Royal Berkshire
NHS Foundation Trust

Public Board - 28 May 2025

MEETING
28 May 2025 09:00 BST

PUBLISHED
27 May 2025

Agenda

Location	Date	Time
Seminar Room, Trust Education Centre, Royal Berkshire Hospital	28 May 2025	09:00 BST

	Item	Owner	Time	Page
1	Apologies for Absence and Declarations of Interest (Verbal)	Oke Eleazu		-
1.1	Katie Prichard-Thomas			-
2	Patient Story (Verbal)	Katie Prichard-Thomas	09:00	-
3	Staff Story (Verbal)	Janet Lippett	09:20	-
4	Health and Safety Moment (Verbal)	Don Fairley	09:40	-
5	Minutes for Approval: 26 March 2025 & Matters Arising Schedule	Caroline Lynch	10:00	3
6	Minutes of Board Committee Meetings and Committee Updates:		10:05	-
6.1	Finance & Investment Committee: 19 March 2025 & 23 April 2025	Mike O'Donovan		10
6.2	Audit & Risk Committee: 12 March 2025	Mike McEnaney		17
6.2.1	Committee Review of Effectiveness and Terms of Reference			23
7	Chief Executive's Report	Steve McManus	10:25	29
8	Integrated Performance Report	Janet Lippett	10:55	35
9	Trust Operational Plan 2025/26	Andrew Statham	11:20	63
10	NHSE Annual Self-Certification 2024/25	Nicky Lloyd/Caroline Lynch	11:35	89
11	Board Assurance Framework	Caroline Lynch	11:45	100
12	Corporate Risk Register	Katie Prichard-Thomas	11:50	113
13	Work Plan	Caroline Lynch	11:55	116
14	Date of Next Meeting: Wednesday 30 July 2025 at 09.00am			-

Board of Directors

Wednesday 26 March 2025
09.00 – 12.00
Seminar Room, Trust Education Centre, Royal Berkshire Hospital

Present

Mr. Graham Sims	(Chair)
Mr. Steve McManus	(Chief Executive)
Mr. Don Fairley	(Chief People Officer)
Dr. Minoo Irani	(Non-Executive Director)
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)
Mrs. Katie Prichard-Thomas	(Chief Nursing Officer)
Mr. Andrew Statham	(Chief Strategy Officer)

In attendance

Mr. Oke Eleazu	(Chair Designate)
Mrs. Caroline Lynch	(Trust Secretary)

Apologies

Dr. Bal Bahia	(Non-Executive Director)
Mr. Dom Hardy	(Chief Operating Officer)
Dr. Janet Lippett	(Chief Medical Officer)
Prof. Parveen Yaqoob	(Non-Executive Director)

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

43/25 Health & Safety Moment

The Chief People Officer introduced Dawn, Head of Risk Management and Nigel, Security Manager to provide an overview of the work undertaken in relation to violence and aggression (V&A) incidents raised by staff. Dawn explained that there had been a national increase in V&A incidents on NHS staff. The Trust had seen an increase in the number of incidents reported and this coincided to when Trust wide communications had been issued encouraging staff to report such incidents. The NHS Staff Survey for 2024 indicated that the Trust had a higher than national number of incidents being reported. Dawn explained that there was, on average, circa 65 incidents reported monthly. Contributory factors included elderly care patients with dementia. Nigel provided an overview of work undertaken to date including conflict resolution training. This had been supplemented with breakaway training launched two months earlier. Breakaway training had been developed in conjunction with the Berkshire Healthcare Foundation Trust (BHFT) and the Trust had the 'yellow, amber, red' policy processes in place. Nigel provided an example of an incident that had taken place in November 2024 during the evening. A paediatric nurse had been verbally and physically aggressively threatened by a homeless man on Trust premises. The member of staff had contacted security and the incident had been reported to the police. Nigel explained that his role was to support the member of staff and ensure their line manager was also aware so they could also provide support. CCTV evidence of the incident had been secured and shared with the police. Nigel explained that staff

could be issued with personal attack alarms and could also be escorted to and from their vehicle. The individual concerned was arrested by the police and served a custodial sentence. However, they returned in March 2025 and issued with another 'red' card under the Trust's policy. The Trust had reached out to a homeless charity to explore the incidents of individuals' rough sleeping on Trust premises. Work was on-going to increase the number of doors that could be locked during the evenings without impeding clinical work.

Dementia awareness training had been provided to security staff and, as part of the breakaway training, staff were provided with specific training on how to release themselves from a grip and avoid or remove themselves from a situation. The Chief Nursing Officer thanked Dawn and Nigel for their leadership work on V&A. The Chief Executive advised that the Trust was clear that incidents of a criminal threshold were reported to the policy and individuals were prosecuted. The Board endorsed this stance.

44/25 Staff Story

The Chief Finance Officer introduced Clara and Parminder from the procurement team. Clara provided an overview of the work undertaken in relation to contract managements and savings achieved by the Trust. All Trust contracts had been captured on the procurement database and work was on-going to actively manage the top suppliers ensuring key performance indicators (KPIs) and service level agreements were in place. This had resulted in a £3m savings over the last two years. Operationally, governance and compliance had improved ensuring that the Trust was commercially compliant as well as its suppliers. The procurement cost improvement programme (CIP) target for 2024/25 was £3.4m and currently a total of £6.1m had been achieved and it was anticipated that a full year effect of £7.8m would be delivered. This had been achieved by a mixture of grip and control measures introduced including 95% of spend being via the procurement catalogue as well as reduction of discretionary spend.

Parminder explained that, as part of her role, she worked locally with the Buckinghamshire, Oxfordshire & Berkshire (BOB) Integrated Care Board (ICB) lead to ensure contracts could be aligned across the system to achieve value for money and commercial efficiency. The Board noted that discussions were on-going with system partners in relation to standardising pacemakers across the system. Parminder also worked closely with clinical teams and a clinical product group had been set up with a £100k saving had been achieved in the last few months by standardising products. The Board noted that some difficulties were encountered when clinical teams wanted to use specific suppliers and the procurement team had access to national data on items used across the UK. Therefore, sometimes there was an issue of commercial arrangements versus clinical preference. However, the procurement team were collaborating with clinical teams and any unwarranted variation was monitored. The Board thanked the team for their presentation.

45/25 Patient Story

The Chief Nursing Officer introduced Kate, Associate Director of Nursing, Women, Children & Young People, who explained the story of Elijah and Gloria. Elijah was a 21-year-old young man who had been known to the Trust all his life. Eiljah had presented as a patient at Dingley when he was 18 months old. His mum Gloria was a single parent and provided all his support which was, of course, easier when he was a child. Kate explained that Elijah was a lovely happy young man. However, he was not always compliant. He had unexplained seizures, sometimes, up to 80 a day. However, this was well controlled. Kate highlighted that when Elijah had to attend for paediatric appointments all specialities were available at the same time. However, now he was an adult patient he had to attend different areas for different clinical treatment. Elijah would often become agitated and staff struggled to meet his needs. The patient experience team were looking at an enhanced support system for Gloria and Gloria was working with the Trust on training and raising awareness. The Trust did have a dedicated waiting area in the Emergency Department (ED) for patients with sensory disturbances such as Elijah with his epilepsy. The Chief Executive highlighted that the ICB would need to co-ordinate services for patients with complex healthcare needs in order to ensure they received

equal access to healthcare. Kate confirmed that Gloria did receive Continuing Healthcare (CHC) funding.

46/25 Minutes for approval: 29 January 2025 and Matters Arising Schedule

The minutes of the meeting held on 29 January 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.

47/25 Minutes of Board Committee Meetings and Committee Updates

People Committee 3 December 2024 and 6 February 2025 including Committee Review of Effectiveness and Terms of Reference

The Board noted that key issues discussed at the People Committee included the Trust's excellent position in the Staff Survey 2024 results. The Committee had also reviewed the Gender Pay position and the targeted action plan and had improved the recommendations from the safe staffing review. The Committee had also reviewed its annual review of effectiveness and recommended the terms of reference for approval.

The Board approved the terms of reference.

Quality Committee 4 December 2024 and 3 February 2025 including Committee Terms of Reference

The Chair of the Quality Committee advised that the Committee had received and approved the refreshed Children & Young Peoples Strategy and would monitor progress going forward. The Committee had also received good assurance on Never Events and investigations were progressing. Progress on the implementation of Call 4 Concern/Martha's Rule had been received as well as Year 1 of the Patient Safety Incident Response Framework (PSIRF). The Committee had also discussed complaint response times and the Director of Nursing, Networked Care, had provided reassurance on actions being taken to improve these. The Committee had discussed the Steris contract and noted that issues were resolving. The Chair of the Quality Committee advised that the Joint Advisory Group (JAG) accreditation for the Trust had been suspended due to a data issue although this would not impact on service provision. The Committee had also received three national patient survey results. The Committee had also reviewed its terms of reference and recommended them for approval.

The Board approved the terms of reference.

Finance & Investment Committee 22 January 2025 and 19 February 2025

The Chair of the Finance & Investment Committee advised that the Committee had recommended the Trust's insurance premium for approval The Committee had also recommended the revised capital programme of £41m for approval. Due to the current financial challenges the Committee had discussed the need to seek cash support in April 2025. The Committee had also received the productivity and efficiency report issued by NHS England (NHSE) that showed the Trust had the lowest cost index within BOB ICB. The Chief Finance Officer advised that the guidance for seeking cash support had not been issued nationally and advising teams to discuss with ICB colleagues.

48/25 Chief Executive's Report

The Chief Executive recognised the long tenure of the existing Chair and thanked him on behalf of the Board. The Chief Executive also welcomed the Chair designate who would be taking up his role with effect from 1 April 2025.

The Chief Executive highlighted the seismic changes in relation to the abolition of NHS England (NHSE) and the significant senior leadership changes as well as the further reduction of Integrated Care Boards (ICBs) across the country and advised that the Trust's business planning process was reflective of the difficult environment and uncertainty. The Chief Executive advised that there had been a recognition and a commitment from the NHSE Chief Executive of the administrative demands on the NHS. However, the request for data returns had not yet diminished although the transition from NHSE to the Department of the Health & Social Care was to reduce levels of duplication.

The Chief Executive advised that the 4-hour emergency access standard remained challenged with 78% achieved in March 2025. A full review of the Winter plan had been undertaken and this was highlighted the minimal need to use escalation spaces which that testament to the teams. The Chief Executive confirmed that the Trust was providing mutual aid to Oxford University Hospitals (OUH) patients that were waiting more than 65 weeks for elective treatment. The Trust had no patients waiting this long. The Trust provided capacity in urology and Buckinghamshire NHS Trust (BHT) had also offered support. Patients referred by GPs on number of agreed postcodes would be automatically referred directly to the Trust.

The Chief Executive drew attention to the Trust's engagement with local community partners such as Healthwatch, ACRE (Alliance for Cohesion and Racial Equality) and Reading Refugee Support Group (RRSG) as well as with the Care Quality Commission (CQC) in relation to their assessment of the Trust's radiotherapy service's Ionising Radiation [Medical Exposure] (IR[ME]R) as well as their inspection of Reading Local Authority Adult Social Care provision in addition to the on-going quarterly engagement sessions. The Chief Nursing Officer confirmed that the outcome of the on-going BOB ICB Joint Targeted Area Inspection of domestic abuse and impact on children would be submitted to the Quality Committee.

