Royal Berkshire
NHS Foundation Trust

Public Board - 30 July 2025

MEETING
30 July 2025 09:00 BST

PUBLISHED
30 July 2025

Agenda

Location	Date	Time
Seminar Room, Trust Education Centre	30 Jul 2025	09:00 BST

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2	Patient Story (Verbal)	Janet Lippett	09:00	-
3	Staff Story (Verbal)	Don Fairley	09:20	-
4	Minutes for Approval: 28 May 2025 & Matters Arising Schedule	Caroline Lynch	09:40	3
5	Minutes of Board Committee Meetings and Committee Updates:		09:45	-
5.1	Charity Committee: 7 May 2025	Catherine McLaughlin		11
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5.2	Audit & Risk Committee: 14 May 2025 & 9 July 2025 (Verbal)	Mike McEnaney		18
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5.4	Finance & Investment Committee: 21 May 2025 & 18 June 2025	Mike O'Donovan		33
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6	Chief Executive's Report	Steve McManus	10:05	39
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8	NHS 10 Year Plan	Andrew Statham		73
9	NHS Oversight Framework	Dom Hardy	11:00	80
10	Work Plan	Caroline Lynch	11:05	85
11	Date of Next Meeting: Wednesday 24 September 2025 at 09.00am			-

Board of Directors

Wednesday 28 May 2025
09.00 – 12.00
Seminar Room, Trust Education Centre, Royal Berkshire Hospital

Present

Mr. Oke Eleazu	(Chair)
Mr. Steve McManus	(Chief Executive)
Mr. Don Fairley	(Chief People Officer)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Minoo Irani	(Non-Executive Director)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Mrs. Helen Mackenzie	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Mike O'Donovan	(Non-Executive Director)
Mr. Andrew Statham	(Chief Strategy Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

In attendance

Ms. Jess Higson	(Deputy Chief Nurse)
Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)

There were six Governors, four members of staff and one member of the public present.

78/25 Patient Story

The Deputy Chief Nurse introduced Tracey Bunn who had been a Patient Leader with the Trust since 2022. Tracey explained that her connection to the Trust had been longstanding as her husband Steven had been diagnosed with leukaemia in 2005 at the age of 47. He had been supported by West Ward and Adelaide ward and had received six cycles of chemotherapy. Following his treatment he had then been in remission for 9 years although he was continuously monitored. Steven had undertaken a triathlon for a blood cancer charity in 2014. In 2018 his cancer returned and was aggressive. He had several visits to the Emergency Department (ED) with sepsis and then had a stem cell transplant at the Churchill Hospital. Steve then had heart surgery at St Bartholomew's Hospital and his leukaemia was then resistant to previous treatment. Steve had a total of 15 years of treatment before passing away at the age of 62.

Tracey's reflections were that Steve was treated as an individual and she had been supported by staff. She considered that areas for improvement including timely discharge with medications and signposting patients to the various numbers of online forums. Tracey herself was then diagnosed with cancer in 2014. Following this period Tracey then joined as a patient leader and undertook the 5 days of training. Her reflection was the Trust's openness to change and she was struck by the good culture. Tracey had been involved in a number of areas including Building Berkshire Together (BBT), the implementation of the digital ReSPECT form, patient and staff experience surveys, complaints as well as supporting the Royal Berks Charity.

The Board noted the Chief Executive held bi-monthly meets with Patient Leaders. Tracey explained that Patient Leaders were involved and able to bring a different perspective and they felt valued by the Trust. The Board thanked Tracey for her story as well as her commitment and support for the Trust.

79/25 Staff Story

The Chief Medical Officer introduced Ingrid Stacker who provided an overview of her career prior to and since starting with the Trust as a Personal Assistant (PA) in the Networked Care Group in 2015. Ingrid moved to Berkshire and wanted to work clinical and after briefly working as a PA she joined the Radiology steam as a trainee sonographer. The Trust funded her study and she then became the Point of Care Ultrasonography (PoCUS) clinical specialist lead for the Virtual Hospital Services. Ingrid highlighted that handheld devices could be used to detect many conditions and diagnose patients quickly. The Board noted that 198 staff had been trained to use the handheld devices as part of her service.

Ingrid advised that, following a discussion with the clinical engineering, Digital Data & Technology (DDaT) teams and the commercial director she had been invited to attend the Abu Dhabi Global Health Week as part of the UK Department of Business & Trade (DBT) delegation.

Ingrid highlighted that she had also trained 6 midwives ensuring appropriate governance processes were followed. In total, Ingrid had trained 21 trainees to use the devices across multiple areas. Currently, there were 50 to 60 devices in use in multiple areas across the Trust. The Board noted that there also was external interest in the PoCUS programme.

Ingrid explained that she was based in the Virtual Hospital Services team and recently an elderly patient had been scanned in their home and they had described the interaction as transformational. The Board noted that medical schools were currently looking at including PoCUS training as part of clinical training. The Board thanked Ingrid for her presentation.

80/25 Health & Safety Moment

The Chief People Officer introduced Dawn Estabrook, Head of Risk, who introduced members of the fit testing team who demonstrated three types of Personal Protective Equipment (PPE) and Dawn explained each of these; the Trust had 12 types of FFP3 that were most commonly use although they were unsuitable for people with beards; Force 8 masks that were used when staff failed fit-testing but again unsuitable for people with beards and Powerhoods that were used for staff that failed any previous fit testing and were also suitable for people with beards.

Dawn provided an overview of the legislation related to PPE, namely the selection, procurement and use of respiratory protection equipment (RPE) was regulated under the Control of Substances Hazardous to Health (COSHH) Regulations 2002. All clinical staff in patient facing areas were required to undertake fit testing every two years to ensure they were fitted with the correct type of PPE.

Dawn explained the development of the fit-testing service from 2020 to the current date highlighting that during 2019/20 staff within clinical areas were trained to deliver fit-testing until they returned to their substantive roles. Provision of fit testing and training was funded by NHS England (NHSE) as well as supplies of FFP3 masks. During 2023 the NHSE contact for fit testing ended and the Trust outsourced fit testing to an external provider. During 2024 the Trust substantively employed a fit tester, and the external contract ended resulting in a cost saving for the Trust.

The Board noted that compliance with fit-testing was monitored on the Learning Matters system and currently 67% of staff who were required to be tested were compliant. Stock control of PPE was well embedded in the organisation and managed by the logistics team who liaised

closely with the Head of Risk. In response to a query regarding compliance Dawn explained that any non-compliance was escalated to managers to ensure this was documented. The Board thanked Dawn for her presentation.

81/25 Minutes for approval: 28 March 2025 and Matters Arising Schedule

The minutes of the meeting held on 28 March 2025 were agreed as a correct record and signed by the Chair. The Board received the matters arising schedule. All actions had been completed or scheduled.

82/25 Minutes of Board Committee Meetings and Committee Updates

Finance & Investment Committee: 19 March 2025 and 23 April 2025

The Chair of the Finance & Investment Committee advised that the Committee had received the year-end position at its March meeting that was a deficit of £17.92m that was in line with forecast. Cash at the end of March 2025 was £10.6m. Whilst the Trust ended 2024/25 with a cash surplus there was a need to cash support during Quarter 1 of 2025/26. The Trust had delivered a capital programme in 2024/25 of £39m and £2.3m had been carried over for 2025/26. However, the Trust would need to monitor its capital programme spend due to the cash position.

The Trust's cost improvement programme (CIP) target was £40.6m for 2025/26 and there was a focus on ensuring a level of recurrent savings. The forecast for 2025/26 was a deficit of £7.8m and the Committee had requested an update at its July 2025 meeting on the Long-Term Resources Model (LTRM) that set out a 3-year plan to achieve a break-even position.

Audit & Risk Committee: 12 March 2025 and Committee Review of Effectiveness and Terms of Reference

The Chair of the Audit & Risk Committee advised that the Committee had reviewed external audit, internal audit and counter fraud plans for 2025/26. The Committee had also received four internal audit reviews, all of which had been rated as 'significant assurance with minor improvements required'. The Committee had also received an update on the plans for financial year-end and the production of the Annual Report. Good progress had been achieved as overdue internal audit recommendations had reduced from 13 to 4. The Committee had also received the Health & Safety annual report for 2023/24 and was due to receive the report for 2024/25 at its July meeting. The Chair of the Audit & Risk Committee confirmed that there was flexibility in the internal audit plan in the event of an additional review being required during the year.

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

83/25 Chief Executive's Report

The Chief Executive welcomed the Chair to his first public Board meeting.

The Chief Executive highlighted that NHS England's (NHSE) operating planning guidance required providers to deliver improvements in cancer performance to meet the 62-day performance target of 75% and 28-day Faster Diagnosis Standard (FDS) performance target of 80%. Buckinghamshire, Oxfordshire & Berkshire (BOB) Integrated Care Board (ICB) had been placed in Tier 2 for cancer performance for Quarter 1 2025/26. From a Trust perspective, this was the month, our 62-day performance was below the expectation for the year (70%), with a performance achieving only 67%.

The Chief Executive advised that the Trust had been issued with a Prevention of Future Deaths (PFD) Regulation 28 report by HM Coroner at a recent inquest. The PFD related to deaths in 2023 and 2024 in general surgery. The Chief Executive expressed his condolences and apologies to the families who had been affected by the Coronial process. As an organisation, the Trust was focused on learning and the Chief Medical Officer was working with the teams involved to respond to the PFD. The Coroner had granted an extension to the Trust in light of the depth and complexity of the response. The Chair of the Quality Committee advised that this had been a difficult period for both Executive and Non-Executive colleagues. The Quality Committee had reviewed the PFD were committed to ensuring learning was implemented and had received assurance that the Executive had already done so and would continue to do.

The Chief Medical Officer advised that the PFD focussed on one department as well as trust-wide processes. A Structure Judgement Review (SJR) had been undertaken by the surgical team, and following this, by an anaesthetist. The Chief Medical Officer and Chief Operating Officer had met with the surgical Consultant lead and had discussed the importance of documentation. Trust-wide processes related to information downloaded from the Electronic Patient Record (EPR) that was difficult to follow. Work was ongoing to review whether information provided to the Coroner should be in a different format. The Chief Medical Officer confirmed that regular meetings were being held with the general surgery team to ensure the changes required were being followed.

The Board noted that, following, the UK Supreme Court ruling in April 2025 was that people's sex was defined by biological sex under equalities law, the Equality & Human Rights Commission (EHRC) had recently launched a 6-week consultation to update the statutory guidance for providers. NHS trusts were advised to review relevant guidance in light of the supreme court ruling. However, it was stressed that trusts should wait for the EHRC guidance prior to making any changes. The Chief Executive advised that the Trust had recently reviewed its same sex accommodation policy; its Equality Diversity & Inclusion policies were also under review and working was on-going to scope areas of our estates to consider the possibility of unisex toilets. The Chief Executive highlighted that the Trust had launched its 'Up the Anti' campaign and as an organisation valued the diversity of its staff and was clear that staff should be free from any form of discrimination. The Board discussed the sensitivity of this noting that the Chief People Officer had issued messaging to the organisation on the Trust's stance in addition to providing support for managers via the Employee Relations team.

The Chief Executive highlighted that applications were open for Cohort 9 of the Henley Business School Chartered Management Degree Programme and Cohort 4 of the Global Majority Aspiring Leadership Programme. This demonstrated the Trust's commitment to expand representation in its senior leadership community.

The Board noted that the Secretary of State had visited the Trust and the visit had been supported by the Communications team. The theme for the visit was technology and innovation. The Chief Executive highlighted the recent CARE awards ceremony had been attended by 250 staff and volunteers. Circa 800 nominations had been received this year. The CARE awards had begun in 2018 and over that period a total of 2000 nominations had been submitted.

The Chief Executive highlighted the changes in national leadership and that a number of additional reforms would be implemented for Integrated Care Boards (ICBs). The Board noted that ICBs had been tasked with a 50% reduction in their running costs and Buckinghamshire, Oxfordshire & Berkshire (BOB) ICB had set up a transition board with Frimley ICB. The Board discussed the Model ICB blueprint and the challenge for BOB ICB having recently undergone a major organisational restructure. It was considered that the Board Assurance Framework (BAF) should be updated accordingly in relation to the risks and opportunities of ICB reform.

Action: A Statham

The Chief Executive advised that there had been good engagement on the Trust Strategy refresh from volunteers, patients, community members and partner organisations.

The Targeted Investment Fund (TIF) Building opened in June 2025 and the building had been named the 'Frederick Potts Unit', after an English recipient of the Victoria Cross who was born and lived in Reading.

The Chief Executive advised that the Trust's financial position remained significantly challenging and the Trust continued to focus on balancing its priorities. The Chief Finance Officer advised that the Trust was able to extend its solvency for a short-term period by balancing payment of supplier payments and phasing of its capital programme. The Trust was working with system partners for a medium-term solution as other partners in the system had better levels of cash than the Trust. The Board noted that the System Recovery & Transformation Board continued to request the acceleration of a system position on cash and the specifics of one sovereign organisation providing cash support to another were being worked through. The Chief Executive highlighted that there was £200m of cash within the BOB system.

84/25 Integrated Performance Report (IPR)

The Chief Medical Officer introduced the report and highlighted that this was the first performance report on 2025/26 included data for April 2025. The IPR had been reviewed by the Executive Management Committee (EMC) the previous day.

The Chief Medical Officer highlighted that the Trust's Friends & Family test metric was below the 95% target at 93.4%. Inpatients and outpatients both achieved the target satisfaction rate of 95%. Further support was needed for the Emergency Department and paediatrics to reach the target. Urgent Care would be trialling the use of an Artificial Intelligence (AI) improvement tool to identify top themes for improvement. The Chief Medical Officer advised that in relation to the learning from incidents to reduce harm metric, 98.5% of patients reported that they 'felt safe during their visit to the hospital'. The Board noted that, as part of the Patient Safety Incident Response Framework (PSIRF) patients were included throughout when incidents were investigated. The Chief Medical Officer highlighted that the number of incidents reported demonstrated a good reporting culture in the organisation. There was a similar number of incidents seen using the PSIRF methodology as with the previous method.

The Board noted that inpatient and outpatient response rates were reported in the Patient Relations Report that was submitted to the Quality Committee.

The Board noted that the improve retention metric remained stable, although it had reduced slightly to 90.53% in April 2025. However, this was one data point rather than a trend. Performance against the 4-hour emergency pathway target was 70.07% in April 2025. The Chief Medical Officer advised that there had been a robust discussion at EMC in relation to the Single Point of Access and the Urgent Care Centre being located on site had not made the impact that had been anticipated. The Board noted that there had been a change in the ED leadership team and the team were undertaking the Improving Together training. The Chief Operating Officer advised that as part of the Improving Together programme, the ED team would agree priorities to improve performance.

The Chief Medical Officer highlighted that the reducing waits for 62-day cancer metric was 67.8% in April 2025. However, it was anticipated this would increase following validation. Changes remained in gynaecology, urology and lower gastrointestinal. The Board noted that all three providers in BOB had been placed in Tier 2 by NHSE for cancer performance. The Chief Operating Officer advised that all pathways were being reviewed and the Trust was working with pathology and radiology. In relation to gynaecology there were on-going discussions with Berkshire Surrey Pathology Services (BSPS) to reduce their 10-day turnaround for gynaecology tests.

The Chief Medical Officer advised that discussions were on-going in relation to the maximising elective activity metric with the aim of achieving 80 to 85% by May 2025. Referral To Treatment (RTT) performance had reduced and currently work was on-going to validate the master waiting

list. In addition, a Discharge & RTT Large Language Model (LLM) would be developed to reduce RTT validation.

The Board discussed the productivity metric that measures output per worker. The Chief Strategic Officer highlighted that there been an internal increase in workforce. However, the acuity of patients had also increased. This had been discussed at the EMC who had requested further granular detail although noted that it was useful to have the productivity metric.

The Board noted the excellent programme made in relation to the efficiency savings programme with £28m identified against a target of £40m.

The Chief Medical Officer summarised by highlighted that, of the 100 watch metrics, 15 were alerting. The Quality Committee reviewed the watch metrics at each meeting.

85/25 Trust Operational Plan 2025/26

The Chief Strategy Officer advised that the Operational Plan for 2025/26 had been submitted to the ICB and during the development of the document, engagement had been sought from Governors . Key points included the 5.7% efficiency for the Trust; it was anticipated that all national standards would be met with the exception of the Referral To Treatment (RTT) standard. However, RTT performance would be maintained at the current level. This position was supported by the ICB. Other targets included the reduction of labour costs and this was being reviewed across corporate areas as well as reduction of short-term agency.

The Board approved the Operational Plan for 2025/26 subject to minor typographical amendments being made. **Action: A Statham**

86/25 NHS England (NHSE) Annual Self-Certification 2024/25

The Trust Secretary 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 advised that advice had been sought from the ICB as well as the Healthcare Financial Management Association (HFMA) in relation to statement 3 'availability of resources' as, due to the Trust's current cash position this statement could not be marked as 'confirmed'. The Board agreed that, currently, only 3 of the 4 statements should be marked as 'confirmed'. **Action: N Lloyd**

87/25 Board Assurance Framework (BAF)

The Trust Secretary introduced the BAF and advised that this was presented to the Board on a bi-annual basis and had been reviewed and updated with the relevant Executive leads as well as submitted regularly to Board committees. As discussed earlier in the meeting Strategic Objective 3 would be reviewed to incorporate ICB modelling. **Action: A Statham**

88/25 Corporate Risk Register (CRR)

The Deputy Chief Nurse introduced the CRR that was submitted to the Board on a bi-annual basis. The CRR had been reviewed by the Integrated Risk Management Committee, Audit & Risk Committee and Quality Committee. The highest risk on the CRR related to financial sustainability. In addition, all risks would be reviewed following the Government's announcement on the New Hospital Programme (NHP). The Board discussed the top three risks and the Trust's cash position and its impact on capital requirement for both fire safety and backlog maintenance.

The Board approved the CRR.

89/25 Work Plan

The Board received the work plan for 2025.

90/25 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 30 July 2025 at 09.00

The Board noted that this was Nicky Lloyd's last public Board meeting as she was due to leave the Trust on 20 June 2025. The Chief Executive expressed thanks on behalf of the Board for Nicky's tenure as Chief Finance Officer and highlighted how Nicky had championed staff heath & wellbeing, diversity, had undertaken the Acting Chief Executive role for a period of time as well as providing leadership on Health & Safety, the Royal Berks Charity, the Building Berkshire Together programme as well as the Green Plan over her 6 and half years of service.

SIGNED:

DATE:

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

Date	Minute Ref	Subject	Matter Arising	Owner	Update
28 May 25	83/25	Chief Executive's Report	The Board discussed the Model ICB blueprint and the challenge for BOB ICB having recently undergone a major organisational restructure. It was considered that the Board Assurance Framework (BAF) should be updated accordingly in relation to the risks and opportunities of ICB reform.	A Statham	In progress.
28 May 25	85/25	Trust Operational Plan 2025/26	The Board approved the Operational Plan for 2025/26 subject to minor typographical amendments being made.	A Statham	Completed.
28 May 25	86/25	NHS England (NHSE) Annual Self-Certification 2024/25	The Chief Finance Officer advised that advice had been sought from the ICB as well as the Healthcare Financial Management Association (HFMA) in relation to statement 3 'availability of resources' as, due to the Trust's current cash position this statement could not be marked as 'confirmed'. The Board agreed that, currently, only 3 of the 4 statements should be marked as 'confirmed'.	N Lloyd	Cash position discussed at the recent Finance & Investment Committee and further discussion planned for private Board.
28 May 25	87/25	Board Assurance Framework (BAF)	As discussed earlier in the meeting Strategic Objective 3 would be reviewed to incorporate ICB modelling.	A Statham	Duplicated above reference 83/25

Royal Berkshire NHS Foundation Trust

Minutes

Charity Committee

Wednesday 7 May 2025
10.00 – 12.00
Boardroom, Level 4

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)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Ms. Adenike Omogbehin	(Staff Representative)
Mr. John Stannard	(Patient Representative)
Ms. Jo Warrior	(Charity Director)

In attendance

Mr. Oke Eleazu	(Chair of the Trust) (from item 03/25)
Miss. Kerrie Brent	(Corporate Governance Manager)

Apologies

Dr. Sunila Lobo	(Public Governor, Reading)

01/25 Declarations of Interest

There were no declarations of interest.

02/25 Minutes for Approval 13 December 2024 and Matters Arising Schedule

The minutes of the meeting held on the 13 December 2024 were agreed as a correct record.

