clinical strategy, service configuration or demand patterns.
- Evolution of system partnerships and the wider ICS estate strategy.
- New digital and technological opportunities.
- Changes in funding availability and financial context.

The 2 yearly reviews will be reported to Capital Programme Committee, the Finance and Investment Committee, and the Board.

Governance

A clear governance structure will be established to oversee the delivery of the Masterplan and transition into the DCP phase. This will include appropriate clinical, operational, financial and system representation, and will be designed to ensure that the Masterplan retains the confidence and engagement of all key stakeholders.



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Board Work Plan 2026

Focus	Item	Lead	Freq	Nov-25	Jan-26	Mar-26	May-26	Jul-26	Sep-26	Nov-26
Delivering the highest quality of care for all	Winter Plan	DH	Annually							
Supporting our people to thrive	Patient Story	Exec	Every							
	Staff Story	Exec	Every							
0	Quarterly Forecast	FK	Quarterly							
	2026/27 Capital Plan	FK	Annually							
	Operating Plan/ Business Plan 2027/28	AS	Annually							
	The Green Plan	AS	Annually							
Driving improvement and enabling innovation	Standing Financial Instructions	FK	Annually							
	Trust Strategy Refresh	AS	Nov-25							
Other / Governance	Chief Executive Report	JB	Every							
	Board Assurance Framework	CL	Bi-Annually							
	Corporate Risk Register	KP-T	Bi-Annually							
	Integrated Performance Report (IPR)	Exec	Every							
	NHSE Annual Self-Certification	FK/CL	Annually							
	Standing Orders Review	CL	Annually							
	Board Work Plan	CL	Every							