Action: K Prichard-Thomas

The Staff Survey results for 2024 had been released in March 2025 and the Trust had achieved a significant response rate of 57%. The results highlighted that the Trust was the third best performing organisation in the country, for example, where staff felt able to make improvements. The survey results provided positive assurance on the cultural health and quality of staff experience at the Trust. The Behaviours Framework had been refreshed during 2025 as part of the What Matters 2024 programme and the 'Up the Anti' campaign, to progress the principles and practices of an anti-discrimination cultures, had been launched during March 2025 as a response to both the Staff Survey results and feedback receiving during the What Matters programme.

The Trust had hosted a visit from HRH Prince of Wales and this had provided the opportunity to showcase some of the extensive health and wellbeing support we offer our staff. Staff who had met the Prince had been able to talk about their experiences of Covid and the lasting impact on both them and their families. Following the visit, the Prince had written a letter of thanks for the candour of the staff he had met.

The Chief Executive highlighted that an independent external review of the achievements and impacts of the Trust's Health Innovation Partnership (HIP) with the University of Reading had been undertaken and, following review by the Strategic Partnership Board an implementation plan would be developed. The Chief Executive advised that Health Data Institute (HDI) had been reviewing its progress against its year one objectives. The HDI was designed to use the rich clinical data held by the Trust for innovation and research and the Trust had linked with Thames Valley & Surrey (TVS) Secure Data Environment (SDE).

The Board noted that the engagement period on Trust Strategy refresh had been launched during March 2025. This provided significant opportunities to engage a wide range of stakeholders.

The Chief Executive advised that the Trust's financial position remained challenged and the Business Plan for 2025/26 had not yet been approved by the Board. The challenge for 2025/26 was the need for structural reform, both in clinical and non-clinical, across the system.

The Chief Executive recognised the work of the Building Berkshire Together (BBT) team and the significant impact on the team following the Government's announcement that the Trust would not receive funding beyond 31 March 2025. The Trust had submitted a formal bid formal funding request as part of the business case process to secure land for future development.

49/25 Integrated Performance Report (IPR)

The Chief People Officer introduced the report and advised that this had been reviewed by the Executive Management Committee. In relation to patient experience the Friends & Family test metric was 91.40% for February 2025, the highest percentage in the last 6 months, demonstrating that patients' perception of their safety remained steady. The stability metric also remained static with a high level of performance achieved at 90.75% in February 2024 with the Trust being one of the top 35% of acute trusts and would continue to aim for 92% which was the top decile. The Chief Nursing Officer advised that it was challenging to obtain feedback from children due to repeated touchpoints. Waiting times and lack of Wi-Fi were the main themes received via the Friends & Family test.

Performance against the 4-hour emergency target had reduced during December 2024 and circa 70 to 73% during January and February 2025. The Urgent Care Centre being located on the Reading site had had an impact with 90% of its capacity being used. However, it was unlikely that the 78% target would be met. Patients presenting to the Emergency Department (ED) had high levels of acuity and a high level of attendance continued. The Board discussed the need for system actions in order to address the high levels of demand on ED. Actions included the need for the 'call to convey' process to be implemented within the system as well as support from community partners in relation to the high number of patients that were fit for discharge.

Patient flow remained a challenge. The urgent care team were planning a reset in relation to falls and the frailty pathway and improvement plans were being monitored with the Long-Term Conditions Board (LTCB).

Cancer performance had decreased in February 2025. However, these results had not yet been validated. The 28-day cancer standard performance was strong although challenged and actions being taken included nurse-led triage in gastroenterology as well as securing additional theatre capacity.

The Chief People Officer advised that the Trust remained on target to achieve its forecast outturn position and deliver its cost improvement programme for 2024/25. There had been some delay on the capital programme. The Chief People Officer highlighted that the Trust's use of bank and agency was the lowest in the South East.

50/25 Performance Metrics Review

The Chief Strategy Officer introduced the report and highlighted the proposed changes following review of the performance metrics.

There would be no change to Strategic objective 1 other than the inclusion of the total Call 4 concern calls received. There would be no change to Strategic objectives 2 and 4.

An insight metric in relation to 12-hour waits would be included in Strategic objective 3 and cash and a productivity metric would be included in Strategic objective 5.

Following review by the Executive Management Committee it had been recommended that the improvement metric for Strategic objective 4 should be reconsidered due to the challenges to

providing care closer to home as well as a focus on improvement and efficiency. The Chief Strategy Officer advised that once the business planning process for 2025/26 had been completed this would be considered. **Action: A Statham**

The Board approved the recommendations.

51/25 2024 Staff Survey Results

The Chief People Officer introduced the report and highlighted that the Trust had achieved its best results in the 2024 survey despite the national trend decreasing. The Trust had improved year on year over the last 7 years. The Chief People Officer highlighted that this demonstrated the culture, values, staff engagement and investment in Health & Wellbeing offers as well as the talent management and leadership programme, led by the Chair and the Board. The Board noted that the Chief People Officer had been asked to present both regionally and nationally on the Trust's performance in this area.

The Chief People Officer advised that Trust-level plan had been developed and quadrant analysis would be monitored by the People Committee. Some communications had been launched to celebrate the results and further communications were planned. The Board considered it was important to consider the challenging year ahead in relation to expenditure. However, it was important to continue to invest in staff.

52/25 Corporate Risk Register (CRR)

The Chief Nursing Officer 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 and Executive Management Committee. Recently, the Audit & Risk and Finance & Investment committees had reviewed their relevant sections and the Quality Committee was due to review its relevant sections at the next meeting. All risks were reviewed on a regular basis.

The Chief Nursing Officer highlighted that all risks would be reviewed considering the government announcement on the new hospital programme as this had been listed as a mitigation across several areas.

53/25 Board Nominations & Remuneration Committee Terms of Reference

The Board received the Nominations & Remuneration Committee terms of reference that had been recommended for approval by the Committee. The Chief People Officer advised that further review was required. **Action: D Fairley**

54/25 Work Plan

The Board received the work plan for 2025.

55/25 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 28 May 2025 at 09.00

SIGNED:

DATE:

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

Date	Minute Ref	Subject	Matter Arising	Owner	Update
26 March 2025	48/25	Chief Executive's Report	The Chief Nursing Officer confirmed that the outcome of the on-going BOB ICB Joint Targeted Area Inspection of domestic abuse and impact on children would be submitted to the Quality Committee.	K Prichard-Thomas	Item scheduled for the Quality Committee in July 2025.
26 March 2025	50/25	Performance Metrics Review	Following review by the Executive Management Committee it had been recommended that the improvement metric for Strategic objective 4 should be reconsidered due to the challenges to providing care closer to home as well as a focus on improvement and efficiency. The Chief Strategy Officer advised that once the business planning process for 2025/26 had been completed this would be considered.	A Statham	The IPR has been updated to reflect the changes approved with this month the first iteration of the new IPR. A new efficiency and productivity metric has been added into SO5. Use of other sites is a recurring theme amongst patients, community, staff and volunteers being raised as part of the Trust Strategy refresh engagement programme and is likely to appear in our new Trust Strategy and therefore represented in the 2026/27 IPR onwards.
26 March 2025	53/25	Board Nominations & Remuneration Committee Terms of Reference	The Chief People Officer advised that further review was required.	D Fairley	Item on the agenda for the meeting on 28 May 2025.

Royal Berkshire
NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Wednesday 19 March 2025
11.30 – 12.35
Boardroom, Level 4, Royal Berkshire Hospital

Members

Mr. Mike O'Donovan	(Non-Executive Director) (Chair)
Dr. Janet Lippett	(Chief Medical Officer)
Mrs. Nicky Lloyd	(Chief Finance Officer)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)
Mr. Andrew Statham	(Chief Strategy Officer)

In Attendance

Dr. Bal Bahia	(Non-Executive Director)
Ms. Helen Challand	(Deputy Director of Financial Turnaround)
Mr. Oke Eleazu	(Chair Designate)
Mrs. Caroline Lynch	(Trust Secretary)
Mrs. Helen Mackenzie	(Non-Executive Director) (from minute 37/25)
Mrs. Tracey Middleton	(Director of Estates & Facilities)
Prof. Parveen Yaqoob	(Non-Executive Director)

Apologies

Mr. Dom Hardy	(Chief Operating Officer)
Mr. Steve McManus	(Chief Executive)

34/25 Declarations of Interest

There were no declarations of interest.

35/25 Minutes for Approval: 19 February 2025 & Matters Arising Schedule

The minutes of the meeting held on 19 February 2025 were approved as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 21/25: Productivity Analysis: The Chief Finance Officer advised that the Service Line Reporting was included in the finance function review improvement plan that would be submitted to the Audit & Risk Committee in May 2025 and to the Committee in April 2025.
Action: N Lloyd

The Chief Finance Officer advised that a revised monthly finance report was being developed and feedback on the format of the finance report had been requested from all Board members. A summary finance report had been issued for March 2025 and productivity metrics would be included in the revised finance report. **Action: N Lloyd**

36/25 Finance Update & Capital Programme

The Chief Finance Officer advised that Month 11 financial performance was a deficit of £19.79m, £13.09m behind the year-to-date budget of £6.69m and £0.01m ahead of the year-to-date forecast £19.80m deficit. Cash at the end of the month was £13m. There had been a deterioration in non-pay expenditure related to drugs. However, this was mitigated by additional income.

The Chief Finance Officer highlighted that the Chief Executive's team conducted 'go and see' visits regularly to discuss pay spend with various specialities. The Chief Nursing Officer advised that the increase in nursing spend in maternity, Elderly Care, Emergency Department (ED) and Trauma & Orthopaedics (T&O) related to enhanced care as well as sickness. Work was on-going to develop a supernumerary standard operating procedure (SOP) as different staff groups had different approaches. It was anticipated that an approved SOP would be in place by 1 April 2025.

The Committee discussed the current workforce controls measures noting that the Trust was the lowest for agency spend in the South East. The Chief Finance Officer confirmed that the year-end forecast included a realistic achievement of elective recovery income. In addition, non-pay assumptions in the forecast were based on the current run rate of clinical supply spend. Actions were on-going to address historic purchase orders.

A total of £22.93m of the capital had been delivered as at the end of February 2025 year-to-date. The Chief Finance Officer advised that there had been some delays in delivery of the capital programme. However, there were some mitigations on these delays in relation to accounting and assets under construction and the finance team were working closely with external auditor in relation to this. It was predicted that potentially up to circa £2m of the 2024/25 programme might not be spent. In relation to planning for 2025/26 capital programme there would be some projects started in 2024/25 that would be pre-allocated in 2025/26.

The Committee noted that the capital plan for 2024/25 had increased to £40.33m including charity funded items. The Committee's support was sought to recommend the revised plan to the Board for approval. The Committee agreed that a recommendation would be submitted to the Board to approve the revised capital plan for 2024/25.

Action: M O'Donovan

The Chief Finance Officer advised that the Trust would require some form of cash support going forward. However, the official route for requesting cash support had been suspended. The Chief Finance Officer would continue to liaise with the deputy Chief Finance Officer at NHS England (NHSE) and a meeting had been scheduled to discuss cash requirements.

37/25 Financial Improvement Plan

The Deputy Director of Financial Turnaround introduced the report and advised that as at year-to-date Month 11 £23.94m of savings had been delivered against the target of £30.85m. The Committee noted that some specialist clinical vacancies were being held and a point of discussion was the need to acknowledge difficult to recruit to roles. Administrative posts were currently on hold. A total of £5.65m of savings related to vacancies was being held. The Deputy Director of Finance Turnaround highlighted that the workforce control panel may need to be revised for 2025/26. The Committee discussed the need for more recurrent savings to be identified as well as the need for more transformational programmes.