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

03/25 Charity Director's Report

The Charity Director introduced the report and highlighted that the income against plan as at year-end. The overall cash position was £120k below the full year fundraising target. The Committee noted that whilst the position was good it had been a challenging year. A number of good corporate relationships had been developed and these would continue for a second year. In addition, the Charity team would continue to build on the recent major donor engagement event held on 14 April 2025. It was suggested that communication could be improved by publicising events via local media routes or existing digital screens. The Charity Director confirmed that large scale displays had been included in the draft budget for 2025/26.

The Chair highlighted that the Charity strategy would be reviewed and refreshed to ensure it was clear on its purpose and objectives for the next 3-5 years in addition to alignment to the Trust's refresh strategy. A session had been organised for 19 May 2025 to consider this.

The Charity Director noted that a number of grants had been received from grant giving charities. It was confirmed that this could be expanded on and this would be considered as part of the Charity strategy refresh. This would also include the fundraising strategy trajectories and scale of corporate partnerships. An update would be provided at the next meeting. **Action: J Warrior**

The Charity Director advised that a new corporate partnerships and major donor fundraising manager and a data and income administrator had been recently appointed to vacant posts.

The Committee noted that grants were being applied for to support Child Adolescent and Mental Health Service (CAHMS) and Paediatric Emergency Department.

It was noted that Reading Half Marathon had raised £38.5k this year with 67 runners. A number of runners had already booked to run in the event next year.

Charity events would continue to be promoted to Governors. The Trust Secretary would share media links as part of the Chair's weekly briefing to Governors. **Action: C Lynch**

The Committee noted the upcoming events. The Charity Director requested for support and promotion via social media. The events would be shared with the Board of Directors for support. **Action: J Warrior**

The Charity Director advised that the on-going breast screening appeal was progressing well with £30k remaining of the target. This would be further prioritised over the next 6 months.

The Charity Champion's network was expanding and this provided a platform to further publicise the Charity as well as engaging staff on ideas and how to apply for grants and funding from the Charity.

The Committee noted that there had been an active plan to spend reserves in line with instructions from the Charity Commission. As a result of this, the reserves policy would be updated.

The Committee noted that operating costs would also be considered as part of the development of the Charity strategy refresh. **Action: J Warrior**

04/25 Knowledge & Development Fund Update

The Committee received the update and noted the detail of the projects that had been supported by the Knowledge & Development Fund in 2024/25 to support learning and development.

The Charity Committee considered the request for a further commitment of £150k be made from the General Fund during 2025/26 to maintain momentum and ensure continued access to development opportunities. The Committee noted that all applications were considered including courses for skills for future and this included Artificial Intelligence (AI).

The Trust Secretary advised that a number of questions had been submitted from a member of the Committee who had been unable to attend that day. The Committee considered that these questions would be addressed as part of the Charity strategy refresh.

The Committee discussed equity of distribution of Charity funding and outputs. It was confirmed that requests for funding were received from a range of staff across most the Agenda for Change bands. The Charity Director confirmed that this could be provided to the Committee along with details of funding requests that had been declined.

Action: J Warrior

It was clarified that the Trust funded the required mandatory and statutory training. However, the Charity only funded training and courses to enhance learning. In addition, the Trust funded a number of additional training opportunities including Henley Business School Management Degree courses.

The Committee approved the commitment of £150k from the General Fund during 2025/26 to support the Knowledge and Development Fund. Future reports would set out the detail of each request including the grade of the member of staff, the amount of funding and details of what the fund was used for. **Action: J Warrior**

05/25 Dissolution of Linked Charities

The Committee received the report that had been reviewed by legal partners ahead of formal notification to the Charity Commission.

The Committee approved the report.

06/25 Funds Amalgamation Programme Phase II

The Charity Director introduced the report that set out the proposed next phase in the funds amalgamation programme. It was noted that the plan continued to focus on reducing the number of funds held through amalgamation. The Committee supported the proposal and agreed that this would be reviewed further as part of the Charity strategy refresh.

07/25 Finance Update

The Director of Finance introduced the report. Total income for the year to date was £979k and this included £191k of interest received. The Committee noted that expenditure had exceeded income with over £1m in total incoming, £979k being donations. Expenditure was £1.4m on charitable activities. Therefore, reducing reserves. Operating costs were circa £400k. Efforts continued to reduce the levels of reserves and the target moving forward would be increasing revenue and income.

The Committee discussed the notification received by the Charity Commission in February 2023 in relation to the levels of reserves held by the Charity. It was noted that no communication had since been received. However, it was considered that the year-end completed on 31 March 2024 was likely to be still be reviewed. A healthy decline had been recognised over the last two years to demonstrate the Charity was actively reducing reserves. It was agreed that the Charity Director would contact the Charity Commissioner to seek clarity that there had no further concerns. **Action: J Warrior**

It was agreed that the Charity Director and Director of Finance would benchmark against other NHS charities in relation to the reserves held. **Action: J Warrior**

The Chair queried whether an investment institution was used for charitable funds. The Director of Finance advised that the Charity did not use an investment institution but did have

funds held on deposit and £190k interest income had been received. The Committee agreed to revisit the Charity's investment strategy as part of the strategy refresh.

Action: M Clements

The Director of Finance would liaise with the Chari regarding the format of future finance reports. **Action: M Clements**

The Director of Finance highlighted that the audited annual report would be submitted later in the year. It was noted that currently the Charity used the same auditors, Deloitte, as the Trust. A retender procurement process would be undertaken in 2025/26 to appoint auditors.

08/25 Draft Budget 2025/26

The Committee received the draft budget for 2025/26. The Charity Director advised that the budget was considered as achievable growth and expenditure was based on previous years and established commitments. It was noted that the budget had considered the Trust's current financial pressures.

The Committee considered that there would be a potential need to modify and amend the budget following the refresh of the Charity strategy.

The Trust Secretary queried the rationale for increasing the budget by 3% in light of the current Trust's financial pressures. The Chief Finance Officer confirmed that due to the 9% increase in fundraising target to £1.2m there was a greater need for income needed to pay for costs additional £15k.

The Committee approved the budget for 2025/26 and agreed that a breakdown would be circulated setting out income and expenditure accounts for the Charity as well as fundraising and spend. In addition, future reports should be clear and include schedules for income, expenditure, pay and non-pay as well as any costs for fundraising events to ensure that net contribution and return on investment was transparent. **Action: M Clements/J Warrior**

09/25 Charity Risk Register

The Charity Director introduced the risk register. The Committee reviewed the risk in relation to high levels of reserves. It was noted that there had been a steady increase in expenditure over the past four years resulting in a decrease of funds. In addition, an action plan was in place to reduce this further. No further correspondence had been received from the Charity Commission. However, it was agreed that the Charity Director would write to the Charity Commission to seek clarification that they were content with the charities current level of reserves. It was agreed that once this had been confirmed, the risk would be closed.

The Committee discussed that there was a lack of risks identified for the Charity. It was agreed that this would be considered with the Head of Risk as part of the of the Charity strategy review. **Action: J Warrior**

10/25 Committee Terms of Reference

The Committee received the terms of reference as part of the annual review cycle. The Committee discussed addition of a communications representative as part of the membership. However, it was not agreed at this time. The Charity Director would review realigning expectations with the Communications team as part of the Charity strategy refresh.

Action: J Warrior

It was agreed that a recommendation would be submitted to the Board to approve the terms of reference. **Action: C McLaughlin**

11/25 Work Plan

The Committee received the work plan. It was noted that the work plan would be considered following the review of the strategy.

12/25 Key Messages for the Board

The Committee agreed the following key messages:

- The need for a Charity strategy refresh that considered key objectives and aligned to the Trust Strategy.
- The Charity Director to contact the Charity Commission to seek clarity that the Trust had responded appropriately to the challenge on spending money.
- Approval of £150k to the Knowledge and Development Fund
- Noted phase two of the Funds Amalgamation Programme
- Approval of the budget for 2025/26
- Reviewed the Corporate Risk Register
- Recommendation to approve the Committee Terms of Reference

13/25 Reflections of the Meeting

Adenike Omogbehin led the discussion.

14/25 Date of the Next Meeting

It was agreed that the next meeting would be held on Monday 4 August 2025 at 14.00.

SIGNED:

DATE:

Charity Committee

Terms of Reference

Constitution and Membership

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

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

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

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

Attendance

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

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

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

Frequency of meetings

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

Monitoring

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

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

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

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

Committee Duties

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

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

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

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

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

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

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

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

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

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

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

Reviewed by the Committee:

Approved by the Board:

Audit & Risk Committee

Wednesday 14 May 2025
9.30 – 11.25
Boardroom/Video Conference Call, Level 4, Royal Berkshire Hospital

Members

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

In attendance

Advisors

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

Trust Staff

Mr. Mike Clements	(Director of Finance)
Mrs. Nicky Lloyd	(Chief Financial Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive) (up to minute 65/25)|
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

Apologies

48/25 Declarations of Interests

There were no declarations of interest.

49/25 Minutes for approval: 12 March 2025 and Matters Arising Schedule

The minutes of the meeting held on 12 March 2025 were agreed as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 25/25 (02/25) (107/24) (96/24): Minutes for approval: 21 November 2024 and Matters Arising Schedule: Non-NHS Debt: The Chief Finance Officer advised that the Chief Strategy Officer was now leading the private patients project as a transformation programme. The Trust Secretary would liaise with the Chief Strategy Officer to confirm a date for submission to the Committee. **Action: C Lynch**

Minute 25/25 (02/25) (108/24): Minutes for approval: 21 November 2024 and Matters Arising Schedule: Local Counter Fraud: The Chief Finance Officer advised that Counter Fraud awareness was provided at Trust core induction and any alerts were provided to staff via the Workvivo platform. The Chief People Officer was undertaking a review of all Mandatory &

Statutory Training (MAST) and a request had been made to incorporate Counter Fraud e-learning module as part of the suite of training. **Action: N Lloyd**

Minute 25/25 (02/25) (113/24): Minutes for approval: 21 November 2024 and Matters Arising Schedule: HFMS Ltd Annual Report & Accounts 2023/24: The Chief Finance Officer advised that the review of HFMS Ltd had been delayed and a report was due to be submitted to the Executive Management Committee (EMC) in June 2025. [s43, FOI Act]

Minute 20/25: Internal Audit Annual Plan 2025/26: The Partner, Deloitte, advised that internal audit were scoping all reviews and the access review would be undertaken earlier in the year than originally planned.

Minute 31/25: Internal Audit Recommendations: The Partner, Deloitte, advised that some evidence had been provided by the Digital, Data and Technology (DDaT) team.
Action: E Feja

50/25 Local Counter Fraud Report & Annual Plan 2025/26

The LCFS introduced the report and advised that fraud risk assessment work was on-going. The LCFS advised that the Fraud Risk Assessment (FRA) would likely require review following the implementation of the forthcoming Failure to Prevent Fraud offence from September 2025 onwards. The Committee noted that the Trust would be treated as a legal entity in relation to this legislation. Preparation was on-going for this although it was not anticipated that there would be an increase in cases.

[s40(2), FOI Act]

The LCFS advised that, as part of the National Fraud Initiative work 13 Companies House matches had been identified and only 3 of which had not made a declaration. This related to admin issues only and these three cases were being followed up.

The LCFS advised that the draft annual plan for 2025/26 had been prepared and feedback from the Committee was requested. It was noted that due to a technical issue the plan did not appear within the agenda and the Trust Secretary would update this. The Committee would then provide feedback on the proposed proactive work.
Action: Committee members

51/25 External Audit Progress Report

The Partner, Deloitte, advised that, he had had several introductory meetings with members of Trust staff including the Chair of the Committee. Good relationships had been noted and issues such as timeliness and communication had been highlighted. Further meetings would be scheduled with other members of the Committee after the year-end process had been completed. Improvements from the previous year's audit had been noted including good improvement on accruals and he had met with the finance team and received a good first draft of the financial statements. The Committee noted that discussions were on-going with the finance team in relation to Steris as this was a new item this year and related to International Financial Reporting Standards (IFRS) 16.

The Partner, Deloitte, advised that work was also on-going to review the draft Annual Report.

The Chief Finance Officer advised that a request had been sought from NHS England (NHSE) in relation to the Trust's 'going concern' statement in the Annual Report due to the

Trust's on-going financial challenges. In addition, this issue was being raised with the Healthcare Financial Management Association (HFMA) Governance Committee.

Action: N Lloyd

52/25 Internal Audit Progress Report

The Partner, KPMG, introduced the progress report and Rostering Assignment and Data Security & Protection Toolkit (DSPT) reports.

The Partner, KPMG, highlighted that the actions on the roster assignment review were yet to be finalised. The Chief Nursing Officer advised that issues identified in the review were individual mistakes and staff had been re-educated and actions had been closed prior to the audit. The Committee noted that the focus of the review had originally been a medical rostering. However, this had then been amended to a medical and nursing audit. The Trust had ceased use of the Patchwork system. The Chief Nursing Officer advised that, had there been concerns with nursing rostering, then a wider audit would have been commissioned rather than focus on a specific area. The Committee noted that all nursing rosters for outpatient areas had been reviewed internally and a report had been submitted to the Efficiency & Productivity Committee. It was agreed a copy of this report would be shared with the Partner, KPMG. **Action: K Prichard-Thomas**

The Chief Executive advised that the Chief Operating Officer was the Executive lead on financial improvement and pay controls rigour and observations should be shared with him. Using the Improving Together methodology via the Performance Review Meetings (PRMs) on driver metrics and actions should be incorporated as part of that. The Chief Finance Officer advised that all internal audit reports would be shared with EMC as discussed previously. **Action: N Lloyd**

The Partner, KPMG, introduced the DSPT report and highlighted that this was first time an audit had been undertaken using the new Cyber Assessment Framework (CAF). The overall rating as 'significant assurance with minor improvement opportunities' and there were four actions ere were two medium rated actions related to generic accounts and incident response scenario testing, both of which had target dates of the end of Summer 2025.

The Partner, KPMG, advised that the ambition for all trusts was all assertions within the DSPT would be achieved by 2029/2030. These standards were revised on an annual basis in response to external Cyber threats. The Committee noted that these standards were chosen by the Trust for review by internal audit.

53/25 Internal Audit Annual Plan 2024/25

The Partner, KPMG, introduced the report and highlighted that Head of Internal Audit (HOIA) opinion for 2024/25 was 'significant assurance with minor improvement opportunities.' The Partner, KPMG, advised that he was confident that internal audit was not being directed in relation to the reviews selected by Trust management.

The Committee noted that internal audit standards had been updated and this would impact on the HOIA opinion for 2025/26 and an overview of the methodology was set out in the report. The Committee queried whether a Red Amber Green (RAG) rating could be considered. **Action: N Thomas**

54/25 Finance Directorate Review

The Partner, KPMG, introduced the report and advised that due dates had been finalised and an action plan developed on the finance directorate review.

The Chief Finance Officer advised that a review of cash flow and working capital had also been commissioned and completed by Deloitte. Additional resource had been engaged to support the action plans following both the Deloitte and the KPMG reviews. The Director of Finance advised that several actions had been completed or were in progress. For example, good progress had been made in relation to the monthly finance report and year end had been closed 5 days earlier than in the previous year.

The Committee discussed the governance arrangements in relation to monitoring actions from both reviews. The Trust Secretary advised that the Committee would normally oversee any actions from audit reviews. The Partner, KPMG suggested that the Deloitte actions could be added to KPMG's JIRA system and monitored in line with internal audit actions. The Committee agreed this proposal. **Action: N Thomas**

55/25 Internal Audit Recommendations

The Director of Finance advised that 16 additional actions had been added in-month and there were currently only 5 overdue recommendations. The Committee recognised the progress and the aim to target zero being overdue.

56/25 Planning for 2024/25 Audit

The Director of Finance introduced the report and highlighted that detailed progress had been made on several areas including preparation of the production of the financial accounts as well as lots of work on cash flow. The Committee noted that Deloitte held a record of statement of adjusted misstatements and this was monitored each year. Actions taken by the finance team had reduced the number of misstatements.

The Committee discussed the issue of completeness of accruals and of related expenditure**.** The Chief Finance Officer advised the issues often related to income and the late agreements reached with commissioners. The Director of Finance advised that this remained a general area of high risk and would be focused on by external audit.

57/25 Board Assurance Framework (BAF)

The Trust Secretary introduced the BAF and advised that this had been updated following review by the Executive leads as well as the relevant Board committee. The Committee noted that the BAF was due to be discussed at the Quality Committee.

The Committee noted that the Trust Strategy refresh was due to be completed by the end of 2025 linked to the timing of the development of the Operational Plan for 2026/27.

58/25 Corporate Risk Register (CRR)

The Chief Nursing Officer introduced the CRR and advised that work was on-going to review all risks in relation to the impact of the New Hospital Programme announcement. The Risk Appetite Statement had been discussed at the Integrated Risk Management Committee (IRMC) and was due to be discussed at the EMC development session. The refreshed risk appetite statement would be submitted to EMC in June and shared with the Committee and Board in July 2025. **Action: K Prichard-Thomas**

The Committee recommended that Risk 4182 should be updated to add Capital Departmental Expenditure Limit (CDEL) as well as BAF risk wording to be added to Risk 4182. **Action: N Lloyd**

The Committee considered that the CRR provided good assurance that the risks were updated continually.

59/25 Losses and Special Payments

[s43, FOI Act]

60/25 Use of Single Tenders

The Committee noted that 18 single tender waiver contracts had been awarded since the last meeting. [s43, FOI Act] It was agreed that the Chair of the Committee would liaise with the Chief Finance Officer in relation to the content of future reports. **Action: M McEnaney**

61/25 Schedule of Significant Contracts

The Committee noted that one significant contract had been awarded since the last meeting. [s43, FOI Act]

62/25 Bank Account Authorisations

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

63/25 Non-NHS Debt Report

The Committee noted that non-NHS debt was £8.065m as at 30 April 2025. The Director of Finance advised that a credit controller for private patients was currently being recruited.

64/25 Declarations of Interest, Gifts & Hospitality Update

The Trust Secretary introduced the report and highlighted that, from the launch on the 1 April 2025, to date 63% of staff had completed their declaration for 2025/26. Monthly reminders were issued to any staff that did not complete their declaration until completed. The Committee noted good progress.

65/25 Freedom to Speak Update (FTSU) Guardian Update

The Chief Nursing Officer introduced the report that set out the FTSU activity over the last six months. The Chief Nursing Officer highlighted that, in relation to the staff survey themes regarding feeling able to speak up, 3 out of 4 questions had improved. The Trust continued to increase the number of FTSU Ambassadors. There was also a focus on training and triangulation of themes with other patient safety metrics as well as complaints. The Committee noted that the Chair of the Committee met monthly with the FTSU Guardian along with the Chief Executive, Chief People Officer and Chief Nursing Officer where details of the concerns raised were discussed along with action plans being monitored. The Committee considered that the report provided good assurance and expressed its thanks to the FTSU team.

66/25 Trust Annual Report 2024/25 Update

The Trust Secretary advised that good progress had been made with the Annual Report. Some areas remained outstanding and these had been escalated accordingly. The Trust Secretary highlighted good support had been provided by Deloitte.

67/25 Data & Security Protection Toolkit (DSPT)

The Trust Secretary advised that good progress was being made in relation to evidence provided to support the Trust's DSPT submission for 2024/25.

68/25 Review of Committee Effectiveness and Terms of Reference

The Trust Secretary introduced the report.

The Committee agreed that a recommendation should be submitted to the Board subject to some minor typographical amendments as well as confirmation that internal audit had provided non-audit services. **Action: C Lynch**

The Trust Secretary confirmed that policy compliance monitoring was reported to the Quality Committee.

69/25 Work Plan

The Committee received the work plan.

70/25 Key Messages for the Board

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

- Finalisation of Counter Fraud and Internal Plans for 2025/26
- Internal Audit reports received noting good output on the DSP Toolkit with further work to do
- Head of Internal Audit Opinion 'significant assurance with minor improvement opportunities'
- Good progress noted on year-end processes
- Finance directorate review actions to be monitored by the Committee with good progress made to date
- Good assurance on FTSU report and processes in place
- Recommendation to approve the Committee effectiveness review

71/25 Reflections of the Meeting

The Chief Nursing Officer led a discussion.

72/25 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 9 July at 09.30.

73/25 Private Meeting with Internal Audit

A private meeting with KPMG was held.

74/25 Private Meeting with External Audit

A private meeting with Deloitte was held.

74/25 Private Meeting of the Committee

A private meeting of the Committee was held.