38/25 Business Planning 2025/26

The Chief Strategy Officer introduced the report and provided a summary of the planning process to date. The Trust was required to submit its business plan for 2025/26 later that day once approved by the Board. The Committee noted that the submission template contained a significant amount of information including financial plan, operational standards, workforce as well as narrative on cost efficiencies. The proposed deficit for 2025/26 was £33.8m. This was consistent with 5% cost improvement plans, £30m of which had already been identified. This was a significantly improved position in comparison to the beginning of 2024/25. Cost improvement programmes that would be a key focus included reducing Length of Stay (LoS), reducing follow-up Outpatient appointments, enhancing private patient income as well as reducing the size of corporate services through partnership at place and system. The Committee discussed concerns in relation to system performance and deliverability of the plan in addition to the Trust's need for cash support during 2025/26.

The Committee noted that the Trust was compliant with all standards other than elective recovery. The Trust was already performing well in addition to providing mutual aid to Oxford University Hospitals (OUH) which impacted on the Trust's performance. However, system and regional colleagues were content with this.

The Committee noted that achievement of non-elective standards was reliant on system partners and the Integrated Care Board (ICB) had recognised this. The Trust still experienced high Emergency Department (ED) attendance rates as well as delayed discharges.

The Committee discussed the reduction in workforce plan to reduce overall whole-time equivalents (WTE) from 6410 staff to 6284 staff by the end March 2026. This included the planned investment to in-house the Digital, Data & Technology (DDaT) directorate and estates teams. Therefore, this equated to a like for like reduction of 250 staff. However, currently there was no indication of a national redundancy scheme. Therefore, the Trust would need to fund this.

The Chief Strategy Officer highlighted the Board Assurance statement that had to be submitted with the business plan for 2025/26 and the two areas that were proposed to be marked as not confirmed.

[s43 – FOI Act]

The Committee agreed that a recommendation should be submitted to the Board to approve the business plan for 2025/26 as presented. **Action: M O'Donovan**

The Committee noted the Equality Quality Impact Assessment (EQIA) process report provided. The Chief Medical Officer advised that the EQIA process had been used throughout the year and had been discussed with the ICB. The Committee noted that, whilst EQIAs had been completed on a number of proposals, there had been none progressed that would impact on patient safety.

39/25 Long Term Resources Model (LTRM)

The Chief Strategy Officer advised that a model had been received from Grant Thornton. The next stage would be including the business planning into the LTRM and agreed a starting point. The Committee noted the impact on progress with the LTRM as set out in the report. It was agreed that a further update would be provided to the July meeting depending on progress with the income offer from the Integrated Care Board (ICB).

Action: A Statham

40/25 Key Messages for the Board

Key messages for the Board included:

- Actions developed from the finance review to be submitted to the Committee in April 2025
- Recommendation to approve the revised capital plan for 2024/25
- Recommendation to approve the business plan for 2025/26

41/25 Date of Next Meeting

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

SIGNED:

DATE:

Royal Berkshire NHS Foundation Trust

Minutes

Finance & Investment Committee Part I

Wednesday 23 April 2025
11.00 – 12.35
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)
Ms. Catherine McLaughlin	(Non-Executive Director)
Mr. Mike McEnaney	(Non-Executive Director)
Mr. Andrew Statham	(Chief Strategy Officer)

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)
Mrs. Tracey Middleton	(Director of Estates & Facilities)

Apologies

Mrs. Nicky Lloyd	(Chief Finance Officer)

51/25 Declarations of Interest

There were no declarations of interest.

52/25 Minutes for Approval: 19 March 2025 & Matters Arising Schedule

The minutes of the meeting held on 19 March 2025 were approved as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 35/25 (21/25): Minutes for Approval: 19 February 2025 & Matters Arising Schedule: Productivity Analysis: The Director of Finance confirmed that the finance improvement plan including Service Line Reporting.

The Director of Finance advised that the revised Chief Finance Officer report was being finalised and would be circulated to the Executive team and shared with the Committee ahead of the next meeting. **Action: N Lloyd**

Minute 38/25: Business Planning 2025/26: The Committee requested that the final version of the Board Assurance Statement submitted with the Business Plan should be circulated to the Committee. **Action: A Statham**

Minute 39/25: Long Term Resources Model (LTRM): The Chief Strategy Officer advised that an update on the LTRM was scheduled for the July meeting.

53/25 Month 12 Finance Report & Capital Programme 2024/25

The Director of Finance advised that the Month 12 financial performance was a £17.92m deficit forecast outturn for 2024/25 that was in line with forecast year to date. Income at £674.22m year to date was ahead of plan by £50.88m and forecast by £28.34m. The Director of Finance provided an overview of the elements related to this position. The Month 12 closing cash position was £10.60m.

The Committee noted pay expenditure at £417.91m year to date was adverse to plan. The Director of Finance advised that admin and management pay was consistently underspent. The overspend on clinical supplies had been part of the budget conversations. The Chief Strategy Officer advised that as part of the planning discussion with Planned Care the baseline had been set correctly and they had a challenging cost improvement programme (CIP).

The Committee noted that there was an Integrated Care Board (ICB) work stream specifically focused on high-cost drugs. The Chief Medical Officer confirmed that the pharmacy team generally met their CIP target. However, there was further work on high-cost drugs to do internally.

54/25 Operational Plan 2025/26

The Chief Strategy Officer advised that the operating plan for 2025/26 had been submitted to the Integrated Care Board (ICB). The Committee noted that the Trust had an opportunity to re-submit the plan with any corrections or improvement.

The Chief Strategy Officer highlighted that the Trust had identified £20.62m of the £40.60m efficiency savings plan for 2025/26 demonstrated progress. Due to a technical issue the level of recurrent versus non-recurrent had not been entered correctly. Therefore, changes would be made to state 55% were recurrent and 45% were non-recurrent.

In terms of Emergency Department (ED) performance, the trajectory was to achieve 78%. The Chief Operating Officer advised that the Trust had invited the NHS England (NHSE) Regional Advisor to visit during May 2025 to look at the ED team practice and offer advice. It was anticipated that this would help prioritise. Work was also on-going to refresh the patient flow programme.

The Committee noted that key productivity metrics would be refreshed in the Chief Finance Officer's monthly report.

The Committee discussed the Long-Term Resources Model (LTRM) scenario was a 3-year breakeven position. However, adequate resource would be required to support this. A further update would be provided the July meeting. **Action: A Statham**

The Committee agreed that a recommendation to approve the submission of the Operational Plan would be submitted to the private Board followed by public Board in May 2025. **Action: M O'Donovan**

55/25 Draft Capital Plan and Cash Position 2025/26

The Director of Finance advised that £2.34m of the 2024/25 capital programme had been carried over to the 2025/26 programme. The phasing of the capital plan was being developed. The Capital Departmental Expenditure Limit (CDEL) allocation for 2025/26 was £26.19m, with £12.91m additional Public Dividend Capital/Grant funding.

The Director of Finance provided an overview of 3 options for the Capital Plan. The report had been reviewed by the Executive Management Committee and Option 3 had been the preferred choice. Work was on-going in relation to the impact of reducing the capital programme and this was an on-going discussion with the Executive team. The Committee expressed concerns in relation to confirming the current scenarios with the Integrated Care Board (ICB) and agreed it was important to articulate the consequences of reducing the capital programme as well as the need to take actions to protect the cash position. The Director of Finance advised that the Trust would aim to self-support during Quarter 1 including delaying the capital programme and maintain the cash forecast as submitted. The Chief Strategy Officer agreed to highlight the cash issue at the upcoming ICB System Recovery and Transformation Board (SRTB).

The Chief Strategy Officer advised that an update on the West Berkshire Community Hospital (WBCH) MRI project would be provided to the May meeting. **Action: A Statham**

56/25 Financial Improvement Plan 2025/26

The Chief Operating Officer advised that the Trust's revised efficiency target for 2024/25 was £30.85m. A total of £27.87m had been delivered. The target for 2025/26 was £40.60m. This included £11m savings carried forward from 2024/25. The savings identified to date were 66% recurrent and 33.9% non-recurrent.

The Committee noted that the savings target for 2025/26 had been discussed with Care Groups and corporate areas and work was on-going in relation to workstream to achieve the savings.

57/25 Cash Flow Forecasting & Working Capital Optimisation Final Report

The Committee received the action plan following the review of cash flow forecasting and working capital optimisation by Deloitte. The Committee noted that the Acute Provider Collaborative (APC) workstream on the review of corporate services as well as the Trust's position on cost improvement programme (CIP) as well as any impact on the finance team. The Committee noted that the report required review by the Executive Management Committee during April 2025 to consider the overall future plan for the finance directorate. **Action: N Lloyd**

The Director of Finance confirmed that the KPMG review of the finance function would be submitted to the next Audit & Risk Committee. **Action: N Lloyd**

58/25 Key Messages for the Board

Key messages for the Board included:

- Month 12 position noted and the Trust would require external financial support from July 2025 onwards and for the remainder of 2025/26
- The implication on delivery and flow of the capital programme 2025/26 were noted and required further discussion.
- Discussions on cash support would continue with NHSE and the ICB.

59/25 Date of Next Meeting

It was agreed that the next meeting would be scheduled for Wednesday 21 May 2025 at 11.00am.

SIGNED:
DATE:

Audit & Risk Committee

Wednesday 12 March 2025
9.30 – 11.30
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. James Shortall	(Local Counter Fraud Specialist) (LCFS)
Mr. John Oladimeji	(Manager, Deloitte)
Mr. Neil Thomas	(Partner, KPMG) (up to minute 34/25)
Mr. Ben Sherriff	(Associate Partner, Deloitte)
Mr Steven Turner	(Partner, Deloitte)

Trust Staff

Miss. Kerrie Brent	(Corporate Governance Officer)
Mr. Mike Clements	(Director of Finance)
Ms. Emily Feja	(Chief Digital Information Officer) (for minute 31/25)
Mrs. Nicky Lloyd	(Chief Financial Officer)
Mrs. Caroline Lynch	(Trust Secretary)
Mr. Steve McManus	(Chief Executive)
Ms. Katie Prichard-Thomas	(Chief Nursing Officer)

Apologies

24/25 Declarations of Interests

There were no declarations of interest.

25/25 Minutes for approval: 8 January 2025 and Matters Arising Schedule

The minutes of the meeting held on 8 January 2025 were agreed as a correct record and signed by the Chair.

The Committee received the matters arising schedule.

Minute 02/25 (107/24) (96/24): Minutes for approval: 21 November 2024: Non-NHS Debt: The Chief Finance Officer confirmed that an update on the private patients' project would be provided to the May meeting. **Action: N Lloyd**

Minute 02/25 (108/24): Minutes for approval: 21 November 2024: Local Counter Fraud Report: The Committee noted the outstanding issue related to counter fraud training. It was agreed that the Chief Finance Officer would need to discuss further with the Chief People

Officer who had confirmed this could not be incorporated into the Information Governance training module. **Action: N Lloyd**

Minute 02/25 (113/24): Minutes for approval: 21 November 2024: HFMS Ltd Annual Report & Accounts 2023/24: The Chief Finance Officer confirmed that a governance review of HFMS Ltd would be undertaken to establish whether the correct processes were in place including whether it was achieving its intended purpose would be provided to the May 2025 meeting prior to any consideration of expansion of its function. **Action: N Lloyd**

Minute 04/25: External Audit Progress Report: The Associate Partner, Deloitte, confirmed that now the Foundation Trust Annual Reporting Manual had been published a meeting would be scheduled with the Trust Secretary. **Action: J Oladimeji**

Minute 05/25: Internal Audit Progress Report: The Partner, KPMG, advised that the draft report on the finance function review had been shared with the Chief Executive. Once comments had been received the final report would be submitted to the Committee for review. **Action: N Thomas**

Minute 16/25: NHS Code of Governance Review: The Trust Secretary advised that the well led specification would be updated following a new update from the Care Quality Commission. In addition, the timing of the review would not be during Quarter 1 as discussed as part of the budget planning process for 2025/26.

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

The LCFS introduced the report and highlighted that work was on-going to review the National Fraud Initiative match reports for Companies House and high-risk Payroll. A total of 11 matches had been identified in comparison to 3 in the previous year. These would be reviewed against the Trust's declarations of interest database with the Trust Secretary. **Action: J Shortall**

[s31, FOI Act]

The LCFS highlighted that benchmarking data for Quarter 2 had been included in the report.

The LCFS explained that in relation to NHS Counter Fraud Authority (NHSCFA) compliance to submit data, other trusts, in line with the Trust's proposal, were considering on a case-by-case basis before submitting data to the national system.

The LCFS highlighted the Counter Fraud Strategy and Annual Plan for 2025/26. Requirement had been set with some flexibility for proactive reviews. It was agreed the plan would be reviewed at the next meeting with options for proactive work included. **Action: J Shortall**

27/25 External Audit Progress Report

The Associate Partner, Deloitte, advised that, in response to a question regarding benchmarking data, it was difficult to compare NHS trusts in relation to non-recurrent and recurrent savings generally. However, this would be a focus for the value for money work. The Committee noted that the Trust did not have plans in place at the outset of 2024/25 and the challenge was to ensure this was not repeated during 2025/26. However, the Trust had a higher rate of non-recurrent savings than other trusts.

The Associate Partner, Deloitte, highlighted that capital expenditure was a significant risk and the year end audit would focus on capital cut-off and year-end capital creditors.

The Committee noted the technical update that included updates on environmental disclosures required. The Committee discussed the NHS Audit Market Study findings published by the Financial Reporting Council (FRC). The Chief Finance Officer confirmed that internal audit and counter fraud contracts were in place until 2027 and external audit until 2026. However, work was already underway to tender for these contracts including alignment with other partners in the Integrated Care System (ICS).

28/25 External Audit Annual Plan 2025/26

The Partner, Deloitte, introduced the annual plan for 2025/26 and highlighted the quality indicators developed with the aim of improving the quality of challenges from external audit and working with management. The Committee noted that the materiality level would be same as the previous year and misstatements in excess of £300k would be reported. Risks included accruals, capital expenditure, property valuations and manual override of controls. Revenue arrangements including Advice & Guidance and Elective Recovery funding from the Integrated Care Board (ICB) and value for money work would include financial sustainability and plans for savings.

The Committee queried whether the Trust had made improvements in relation to accruals and Goods Received Not Invoiced (GNRI). [s43, FOI Act]

The Committee noted that the remuneration report included a mixture of input from both the Finance and People teams . The Trust Secretary confirmed that the Deputy Chief People Officer had already provided their draft section of this section of the Annual Report.

It was agreed that an update against the previous recommendation and progress on the financial statements would be submitted to the next meeting. **Action: N Lloyd**

29/25 Internal Audit Progress Report

The Partner, KPMG, introduced the report and highlighted that four internal audit reviews had been completed; accounts payable and accounts receivable, planned and reactive maintenance, pathology and Integrated Performance Report (IPR): data quality. Three reports would be submitted to next meeting: Data Security Toolkit, rostering and the finance function review.

The Partner, KPMG, provided an overview of the accounts payable and accounts receivable findings and advised that controls were in place. However, there had been some inefficiencies in relation to budget holders' adherence to the standard procure to pay processes and involved the finance team having to intervene to correct and re-work transactions, for example, retrospective purchase orders required to clear unmatched invoices). The Director of Finance highlighted that this was reflective of earlier discussion regarding the improvement in reduction of accruals.

The Committee considered that the current four reviews as well as other reviews during the year had all been rated as 'significant assurance with minor improvements'. The Chief Executive advised that the Executive team did identify areas of concerns or issues for internal audit review. The Partner, KPMG, highlighted that the Digital, Data and Technology (DDaT) review had been issued with a red rating.

30/25 Internal Audit Annual Plan 2025/26

The Partner, KPMG, introduced the report and advised that the plan for year ahead had been discussed with both Executive and Non-Executive members of the Board. Following feedback, estates management had now been included in the plan. The Chief Finance Officer advised that the plan had also been discussed with the Executive Management Committee (EMC) who had requested that all internal audit reports were submitted to EMC for review and discussion.

The Committee queried why Equality Quality Impact Assessment (EQIA) process had not been included in the plan. The Chief Nursing Officer advised that the policy was only implemented in the last year although the process had always been in place and EQIAs had been scrutinised as part of the business planning process for 2025/26.

The Committee recommended that the access review should be undertaken earlier than the research post-award. **Action: N Thomas**

The Committee approved the internal audit plan for 2025/26 subject to this amendment.

31/25 Internal Audit Recommendations

The Committee noted that, 13 out of 138 audit actions were overdue. The Chief Digital Information Officer advised that all actions related to the Digital, Data & Technology (DDaT) directorate had been updated on the internal audit system earlier that day. Going forward, timely completion of audit actions would be embedded within the Target Operating Model. The Committee noted that with these actions completed, only 4 actions remained overdue. It was agreed that the Partner, KPMG, would confirm to the Committee once the DDaT evidence had been reviewed. **Action: N Thomas**

The Committee noted that there were three requests for extension of the due date to 31 March 2025: Violence & Aggression and Operational Risk Maturity. The Committee approved the extensions.

32/25 Prospective Planning for 2024/25 Audit

The Chief Finance Officer advised that official guidance was being sought from the National team in relation to accounting treatment following the New Hospital Programme announcement. However, this would not impact on the Trust's forecast outturn for 2024/25 that had been approved by the Board.

33/25 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. Updates on the Digital Hospital Committee, Building Berkshire Together and the Improving Together section were still outstanding. **Action: C Lynch**

34/25 Corporate Risk Register (CRR)

The Chief Nursing Officer introduced the CRR that had been reviewed by the Integrated Risk Management Committee (IRMC) in February 2025. The Committee had discussed the need to update the CRR following the recent Government announcement on the New Hospital

Programme. The BBT risk register was currently being reviewed and would be discussed at the April 2025 meeting. [s43, FOI Act]

35/25 Losses and Special Payments

[s43, FOI Act]

36/25 Use of Single Tenders

The Committee noted that 10 single tender waiver contracts had been awarded since the last meeting. The Chief Finance Officer advised that an update on the work to reduce the number of single tender waivers would be provided to the Committee in May 2025.

Action: N Lloyd

37/25 Schedule of Significant Contracts

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

- Nutrition Support Products and Services - Enteral Feed Nutricia Ltd, 3 years contract £1,971,736.08
- Alertive Service Vodafone Limited, 3 years contract term, £474,000.00
- Bank and Agency Staff NHS Professionals, 4 years contract, circa £1,350,000.00

The Chief Finance Officer advised that the Trust had issued early termination of the contract with Patchwork Health.

38/25 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.

39/25 Non-NHS Debt Report

The Committee noted that non-NHS debt was £8.5m as at 26 February 2025.

40/25 Health & Safety Annual Report 2023/24

The Trust Secretary introduced the report and advised that this had been delayed due to capacity issues in the team. The annual report for 2024/25 would be submitted to the July meeting. **Action: D Fairley**

The Committee considered that the report was comprehensive. However, the Executive summary did not provide a succinct summary. The Trust Secretary agreed this would be relayed to the author. **Action: C Lynch**

41/25 Work Plan

The Committee received the work plan.

42/25 Key Messages for the Board

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

- Counter Fraud Plan for 2025/26 approved with the issue of the inclusion of counter fraud training within the suite of mandatory training yet to be resolved

- New Partner for External Audit appointed and plan for 2025/26 agreed
- Received internal audit reports and approved plan for 2025/26
- Internal Audit recommendation reduced to 4 out of 138
- Health & Safety annual report for 2023/24 received with annual report for 2024/25 to be submitted to the July meeting

43/25 Reflections of the Meeting

The Chief Nursing Officer led a discussion.

44/25 Date of Next Meeting

It was agreed that the next meeting would be held on Wednesday 14 May 2025 at 09.30.

45/25 Private Meeting with Internal Audit

A private meeting with KPMG was not held.

46/25 Private Meeting with External Audit

A private meeting with Deloitte was not held.

47/25 Private Meeting of the Committee

A private meeting of the Committee was not held.

Chair:

Date:

Royal Berkshire
NHS Foundation Trust

Title:	**Audit & Risk Committee Annual Review of Effectiveness Report**
Agenda item no:	6.2.1
Meeting:	Board of Directors
Date:	28 May 2025
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Kerrie Brent, Corporate Governance Manager

Purpose of the Report	To provide the Committee with the Audit & Risk Committee Annual Effectiveness Review for 2024/25

Report History	Audit & Risk Committee 14 May 2025

What action is required?	
Assurance	
Information	The Committee is asked to note the annual effectiveness review.
Discussion/input	
Decision/approval	

Resource Impact:	None

Strategic objectives This report impacts on (tick all that apply)::**	
Provide the highest quality care	✓
Invest in our staff and live out our values	✓
Drive the development of integrated services	✓
Cultivate innovation and transformation	✓
Achieve long-term financial sustainability	✓

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

Publication						
Published on website		Confidentiality (FoI)	Private		Public	✓

Royal Berkshire
NHS Foundation Trust

March 2025

Audit and Risk Committee Annual Report 2024/25

Mike McEnaney
Chair, Audit and Risk Committee

Caroline Lynch
Secretary to Audit and Risk Committee

1. Governance

1.1. The Committee met formally on nine occasions during the year:

- 8 May 2024
- 20 June 2024 (Special Meeting)
- 10 July 2024
- 11 September 2024
- 21 November 2024
- 8 January 2025
- 12 March 2025

1.2. The attendance record of members of the Committee is as follows:

Member	Maximum Number of Meetings	Number Attended
Mike McEnaney	7	7
Mike O'Donovan	7	7
Helen Mackenzie	7	7

1.3. The Chief Finance Officer or equivalent has attended all meetings. The Trust Secretary or a nominated deputy has attended all meetings. The Director of Finance and Chief Executive or equivalent were regular attendees at meetings. The Chair of the Trust attended two meetings as an observer. Other Directors and staff have attended the meeting during the course of the year to advise and respond to questions from the Committee. These have included the Chief Operating Officer and Chief Digital Information Officer

1.4. The Committee reviewed the Corporate Risk Register in detail at three meetings. The Chief Nursing Officer provides a report that incorporates decisions from the Integrated Risk Management Committee. The Committee received updates on the Board Assurance Framework at three meetings. The Committee also reviewed the Digital, Data and Technology risk register at the meeting on 10 July 2024.

1.6. The Committee has received updates in respect of Freedom to Speak Up. The Committee also received an update on the Charity Annual Report and Accounts for the financial year 2023/24.

1.7. The Committee reviewed the Health & Safety Annual Report 2023/24 at the 12 March 2025 meeting.

1.8. The Committee followed a scheduled programme of work over the course of the year. This was developed with our Internal Audit team to ensure that the Committee gives the appropriate level of consideration to all areas within its terms of reference.