Chair:

Date:

Royal Berkshire NHS Foundation Trust

Minutes

Quality Committee

Monday 19 May 2025
10.00 – 12.00
Boardroom, Level 4

Members

Mrs. Helen Mackenzie	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Prof. Parveen Yaqoob	(Non-Executive Director) (up to minute 30/25)
Dr. Minoo Irani	(Non-Executive Director)

In Attendance

Mr. Oke Eleazu	(Chair of the Trust) (from minute 20/25)
Ms. Christine Harding	(Director of Midwifery) (for minute 27/25)
Mrs. Caroline Lynch	(Trust Secretary)
Dr. Emma Vaux	(Associate Medical Director for Patient Safety) (from minute 21/25 to 22/25)

18/25 Declarations of Interest

There were no declarations of interest.

19/25 Minutes from the previous meeting: 3 February 2025 and Matters Arising Schedule

The minutes of the meeting held on 3 February 2025 were approved as a correct record and signed by the Chair.

The Committee noted the matters arising schedule.

Minute 04/25 Integrated Performance Report (IPR) Quality Watch Metrics: The Committee discussed hip fracture performance and noted there had been a slight decrease highlighted in the watch metrics. The Chief Medical Officer confirmed there had been reduction in one month that had since improved. Although, the position was still not where the Trust would like it to be at circa 60%. It was noted that of the patients who did not have surgery within 36 hours, circa 50% of patients were not fit for surgery and the remaining 50% related to operational delays due to availability of theatre lists or the correct type of surgeon being available. A review was on going and an improvement would be expected as part of the on-going transformation work. This would be prioritised for improvement to avoid a similar position over the next winter period. A further update would be provided at a future meeting. **Action: J Lippett**

20/25 Patient Safety Report

The Chief Nursing Officer introduced the report and highlighted the positive pilot evaluation of the clinical accreditation scheme. Planning for the next round and developing a full rollout was on going.

The Chief Nursing Officer highlighted the progress achieved in the first phase of Martha's Rule rollout and the on-going work to consider feedback from teams and clinicians as well as raising the profile of the patient and family voice and ensuring that the concept did not become a tick box exercise. It was confirmed that the data provided in the report was Trust data.

The Committee noted key priorities and next steps for the Patient Safety Incident Reporting Framework (PSIRF) methodology and processes. The year one evaluation was going well, and a summary report would be developed by June 2025. It was anticipated that, following national studies, the methodology could take circa three to four years to fully embed. Training proposals were being developed and would be submitted to the Executive Management Committee for review. In addition, the Trust was contributing to the National Institute for Health and Care Research (NHIR) study into the impact of PSIRF nationally that was in its second phase. It was not confirmed yet when this would be published. However, it was anticipated it would be by the end of the year.

The Committee discussed the need to include additional information on the five types of investigation related to PSIRF as well as the learning methodology for clarification in the report. The Chief Nursing Officer advised that as part of the recommendations from year one evaluation consideration would be reviewed on how to simplify the process. In addition, it was noted that a PSIRF training session would be scheduled for the Board of Directors. The Committee noted that the Patient Safety e-learning was also available on Learning Matters.

Clarification was sought in relation to the overdue incidents and the reason for this. The Chief Nursing Officer confirmed that that there was a mixture of volume and complexity. However, every Care Group held weekly patient safety meetings and applied the same methodology of reviewing overdue incidents. In addition, in some instances immediate learning had been identified. However, the learning had not yet been documented. The Committee discussed Board level knowledge in relation to Serious Incidents. Therefore, future reporting would consider themes, actions taken as a result of serious incidents and relativity against previous performance. The Chief Nursing Officer provided assurance that processes were in place and incidents were being scrutinised and transparent.

21/25 Integrated Performance Report (IPR) Quality Watch Metrics

The Chief Medical Officer introduced the report and highlighted that although there were a number of areas alerting it was recognised that this was a reflection of the number of challenges in areas such as Stroke and Cancer as well as a challenging annual target set for infection that had been reported to the national team. The Chief Operating Officer added that a number of watch metrics were reported against standards that had been in place for some years and comparing performance meant that the Trust was often close to target. However, for Cancer, DM01 and the number of patients waiting over 52 weeks the trend was improving as well as positive improvements recognised in other areas. The Committee concluded that, although a number of metrics alerted, in some areas including endoscopy, Trust performance had improved and continuous improvement had been achieved.

The Committee noted a slight increase in Hospital Standardised Mortality Ratios (HSMR) HSMR and Summary Hospital-level Mortality Indicator (SHMI). The Chief Medical Officer advised that the way the Trust used its Electronic Patient Record (EPR), with multiple Finished Consultant Episodes (FCEs) being generated, meant that when the information on "expected" deaths was drawn (at FCE 2), many of our patients were still in the diagnostic phase of their journey. Therefore, they had not been identified as a potential "expected" death. This led to a low level of expected deaths in comparison to the real level. This

phenomena had been observed previously and also in a number of other trusts who used Cerner EPRs, that tended to generate a higher number of FCEs than other EPRs. A detailed review was undertaken in relation to coding and data handling that had had some impact. However, the issue persisted. A further review and benchmarking against other Cerner trusts was being undertaken as to how data was recorded. In addition, the on-going work to automate coding this year could further impact this and provide the opportunity the capture more of the correct Finished Consultant Episodes (FCEs). The Chief Operating Officer would review this. **Action: D Hardy**

22/25 Prevention of Future Deaths (PDF) Report

The Chief Medical Officer introduced the report related to Prevention of Future Deaths (PFD) Regulation 28 report issued to the Trust by HM Coroner following a series of three linked cases heard over recent months at inquest. The Committee noted that the report encompassed eight concerns raised by the deaths of three general surgical cases that took place at the end of 2023 and early 2024. The Committee noted the PFD broadly focused on three areas:

- Concerns regarding the Trust's morbidity and mortality processes, including mortality reviews and triangulation through departmental clinical governance.
- Collation and presentation of medical records and governance documents in preparation for inquest.
- Whether the Trust took appropriate action when concerns regarding clinical care were raised.

The Chief Medical Officer advised that a number of actions and improvements had already been implemented as a result of the three cases that the Trust was able to evidence as part of its response to the PFD.

[s40, FOI Act]

However, there had been some enhanced engagement in recent months and both departments had demonstrated improved engagement and understood the importance of the learning from death processes and their involvement in this. Particularly, the need to record good practice in clinical governance minutes as well as robust discussions and identified learning. The Committee discussed the importance of culture in learning from death processes and ensuring that staff duly followed processes

The Committee noted that a further case was due to be heard at inquest in September 2025.

The Committee discussed the importance of inquest preparation and engagement and the need for a checklist. The Associate Medical Director for Patient Safety would continue to work with the legal department to ensure that there was an embedded process going forward. Weekly case review and triangulation (CRAT) meetings were held and these included the triangulation of patient safety, complaints, mortality and legal and focused on a joined-up approach and ensured that the appropriate reviews were being carried out. In addition, there was a focus on next of kin responses who were now able to submit concerns up to 6 weeks ahead of an inquest.

The Committee noted that on-going support was being provided to the General Surgery and Trauma and Orthopaedics teams in relation to the mortality and morbidity meetings framework.

The Committee discussed delays in structured judgement reviews (SJR) and, following the response to completed SJRs, the Trust processes had already recognised the 'poor and

defensive' completion and provided feedback to the surgeon. It was noted that the importance of completing SJRs was recognised and the need to strengthen the process including engagement with others when completing these. Going forward it was noted that an anaesthetics contribution and review would be conducted at the same time.

In response to a query, it was confirmed that the Mortality Learning from Deaths policy was in date and had been updated. The Trust Secretary would review the Trust website and ensure the correct version was available. **Action: C Lynch**

[s40, FOI Act]

The Committee noted the importance of a timely and comprehensive response to the Coroner and discussed whether further external assurance was required to demonstrate that the Trust had fulfilled its responsibilities in relation to learning from deaths. At future meetings. It was noted that quarterly updates on learning from deaths were submitted to the Quality Governance Committee. In addition, the Associate Medical Director for Patient Safety had attended the Committee previously to provide exception reports. It was agreed that an update on the mortality review process would be submitted to the next meeting. **Action: J Lippett**

The Chief Medical Officer confirmed that an extension had been requested from the Coroner and the Trust's response would be submitted by July 2025.

The Committee noted that the Trust had received a visit from national Medical Examiner as well as the Regional Medical Examiner. It was agreed that the Committee would be advised whether there was an outcome report following these visits. **Action: J Lippett**

23/25 Quality Governance Committee Exception Report

The Committee noted that due to the change in the scheduled date of the meeting the sequencing of this report had been affected. It was suggested that the report could be further improved to highlight alerting information and assurance as well as good news stories. The Chief Nursing Officer would consider future reporting. **Action: K Prichard-Thomas**

The Committee discussed the procedural document compliance rate and the need to clarify the areas that were not compliant and the actions being taken to address this. The Trust Secretary highlighted that 83% overall compliance was good as the Trust target was 85% compared to Care Quality Commission (CQC) recommended compliance level of 80%. All overdue procedural documents were reported to the meeting as well as quarterly and monthly reminders issued to all areas.

The Committee noted that there was a need to focus on reduction of cancer harm reviews and noted there was a plan in place to reduce this.

The Chief Nursing Officer would provide an update as part of this report at a future meeting on the issues in relation to the Vascular Access Service. **Action: K Prichard-Thomas**

The Chief Nursing Officer would provide an update at the next meeting in relation to ensuring the infection control team had access to IC Net to ensure surveillance across the Trust. **Action: K Prichard-Thomas**

24/25 Delivering the Referral to Treatment Standard 2025-26

The Committee received the report and noted the work undertaken during a challenging period and the most challenged services had repeatedly been Ophthalmology, Gastroenterology, Urology, Dermatology and Ear, Nose and Throat. In addition, General Surgery was challenged due to capacity issues.

The Chief Operating Officer noted that the debate with NHS England about the Trust's trajectory for 2025/26 continued and the Trust was being urged by the national team to improve performance by 5% despite the Trust's efforts to explain that this may not be possible. However, the Trust would continue its efforts to achieve this target.

25/25 Patient Led Assessment of the Care Environment 2024 (PLACE) Results

The Committee received the results of the assessment published on 20 February 2025 and noted the positive outcome with majority achieving over 90% with good, suggested improvements.

26/25 Winter Plan

This item was deferred to the next meeting. It was noted that the update would include early planning for 2025/26 as well as any lessons learned from 2024/25. **Action: D Hardy**

It was agreed that the update would consider patient experience, patient flow and how the Trust had managed and maintained good patient care throughout the Winter period.

27/25 Perinatal Quality Surveillance Model Report

The Director of Midwifery introduced the report and highlighted that the perinatal mortality rate for black women was 6.19 per 1000 that was higher than for white women. It was noted that this was in line with national data. However, this was a new finding compared to 2020-22 when perinatal mortality by ethnic groups was not significantly different. Work was on-going to identify the outcomes and develop actions plans. A further update would be provided at a future meeting. **Action: K Prichard-Thomas**

The Committee noted that the focus of perinatal mortality continued to be the risk assessment and management of small babies.

The Director of Midwifery advised that in relation to the Maternity Incentive Scheme (MIS) the Trust had received confirmation from NHS Resolution that they had accepted the Trust's declaration. Midwifery staffing levels would continue to be reviewed as part of the Birth-rate Plus assessment recommendations. It was noted that some efficiencies and cost saving opportunities that were being considered could impact the Whole Time Equivalent (WTE). NHS Resolution had confirmed that the Trust could have some discretion in relation to compliance with birthrate plus. However, it was vital that there remained Board oversight.

The Committee noted that the Trust continued to work closely with NHS England to review the Trust's screening pathways and processes following an antenatal screening incident. An internal patient safety incident investigation was underway. In response to the incident, a number of immediate actions had already been implemented including the development of a Key Performance Indicator (KPI) dashboard to review measures as well as a standard operating procedure (SOP) for oversight and booking of scan appointments and the appointment of a screening lead. Assurance had been received from NHSE that they were

satisfied with the progress the Trust had made. There were currently no concerns in relation to scanning capacity and sickness had reduced as well as additional funding secured to recruit agency sonographers.

Further to this, there was a planned full quality assurance inspection in September 2025. The outcomes of the inspection would be reported at the September meeting.

Action: K Prichard-Thomas

28/25 Patient Relations Report

The Committee received the report that set out the complaints, concerns and compliments received by the Trust during Quarter 4 2024/25. The Committee noted the current capacity constraints within the team that had been on-going for some months. An immediate rapid improvement plan had been implemented with daily reviews of resource in managing the administration of complaints ensuring core tasks were completed. The immediate focus had been understanding the impact and the backlog in relation to the capacity constraints. The Chief Nursing Officer provided assurance that individual plans were in place to support staff returning to work and it was anticipated that this would be short term.

The Committee noted that the engagement of the Care Groups in leading investigations of complaints and identifying learning had improved significantly over the last year. In addition, Care Groups remained committed to reducing complaints and learning from patient experience.

The Chief Nursing Officer highlighted the positive reduction in overdue Patient Advice and Liaison Service (PALS) as well as the improved performance in April 2025 at 63% whilst noting that this position remained off target with further work to be undertaken.

The Committee received assurance that whilst the number of complex and upheld complaints received in 2024/25 had increased in comparison to 2023/24 this had not been identified as an area for concern.

In response to a query the Committee noted that complaint surveys were promoted to ascertain whether complainants were ‘satisfied’ with outcomes. However, the uptake was generally low. Opportunity had been identified to encourage uptake and improve engagement. However, re-opened cases could be considered as ‘unsatisfied’. In addition, early family resolution meetings were encouraged.

[s40, FOI Act]

The Committee noted that key themes of complaints included clinical treatment and communication. The use of an Artificial Intelligence (AI) tool was being considered to identify common themes including whether a specific individual was featured in multiple complaints.

The Committee reflected that the report required further improvement including the visibility of the current cultural issues being a contributor to the stagnant complaint response times.

29/25 Quality Account 2024/25

This item was deferred to the next meeting. **Action: K Prichard-Thomas**

30/25 Board Assurance Framework (BAF)

The Committee received the BAF. It was noted that the BAF would be updated to reflect the control assurance in mortality review processes and monitoring of Prevention of Future Deaths reports added to the improvement/action section. **Action: C Lynch/J Lippett**

31/25 Corporate Risk Register

The Committee received the CRR. The Committee requested that as part of the next review cycle the following were considered for escalation to the CRR:

- Complaints
- Cancer harm reviews delays
- Human Tissue Authority (HTA) licence report
- Lack of IC Net

32/25 Committee Annual Review of Effectiveness

The Trust Secretary introduced the Committee's annual effectiveness review as part of the annual review cycle. The Committee agreed that the review provided assurance that the Committee had carried out its obligations in accordance with its terms of reference over the past year.

It was agreed that a recommendation would be submitted to the Board to approve the report. **Action: H Mackenzie**

33/25 Work Plan

The Committee noted the work plan.

It was agreed that an additional meeting would be scheduled in July 2025.

Action: C Lynch

34/25 Key Messages for the Board

The Committee agreed the following key messages for the Board:

- Detailed update received in relation to the Prevention of Future Deaths (PFD) report and the actions to address improvements in clinical governance processes, SJR completion and the Trust prepared comprehensively for the Coroner and future inquests
- Update received on RTT performance and assurance provided on performance improvements, noting that the target for March 2026 may not be achieved for all services.
- Good outcomes noted in relation to the Patient Led Assessment of the Care Environment Act 2024 (PLACE) assessment achieving over 90% in all domains with 99% in cleanliness
- Assurance received that there was a plan in place to address the backlog of Cancer harm reviews
- Antenatal Screening Provision had improved, NHS England were involved and a national external assurance visit was expected in September 2025.
- The need for further improvements in relation to the management of complaints and response times being led by the Chief Nursing Officer
- Recommendation to approve the Committee's Annual Review of Effectiveness
- Quality watch metrics reviewed and the actions being taken

35/25 Reflections of the meeting

Helen Mackenzie led a discussion.

36/25 Date of the Next Meeting

It was agreed that the next meeting would be scheduled in July 2025.

SIGNED:

DATE:

Royal Berkshire
NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Wednesday 21 May 2025
11.00 – 12.25
Boardroom, Level 4, Royal Berkshire Hospital

Members

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

In Attendance

Ms. Helen Challand	(Deputy Director of Financial Turnaround)
Mr. Mike Clements	(Director of Finance)
Mr. Oke Eleazu	(Chair of the Trust)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)

Apologies

Mr. Andrew Statham	(Chief Strategy Officer)

70/25 Declarations of Interest

There were no declarations of interest.

71/25 Minutes for Approval: 23 April 2025 & Matters Arising Schedule

The minutes of the meeting held on 23 April 2025 were approved as a correct record and signed by the Chair subject to a minor typographical error being amended.

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

72/25 Month 1 Finance Report & Capital Programme 2025/26

The Chief Finance Officer introduced the revised monthly finance report and advised that the report had been updated following input from colleagues. Month 1 financial performance was a deficit of £4.29m; £0.9m ahead of plan £4.38m. Income was £0.05m behind plan. Pay was adverse to plan by £0.31m and non-pay was favourable to plan by £0.49m. £700k of capital expenditure had been recognised in Month 1.

The Chief Finance Officer advised that the closing cash position was £7.86m and this would be included in performance metrics with narrative. The Committee noted that there was currently no signed contract with the Integrated Care Board (ICB). The Director of Finance advised that income had been recognised in line with the proposed contract value. A meeting had been scheduled with the ICB to discuss high-cost drugs and devices and there was a potential upside as this had not been recognised in the plan although costs

were being incurred. Discussions were also still on-going in relation to activity growth assumptions. It was anticipated that the contract details would be agreed in the following week and variances would be reconciled. The assumptions in the plan had been on agreed with the ICB. The Committee considered that it would be useful for the risks and opportunities to be set out separately to the finance report. **Action: N Lloyd**

The Committee discussed the financial improvement target of £40.6m and agreed that this should be included in the monthly finance report. **Action: N Lloyd**

The Committee discussed non-pay and recommended that the narrative should be clear in relation to one-off opportunities. **Action: N Lloyd**

73/25 Deficit Support and Cash

The Chief Finance Officer advised that there remained no opportunity to apply for cash support nationally. There was an expectation that cash would be managed within the Integrated Care Boards (ICBs). However, the ICB currently had no mechanism in place for cash to be moved between organisations in the system. Work was on-going to manage cash such as extending supplier payments, working with creditors and delaying elements of the capital programme. However, the Trust would require cash support from August 2025 onwards. The Committee discussed the potential impact on patient safety and quality in the event of the capital programme being delayed, for example, the LINAC business case and the capital funding required for this.

The Committee noted that the System Recovery Transformation Board (SRTB) were due to discuss a report setting out how cash could be moved between organisations at its next meeting. The Committee agreed that the Trust's need for cash support should be escalated to the ICB via a letter from the Chair and Chief Executive on behalf of the Board. This would be drafted and shared with the Board prior to sending. It was agreed that the letter would set out all the actions being taken by the Trust to date. **Action: S McManus**

74/25 Financial Improvement Plan 2025/26

The Chief Operating Officer introduced the report and advised that £27.92m of cost savings had been identified against a target of £40.62m. The Committee noted that the cost savings identified to date for 2025/26 equalled the full programme of savings for 2024/25. The Committee noted that £13.62m of the identified savings were considered as high risk in relation to deliverability. The gap for 2025/26 was £12.68m.

The Committee noted that Equality Quality Impact Assessments (EQIAs) were being submitted to the Executive Management Committee (EMC) for review as well as discussion on the impact on agreeing further cost savings schemes. The Chief Operating Officer advised that work was continuing to meet the target for 2025/26 including the unidentified cost savings.

The Committee discussed recurrent versus non-recurrent savings and how a cultural change would be supported to deliver savings. The Deputy Director of Financial Turnaround advised that transformational change would need to be embedded as part of the Trust's Improving Together programme. The Chief Operating Officer advised that a communications plan had been revised and various forums were being visited in order to raise awareness. The Committee noted that the aim was to achieve 75% of recurrent savings.

The Chief Executive suggested that Acute Provider Collaborative (APC) opportunities should be set out in the Trust's financial improvement plan. **Action: D Hardy**

75/25 Key Messages for the Board

Key messages for the Board included:

- Month 1 financial performance reviewed and income and expenditure run rate to be consolidated in future reports including schedule of risk and opportunities
- Escalation letter to be submitted to the ICB in relation to the Trust's cash position
- Review of the financial improvement plan noting that the APC would be allocated in the Trust's target; with £12.62m of savings not yet identified.

76/25 Date of Next Meeting

It was agreed that the next meeting would be scheduled for Wednesday 18 June 2025 at 11.00am.