2. Internal Audit

2.1. KPMG were appointed Internal Auditor from 1 April 2022 and have continued in the role throughout 2024/25.

2.2. The Committee has continued to oversee the delivery of a robust internal audit programme during 2024/25.

2.3. The Internal Audit plan has been delivered within an overall budget of £114,900. As of the date of this report the following reports have been issued in final:

KPMG

- Data Protection & Security Toolkit, May 2024
- Cerner Modules Surgery and Anaesthetics, May 2024
- Cyber Security, July 2024
- Cyber Security Governance & Human Factors, September 2024
- Operational Risk Maturity, November 2024
- Annual Contracting Review, November 2024
- Financial Controls, March 2025
- Maintenance, March 2025
- Pathology, March 2025
- Integrated Performance Report (IPR) Data Quality, March 2025

2.4. The following reports are in progress:

- Rostering Assignment
- Data & Security Protection Toolkit (DSPT) Assignment
- Finance Directorate Review

2.5. Internal Audit provided non-audit services to the Trust to the value of £114,900.

2.6. The Committee received the Internal Audit plan for 2025/26 at its meeting on 12 March 2025.

2.7. The annual effectiveness review of the performance of Internal Audit will be submitted for review by the Committee at its meeting on 9 July 2025.

3. Counter Fraud

3.1. The Committee has continued to receive a progress report from the Local Counter Fraud Service at each meeting. The reports have provided a comprehensive briefing to the Committee on the actions being taken to develop a counter fraud culture within the Trust and progress with any investigations.

3.2. The Counter Fraud plan for 2025/26 was submitted to the Audit & Risk Committee on 12 March 2025.

3.3. The annual effectiveness review of the performance of Counter Fraud will be submitted for review by the Committee at its meeting on 10 September 2025.

4. External Audit

4.1. Deloitte LLP were appointed as External Auditor in 2016 and were re-appointed for a further three years from April 2022.

4.2. The work of the External Auditors and the Committee has been carried out within a framework set by NHS Improvement and the requirements of the National Audit Office's Code of Audit Practice 2020. The work of the external audit has been focussed on the Financial Statements, the Trust's Value for Money arrangements, and considering the consistency of the Annual Report (including the Annual Governance Statement) with information obtained in the audit.

4.3. Over the course of the year, Deloitte LLP delivered a range of assurance reports to the Committee including:

- the ISA260 report outlining the findings of the 2023/24 audit of the Trust's Group 2023/24 financial statements
- regular progress updates on the delivery of the audit and technical updates to members of the Audit Committee
- the ISA260 report outlining the findings of the 2023/24 audit of the Royal Berkshire NHS Foundation Trust Charity
- the ISA260 report outlining the findings of the 2023/24 audit of Healthcare Facilities Management Services Limited.

4.4. Deloitte LLP have provided the External Audit work plan, technical updates highlighting NHS FT and health sector issues of relevance and contributed to the 2023/24 Annual Report and Financial Statements reporting process.

4.5. Deloitte LLP provided non-audit services to the value of £132,826.

4.6. Private meetings with External Audit are scheduled on each agenda and held as required.

4.7. The annual effectiveness review of the performance of External Audit will be submitted for review by the Committee in November 2025.

5. Monitoring of Processes

5.1. The Committee has, at each meeting, kept under review

- Losses and special payments
- The use of single tenders
- Significant contracts entered into by the Trust
- Levels of non-NHS debt

- New bank account authorisations

5.2. The Committee has reviewed a number of Trust policy and procedural documents, including:

- review of the Trust Standing Orders
- review of the Trust's Freedom to Speak Up arrangements

5.3. The Committee received technical updates as part of its continuing development. Updates received during the year have included:-

- Declarations of Interest Update
- NHS Code of Governance review
- Trust Seal Update

5.4. The Committee Terms of Reference would be submitted to the meeting on 14 May 2025 for review.

6. Other Items

6.1. The Committee agreed the 2023/24 financial statements.

6.2. The Committee approved the Annual Report and Accounts for 2023/24 for submission to the Board.

6.3. The Committee agreed the Charity Annual Report and Accounts for 2023/24 for submission to the Charity Committee.

6.4. The Committee agreed the HFMS Ltd Annual Report and Financial Statements for 2023/24 for submission to the HFMS Board.

NHS
Royal Berkshire
NHS Foundation Trust

Title:	**Chief Executive Report**
Agenda item no:	7
Meeting:	Board of Directors
Date:	28 May 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 (tick all that apply)**:**							
Provide the highest quality care for all							✓
Invest in our people and live out our values							✓
Deliver in Partnership							✓
Cultivate innovation and improvement							✓
Achieve Long Term-Sustainability							✓
Well Led Framework applicability:						Not applicable ☐	
1. Leadership ☐	2. Vision & Strategy ☐	3. Culture ☐				4. Governance	☐
5. Risks, Issues & ☐ Performance	6. Information ☐ Management	7. Engagement ☐				8. Learning & Innovation	✓
Publication							
Published on website		Confidentiality (FoI)		Private		Public	✓

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

Cancer Standards – Performance Tiering

1.1 The 2025/26 NHS England (NHSE) Operational planning guidance requires providers to deliver the improvements needed in cancer performance to meet the 62-day performance target of 75% and 28-day Faster Diagnosis Standard (FDS) performance target of 80%. It was confirmed in the Reforming Elective Care for Patients Plan; that the tiering programme remains a core part of national and regional oversight, supporting infrastructure and will therefore continue in 2025/26.

1.2 NHSE carried out a review of elective and cancer performance in February 2025 and all three providers in Buckinghamshire, Oxfordshire & Berkshire Integrated Care Board (BOB ICB) have been placed into Tier 2 for Cancer for Quarter 1 of 2025/26. From a Trust perspective, this was the month, the 62-day performance was below the expectation for the year (70%), with a performance achieving only 67%.

1.3 A tiering meeting took place with NHSE, BOB ICB and three providers in BOB on 22 May 2025. Providers have suggested a focus mainly on three tumour sites: gynaecological, lower gastrointestinal and urology, as these are challenging for all three trusts and are high volume pathways. However, there will still be an expectation to report on performance for other pathways. A fortnightly meeting structure will be put in place with NHSE and the system, internally, and the Cancer Action Group structure will be used to support the process. Current performance for 62-day standard in March 2025 was 79.2%.

Prevention of Future Deaths (PFD) Report

1.4 Following a series of three linked cases heard over recent months at inquest by HM Coroner the Trust has been issued with a Prevention of Future Deaths (PFD) Regulation 28 report. The report encompassed concerns raised by the sad deaths of three general surgical cases that took place at the end of 2023 and early 2024.

1.5 Under the Coroners and Justice Act 2009, Coroners can report persons, organisations or Government departments with regulation 28 if they believe action needs to be taken to prevent future deaths. Responses must be made to the Coroner within 56 days, although extensions can be applied for and are given at their discretion. Given the depth and complexity of the response required the Trust has been granted an extension and a full response will be submitted to the Coroner by July 2025.

1.6 The PFD broadly covers the following 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.

1.7 It should be noted that much has already been done in response to the three concerns above when they came to light. Whilst an extension in responding has been asked for, this is so that the Trust has sufficient time to demonstrate the impact of the interventions put in place in response to the learning identified.

1.8 The provision of safe high-quality care is the Trust's highest priority and we offer our condolences to the three families involved as well as apologising for any subsequent distress incurred during the coronial inquest.

1.9 The Trust takes the issue of a PFD extremely seriously and is continuing to work with the department involved, HM Coroner and other external agencies to ensure any further learning from the cases is extracted and lessons are learnt. A more detailed report has been submitted to our Quality Committee and will be followed up with the full PFD response later in the summer.

UK Supreme Court Ruling

1.10 The UK's Supreme Court ruling in April 2025 was that people's sex is defined by biological sex under equalities law. This marks the culmination of a long running legal battle that we expect will have implications for how sex-based rights apply across the country, and specifically for public sector bodies including the NHS.

1.11 It is important to state the Equality Act 2010 is still the UK's law that prohibits discrimination, harassment and victimisation on the basis of nine protected characteristics and the Trust stands behind this law and its principles.

1.12 Within the Trust many LGBTQ+ staffing including those from the trans, non-binary and inter-sex communities will be impacted by this news and will be left feeling vulnerable. Supportive actions taken to date have included shared communications and support options through both our trust wide communications channels and also through our Pride network lead. Also, access to wider BOB Integrated Care System (ICS) network groups and leads.

1.13 The Equality & Human Rights Commission (EHRC) has recently launched a 6-week consultation to update the statutory guidance for providers. Our Chief Nursing Officer (CNO) joined a national call NHS England (NHSE) on 22 May 2025 where Giancarlo Laura, Deputy Director of Nursing, NHSE presented an update on this ruling. It was acknowledged that there will be significant implications for the NHS directly impacting key areas organisationally: HR policies, access to policy, trans policies and procedures and same sex accommodation. Other possible implications noted relate to statistical information, data requests, changes to staff & patient surveys. 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. There was also the important reflection of ruling that we should continue to assess and manage patients privacy, dignity & safety on individual case by case basis. We expect to receive the final statutory guidance in the Autumn of this year.

1.13 We have recently reviewed our same sex accommodation policy; our Equality Diversity & Inclusion policies are also under review and we are scoping areas of our estates to consider the possibility of unisex toilets.

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

Health Heroes award

2.1 The People & Organisational Development team were recipients of the Highly Commended award in the Best Healthcare Workforce Collaboration category at the Health Heroes ceremony in London this week

Global Majority Aspiring Leader Programme and Henley Business School Chartered Management Degree Programme

2.2 We are delighted to have opened applications for the 4th Cohort of our Global Majority Aspiring Leader Development Programme. Services from across the Trust are offering 10 placements for aspiring global majority talent to work side by side with senior leadership teams, providing an experiential growth and development platform for colleagues to develop their readiness for senior leadership roles in the near future. With an expansion from previous cohort sizes, the programme is part of our ongoing focus on developing representative leadership structures and our ambition that by 2027, representation of global majority colleagues within our senior leadership community will reach 25%.

Secretary of State visit

2.3 On 14 May 2025 we hosted a visit by Wes Streeting, Secretary of State for Health and Social Care who toured our nearly completed Elective Recovery Unit in south block and met several staff pioneering technologically advanced patient care. This included our work on interventional radiology as part of the internationally acclaimed Genesis project and Point Of Care Ultra Sound. It was a pleasure to showcase the breadth and depth of the work taking place across the Trust.

2.4 The Secretary of State then hosted a round table discussion with Trust CEOs from across the country around the use of technology in reforming delivery, driving productivity, and sharing best practices.

2.5 Following this the Secretary of State held a private meeting with three local MPs, Olivia Bailey, Yuan Yang and Matt Rodda in which they discussed the New Hospital Programme.

CARE Awards

2.6 On 16 May 2025 I joined around 250 staff and volunteers to celebrate excellence in innovation, compassion in care, research and more at this year's CARE Awards. The event was sponsored by the Royal Berks Charity and guests included our partners from South Central Ambulance Service, Thames Valley Chamber of Commerce, and Babies at Buscot Support. We received nearly 800 nominations - a new record., and a huge testament to the culture we have of celebrating our achievements and successes. We shared our pride on our social media platforms, with live announcements of each winner, and these posts have received up to 170,000 views. https://youtu.be/KZP0z-g6qJ8

3. Strategic Objective 3: Deliver in Partnership

Model Integrated Care Board (ICB) and ICB reform

3.1 Subsequent to the new national leadership team at NHSE, further reform of the role of the ICB has been proposed. The Model ICB blueprint has been published that sets out (in the context of a wider revision to the NHS Operating Framework) the future function of ICBs in line with the Government 'left shift' priorities and the awaited NHS 10-year plan.

3.2 This accompanies the previous expectations of a 50% reduction in ICB running cost allowance that is already seeing a movement across the NHS in England towards amalgamation/clustering of ICBs.