SIGNED:
DATE:

Finance & Investment Committee Part I

Wednesday 18 June 2025
11.00 – 12.15
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike O'Donovan	(Non-Executive Director) (Chair)
Mr. Dom Hardy	(Chief Operating Officer)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Catherine McLaughlin	(Non-Executive Director)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

In Attendance

Mrs. Natalie Bone	(Corporate Governance Officer)
Ms. Helen Challand	(Deputy Director of Financial Turnaround)
Mr. Mike Clements	(Director of Finance)
Mr. Oke Eleazu	(Chair of the Trust) (up to minute 93/25)
Mr. Minoo Irani	(Non-Executive Director)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)
Mrs. Tracey Middleton	(Director of Estates & Facilities)
Ms. Helen Troalen	(Interim Chief Finance Officer designate)
Mr. Andrew Statham	(Chief Strategy Officer)

Apologies

Mrs. Nicky Lloyd	(Chief Finance Officer)

89/25 Declarations of Interest

There were no declarations of interest.

90/25 Minutes for Approval: 21 May 2025 & Matters Arising Schedule

The minutes of the meeting held on 21 May 2025 were approved as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 94/25: Financial Improvement Plan 2025/26: The Chief Nursing Officer confirmed that the governance arrangements for Equality Quality Impact Assessments (EQIAs) were that they were submitted to the Efficiency & Productivity Committee and the Quality Committee maintained oversight of the EQIA tracker and policy.

91/25 Month 2 Finance Report & Capital Programme 2025/26

The Director of Finance advised that Month 2 was a £7.03m deficit that was in line with budget. Pay was adverse to plan by £0.53m and work was on-going with the Planned Care Group in relation to overspend. The Committee noted overspend in corporate areas related to the under-delivery of cost improvement programmes (CIP). The Deputy Director of

Financial Turnaround and the Chief Operating Officer were meeting with corporate leads to discuss this.

Non-pay was favourable to plan by £0.10m. Drug spend was overspent although partially recovered through increased drug income. The Chief Executive queried the increase in non-pay spend in the previous year and how this would be avoided in the current year. The Director of Finance advised that there had been some under-accruals in the previous year. However, the Care Group Directors of Finance were now ensuring that accruals were being managed appropriately. In addition, from 2023/24 to 2024/25 there had been an issue in relation to Goods Received Not Invoiced (GRNI) that had deflated the cost base by £3m. During 2024/25 there had been a more normal rate of spend. It was agreed that a further update would be provided at the July meeting "to provide assurance that there would not be a repeat in 2025/26 of costs not being routinely recorded. The interim CFO agreed to review quarter one before making that commitment. **Action: H Troalen**

The Committee queried whether the overspend in Planned Care related to Elective Recovery Funding (ERF) activity. The Chief Operating Officer advised that the use of Rapid Assessment and Treatment initiatives (RATI) was varied in Planned Care and this was due to be discussed further with Planned Care at the next round of performance meetings. **Action: D Hardy**

The Chief Executive advised that, in addition, both he and the Chief Operating Officer were meeting with several directorates in relation to their budget controls.

The Committee noted that, in some cases activity was ahead of plan and this would need to be discussed at the Executive Management committee. The Director of Finance advised the finance system would need to be updated to set out the revised Indicative Activity Plans (IAPs) agreed with the Integrated Care Board. The next update would include details of activity aligned with income. **Action: H Troalen**

The Committee noted that £0.97m of capital additions had been recognised in Month 2.

The Committee discussed Month 2 results in relation to the Quarter 1 forecast. The Director of Finance advised that there was some provision in the first two months in relation provisions and cost accruals. It was agreed that the next update would set out the risks and opportunities in relation to the Quarter 1 forecast. **Action: H Troalen**

92/25 Deficit Support and Cash

The Director of Finance introduced the report and good progress had been made in discussions with the ICB in relation to IAPs and there had been good engagement in reaching a solution. The value of the IAP was £1m higher than the contract offer.

The Chief Strategy Officer advised that items still being discussed with the ICB included high-cost drug reimbursement. There was a potential upside/risk for the Trust in relation to high-cost drugs and devices as the current offer had not included distribution of growth funding and discussions were on-going in relation to risk/gain share versus a block arrangements. There was also a challenge in relation to procedures of low clinical value and this had been outstanding for 20 days. In addition, the Trust had put forward a request for both pre- and post-referral payment for advice and guidance. An update on the contract would be submitted to the private Board in June 2025. **Action: H Troalen**

The Chief Executive advised that the ICB would be submitting a proposal to the System & Recovery & Transformation Board (SRTB) in relation to short-term lending in the system. The issue remained of how cash could be moved between organisations legally. This had

been discussed at the Chief Executives' meeting and it had been suggested that the contract plan should be changed to reduce activity. The Committee discussed a suggested response to the ICB and agreed that the impact on the Trust's capital programme as well as the real implications on clinical care would need to be highlighted to the ICB. In addition, the need for a sustainable cash plan for the year to be agreed. It was agreed that this would also be escalated to the Regional Finance team. **Action: H Troalen**

93/25 Financial Improvement Plan 2025/26

The Committee received the update that set out £29.70m savings had been identified against the target of £40.60m. Currently, this had increased to just over £31m. The recommendations from KPMG were currently being reviewed along with current work streams. There would be a need to increase the savings required from corporate areas. In addition, vacancy controls were being further strengthened.

The Chief Operating Officer advised that services that the Trust was not funded for had been identified and this would be reviewed by the ICB. The Chief Executive advised that Care Groups had already identified a list of actions and these would be discussed at the next Efficiency & Productivity Committee and an update on the discussions would be provided to the next meeting. **Action: A Statham**

94/25 Key Messages for the Board

Key messages for the Board included:

- Month 2 was on plan and risks and opportunities and forecast to be discussed at the next meeting.
- Financial improvement plan for 2025/26 had been reviewed with short term actions required.

95/25 Date of Next Meeting

It was agreed that the next meeting would be scheduled for Wednesday 23 July 2025 at 11.00am.

SIGNED:

DATE:

NHS
Royal Berkshire
NHS Foundation Trust

Title:	**Chief Executive Report**
Agenda item no:	6
Meeting:	Board of Directors
Date:	30 July 2025
Presented by:	Steve McManus, Chief Executive
Prepared by:	Caroline Lynch, Trust Secretary

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

Report History	None

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

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

Strategic objectives This report impacts on	
Provide the highest quality care for all	✓
Invest in our people and live out our values	✓
Deliver in Partnership	✓
Cultivate innovation and improvement	✓
Achieve Long Term-Sustainability	✓

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

Publication						
Published on website		Confidentiality (FoI)	Private		Public	✓

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

Regional Maternity Visit

1.1 On Monday 16 June 2025 our maternity & neonatal service was reviewed by NHS England (NHSE) South East Region and Buckinghamshire, Oxfordshire & Berkshire (BOB) Local Maternity and Neonatal System (LMNS) scheduled as part of a regional set of insight visits. Our maternity and care group leaderships teams were engaged throughout the day and our maternity and neonatal Board safety champions were interviewed too.

1.2 Overall, the feedback was positive with outstanding feedback received on: our bereavement service, our family approach and how we listen & respond to the experiences of women, the collaborative multi professional team working was noted to be one of the best seen regionally and outcomes driven through improving together were evident.

1.3 The report will be issued in around 8 weeks' time and will be shared through Quality Committee and the Maternity & Neonatal Safety & Compliance meeting.

National Maternity Investigation

1.4 A rapid national independent investigation into maternity services and an independent taskforce to review maternity and neonatal services, alongside immediate actions to improve care has been launched.

1.5 It has not yet been announced which trusts will be included in Part I of the investigation. It is likely to be those trusts where previous concerns and/or harm raised by families or by regulators and it is expected the investigations will conclude by December 2025. We do not anticipate our Trust will be selected for the investigation although we do take this national communication seriously, continue to focus on delivering safe high-quality care and our journey to Care Quality Commission (CQC) outstanding.

1.6 Further assurances will be shared through the Maternity and Neonatal Safety and Compliance Committee & Quality Committee

Health Equalities

1.7 The Trust takes an active role in continuing to reduce health inequalities for our local populations and have several key programmes underway. This includes the Community Liver Health Check project that brings vital liver health screening directly into local communities, helping to tackle health inequalities by reaching people who are at higher risk of liver disease but less likely to access traditional healthcare services. Over the past year, we have delivered over 3700 free, non-invasive liver scans across Reading, Slough, Oxfordshire, West Berkshire, Milton Keynes and Buckinghamshire, working closely with community venues and local partners such as GP surgeries, community centres, homeless services, Prisons, addiction services, Refugee and asylum seeker groups.

1.8 In addition, the Lung Cancer Screening programme is an initiative led by NHSE which contributes to the NHS long term plan to improve early diagnosis and survival for those diagnosed with cancer. We recently launched the Lung Cancer screening service and plan roll this this programme using a targeted approach, as it is recognised that a significant proportion of eligible participants (aged 55-74, ever smokers) live in deprived areas.

1.9 The Smoking Cessation programme has recently been continued through ICB funding until March 2026 and this provides an inpatient tobacco dependency service which delivers the CURE smoking cessation service model on all inpatient wards in partnership with Smoke Free Life Berkshire.

1.10 The Trust has been selected to become a pilot site for Martha's Rule in the Emergency Department (ED); the only pilot site selected in the South East Region. The work will be piloted between July 2025 and March 2026 with the final recommendation report to be shared at the end of the pilot. The pilot is being implemented to test and learn how the three components of Martha's rule can be applied in the ED. Learning will be gathered contemporaneously and shared with others via a steering group and a virtual learning community. The three components of Martha's Rule are:

- Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way.
- All staff will be able, at any time, to ask for a review from a different team if they are concerned that a patient is deteriorating, and they are not being responded to.
- This escalation route will also always be available to patients themselves, their families and carers and advertised across the hospital.

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

Volunteers Supper

2.1 On Wednesday 11 June 2025 along with several other board members I attended our Volunteers Supper – our annual celebration to thank our hundreds of volunteers. This was hosted in the Eating Hub Restaurant at the Royal Berkshire Hospital and I joined the other attending board members in serving food to the volunteers. We hosted 127 of our fantastic volunteers across the broad range of areas that they support. Our thanks go to the Voluntary Services Team and to our amazing Catering Team for making such a special evening for our volunteers.

Cultural Celebration Event

2.2 On Thursday 19 June 2025 we held our third annual Cultural Celebration to celebrate our diverse staff from over 90 countries. The event was organised by Bernice Boore and our Global Majority Network. Between 500 and 600 members of staff supported the celebration event. Our thanks also to the amazing Catering team who, despite the significant heat, once again supported the event brilliantly.

Executive Recruitment

2.3 Work continues on the executive searches for Chief Finance Officer and Chief People Officer, with our partners Alumni. An advert has been placed in the Health Service Journal (HSJ) for both posts. Interviews are scheduled for mid-September 2025 and early October 2025 respectively.

2.4 During this interim period, we welcome Helen Troalen as interim Chief Finance Officer and to enable Helen to focus predominantly on the corporate finance portfolio, our Chief Strategy Officer is holding the estates and facilities portfolio and Chief Medical Officer is supporting the Royal Berks Charity portfolio.

Defence Employer Recognition Scheme

2.5 In June 2025, the Trust held a special Forces Forum at Brock Barracks where it re-signed its Armed Forces Covenant. This demonstrates the Trust's commitment to the Armed Forces but also makes several pledges about how it will support patients, visitors and staff so that they are treated fairly and receive equitable access to health services. This is building on the Trust's reaccreditation with Veteran Aware status in February and application for the Gold

Award in the Armed Forces Employer Recognition scheme. The outcome of that application is expected within the next month. The signing event was attended by the Lieutenant Colonel for the battalion, the South East Region MOD representative, community partners and staff from the Forces Forum, demonstrating how the Trust has built successful Armed Forces partnerships.

Employer of the Year at the Thames Valley Chamber of Commerce (TVCC) Awards

2.6 On Wednesday 2 July 2025, our Trust was awarded Employer of the Year at the Thames Valley Chamber of Commerce Awards. The award recognised our commitment to staff development, encouraging a supportive workplace, and having a strong values-based culture. This is an excellent achievement for the whole organisation particularly given the wider competition for this accolade across the Thames Valley area covered by the TVCC.

Industrial Action

2.7 At the time of writing the British Medical Association (BMA) has stated the intention of resident doctors to strike for five continuous days from 07:00 25 July 2025 to 07:00 30 July 2025. As per previous periods of Industrial Action we have instigated our incident command processes and have been running gold and silver command meetings through the week running up to the start of the strike. We have received good assurance from the Care Group leadership teams that they have adequate and safe cover in place for all shifts throughout the period of Industrial Action. There will be an impact on planned elective care but, as before, this is being minimised by intricate planning and the good will of senior doctors and other staffing groups.

2.8 A verbal update will be provided in the meeting as this remains the source of considerable work locally and nationally and things may change last minute. However, as currently stands we are well prepared for the industrial action and supporting or patients and staff throughout and during the aftermath.

3. Strategic Objective 3: Deliver in Partnership

Strategic Partnership Event

3.1 At the beginning of the July 2025, we held an excellent partnership event with the University of Reading to celebrate the inaugural lectures of our five new Joint Professors. This was the latest venture of our longstanding Health Innovation Partnership with the University. The keynote speaker with Professor Gary Ford, from the Health Innovation Oxford and Thames Valley.

3.2 The main event was very much the inaugural lectures as each of our new Professors spoke in turn about the areas of research they are leading on. Professor Toni Chan in Rheumatology talked through how Artificial Intelligence (AI) can be used to triage patients, shrinking the gap from diagnosis to treatment. For example, how the team have cut the average time it takes to diagnose someone with Axial spondyloarthritis from eight years to just one, and the huge benefits to quality of life, and reduction in the cost of providing treatment that has brought about.

3.3 Professor Liza Keating in ED talked about the great work the team have been doing with their service users to understand their experience of care and use that to inform how they shape services into the future. Professor Mark Little in Interventional Radiology presented on the ground-breaking Genesis II trial the team are running, a Europe-first, looking at how we use targeted tech to address chronic and disabling knee pain, changing lives in the process. Professor Matt Frise, from ICU has been leading a research piece centred on patients who experience a drop in oxygen levels in ICU, and why this is happening, including looking at how it compares to the effects of being at altitude. And he is now using those findings to look at why different people respond to oxygen therapy in different ways. And Neil Ruparelia in Cardiology carried on the theme of personalised care, talking through how they are looking at tailoring the treatment patients receive, improving the patient experience, and also making efficiency savings.

4. Strategic Objective 4 – Cultivate Innovation & Improvement

Trust Strategy Refresh

4.1 We are now approaching the end of the Trust Strategy Refresh engagement period. At time of writing, more than 2200 staff, volunteers, patients, community members and our partner organisations have already contributed their ideas, as well as almost 800 survey responses and 27 community events. Over the rest of the summer the Strategy and Partnerships team will draft the first iteration of our new strategy with an aim to finalise and publish at November Public Board.

Frederick Potts Unit

4.2 The Urology team successfully moved in to the Frederick Potts Unit at the beginning of July 2025. Patient and staff feedback has been very positive and we are now looking towards increasing throughput and types of activity. The first joint fertility clinic was undertaken and the Lithotripsy list was held during July 2025 as well as two all day One stop sessions so far this week.

4.3 The building has enabled better integration and communication between the multidisciplinary teams; nursing, administrative and medical teams.

Mortuary Expansion

4.4 Progress on the mortuary project is going well. The body store units and condensers are now in place. However, the handover date has been pushed back to 8 September 2025, reflecting a two-week delay caused by the availability of a specialist flooring company.

Urgent Care Centre

4.5 The Urgent Care Centre Build is going well and continues to be on target to deliver by end of September 2025, with a planned service go-live in early October 2025 . This purpose-built facility has been designed with its own designated waiting area, triage assessment space, treatment and consultation rooms, all located directly above the Emergency Department. This crucial improved co-location will aid the flow of demand and allow for appropriate re-direction of patients to the most appropriate space, and service, for their acute care needs.

5. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

5.1 We delivered our end of Quarter 1 (Q1) planned position of a deficit of £7.84m. Whilst this is a good position it should be noted that the financial metrics become more challenging in Quarter 2 as the planned deficit reduces to £2.27m and the expected efficiency increases from £5.26m to £8.28m; that is on average an additional £1m per month.

5.2 We have identified efficiency opportunities that if delivered would ensure the full programme of £40.6m is realised. Work continues to both deliver the schemes already underway and fully develop further opportunities.

5.3 Being on target at the end of Q1 means that the Trust has been awarded the agreed deficit support funding for the period. This contributes to securing the necessary cash to remain solvent. The Trust continues to discuss with NHS England (NHSE) and the ICB ways to ensure cash is available should support be required in addition to the impact of planned efficiency measures which will bring down day-to-day expenditure.

5.4 Finally, our main contracts with commissioners have now been agreed and we are in the stages of finalising the activity plans before contracts can be signed.

5.5 The Trust has received confirmation of funding from the New Hospital Programme to support us in progressing land searches. We will be looking to complete this work in 2025/26 and in parallel we will be conducting a strategic review of our current estates in light of the longer timeline to a new hospital we will be facing.

Annual Report & Accounts 2024/25

5.6 The Trust's external auditors, Deloitte, completed their year-end audit work on the Annual report & Accounts for 2024/25 and the Trust was able submit these to the Department of Health & Social Care by the deadline of 30 June 2025. An unqualified opinion was issued on the financial statements and for a second year running identified a significant weakness in the Trust's arrangements to ensure financial sustainability. We are not complacent about this and recognise the ongoing work required to plan a financial sustainable future.

5.7 Following this the Annual Report & Accounts for 2024/25 were laid before Parliament on Monday 21 July 2025 and will are now available on the Trust's website. Planning with our Governors for our Annual General Meeting is now on-going and will be held on Wednesday 17 September 2025 on the Royal Berkshire Hospital site. In order to enable as many of the public to attend we will be providing a hybrid facility and stands will be available from our Virtual Hospital Services and Diabetes teams with other services being confirmed in the coming weeks.

NHS
Royal Berkshire
NHS Foundation Trust

Title:	**Integrated Performance Report (IPR)**
Agenda item no:	7
Meeting:	Board of Directors
Date:	30 July 2025
Presented by:	Andrew Statham, Chief Strategy Officer
Prepared by:	Executive Team

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

Report History	New report

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

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

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

NHS
Royal Berkshire
NHS Foundation Trust

Integrated Performance Report

June 2025

Improving together to deliver
outstanding care for our community

Improving Together

Guide to statistical process control (SPC)

NHS Royal Berkshire NHS Foundation Trust

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

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

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

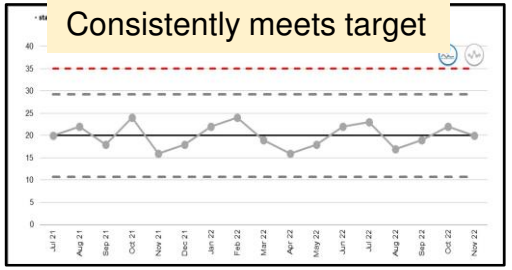
- The variation is routine, expected and stable within a range. We call this '*common cause*' variation, or
- The variation is irregular, unexpected and unstable. We call this '*special cause*' variation and indicates an irregularity or that something significant has changed in the process

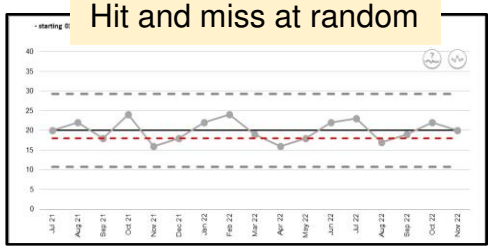
Each chart shows a VARIATION icon to identify either common cause or special cause variation. If special cause variation is detected the icon can also indicate if it is improving (blue) or worsening (orange).