3.3 We are working with the BOB ICB in terms of future implications around where current ICB functions will shift towards both at Berkshire West Place level and as part of the Acute Provider Collaborative (APC).

3.4 BOB ICB and Frimley ICB have set up a transition board to oversee the arrangements regarding how these two bodies will operate in the future as part of these reforms.

4. Strategic Objective 4 – Cultivate Innovation & Improvement

Trust Strategy Refresh

4.1 We are now reaching the midpoint of our Trust Strategy Refresh engagement period which is taking place until July 2025. More than 1200 staff, volunteers, patients, community members and our partner organisations have already contributed their ideas, as well as 500 survey responses and 17 community events. The next phase of our engagement includes workshops and events for staff and volunteers and deep dive focus on: sessions for key enablers such as digital.

4.2 Staff and volunteers can get involved by attending one of the workshops; the full list of workshops can be found on the 'Strategy and Partnerships' page on Workvivo. Everyone can complete the online survey that is also on the 'Strategy and Partnerships' page on Workvivo, or on the Royal Berkshire NHS Foundation Trust website in the 'Strategy' tab in the 'About Us' section for patients and members of our community.

4.3 Guided by our representative Strategy Steering Group, comprising of staff from across the organisation and patient representatives, we look forward to working together to ensure our Trust Strategy reflects the voices and needs of our patients, local communities, staff and volunteers.

Targeted Investment Fund (TIF) Building

4.4 Since Covid one of the national priority plans for service developments and recovering elective activity has been to focus on the creation of surgical hubs and ensuring procedures are undertaken in the 'right place'. The Trust applied for, and was awarded, NHSE Public Dividend Capital (PDC) funding of £15.7m to support increasing capacity for day case and elective activity, particularly for the Urology Department.

4.5 Work started on the RBH site in August 2025, demolishing the old South Block building and constructing the modular building in its place. The building is in the final stages of development, with the building handover date scheduled for 2 June 2025, with external work planned to continue until 19 June 2025. The Clinical Admin Team will move in to the building week beginning 23 June 2025, with the first clinical planned to take place before 30 June 2025 as required by NHSE. The building has been named the 'Frederick Potts Unit', after an English recipient of the Victoria Cross who was born and lived in Reading.

5. Strategic Objective 5: Achieve Long Term Sustainability

Financial Position

5.1 We delivered our 2024/25 year-end income and expenditure forecast of a deficit of £17.92m, together with £39.09m of capital expenditure and a closing cash position of £10.6m. We achieved £27.87m of efficiency savings compared to our plan of £30.85m.

5.2 We have started the new financial year 2025/26 slightly ahead of plan, with a year-to-date deficit of £4.29m at month 1, April 2025 year to date. We have delivered £0.7m of capital expenditure and had a closing cash position of £7.86m. We have recognised £1.71m of our savings, having identified £27.92m of a full year target of £40.6m

5.3 We have continued with our enhanced our ‘grip and control’ measures to deliver our savings targets and secure lasting reductions to our run rate of expenditure. We are working closely with BOB ICS, Regional and National teams to progress our revenue and cash positions.

5.4 We are continuing to progress negotiations to secure contract signing with commissioners, having planned a £7.8m income and expenditure deficit for the full year, and requiring some form of cash support/capital restructuring in Q2. We are urgently seeking to resolve our cash and liquidity issues and we are working closely with our ICB colleagues to secure a solvent way forward for the months ahead.

NHS
Royal Berkshire
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Title:	**Integrated Performance Report (IPR)**
Agenda item no:	8
Meeting:	Board of Directors
Date:	28 May 2025
Presented by:	Janet Lippett, Chief Medical 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 April 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
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NHS Foundation Trust

Integrated Performance Report

April 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:

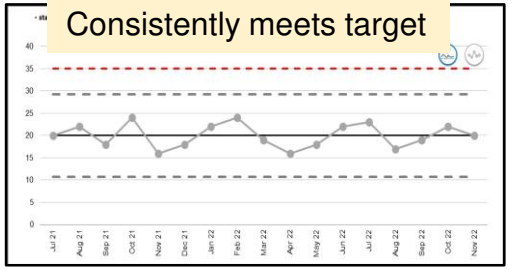
- The variation is routine, expected and stable within a range. We call this '*common cause*' variation, or
- The variation is irregular, unexpected and unstable. We call this '*special cause*' variation and indicates an irregularity or that something significant has changed in the process

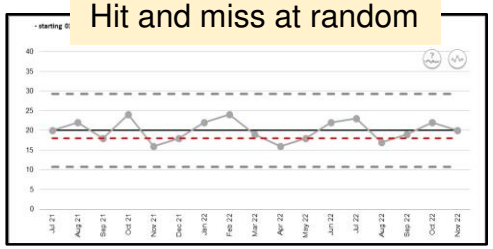
Each chart shows a VARIATION icon to identify either common cause or special cause variation. If special cause variation is detected the icon can also indicate if it is improving (blue) or worsening (orange).

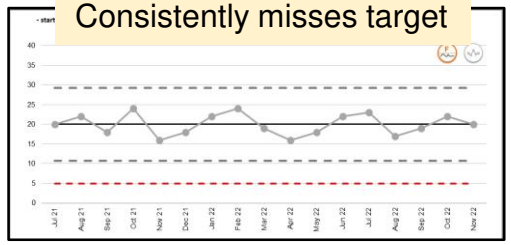
Where we have set a target, the chart also provides an ASSURANCE icon indicating:

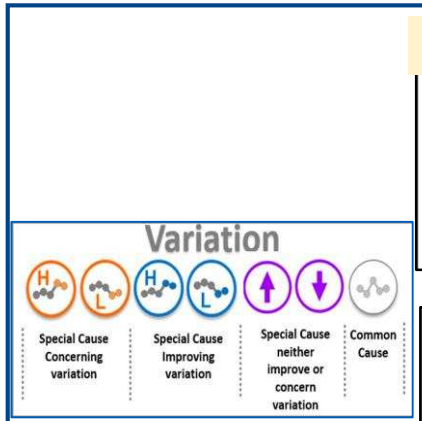
- If we have consistently met that target (blue icon),
- If we hit and miss randomly over time (grey icon), or
- If we consistently fail the target (orange icon)

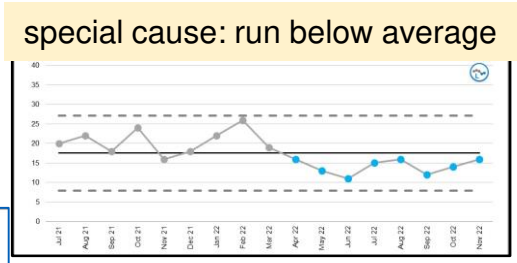
For each of our strategic metrics and breakthrough priorities we will provide a SPC chart and detailed performance report. We apply the same Variation and Assurance rules to watch metrics but display just the icon(s) in a table highlighting those that need further discussion or investigation.

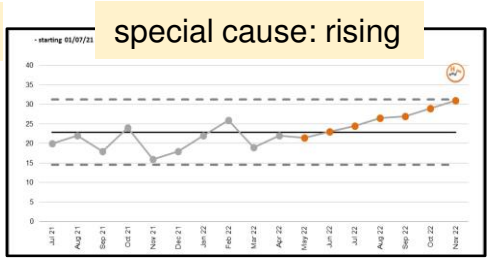


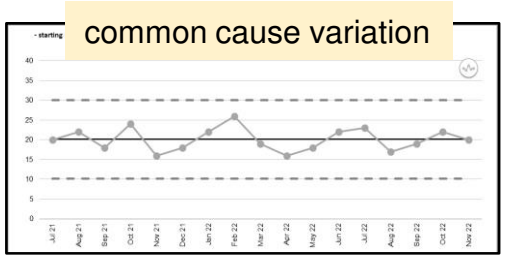


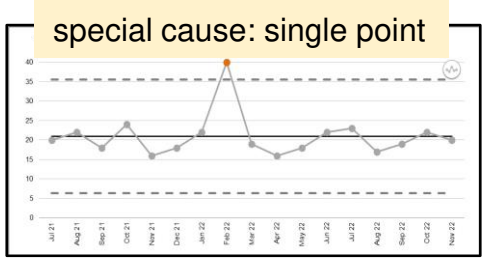












April 2025 performance summary

Royal Berkshire NHS Foundation Trust

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

The key messages from the report are:

- **Accident & Emergency performance** remains lower than our summer period performance but has been maintained above 70%. The onsite Urgent Care Centre (UCC) which opened on 1st October, is now seeing a high number of patients with minor illness, this has led to some improvement in performance during January and February. The department remains challenged with high acuity and flow across the whole RBH site
- **Cancer performance** - performance against the 28-day and 62-day standards remain above the Trust's planned trajectory for 2024-25 (reporting 6 weeks behind)
- **Financial performance** at month 01 income and expenditure deficit of £(4.29)m is within agreed plan of £(4.38)m, the full year plan is £(7.80)m. We delivered £1.71m 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 working closely with national, regional and ICB teams to secure sufficient cash, required in Q1 and beyond, due to underlying deficits at the Trust
- This month we have seen 15 of the 110 **watch metrics** measure outside of statistical control (3 less than last month). There is one new alerting metric this month

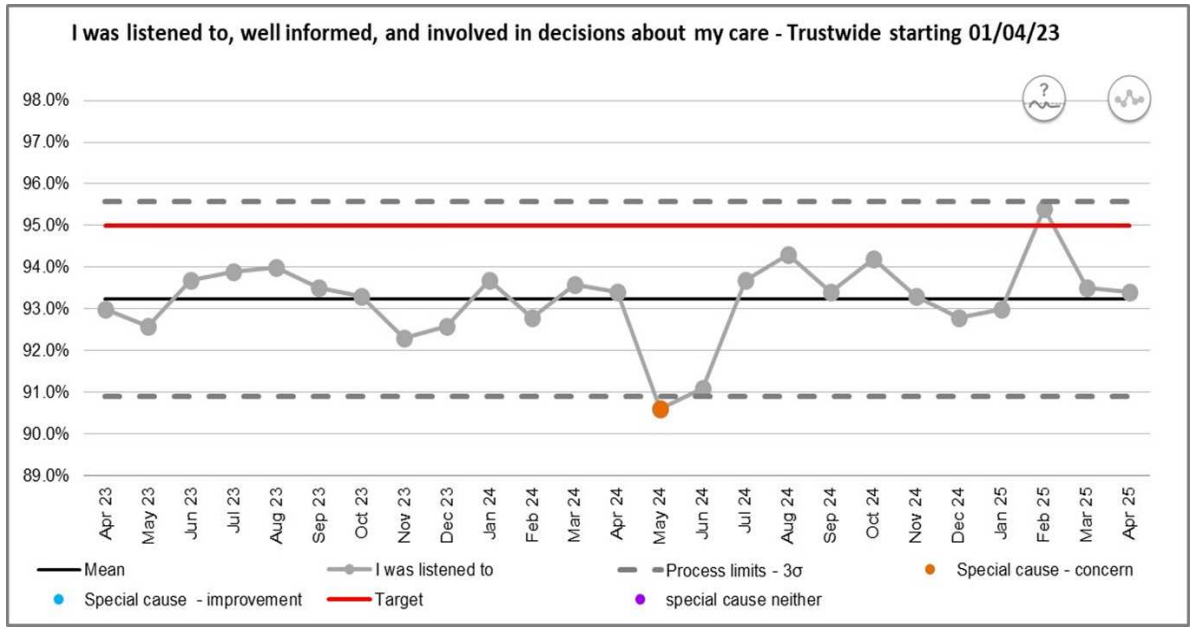
Variance \ Assurance	P	?	F	No Target
H / L			•Stability Rate (%) Page 7 •Productivity % Growth Page 13 •Identified efficiency savings against full year plan (£40.60m) Page 17	
		•I was listened to (FFT) Page 5 •62 day cancer standard (%) Page 9 •Ave LOS for non-elective patients (inc zero LOS) Page 15 •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
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



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
I was listened to, well informed & involved in decisions about my care (FFT)	93.7%	93.0%	93%	95.4%	93.5%	93.4%
Inpatient (IP) FFT response rate (%)	25.3%	22.8%	26.5%	26.6%	26.6%	30%
Outpatient (OP) FFT response rate (%)	8.8%	7.2%	5.5%	6.6%	5.0%	8%
Maternity FFT response rate (%)	8.7%	7%	5.6%	8.3%	6.6%	10%

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:

- The Trustwide FFT question for April is 93.4% which remains within the process limits and at mean but remains below target of 95%
- Inpatients and Outpatients both achieved the target satisfaction rate of 95%
- Day Cases and Maternity were our highest performing areas with satisfaction rates of 100% and 97%
- The Emergency Department (ED) (84%), Paediatrics (children and parents/carers) (86%/90%) still require further support to consistently reach satisfaction rates of 95% or above

Actions and next steps

- Further data is now available to view the rolling year trend analysis for the areas not achieving 95% target and whether related to FFT response rate/overall FFT satisfaction. This is currently being sent out to all areas
- The Patient Experience team now have access to CoPilot to help speed up the process of theming adverse comments received via FFT. Urgent Care will be the first Care Group to trial using AI to identify their top themes for improvement

Risks:

- Potential for maternity leave to impact on ability to manage Friends and Family process if post held (May 2025 to December 2025)

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

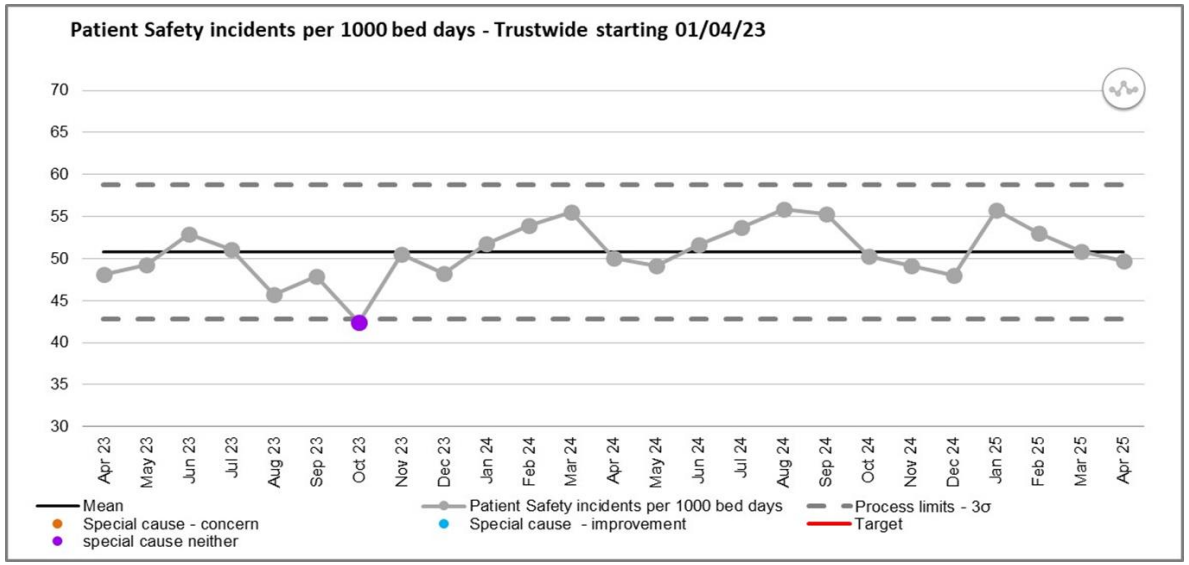
Strategic metric: Learning from incidents to reduce harm

Board Committee: Quality committee

SRO: Katie Prichard-Thomas

Assurance	Variation
N/A	

Royal Berkshire NHS Foundation Trust



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Patient Safety incidents per 1000 bed days	49.12	47.95	55.77	53.04	50.80	49.74
Patient Safety incidents/100 admissions	9.75	10.51	11.78	10.70	10.43	10.80
No. of Deteriorating patient incidents	12	4	11	2	4	4
FFT question: I felt safe during my visit to the hospital (%)	91.5%	91.3%	92%	91.4%	91.70%	98.5%
Total Calls for Concern from patient and family	9	19	24	23	34	26

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
- Patient's perception of their safety is reported at 98.5%, highest rate in six months
- Focus remains on embedding PSIRF and evaluating year 1 implementation
- Number of deteriorating patient incidents remains low
- "Total Calls for Concern from patient and family" is a new insight metric and this is remaining consistent

Actions and next steps

- PSIRF ward to board training proposal being finalised
- Quarter 4 thematic analysis report completed
- Year one PSIRF engagement and evaluation commenced, aim to complete by end of May 2025
- Continued focused work on triangulation of learning capture across patient safety, quality governance, complaints and legal claims underway

Risks:

- Number of staff who have completed PSIRF e-learning remains low. PSIRF training proposal includes a recommendation for improved compliance.
- Patient involvement in incidents is not reliable. It is proposed that this is a "driver metric" for the Patient Safety team to ensure focus.
- There were 43 overdue incidents at the end of April 2025. This is a focus for the care groups and patient safety team and a trajectory has been shared for improvement

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

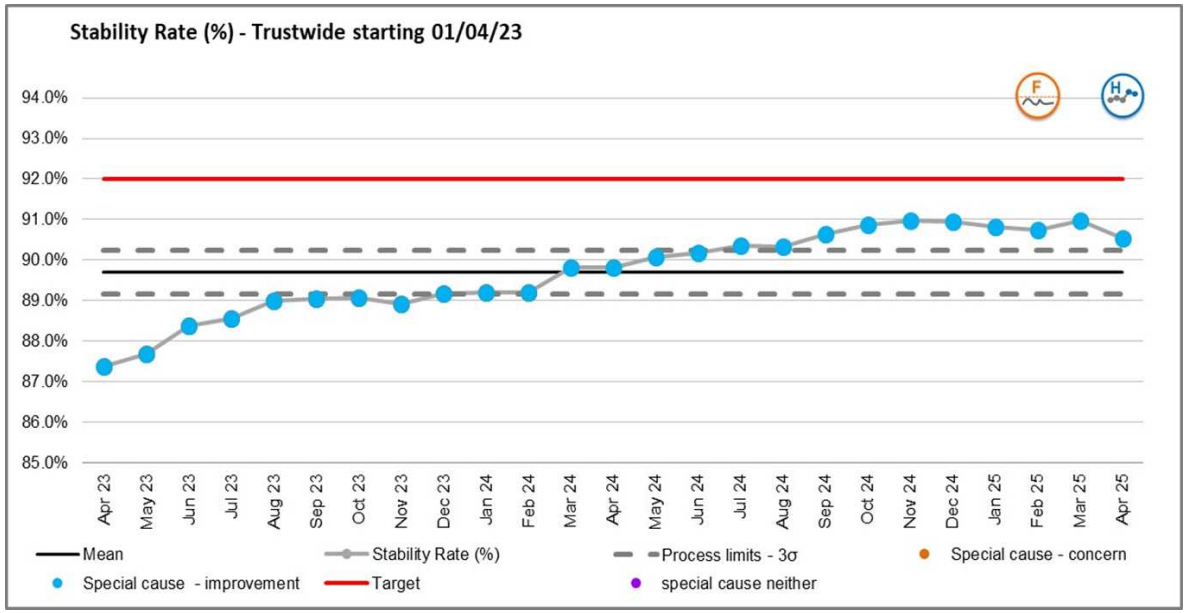
Strategic metric: Improve retention

Board Committee: People Committee

SRO: Don Fairley

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Stability Rate (%)	90.97%	90.95%	90.82%	90.75%	90.97%	90.53%
Turnover rate %	9.37%	9.33%	9.20%	9.18%	9.27%	9.30%
Vacancy rate	6.19%	6.55%	6.34%	6.20%	6.72%	5.01%
Sickness absence (rolling 12 month)	3.70%	3.74%	3.83%	3.85%	3.85%	Arrears

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

How are we performing:

- Stability rate has a marginal decrease in month, Trust is aiming for 92%+ which is the top decile

Actions and next steps:

- 2025 Global Majorities Aspiring Leader Programme has new Workvivo Trust Intranet page and 10 new placement areas
- Continued focus on appraisal compliance at Directorate level
- Directorates submitted staff survey improvement plans and presented them to Care Group Boards from April, focus on Quality appraisals, Burnout, Personal development and Equality and Diversity
- Plan to review progress against improvement plans in July ready for launch of 2025 staff survey in Oct/Nov
- 'Up the Anti' Launched with Leaders training fully booked and waiting list created

Risks:

- Challenge from Care groups on releasing staff for Global Majorities Aspiring Leader Programme
- Focus on financial pressures is impacting engagement with other competing priorities

Strategic objective: **Deliver in partnership**

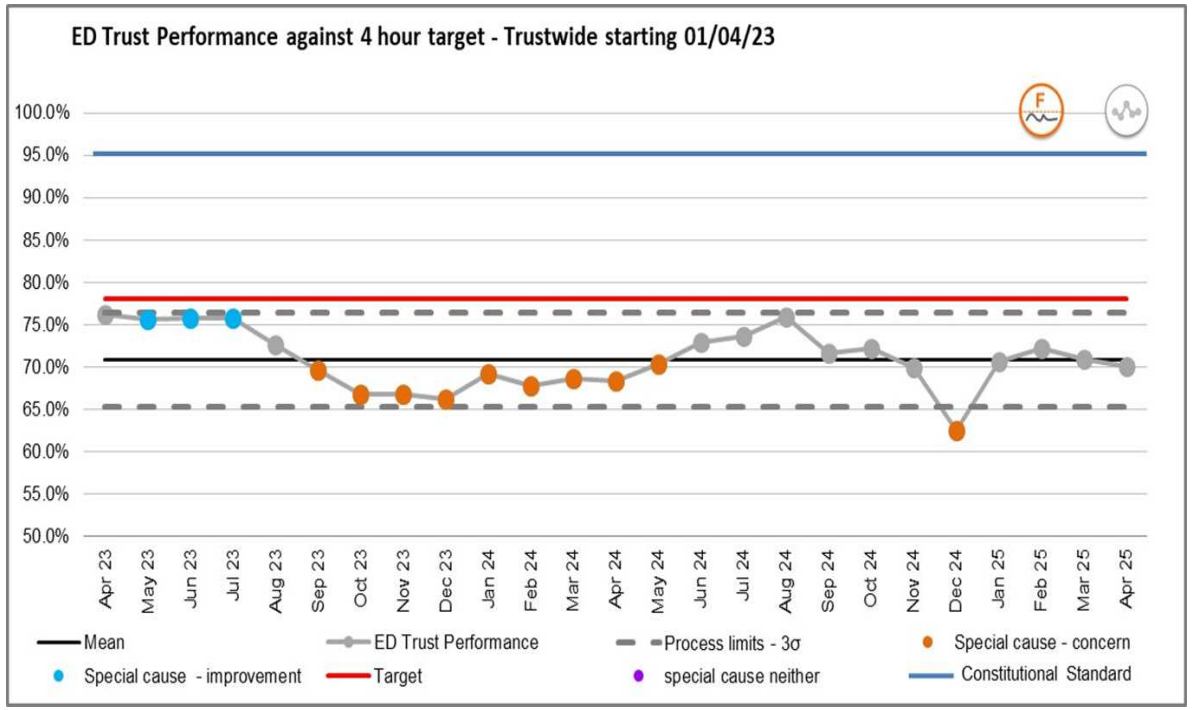
Strategic metric: Performance against 4hr Emergency Pathway target