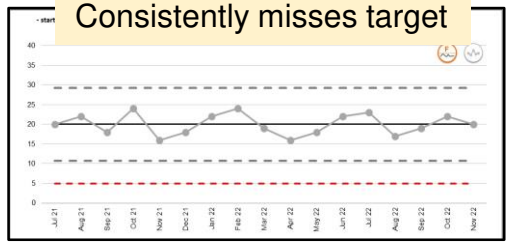
Where we have set a target, the chart also provides an ASSURANCE icon indicating:

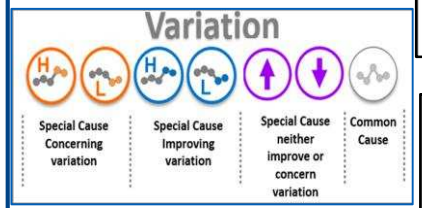
- If we have consistently met that target (blue icon),
- If we hit and miss randomly over time (grey icon), or
- If we consistently fail the target (orange icon)

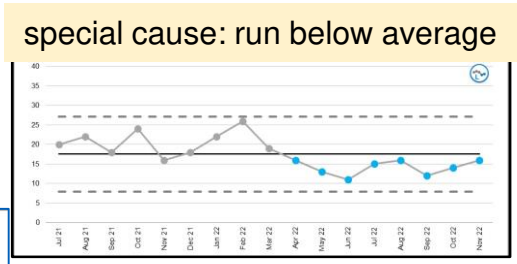
For each of our strategic metrics and breakthrough priorities we will provide a SPC chart and detailed performance report. We apply the same Variation and Assurance rules to watch metrics but display just the icon(s) in a table highlighting those that need further discussion or investigation.

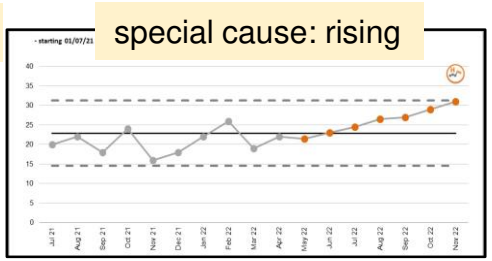


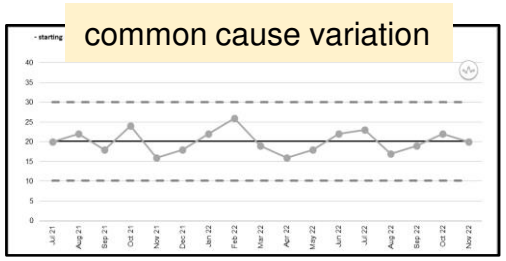


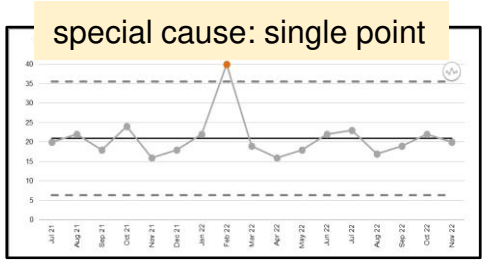












June 2025 performance summary

The data in this report relates to the period up to 30th June

The key messages from the report are:

- **Accident & Emergency performance** The type 1 performance through the Emergency department has seen a month on month improvement since April. The increased focus on ambulance handovers has again seen a month on month improvement with the lowest number of delayed handovers since May 2021.
- **Cancer performance** against the 28-day standard remains above the Trust's planned trajectory for 2025-26 (reporting 6 weeks behind). The 62 day performance has dipped slightly below plan and actions are being progressed to improve this position
- **Financial performance** at the end of Q1 (April to June) the income and expenditure deficit of £(7.84)m is within agreed plan. In Q1, we delivered £6.9m of the £40.60m efficiency savings plan. We continue to work with BOB ICB and other system partners as we implement further actions to improve our financial performance for the financial year 2025/26. We are also focusing on the 2025/26 CIP plan in a view to convert a greater proportion into cash releasing to support the trust financial position.
- **Cash** is a closely watched item with positive inflows in the last few weeks including deficit support funding for the period, which was contingent on delivery of the Q1 plan, and back dated cash to match the now agreed contract value with BOB ICB. The identification and delivery of cash releasing efficiencies continue to be a high priority alongside working with the ICB and NHSE on cash support mechanisms.
- This month we have seen 13 of the 110 **watch metrics** measure outside of statistical control.

Variance \ Assurance	P	?	F	No Target
H			•Stability Rate (%) Page 7 •Productivity % Growth Page 13 •Identified efficiency savings against full year plan (£40.60m) Page 17	
L				
H		•I was listened to (FFT) Page 5 •62 day cancer standard (%) Page 9 •Ave LOS for non-elective patients (inc zero LOS) Page 15 •Total Volume of first OP activity Page 16	•Emergency Department (ED) performance against 4hr target Page 8 •Distance travelled by our patients (OP) (average miles) Page 11	•Patient Safety incidents/1000 bed days Page 6
L				
H				
L		• 18wks RTT (%) Page 10	•Trust income and expenditure Page 12	

Royal Berkshire
NHS Foundation Trust

Strategic Metrics

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

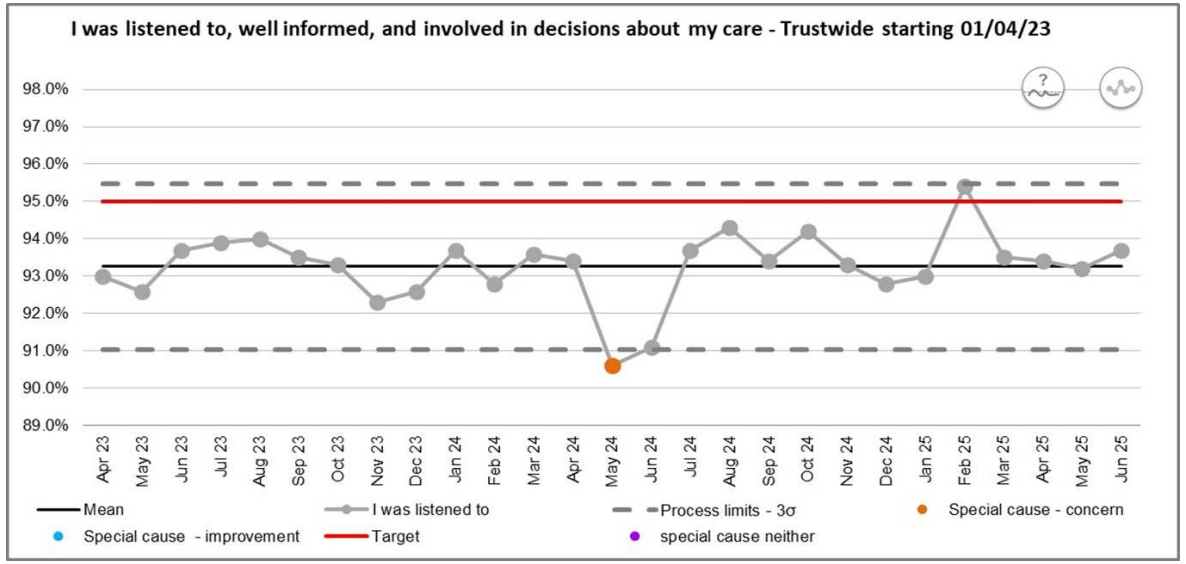
Strategic metric: I was listened to, well informed & involved in decisions about my care

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



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

How are we performing:

- This metric has been changed to include **FFT Satisfaction score**, in line with other organisations, with the aim of identifying areas that require improvement (target of 95%). This score is influenced by the rating for the patients' **overall experience**.
- Satisfaction score for FFT Question 2 for June is at 93.7%, remains within the process limits and at mean, but under target our trust target of 95%. It is these additional six questions that allow teams to further identify where patients and carers feel there are areas of improvement

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	June-25
I was listened to, well informed & involved in decisions about my care (FFT) Q2	93%	95.4%	93.5%	93.4%	93.2%	93.7%
Inpatient (IP) FFT satisfaction rate (%)	94%	97%	95%	94%	94%	95%
Outpatient (OP) FFT satisfaction rate (%)	96%	96%	96%	95%	95%	95%
Maternity FFT satisfaction rate (%)	97.6%	97.5%	97.1%	97.5%	97.1%	95.6%
Emergency Department FFT satisfaction rate (%)	81%	80%	80%	81%	81%	81%
Paediatrics FFT satisfaction rate (%)	77%	86%	100%	77%	94%	100%
Overall FFT satisfaction rate(%)	94%	94%	93%	93%	93%	94%

Actions and next steps

- The Patient Experience team have trialled using CoPilot with Planned Care adverse FFT comments to identify top themes. Discussed at Patient and Staff Experience Committee, June 25.
- Further trials will take place, to ensure process is consistent and measurable, however so far the results were in line with manual theming..
- Once consistent l w scoring areas will be themed going forward to identify areas of improvements

Risks

- Patient Experience team Admin now on Maternity Leave - post held (May 2025 to December 2025) – Team is now reduced to 1FTE equivalent post is coming back to TRAC in July

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

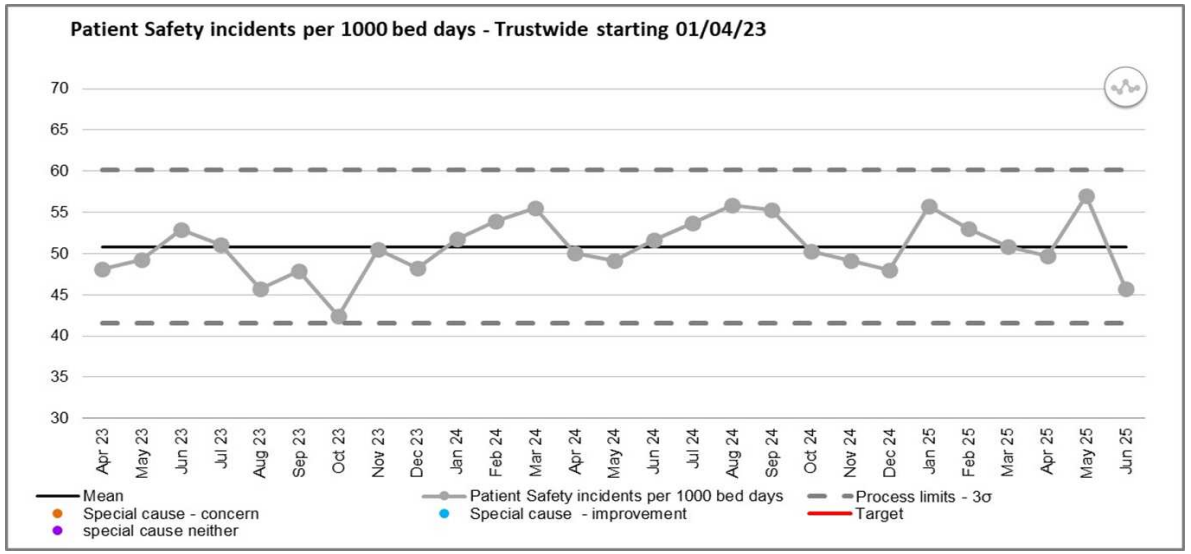
Strategic metric: Learning from incidents to reduce harm

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	June-25
Patient Safety incidents per 1000 bed days	55.77	53.04	50.80	49.74	57.05	45.66
Patient Safety incidents/100 admissions	11.78	10.70	10.43	10.80	11.45	9.43
No. of Deteriorating patient incidents	11	2	4	4	11	5
FFT question: I felt safe during my visit to the hospital (%)	92%	91.4%	91.70%	98.5%	91.9%	92.4%
Total Calls for Concern from patient and family	24	23	34	26	24	28

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:

- In month, the level of incidents reported remains stable within the process limits
- "Total Calls for Concern from patient and family" remains consistent
- Q1 PSIRF paper has been completed and is being taken through the governance processes for review.

Actions and next steps

- PSIRF annual report scheduled for Quality Committee July 2025.
- Continued focused work on triangulation of learning capture across patient safety, quality governance, complaints and legal claims underway.
- PSIRF training for "oversight" and "systems approach" have been booked for Autumn 2025 with 40 places at each.
- Deep dives for all care groups to review current and overdue incidents planned for July.

Risks:

- Number of staff who have completed PSIRF e-learning remains low. PSIRF training proposal includes a recommendation for improved compliance.
- Overdue incidents have reduced from 43 (May 25) to 20 (July 2025); 12 in NCG and 8 PCG. This is a focus for the care groups and patient safety team and a trajectory and monthly reports being shared for improvement.

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

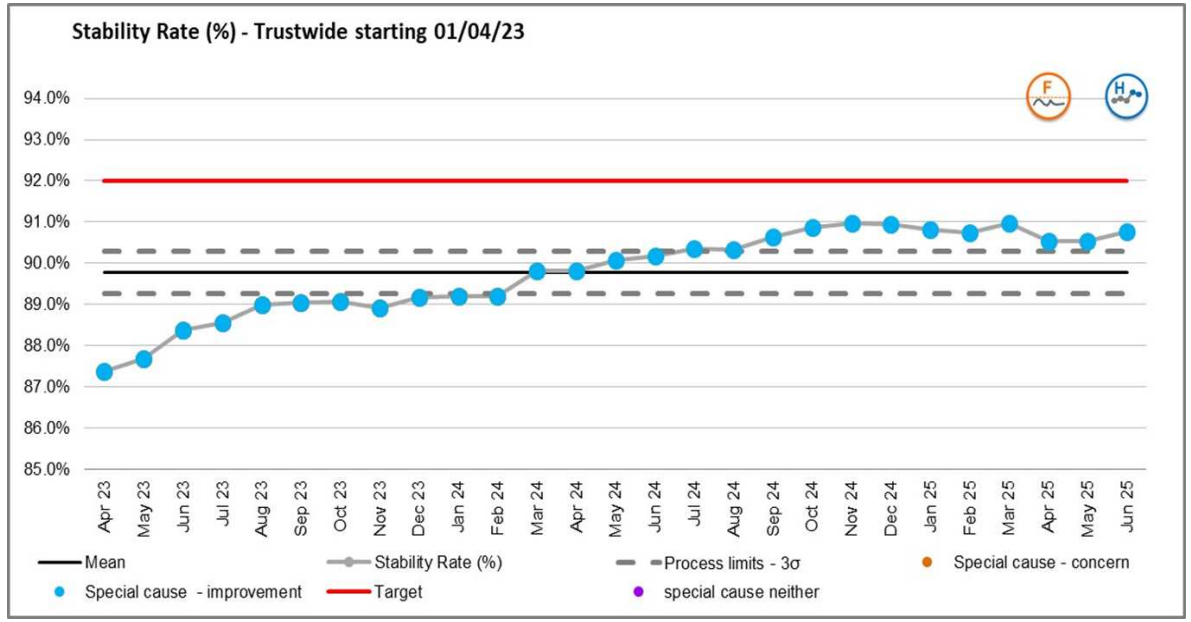
Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	June-25
Stability Rate (%)	90.82%	90.75%	90.97%	90.53%	90.54%	90.76%
Turnover rate %	9.20%	9.18%	9.27%	9.30%	9.16%	8.92%
Vacancy rate	6.34%	6.20%	6.72%	5.01%	4.90%	4.83%
Sickness absence (rolling 12 month)	3.83%	3.85%	3.85%	3.84%	3.83%	Arrears

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

How are we performing:

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

Actions and next steps:

- Continued granular focus on the stability of directorates in Care Groups.
- Building from Staff Survey Action Plans focal points are Appraisal, Health and Wellbeing, Diversity and Inclusion and Violence and Aggression.
- Research Programmes with Henley Business School and University of Reading continue into (a) staff retention trends in younger staff groups and (2) predictive forecasting models of staff retention
- Ongoing recruitment into flagship Leadership Development programmes provide (a) a soft 'lock in' retention period for current and aspiring talent during programme completions ranging from 12-36 months dependent on programme (b) high onward promotion rates (70% for Henley Business School Chartered Management Degree Graduates)

Risks:

- Low uptake of talent management reviews after appraisal and Recognising Individuals Success and Excellence (RISE) pathways identified

Strategic objective: **Deliver in partnership**

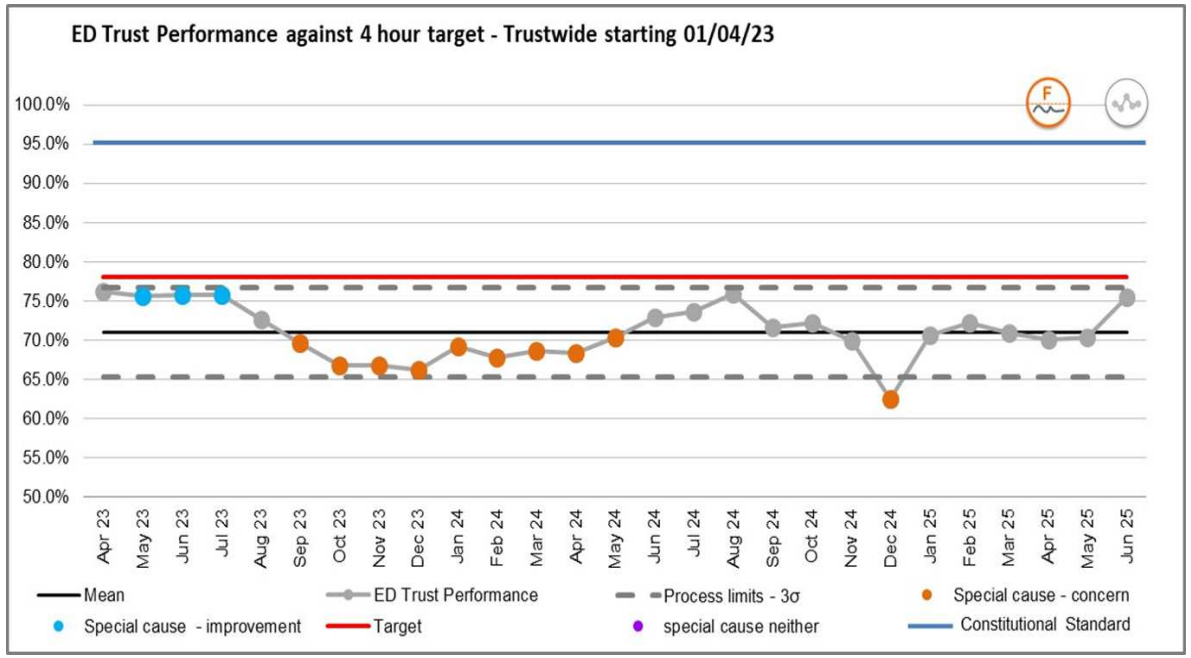
Strategic metric: Performance against 4hr Emergency Pathway target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	June-25
4hour Performance (%)	70.64%	72.27%	70.97%	70.07%	70.34%	75.47%
4hr Performance (%) Trajectory	-	-	-	69.5%	71.6%	70.6%
Average daily Type 1 attendance	364	368	392	348	389	395
Total Breaches	4678	4062	4894	4617	4626	4000
Ambulance Handover: 30 Minutes	492	280	350	313	280	205
12 hours from arrival in ED (%)	8.47%	5.32%	6.04%	6.19%	5.06%	4.21%

This measures: The number of patients experiencing excess waiting times (>4hr) for emergency service. While the constitutional standard remains at 95%, NHS England has set the target of consistently seeing 78% of patients within 4 hours by the end of March 2026

How are we performing:

- 75.47% all types of patients were seen within 4 hours
- Daily attendances average 395 per day with 14 days >400 which is a slight increase compared to the first two months of Q1
- Daily average of 65 attendees at the UCC. Increase on Mondays and Fridays - weekends remain lower than anticipated but new model due to start on 1st July following the cessation of the Broad St Mall service.
- Significant improvements in ambulance handovers >1hr – lowest since 2021, with average handover performance improving.
- Type 1 ED Department performance against the 78% trajectory was above plan by 1%

Actions and next steps:

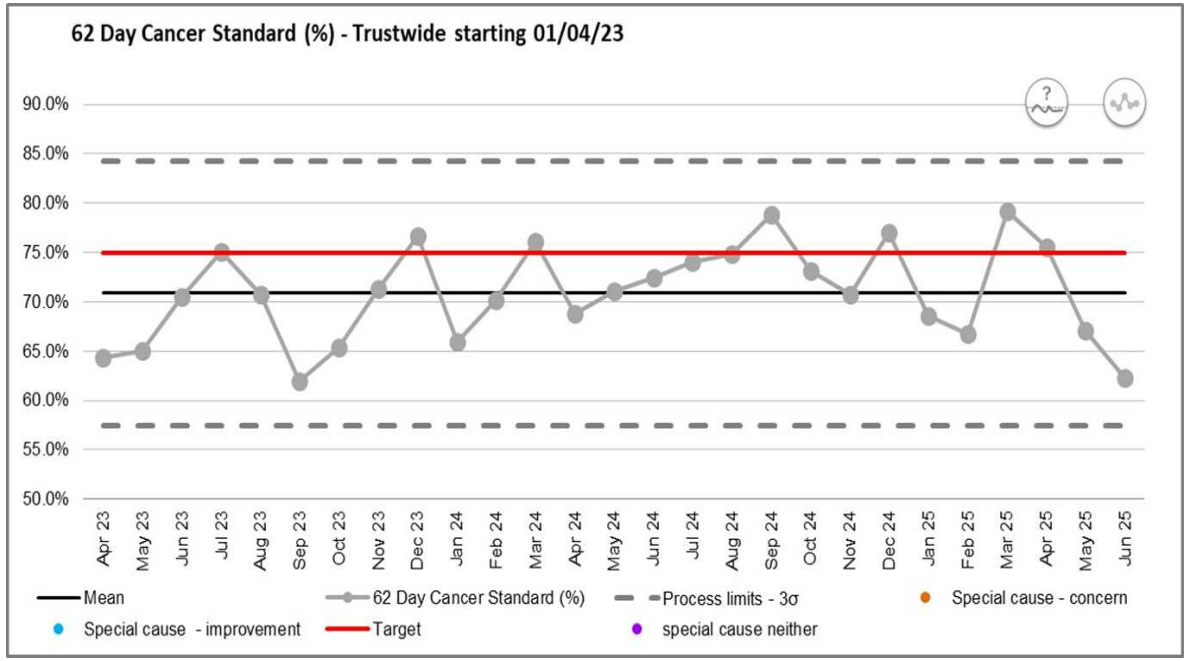
- Increased focus on patients remaining in ED>12hr
- Focusing on Paediatric department performance
- Focus on reducing the number of queuing ambulances continues with a trial to support swift handover of patients using Improving Together

Risks: Corporate Risk 4172

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

Strategic objective: **Deliver in partnership**

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



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	June-25
Cancer 62 day %	68.6%	66.7%	79.2%	75.5%	68.7%	64.4%
Cancer 62 day% Trajectory	-	-	-	70.0%	70.0%	70.0%
No. on PTL over 62 days	233	210	197	233	272	213
% on PTL over 62 days	9.9%	8.0%	6.7%	8.4%	9.9%	7.5%
Cancer 28 day Faster Diagnosis (80% standard)	80.0%	83.6%	81.6%	78.1%	79.5%	79.0%

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
	

NHS Royal Berkshire NHS Foundation Trust

This measures: The percentage of patients with confirmed cancer receiving first definitive treatment within 62 days of referral to the Trust. The national target is 85%. The 2025 National Operating Plan expectation is to achieve performance to 75% by March 2026.

How are we performing:

- In May 68.7% of patients were treated within 62 days. June's unvalidated performance is 64.4%. This figure is likely to improve post-validation.
- The total number of patients on the Patient Tracking List waiting over 62 days at the end of June was 213, down from 272 in May. Predominantly within Gynaecology, Lower Gastrointestinal & Urology
- May's performance was slightly below the 70.0% trajectory for the month
- RBFT is now part of NHSE's tiering process along with the OUH and BHT

Actions and next steps:

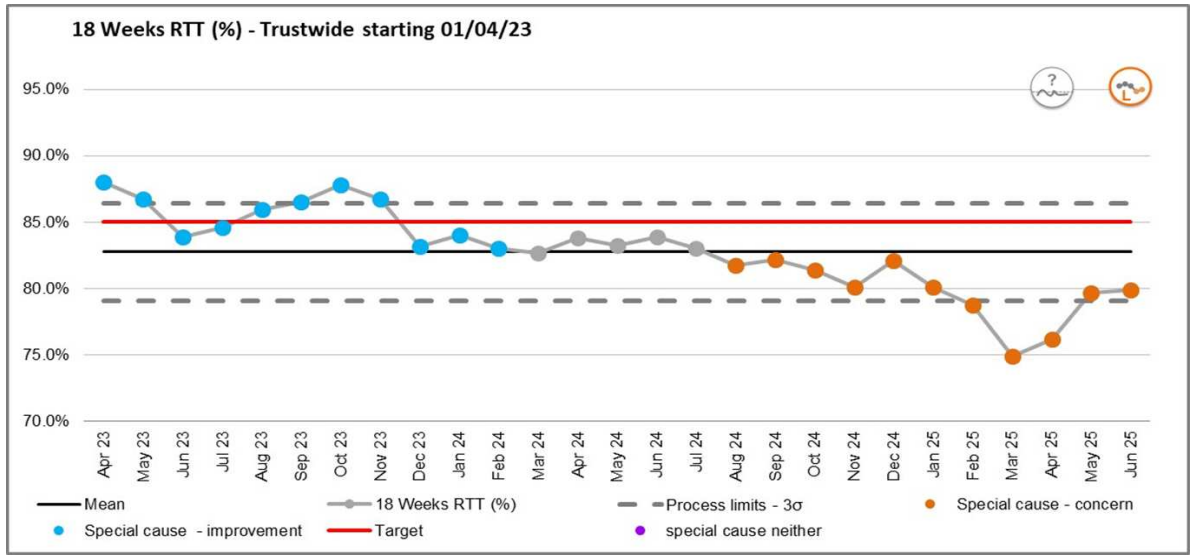
- Action plan has been developed within Pathology to reduce turnaround times for histology reports, which are particularly impacting the Gynaecology pathway
- Continue to expand nurse-led triage protocol in Lower GI to send the majority of patients straight to test
- Funding bids have been submitted to TVCA to support Gynaecology & Lower Gastrointestinal surgical capacity and Histopathology reporting

Risks: Corporate Risk 4241

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

Strategic objective: **Deliver in partnership**

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



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	June-25
18 Weeks RTT (%)	80.08%	78.72%	74.91%	76.18%	79.7%	79.92%
18 Wks RTT (%) Trajectory	-	-	-	80%	80%	80%
Total Elective Activity (No.) (provisional)	4738	4317	4697	4469	4679	4630
% of plan for Daycases (cumulative)	103.80%	103.49%	103.65%	100.00%	102.19%	100.38%
% of plan for Inpatients (cumulative)	95.99%	96.24%	95.81%	99.50%	103.20%	100.01%
% of plan for Outpatient Attendances (News & Follow Ups (cumulative)	103.07%	102.80%	103.00%	109.97%	109.71%	114.38%

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	L

Royal Berkshire NHS Foundation Trust

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

How are we performing:

- The Trust continue to report high performance when compared nationally and has returned to plan in May and June as we continue to progress actions through MasterWL validation.
- Through Q1 performance has improved as a result of sprint validation and has returned to 80%. However there is a significant data quality burden within RTT which is expected to disproportionately affect the <18. We will aim to balance DQ improvement with performance improvement throughout the year as reflected by our flat trajectory.
- Activity continues to track above 100% of plan

Actions and next steps:

- Continue to drive improvement in the diagnostic waiting times (currently 90% <6 weeks)
- Continue to drive increase first OPA activity to reduce waiting times to first seen where capacity allows.
- Commence development (Jul 25) of Discharge and RTT Large Language Model (LLM). This is expected to reduce RTT validation by c. 75%. This is in addition to MasterWL EPR data cleansing

Risks: Corporate Risk 5995

- Capacity and funding to deliver additional first OPA . Currently in discussion with ICB / NHSE

Strategic objective: **Cultivate Innovation and Improvement**

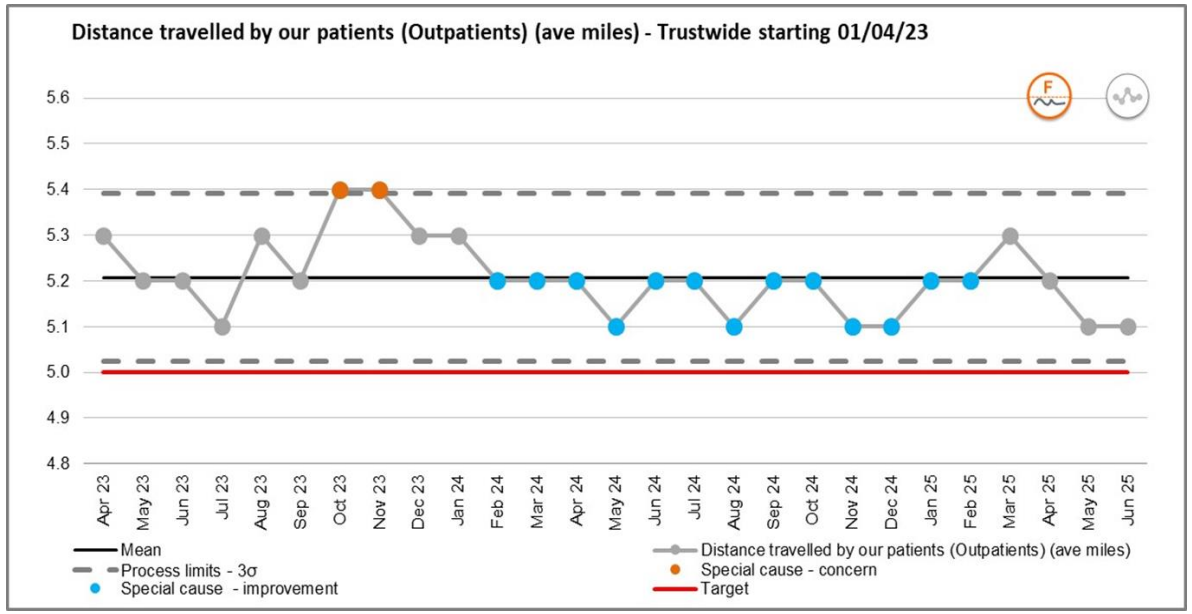
Strategic metric: Distance travelled by our patients (outpatients)

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	June-25
Distance travelled by our patients (average miles) (Outpatients including Virtual Attendances and Advice & Guidance\)	5.2	5.2	5.3	5.2	5.1	5.1
Number of Virtual attendances	10346	9361	9457	9991	9910	10508
Advice & Guidance (A&G) activity	1682	1516	1705	1700	1817	1899
Face to face (FTF) activity at non RBH sites	9955	9278	9141	8947	9368	9909

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

How are we performing:

- In June, the average distance travelled was 5.1 miles. While this remains in the standard range, we are still not achieving our target of 5 miles or less
- Use of non-RBH sites remains variable over the last 6 months with no positive or negative trend

Actions and next steps

- The 6-4-2 planning meetings are ongoing at satellite locations, helping to support effective room utilisation and scheduling of activities.
- Room visibility across Outpatients is currently under review by the Outpatient Transformational Team to increase utilisation

Risks:

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

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

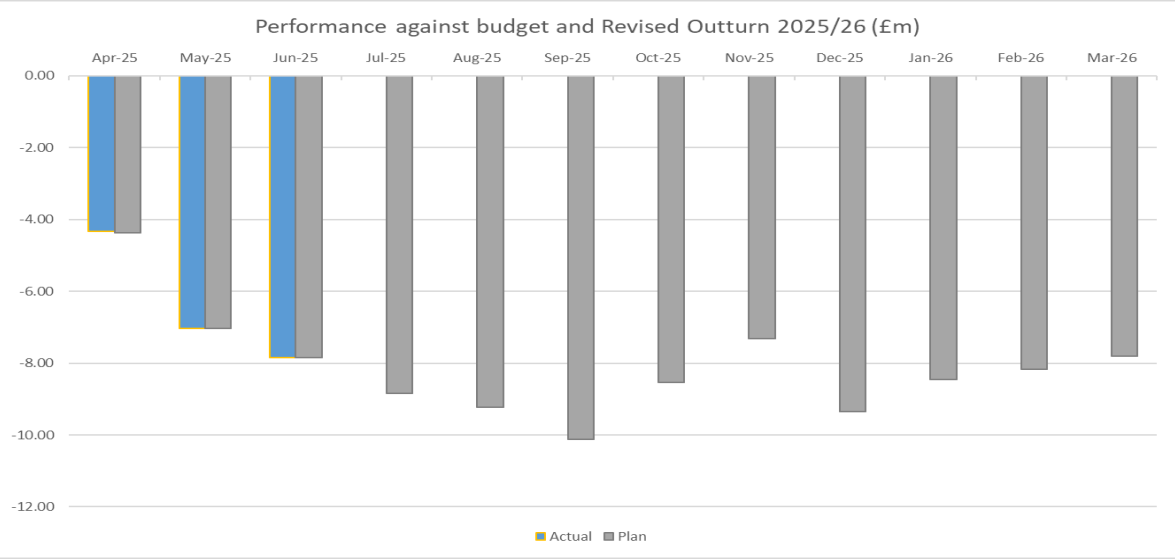
Strategic metric: Trust income & expenditure performance

Board Committee
Finance & Investment

SRO: Helen Troalen

Assurance	Variation
F	L

Royal Berkshire NHS Foundation Trust



Metric Description	Jan-25	Feb-25	Mar-25	Apr-25	May-25	June-25
Income as % of plan	106.96%	105.45%	157.08%	99.91%	100.72%	100.87%
Pay as a % of plan	102.23%	102.51%	171.96%	100.91%	100.66%	100.85
Non-Pay as a % of plan	123.34%	115.98%	192.46%	97.81%	101.76%	101.02%
Cost Improvement Plans (CIP) delivered (cumulative) (£)	£21.97m	£23.94m	£27.87m	£1.71m	£4.20m	£6.89m
Value weighted activity actual in month (£m)	£35.17m	£34.72m	£35.74m	£34.45m	£37.71m	£41.02m
Bank and Agency Spend actual (cumulative) (£m)	£18.65m	£20.39m	£22.36m	£1.73m	£3.17m	£4.52m
Cash Position (£m)	£10.82m	£12.09m	£9.79m	£7.86m	£5.34m	£7.43m

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

How are we performing:

- YTD M03 June 2025 deficit is £(7.85)m which is in line with agreed plan
- Income is at £165.34m, £0.84m ahead of plan. Elective Recovery Funding (ERF) activity Income is above plan, which includes Advice and Guidance income of £6.13m and 3/12th of £24.87m BOB ICB 25/26 ERF of £6.22m
- Pay is adverse to plan by £(0.83)m as at year-to-date month 3 June 2025, due to increase in workload (additional activity being used), in addition to the non-delivery of efficiency savings, as well as the use of premium rate labour.
- Non-pay is £(0.13)m adverse to plan driven by high-cost drugs variance however, this partially nets off with drugs income.

Actions and next steps

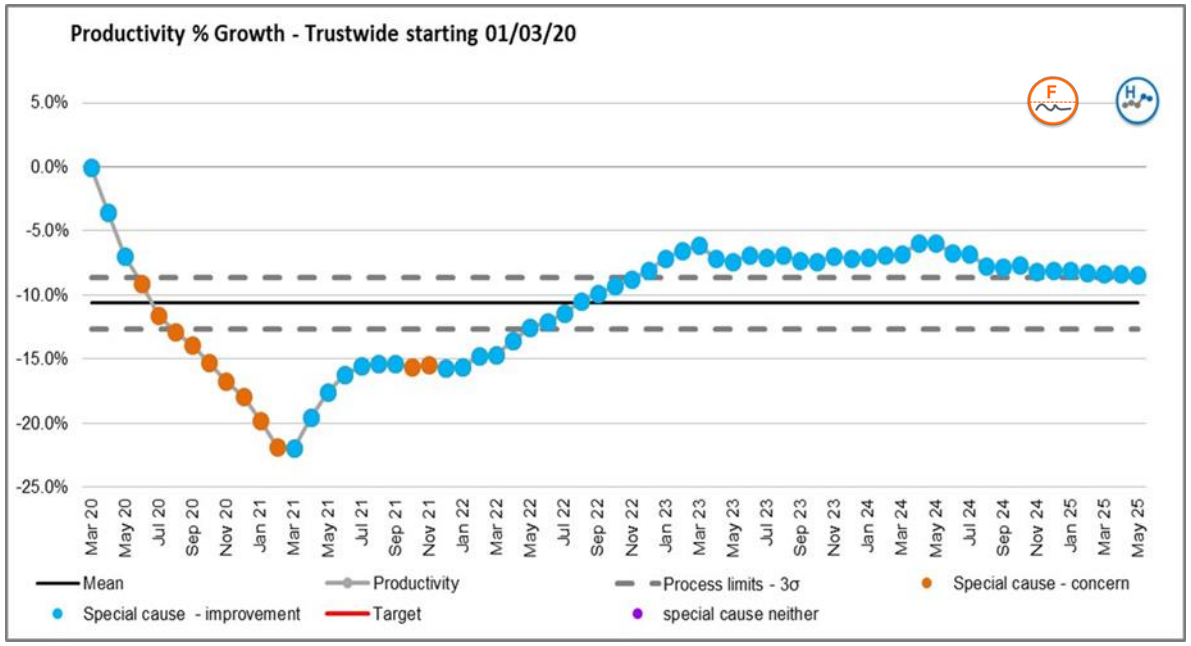
- Agree with BOB ICB and Specialised Commissioning the acute contract including the Indicative Activity Plan, ERF, High-Cost Drugs and Devices and Aligned Payment Incentive
- Continue to drive the focus on the CIP target, to achieve plan for 2025/26.
- Review key contracts for further opportunities to mitigate inflationary increases and ensure volume-based opportunities are maximised on non-pay

Risks: Corporate Risk 4182

- CIP delivery given current level of identified savings
- Pay run rate expenditure given use of high-cost additional sessions

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

Strategic metric: Productivity (Activity/Wholetime Equivalent)



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	June-25
Productivity % Growth	-8.1%	-8.2%	-8.3%	-8.3%	-8.4%	Arrears
Cost Weighted Activity (CWA) % Growth	13.3%	13.2%	13.0%	12.8%	12.2%	Arrears
Whole Time Equivalent (WTE) % Growth	23.2%	23.3%	23.3%	23.3%	23.3%	Arrears

Board Committee
Finance & Investment

SRO: Helen Troalen / Andrew Statham

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust

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

How are we performing:

- Output per worker fell significantly during the pandemic as activity reduced and the Trust employed more people to support the pandemic effort. Since 2021, productivity has improved as the Trust's activity levels returned and then exceeded 2019/20 levels.
- Over the past two years recovery has been slower due to continued workforce growth during 2023/24. In the last year, productivity improved as workforce stabilised and activity growth continued. The Trust remains 8.4% below 2019/20 levels of productivity as workforce growth (23.3%) exceeds activity growth (12.2%).

Actions and next steps:

- The 2025/26 plan involves a number of actions including specialty by specialty specificity that will support recovery
- A breakdown of productivity by care group and service line has been shared with teams in order to seek a greater understanding of where opportunities might lie and how they can be realised.
- EMC has held a discussion on priority programmes for 26/27 to halve the productivity gap

Risks:

- Delivery of the 2025/26 plan is challenging as it represents a step change in efficiency asks from all teams, requiring reshaping of teams and services across clinical and corporate areas

Breakthrough Priorities

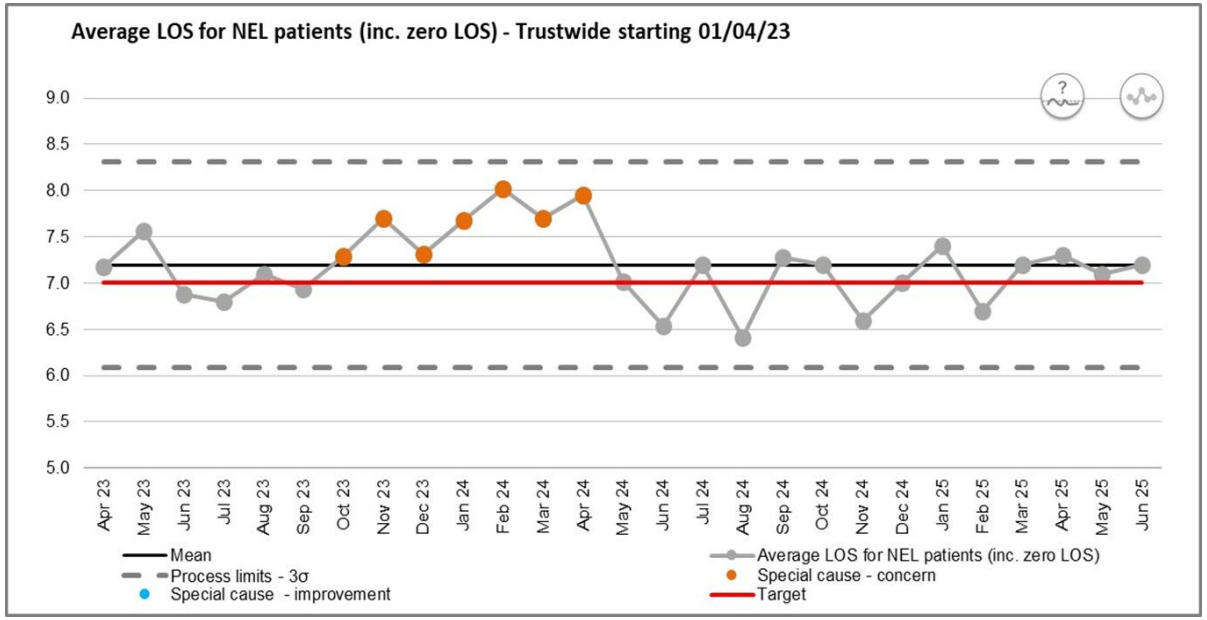
Breakthrough priority metric: Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	June-25
Ave LOS for NEL patients (inc. zero LOS	7.4	6.7	7.2	7.3	7.1	7.2
Bed Occupancy (%)	90%	87%	88%	87%	87%	84%
No. of patients with zero day LoS	504	500	590	543	507	607
Ave number patients > 7 days	256	241	259	260	268	246
Ave number patients > 21 days	78	83	84	90	96	94
Ave no. of patients through discharge lounge per day	19	17	16	18	19	19

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

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

How are we performing:

- The average LOS in recent months has remained around 7+ days within the process limits and mean range
- The average LOS for the last 6 months, has been lower than last year by c.0.6 days which equates to c.33 beds/day

Actions and next steps

- Continued drive for improved accuracy of targeted day of discharge (over 60% consistently, June achieved 2 weeks at 60%)
- Implemented a new process focused on early use of Discharge Lounge
- Pathway mapping from point medically fit to leaving hospital focusing on interface points, efficiencies and communication
- Joint focus on Community beds using Continuous Quality Improvement methodology (3 workstreams identified and being progressed)
- NEL programme is addressing 5 workstreams and feeds into the Operational Management Team meeting monthly.
- TDD data errors have been corrected.

Risks:

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

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

Board Committee: Quality Committee

SRO: Andrew Statham

Assurance	Variation
?	

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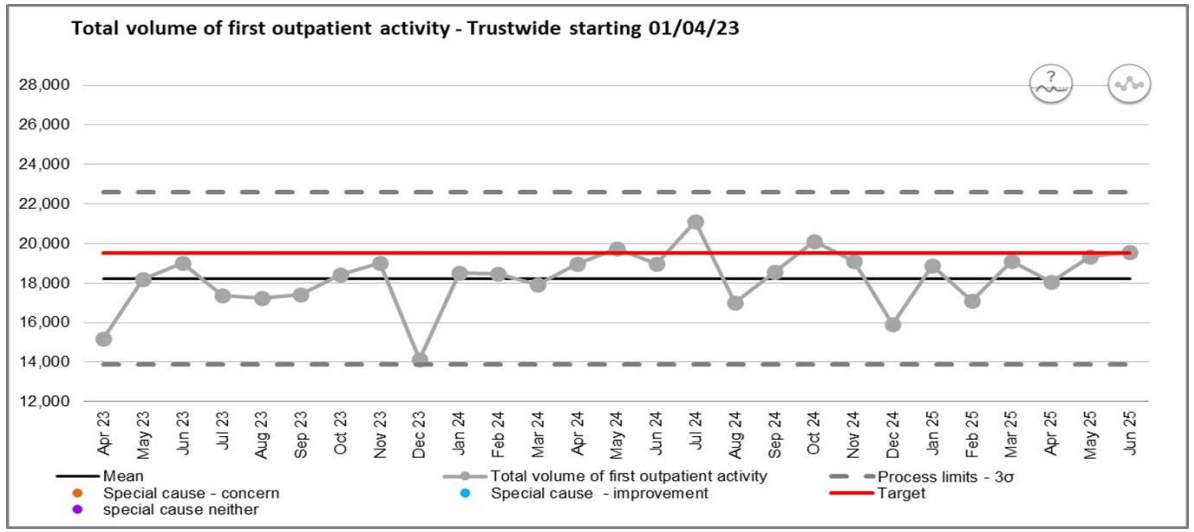


	Jan-25	Feb-25	Mar-25	Apr-25	May-25	June-25
Total Volume of first outpatient activity	18,862	17,079	19,112	18,062	19,342	19,561
First outpatient activity Plan	19,296	18,389	19,296	18,536	18,536	19,463
% of patients waiting over 12 weeks All patients, wait to first assessment	-	85.61%	85.23%	85.29%	85.30%	86.37%
No. of patients waiting >52wks RTT national standard	41	23	62	53	19	37
% OP that did not attend/were not brought (1st OP Appt)	6.7%	6.6%	6.7%	5.7%	6.0%	6.6%
% triage within 2 working days for all GP referrals (including 2 week wait, urgent and routine)	42%	41%	49%	62%	44%	44.5%

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:

- Provisional data for June shows that we delivered 19.5k 1st OPA in line with the plan for the year. And we are on plan on a year to date basis
- The proportion of patients waiting more than 12 weeks for an OP appointment continues to increase.
- Outpatient DNA/WNBs increased, returning to 24/25 levels

Actions and next steps

- Work continues to increase the number of first Outpatient Appointments and reduce waiting times.
- The focus is on DNA reduction, clinic utilization, improving first to follow up ratios, coding and implementation of patient initiated follow up
- Data on the above focus areas has been shared with all specialties and the expectation is that teams identify opportunities for improvement and act on them

Risks: Corporate Risk 5698

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

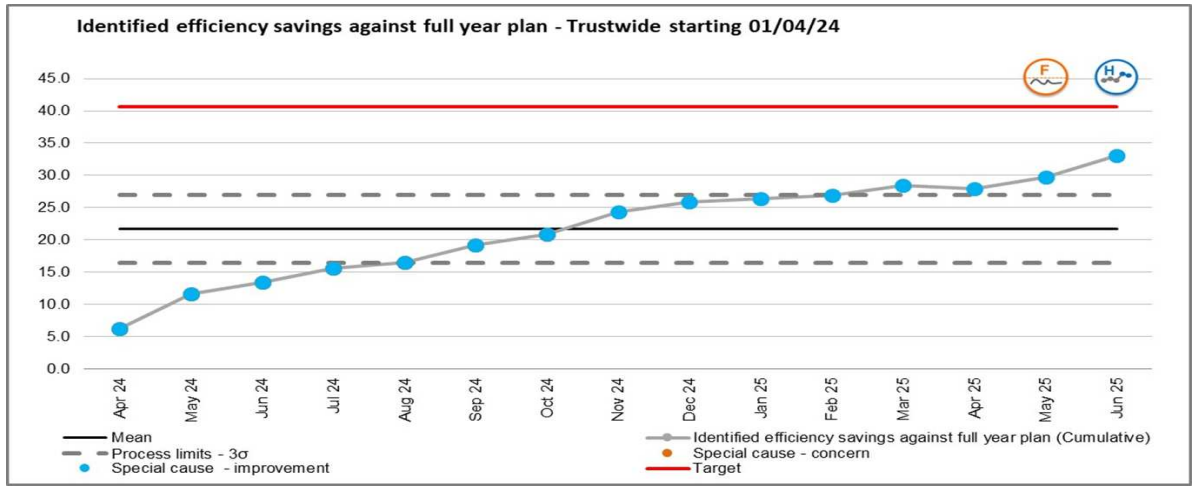
Breakthrough priority metric:
Identified efficiency savings against full year plan (£40.60m)

Board Committee: Finance & Investment Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	June-25
Cumulative identified efficiency savings against full year plan (£40.60m)	£26.39m	£26.86m	£28.45m	£27.92m	£29.70m	£33.04m
Total Delivery against identified efficiency savings (%)	82.23%	89.13%	97.96%	6.12%	14.76%	20.85%
Delivery against identified efficiency savings: Corporate Services (%)				4.75%	9.79%	17.53%
Delivery against identified efficiency savings: Commercial (Procurement & Income) %				3.97%	13.55%	22.87%
Delivery against identified efficiency savings: Other local opportunities (%)				9.94%	16.21%	22.13%
Identified efficiency savings %: Recurrent	38.50%	38.60%	42.00%	42.60%	43.30%	43.99%
Identified efficiency savings %: Non-recurrent savings	61.50%	61.40%	58.00%	57.40%	56.70%	56.01%

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

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

How are we performing:

- Our efficiency savings target is £40.60m for the 2025/26 financial year
- At year-to-date M03 June 2025, we have identified £33.04m and delivered £6.89m
- Opportunities have been identified against the remaining gap of £7.56m

Actions and next steps:

- Work continues with the Outpatient Transformation Programme to realise benefits to help close the gap £40.60m.
- There is a new joint Finance/HR slides for performance meetings that are currently being used across the Trust to reinforce control on pay costs
- The executives Go & See continue and focus on department and specialties that are within or under budget to understand their best practices and see how we could share any learning
- Work continues with the Acute Provide Collaborative to identify system saving

Risks: - Corporate Risk 4182

- The delivery of the £33.04m efficiency savings plan identified for the financial year 2025/26
- The gap of £7.56m to be fully worked into schemes and delivered

Royal Berkshire
NHS Foundation Trust

Watch Metrics

Summary of alerting watch metrics

Royal Berkshire NHS Foundation Trust

Introduction:

Across our five strategic objectives we have identified 110 metrics that we routinely monitor, we subject these to the same statistical tests as our strategic metrics and report on performance to our Board committees.

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

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

Alerting Metrics June 2025:

In the last month 13 of the 110 metrics exceeded their process controls, One less than last month. These are set out in the table opposite.

There are no new alerting watch metrics this month.

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

Provide the highest quality of care for all

- C.diff (Cumulative – Trust Apportioned)
- Mixed Sex Breaches
- Complaints turnaround time within 25 days (%)

Invest in our staff and live out or values

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

Deliver in Partnership

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

Achieve long term sustainability

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

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

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-25	May-25	Jun-25	Jun-24
Never Events			0	0	1	0	0
Pressure ulcer incidence per 1000 bed days	H	P	1.00	0.00	0.27	0.00	0.05
Category 2 avoidable pressure ulcers	L		5	0	0	0	1
Category 3 avoidable pressure ulcers	H		0	0	0	0	0
Category 4 avoidable pressure ulcers	L		0	0	0	0	0
Unstageable avoidable pressure ulcers	L		0	0	0	0	0
Patient Falls per 1 000 bed days			5.00	3.32	2.87	3.46	3.78
Patient falls resulting in harm (PSIRF methodology applied)			-	2	0	1	7
No. of DOLS applications applied for			-	27	20	27	21
No. of detentions under the MH act to RBH	L		-	2	2	2	1
% of staff: Safeguarding children L1 training		P	90.00%	96.90%	95.60%	96.00%	95.50%
No. of child safeguarding concerns by the Trust			-	128	141	165	121
No. of adult safeguarding concerns by the Trust			-	68	59	53	28
No. of safeguarding concerns against the Trust	H		-	4	7	8	3
Unborn babies on child protection (CP) / child in need plans (CIP)			-	46	47	41	38
C.Diff (Cumulative – Trust Apportioned)		F	39	5	10	15	11
C.Diff lapses in care			-	0	4	5	4
MRSA Bacteraemia (avoidable)	L		0	0	0	0	0
E.coli (Trust Apportioned) Bloodstream Infections			-	7	14	6	11
E.coli (Trust Apportioned) Bloodstream Infections (Cumulative)		F	92	6	21	27	33
MSSA surveillance (trust acquired)			-	2	5	5	0
Hand Hygiene			95.00%	99.08%	95.10%	95.93%	96.50%
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance	L		95.00%	93.30%	93.50%	Arrears	95.80%
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions		F	0.00	1.80	0.20	Arrears	1.84
Medication incidents per 1000 bed days	H	F	0.00	7.52	6.24	7.20	5.70

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

Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-25	May-25	Jun-25	Jun-24
No. of compliments			-	-	40	23	31
FFT Response Rates Inpatients: i.Inpatients			50%	30%	29%	28%	23%
FFT Satisfaction Rates Inpatients: ii.ED			95%	81%	81%	81%	78%
FFT Response Rates Inpatients: iii.OPA			50%	8%	8%	5%	8%
FFT Satisfaction Rates Inpatients: iv.Daycases			95%	-	98%	98%	8%
FFT Satisfaction Rates Inpatients: v.Children and Young People			95%	77%	94%	100%	8%
Mixed sex accommodation - breaches			0	278	187	208	271
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes			97%	88%	90%	Arrears	100%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes			86%	50%	67%	Arrears	100%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes			82%	100%	100%	Arrears	100%
No. of Patient Safety Incident Investigations (PSII)			-	1	1	4	2
No. of SWARM huddles			-	4	0	0	4
No. of After Action reviews			-	3	0	5	1
No. of Multidisciplinary Team (MDT) reviews			-	5	2	4	1
No. of Thematic reviews			-	0	0	0	3
Number of Complaints			-	35	32	50	27
Complaints turnaround time within 25 days (%)			80%	63%	41%	62%	60%

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

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

Maternity Watch metrics

SROs: Katie Prichard-Thomas

Janet Lippett

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-25	May-25	Jun-25	Jun-24
Deliveries			-	374	435	405	366
Bookings			-	504	480	498	443
% of Inductions of labour	L		-	30.0%	28.7%	34.0%	36.9%
Perinatal mortality rate (rolling year per 1000 births)		P	5.03	3.93	0.02	2.40	0.37
Number of occassions MLU service suspended for 4 hours or more		?	4	2	2	11	6
Midwife one to one care in labour		?	100.0%	100.0%	97.0%	100.0%	100.0%
Midwifery staffing vacancy rate			-	9.5%	1.0%	2.8%	7.0%
Midwifery staffing turnover	H	P	14.0%	13.1%	10.7%	13.8%	8.8%
Midwife:birth ratio (utilised workforce)		?	1.22	1.19	1.23	Arrears	1.20
FFT Satisfaction Maternity	H	?	95.00%	97.50%	97.10%	95.60%	98.00%
No. of complaints - Maternity		?	3	1	2	4	1
Number of patient safety incident investigations (PSII)	L		-	0	0	0	3
Percentage of babies born with features associated with potential hypoxia	L	?	1.50%	0.53%	0.67%	1.20%	2.42%

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

Watch metrics:

SRO: Don Fairley

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-25	May-25	Jun-25	Jun-24
% of staff from global majority backgrounds in senior AFC Bands 8a and above	H	F	25.00%	20.33%	20.71%	20.71%	20.26%
Rolling 12 month Sickness absence	H	F	3.3%	3.8%	3.8%	Arrears	3.6%
% Fill rate of Registered Nurse Shifts (RN)		P	90.0%	97.1%	94.5%	94.6%	101.1%
% Fill rate of Care Support Worker Shifts (CSW)	L	P	90.0%	107.5%	101.3%	101.2%	110.1%
Completed Mandatory Training		P	90.0%	92.4%	92.3%	92.0%	92.9%
Appraisals	H	F	90.0%	89.0%	88.5%	88.5%	83.9%
Nurse Staffing Red Flags			-	37	41	26	35

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

Watch metrics:

SRO: Don Fairley

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-25	May-25	Jun-25	Jun-24
RIDDOR reportable Incidents			-	1	1	1	2
Abuse/V&A (Patient to staff)			-	55	78	74	66
Body fluid exposure/needle stick injury			-	23	29	19	26
Environment Related Incidents			-	12	15	19	10
Conflict Resolution		?	90%	91%	90%	89%	91%
Fire (Annual)	H	?	90%	92%	92%	92%	91%
Moving and Handling Level 1	H	?	90%	89%	94%	95%	92%
Moving and Handling Level 2		?	90%	89%	89%	89%	95%
Health and Safety Training	L		-	96%	95%	94%	97%
Slips and Trips			-	2	2	4	3
Musculoskeletal - Inanimate object			-	3	3	1	3
Total non clinical incidents reported			-	221	287	257	126

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jun-24
Fractured Neck of Femur: Surg in 36 hours			75.0%	59.4%	Arrears	Arrears	Arrears	Arrears	38.2%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival	H	F	90.0%	59.0%	71.0%	62.0%	64%	77%	76.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)	H		80.0%	78.0%	93.0%	77.0%	82%	93%	90.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)	H	F	90.0%	90.0%	88.0%	73.0%	86.0%	89.0%	31.0%
Cancer 31 day wait: to first treatment	H		96.0%	97.2%	94.2%	95.1%	95.5%	95.6%	93.0%
62 Day screen Ref	H		85.0%	64.3%	71.4%	81.8%	65.2%	64.5%	69.0%
Cancer Incomplete 104 days	L	F	0	55	54	43	53	56	91
Average waiting times in diagnostic (DM01) services	L		6	5	3	3	4	4	10
Diagnostics Waiting < 6 weeks (DM01) (%)	H	F	99.0%	90.4%	91.9%	93.8%	90.0%	89.7%	75.6%

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-25	May-25	Jun-25	Jun-24
% OP appointments done virtually			-	20.9%	19.5%	19.8%	21.0%
Number of OPPROC			-	12439	13263	14145	11490
Number of MDT OP			-	821	804	815	854
Number of PIs			-	131	132	132	117
Number of active research trials			-	166	168	169	134
Number of projects supported by HIP			-	63	63	63	53

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

Watch metrics

SRO: Helen Troalen

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Apr-25	May-25	Jun-25	Jun-24
Pay cost vs Budget (£m)			-	-0.31	-0.23	-0.29	1.26
Non pay cost vs Budget (£m)			-	0.49	-0.40	-0.23	-0.32
Income vs Plan (£m)			-	-0.05	0.39	0.49	-0.49
Daycase actual vs Plan (£m)	H		-	0.60	0.28	0.32	0.60
Elective actual vs Plan (£m)			-	-0.20	0.03	-0.04	0.37
Outpatients actual vs Plan (£m)			-	-0.39	-0.39	2.62	-0.17
Non-elective actual vs plan (£m)	H		-	-0.35	0.35	-0.40	-0.60
A&E actual vs plan (£m)			-	0.13	1.46	0.92	-0.22
Drugs & devices actual vs plan (£m)			-	0.35	0.43	0.82	1.29
Other patient income (£m)			-	-0.05	-0.02	-0.10	0.09
Delivery of capital programme (£m)			-	0.70	0.27	0.05	0.39
Cash position (£m)	L		-	8.97	6.55	7.43	19.24
Agency spend % of total staff cost (%)	L		-	0.6%	0.5%	0.4%	1.3%
Creditors (£m)			-	-76.36	-76.45	-81.20	-82.03
Debtors (£m)			-	41.95	43.90	47.59	31.93
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) YTD	H	F	95.00%	85.00%	81.50%	81.20%	77.60%
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) In Month	H	F	95.00%	85.00%	79.00%	80.60%	71.40%

Title:	**NHS 10 Year Plan**
Agenda item no:	**8**
Meeting:	Public Board
Date:	30 July 2025
Presented by:	Andrew Statham, Chief Strategy Officer
Prepared by:	Rebecca Cullen, Associate Director of Strategy and Performance

Purpose of the Report	To give the Board an overview of the recently published 10 Year Health Plan and emerging implications and opportunities for RBFT

Report History	New paper

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

Resource Impact:	None
Corporate Risk Register (CRR) Reference /score	
Title of CRR	

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

Well Led Framework applicability:			
1. Leadership ✓	2. Vision & Strategy ✓	3. Culture ✓	4. Governance ✓
5. Risks, Issues & Performance ✓	6. Information Management ✓	7. Engagement ✓	8. Learning & Innovation ✓

Publication						
Published on website		Confidentiality (FoI)	Private		Public	✓

1. Executive Summary

1.1. On 3 July 2025, the Department for Health and Social Care published 'Fit for the future: The 10 Year Health Plan for England' (10YHP). It sets out the Governments high level plan for the NHS over the next decade.

1.2. This paper provides an overview of the plan's three 'shifts', five enablers, and what the opportunities and implications might be for RBFT over the coming years.

1.3. The 10YHP centres around the 3 key shifts identified in the Lord Ara Darzi independent investigation: from hospital to community; from analogue to digital; and from sickness to prevention.

1.4. The plan also identifies 5 enablers for these shifts: a new NHS operating model; a new transparency and quality of care; an NHS workforce fit for the future; Powering transformation and innovation to drive healthcare reform; and productivity and a new financial foundation.

1.5. Five key overarching themes arise for RBFT from the 10YHP:

- How we work with our partners in primary, community, and social care and the voluntary sector to deliver neighbourhood care for our population;
- How with our NHS partners we build capabilities associated with integrated health organisations;
- How we harness digital capabilities developed locally and nationally to the benefit of patients and staff and the productivity agenda
- How we ensure a strong and dynamic patient voice that is representative of the patients and community we serve, encourages further co-design in our services and helps us to address health inequalities. And with this, how can we further increase transparency;
- How we prepare for a new financial regime including our multi-year transformational priorities for the next 3 years in line with new medium term planning that will support the 'three shifts' and also have a widespread impact on our productivity.

1.6 The Board are asked to consider the overview, and to consider the implications and opportunities for RBFT as we finalise our Trust Strategy over the coming months.

2 Overview of the 10 Year Health Plan

2.1 The 10YHP centres around the 3 key shifts identified in the Lord Ara Darzi independent investigation: from hospital to community; from analogue to digital; and from sickness to prevention.

    - The plan also identifies 5 enablers for these shifts: a new NHS operating model; a new transparency and quality of care; an NHS workforce fit for the future; powering transformation and innovation to drive healthcare reform; and productivity and a new financial foundation

The '3 Shifts'

Shift 1: From Hospital to Community

2.2 The first, and largest, shift in the 10YHP outlines a move to a more 'Neighbourhood Health Service'. This means moving care into the community to allow hospitals to focus on providing specialist care or that only possible in hospital. Neighbourhood Health Service care should happen:

- as **locally as it can**, including increasing the role of community pharmacy in the management of long-term conditions and link them to the single patient record.
- **digitally by default** with patients able to book appointments, communicate with professionals, receive advice, draft or view their care plan and self-refer to local tests and services (including booking urgent care appointments) through the NHS App
- **in patients' homes where possible**, including more urgent care services.
- in a **neighbourhood health centre** (NHC) when needed (open at least 12 hours a day and 6 days a week), beginning with places where healthy life expectancy is lowest - a 'one stop shop' for patient care and the place from which multidisciplinary teams operate both urgent and elective services.
- in a **hospital only if necessary**, with hospitals freed up to deploy Artificial Intelligence (AI) and cutting-edge treatments, aiming for all hospitals to be fully AI-enabled within the lifetime of the plan and restore the NHS constitutional standard of 92% of patients beginning elective treatment within 18 weeks. There will also be an increase in Same Day Emergency Care and co-located Urgent Care Centres.

2.3 It will combine with a new genomics population health service to provide predictive and preventative care that anticipates need, rather than just reacting to it.

2.4 Underpinning this aim is:

- A **shift in the pattern of health spending** over the next decade with the share of expenditure on hospital care reducing, with proportionally greater investment in out-of-hospital care. DHSC will shift investment over the next 3 to 4 years as local areas build and expand their neighbourhood health services.
- **Changes to primary care contracts** to encourage GPs to work across larger geographies, more GP training places and building online advice into the NHS App. As well as **improved access to NHS dentistry** with changes to contracts.
- **Patients empowered** to be active participants in their care, with complex needs patients having agreed care plans and expansion of personal health budgets.

Shift 2: From Analogue to Digital

2.5 The 10YHP also sets out the governments ambition to move 'from bricks to clicks' to improve access, free up resource and ensure financial sustainability. The commitments include:

- Rapid expansion of the **NHS App** – including advice, appointment and test booking, self-referral, medicines and long-term condition management. The app will also allow patients to leave feedback on their care.
- **Embracing technology** including Continuous Monitoring, clinically-validated wearables and 'Healthstore' marketplace for approved digital health apps for preventative, chronic and post-acute NHS treatment.
- Improving staff experience with **digital liberations** such as single sign on, digital triage and scaling the use of AI scribes.
- **Single Patient Record** accessible to patients and clinicians across organisational boundaries (including ambulance services and pharmacy).

Shift 3: From Sickness to Prevention

2.6 The final shift, and working beyond the NHS and with businesses, employers, investors, local authorities and mayors, the 10YHP aims to:

- Enact **widespread public health policy change** to tackle obesity, harmful alcohol consumption, and use of tobacco, vapes and other nicotine products. As well as upcoming HIV action plan to end all new transmissions by 2030.
- Focus on **children and young people** with the restoration of Healthy Start, expansion of free school meals, expanded mental health support in schools and colleges and Young Futures hubs.
- **Reduce cancer cases and improve outcomes** with increased uptake of HPV vaccination, full roll out of lung cancer screening for all those with a history of smoking and provide advanced personalised cancer treatments such as immunotherapy and cancer vaccine clinical trials.
- Create a new **genomics population health service** including universal newborn genomic testing and population-based polygenic risk scoring with predictive analysis.

The '5 Enablers'

2.7 The Plan also identifies 5 core enablers essential for delivery of the three shifts:

A new NHS operating model

- Merger of NHS England and Department of Health and Social Care, and changes to Integrated Care Boards – to focus solely on strategic commissioning for areas coterminous with strategic authorities.
- (Re)-Introduction of 'earned autonomy', new Foundation Trusts (FTs) and a new failure regime for underperforming services.
- Opportunities for FTs to hold whole health budgets for a defined local population as an Integrated Health Organisation
- Closer partnerships with private sector providers (in particular in disadvantaged areas); local government and public services with the latter two streamlined.
- New patient choice charter and trial of 'patient power payments' (an innovative funding flow in which patients are contacted after care to determine if full payment for the costs should be released to the provider).

A new transparency and quality of care

- Provider League tables and patient reported experience measures to be published, to make data easier to understand and more accessible (via NHS App) to providers and patients. Maternity care to be a priority.
- National Quality Board reform, changes to CQC and new national independent investigation into maternity and neonatal services.
- Reformed complaints process, improved response times and the use of AI tools to expedite this process.
- AI-led warning system building on Federated Data Platform to identify services at high risk, based on clinical data.

An NHS workforce fit for the future

- Fewer staff than projected previously (in NHS Workforce plan), but improved conditions (e.g. ability to award high performing staff; increased flexible working), training and development including career coaching.
- Overhauled education and training curricula within 3 years, including AI to become 'trusted assistant'.
- Increased in advanced practice models for nurses and other professionals, new specialty training posts for resident doctors, increased nurse consultant workforce and more nursing apprenticeships.
- Reorientation of NHS recruitment away from International Recruitment towards its own communities (to be less than 10% by 2035)

Powering transformation and innovation to drive healthcare reform

- 5 core transformative technologies identified to transform care (data; AI; genomics; wearables; and robotics).
- Expansion of support to life sciences and technology development including new global institutes, Health Data Research Service, genomics studies, shortened clinical trial recruitment timelines and improved innovation regulation via MHRA and NICE

Productivity and a new financial foundation

- 2% annual productivity gains to resolve the 'productivity crisis' over the next 3 years
- Deficit funding phased out from 26/27 with most providers achieving surplus by 2030
- Introduction of medium-term, multi-year planning and deconstructed block contracts to reflect both the activity delivered and quality of care received
- New capital models including private finance and pension fund partnerships
- In the longer-term a new NHS financial model linked to individual patient outcomes and co-design in their care.

3 Emerging implications and opportunities for RBFT

3.1 The 10 year plan is well aligned to our existing Trust strategy our clinical services and the journey we have been on over the last decade.

3.2 **Shift to Community and RBFT**: We have an opportunity to build on successful work across Berkshire West with place-based partners including our co-located urgent care

centre, same day emergency care (SDEC) pathways and joint MDT workshops from specialties including Paediatrics and Heart Function.

3.3 Since 2017, we have worked to deliver increasingly more care across our satellite sites with investment, increased utilisation and our electronic prescribing pilot. However, at present the majority of our face-to-face clinical encounters with our patient happen at our Royal Berkshire Hospital (RBH) site and our patients travel more than 5 miles on average for their outpatient appointments. Alongside the work in conjunction with other health providers, we will also need to plan to deliver more care away from the RBH site.

3.4 **Shift to Digital and RBFT**: The digital shift outlined in the plan aligns with the direction of travel for the Trust. Some of our clinical teams are already piloting ambient listening technology and Connected Care allows us to share record where necessary across Berkshire health and social care partners.

3.5 Many of our patients already access their NHS App in both primary care and for secondary care correspondence and test results. We are looking to further develop our use of the NHS App and our local patient portal.

3.6 **Shift to Prevention and RBFT**: Over recent years, RBFT has played a key role in the local prevention agenda including the Community Wellness Outreach NHS health checks. We also undertake the national breast screening and lung cancer screening programmes for our community.

3.7 Although much of the 10YHP prevention opportunities centre on wider policy and public health, RBFT will need to consider our ongoing role in prevention and how it interconnects with Neighbourhood Health. RBFT is trusted local institution, and the communications team have been producing a series of short educational videos with health experts for the Trust's social media channels for health intervention (topics including Liver Health, stroke, sexual health, and skin cancer).

3.8 Alongside the areas identified against each of the shifts, other key and overarching considerations for RBFT are as follows:

- How we work with our partners to deliver **neighbourhood healthcare.** It is likely we will have a key role to play in supporting neighbourhood teams with acute expertise and in providing diagnostic and ambulatory treatment capabilities within neighbourhood health centres.

- How we build capabilities to become (or be part of) a wider **integrated health organisation.** Berkshire West is well placed to be a front runner IHO with two high performing NHS trusts, strong primary care and a mature shared care record.

- As a digitally mature organisation, our digital strategy aligns well with the asks of the 10-year plan in **deploying digital** to enhance the experience of patients, improve the working lives of those within the NHS and unlock productivity benefits
- How we ensure a **strong and dynamic patient voice** that is representative of the patients and community we serve, encourages further co-design in our services and

helps us to address health inequalities. And with this, how can we further increase transparency.

- How we prepare for a **new financial regime** including our **multi-year transformational priorities** for the next 3 years in line with new medium term planning that will support the ‘three shifts’ and also have a widespread impact on our productivity.

Royal Berkshire
NHS Foundation Trust

Title:	**NHS Oversight Framework (NOF) Briefing**
Agenda item no:	9
Meeting:	Public Board
Date:	30 July 2025
Presented by:	Dom Hardy, Chief Operating Officer
Prepared by:	Hannah Berrington, Director of Operations for Urgent Care Group

Purpose of the Report	The Board is asked to note the introduction of new national NHS Oversight Framework (NOF) and note our allocated segmentation score

Report History	NA

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

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

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

Publication						
Published on website		Confidentiality (FoI)	Private		Public	

1 Executive Summary

1.1 NHS England have introduced a new NHS Oversight Framework (NOF), previously referred to as NHS Performance Assurance Framework (NPAF).

1.2 The NOF 2025/26 describes a new approach to assessing ICBs and Trusts. The primary aim of the NOF is to provide transparency to the public and act as platform for local performance accountability. However the tool will also provide a foundation for how NHS England works with systems and providers to support improvement or enforce enactments.

1.3 As part of the framework, each provider is given an overall segmentation score. This segmentation is based on performance against 5 measured domains: Access to Services, Effectiveness and Experience of Care, Patient Safety, People and Workforce, and Finance and Productivity. Individual metrics against these domains vary slightly by type of provider (ie Acute, Community, or Mental Health Trust)

1.4 The level of any future NHSE interventions will directly correlate with a provider's segmentation score (1 being the highest scoring requiring rare to no enforcement. 5 being the worst scoring where a provider will be in a Recovery Support Programme.)

1.5 Royal Berkshire NHS Foundation Trust is ranked 39th in the Acute Trust Provider league table (39 out of 134).

1.6 Royal Berkshire NHS Foundation Trust has been placed in segment 3. This is due to a financial cap, meaning any Trust with a deficit financial plan cannot score higher than segment 3. Our pre-adjusted score would have placed us in the highest scoring segment 1.

1.7 ICBs do not yet have segmentation scores. NHSE will be introducing ICB segmentations in 2026/27.

1.8 Trust overall segmentation scores, domain scores, and individual metric rankings, will all be made available to the public via a new public facing dashboard, looking to be launched towards the end of summer (exact date TBC, expecting September).

1.9 The Trust ranking and individual metric scores are subject to change between now and the formal launch due to data being updated. The updated scores are expected to reflect data from the first quarter of this financial year (April-June 2025). Whilst we expect to see improvements in some areas, our metric and domain segmentations are susceptible to change as these are scored based on rankings against fellow providers.

1.10 Whilst the April 2025 review of the Trust Integrated Performance Report (IPR) ensured the incorporation of public domain metrics, a further piece of work has been commissioned to assure all NOF metrics are contained within, and monitored via, the IPR moving forwards. This work is to be completed as part of the ongoing September IPR review.

2 Finance Domain Override

2.1 There is a financial performance override within the NOF, meaning that unless providers are delivering a surplus or breakeven position, their segmentation will be limited to no better than segment 3.

2.2 Model Hospital data shows that, of the total 205 providers (inc. Mental Health and Community Trusts) the majority have been given an overall segment score of 3, demonstrating the impact of the financial segmentation cap.

Segment 1	Segment 2	Segment 3	Segment 4
38	31	86	50
19%	15%	42%	24%

3 Other Domain Scores

3.1 With the exception of Finance & Productivity, all other domains in which we are scored were placed in segments 1-2, with an overall average metric score of 1.97.

3.2 Our pre-adjusted segment position would have been 1, meaning if the Trust were in a surplus or breakeven financial position we would have been in the top scoring segment.

3.3 Individual metrics, which contribute to the subsequent domain scores, are also scored 1 (best) to 4 (worst). For the majority of metrics, a provider's scores will correlate to the quartile in which they performance against peers. Exceptions to this include metrics that have a clear national target (ie 62 day for cancer) whereby a Trust must meet or exceed the national target to achieve a score of 1. In this instance, providers not meeting the target will be scored 2-4 based on their ranked performance against remaining peers.

3.4 Appendix 1 shows a breakdown of all NOF metrics available on model hospital and how they have contributed to our domain scores. This shows that twice we scored in the lowest segments, for our financial planned deficit and deviation from RTT performance plan.

3.5 Whilst RTT performance against plan is much improved since the data was scored and would now be considered to have reached segment 2, we continue to financial deliver to our planned deficit, meaning we would remain in segment 3.

3.6 Appendix 2 shows a draft version of the public facing dashboard due to be released at the end of summer 2025. This mock up shows how each of the individual domain scores (and on additional tabs, metric scores) will be available to the public.

4 Conclusion

4.1 Royal Berkshire NHS Foundation Trust has performed well against 4 of the 5 NHS Oversight Framework domains.

4.2 Ongoing work has been commissioned to ensure all NOF metrics have been incorporated into the Trust IPR. This review is due September 2025.

4.3 Access to the NOF modules with Model Hospital remains limited and formulas for segmentation allocations have not yet been shared by NHSE. Work is ongoing to verify our data and ensure fair allocation.

4.4 We await wider roll out of Model Hospital access and await the launch of new public facing dashboard.

5 Attachments

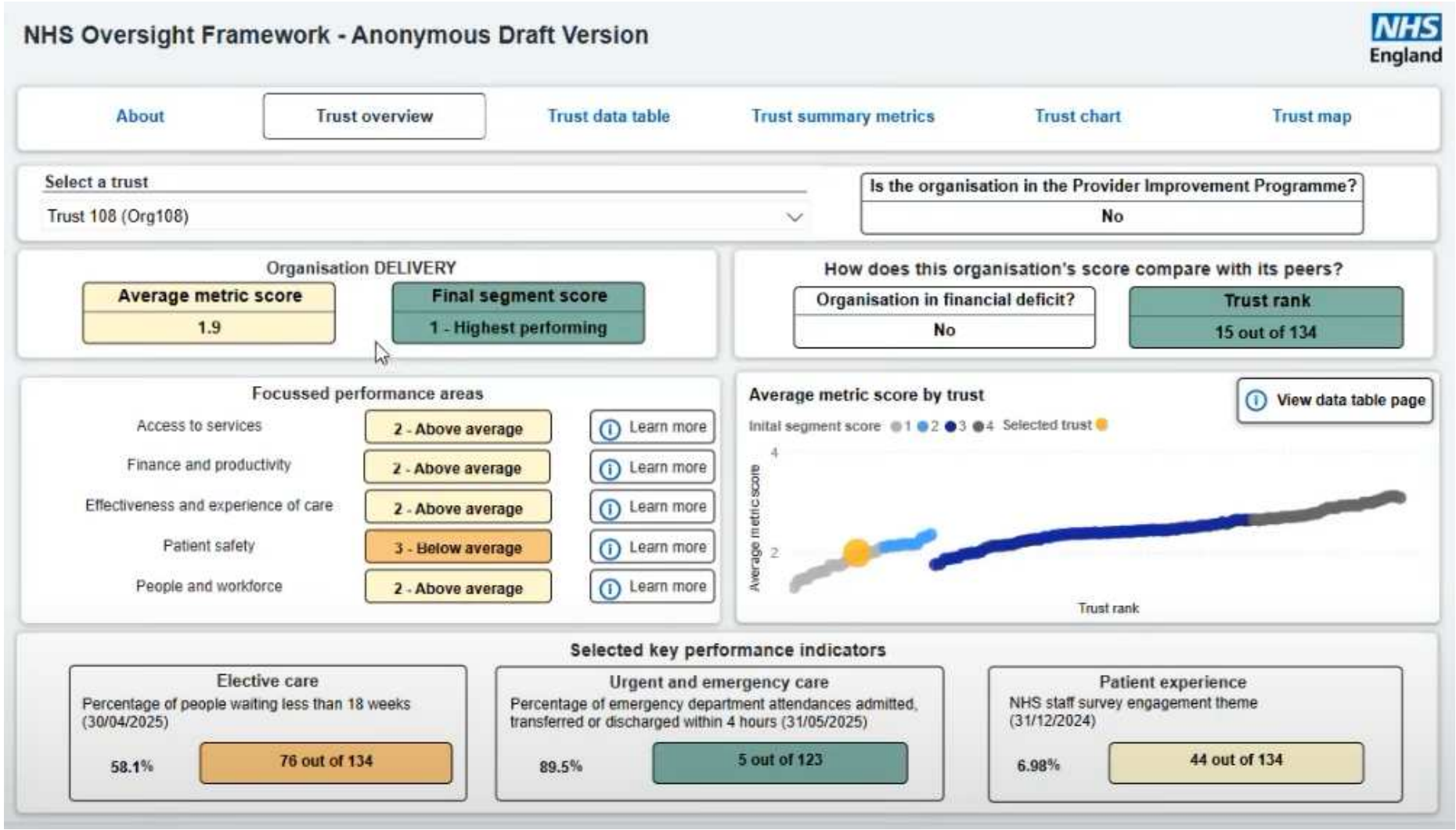
5.1 Appendix 1 shows the breakdown of individual metric scores that contributing to domain segmentations

5.2 Appendix 2 shows a draft version of the public facing NOF dashboard (please note this is an example and does not show our Trust scores)

Appendix 1 – Breakdown of Individual Metric Scores, Contributing to Domain Segmentations

Domain	Domain Segment	Individual Metrics and Their Respective Scoring Segments			
		1	2	3	4
Access to Services	2	• Percentage of people waiting less than 18 weeks • Percentage of patients waiting over 52 weeks	• Percentage of patients treated for cancer within 62 days of referral • Percentage of emergency department attendances admitted, transferred or discharged within 4 hours • Percentage of emergency department attendances spending over 12 hours in the department	• Percentage of urgent referrals to receive a definitive diagnosis within 4 weeks score	• Difference between planned and actual 18 week performance score
Effectiveness & Experience of Care	2		• CQC inpatient survey satisfaction rate • Summary Hospital Level Mortality Indicator • Average number of days from discharge ready date to actual discharge date		
Patient Safety	2	• NHS Staff Survey raising concerns score • 12 month rolling count of E. coli cases as a proportion of trust threshold	• Healthcare acquired infections	• 12 month rolling count of MRSA cases • 12 month rolling count of C. difficile cases as a proportion of trust threshold	
People & Workforce	1	• Sickness absence rate • NHS staff survey engagement			
Finance & Productivity	3	• Implied productivity level			• Planned surplus/deficit score

Appendix 2 – Draft Version of Public Facing NOF Dashboard (NB: This is a mock up using an example Trust, ie not our segmentation scores)



Board Work Plan 2025

Focus	Item	Lead	Freq	Jan-25	Mar-25	May-25	Jul-25	Sep-25	Nov-25
Provide the Highest Quality Care to all	Winter Plan	DH	Annually						
	Health Equalities	KP-T	Jul-25						
Invest in our People and live out our Values	Patient Story	Exec	Every						
	Staff Story	Exec	Every						
	Health & Safety Annual Report	DF	Annually						
Achieve Long-Term Sustainability	Quarterly Forecast	NL	Quarterly						
	2024/25 Budget	NL	Annually						
	2024/25 Capital Plan	NL	Annually						
	Operating Plan/ Business Plan 2025/26	AS	Annually						
	The Green Plan	NL	Annually						
Cultivate Innovation & Improvement	Standing Financial Instructions	NL	Annually						
	ICP/ICS Update	AS	By Exception						
Other / Governance	Chief Executive Report	SM	Every						
	Board Assurance Framework	CL	Bi-Annually						
	Corporate Risk Register	KP-T	Bi-Annually						
	Integrated Performance Report (IPR)	Exec	Every						
	NHSE Annual Self-Certification	NL/CL	Annually						
	Standing Orders Review	CL	Annually						
	Board Work Plan	CL	Every						