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
4hour Performance (%)	69.87%	62.47%	70.64%	72.27%	70.97%	70.07%
Average daily Type 1 attendance	399	386	364	368	392	348
Total Breaches	4699	5303	4678	4062	4894	4617
Ambulance Handover: 30 Minutes	416	451	492	280	350	313
12 hours from arrival in ED (%)	4.95%	7.41%	8.47%	5.32%	6.04%	6.19%

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 April 2025

How are we performing:

- 70.07% all types of patients were seen within 4 hours. We continue to not achieve the 78% target (ED/Eye Casualty/Urgent Care Centre (UCC)
- Daily attendances average 384 per day with 6 days >400 decrease from previous month
- UCC daily average of 70 with weekday seeing 90 plus. Especially on Monday's and Friday's. UCC using 90% Westcall to use 80% of available capacity
- Single Point of Access assisting with redirecting ambulances to alternative pathways, which assists with a slight reduction attending ED
- Type 1, ED Department performance against the 78% trajectory remains below plan, with mitigating actions being taken

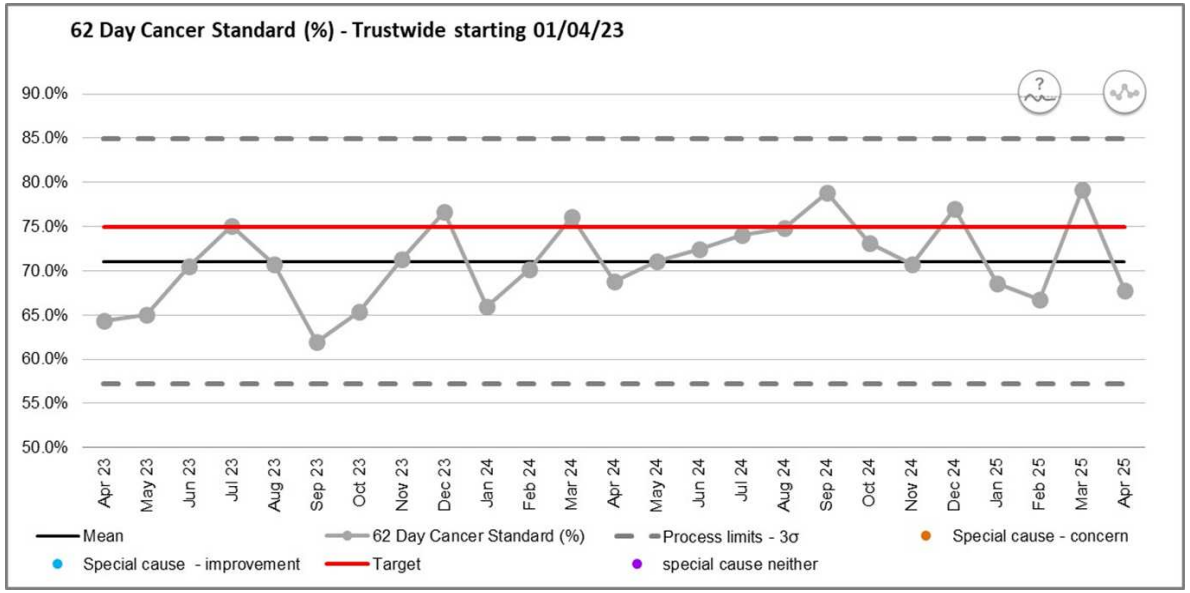
Actions and next steps:

- Escalation plan being followed to reduce patient wait and improve flow. Additional Consultant cover some days
- Focus on reducing the number of queuing ambulances continues

- **Risks:**
  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



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Cancer 62 day %	70.7%	77.0%	68.6%	66.7%	79.2%	67.8%
No. on PTL over 62 days	255	231	233	210	197	233
% on PTL over 62 days	10.0%	10.0%	9.9%	8.0%	6.7%	8.4%
Cancer 28 day Faster Diagnosis (80% standard)	80.0%	81.4%	80.0%	83.6%	81.6%	78.3%

*In October 2023, the way the Trust reported the 62 day cancer standard changed to a **combined standard** incorporating 2 week wait, screening and consultant upgrades.

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
	

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%, with an ambition of 75% for 2025/26.

How are we performing:

- In March 79.2% of patients were treated within 62 days. April's unvalidated performance is 67.8%. 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 April was 233, up from 197 in March. Predominantly within Lower Gastrointestinal, Gynaecology & Urology
- March's performance was above the 70% ambition for 2024/25
- RBFT is now part of NHSE's tiering process along with the OUH and BHT

Actions and next steps:

- Work with Pathology to reduce turnaround times for histology reports, which are particularly impacting the Gynaecology pathway
- Work with Radiology to reduce length of wait for MRI scans, which is particularly impacting the Urology pathway
- Explore feasibility of utilising the private sector to support with surgical workload in Lower Gastrointestinal

Risks:

- 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 Oxford University Hospitals (affecting the skin pathway)

Strategic objective: **Deliver in partnership**

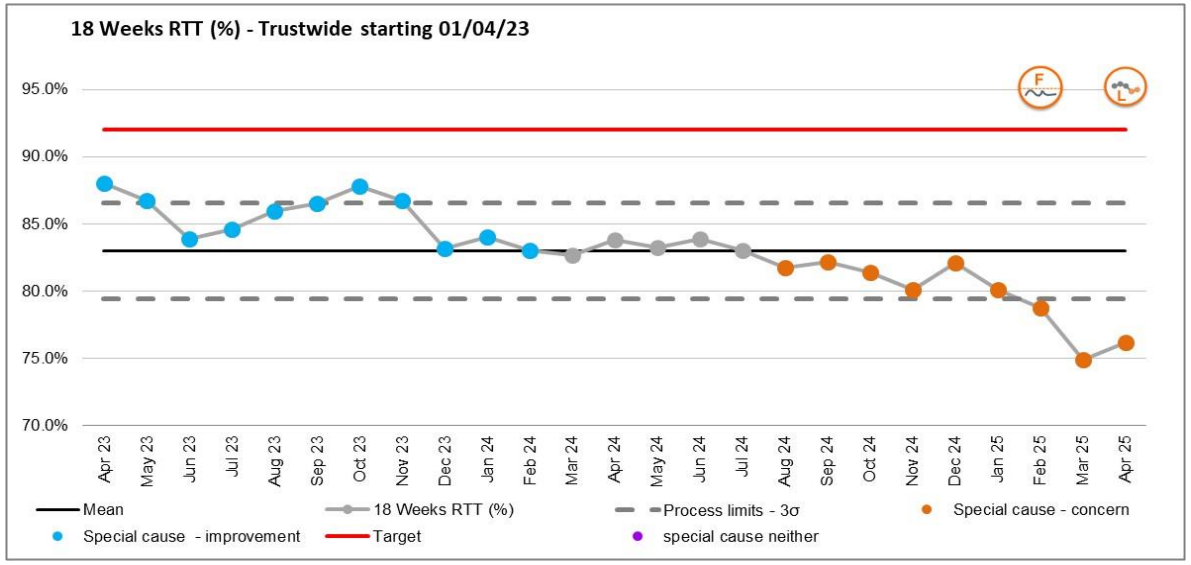
Strategic metric: Maximising Elective Activity: Achievement of the <18 week Referral to Treatment (RTT) standard

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
F	L

Royal Berkshire NHS Foundation Trust



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
18 Weeks RTT (%)	80.12%	82.10%	80.08%	78.72%	74.91%	76.18%
Total Elective Activity (No.) (provisional)	4705	4068	4738	4317	4697	4536
% of plan for Daycases (cumulative)	103.91%	103.60%	103.80%	103.49%	103.65%	99.93%
% of plan for Inpatients (cumulative)	96.88%	95.85%	95.99%	96.24%	95.81%	102.60%
% of plan for Outpatient Attendances (News & Follow Ups (cumulative)	103.51%	102.66%	103.07%	102.80%	103.00%	98.98%

This measures: The measure shows the Trust performance against the national Referral to Treatment standard. At present the Trust is in discussion with NHSE regarding our March 26 target. The focus of this slide will be the drivers of RTT performance (stage of treatment).

How are we performing:

- The Trust is currently reporting top decile performance. Whilst performance is dipping this was expected as focus has been moved from RTT validation to Master Waiting List(WL) validation
- We aim to return to 80% by the end of May 2025. However there is a significant data quality burden within RTT which is expected to disproportionately affect the <18
- 1st Outpatient activity above 100% is crucial to recovery of the RTT standard. Reporting of activity is 6 weeks behind. We expect April performance to improve before reporting closes

Actions and next steps:

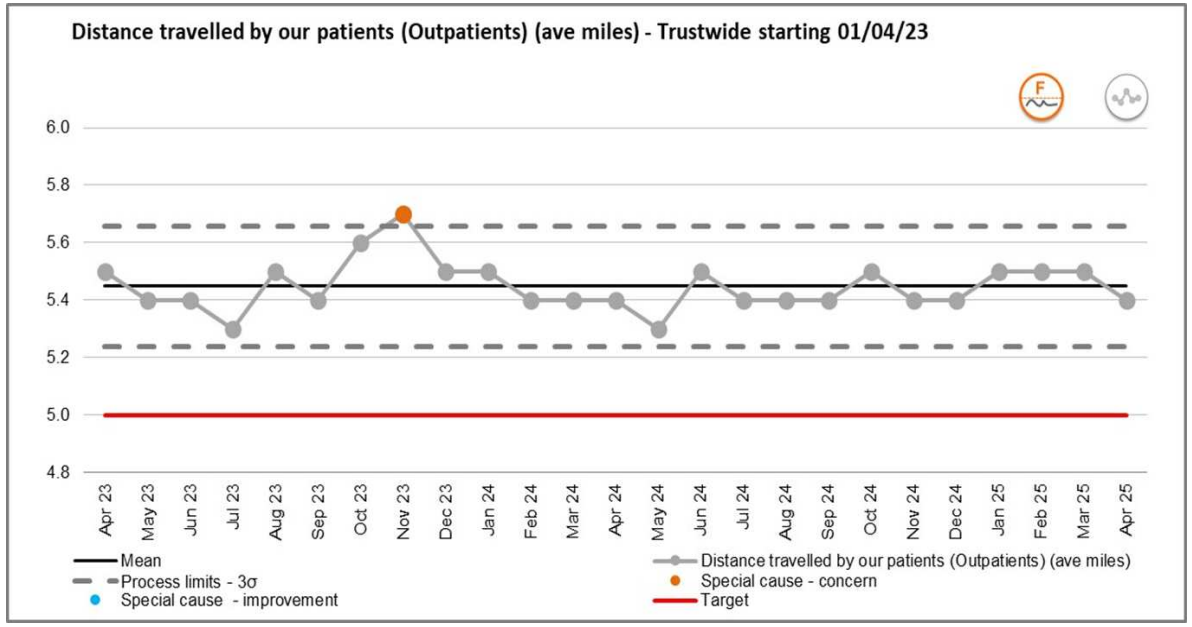
- Continue to drive improvement in the diagnostic waiting times (currently 93% <6 weeks)
- Continue to drive increase first OPA activity to reduce waiting times to first seen where capacity allows.
- Commence development of Discharge and RTT Large Language Model (LLM). This is expected to reduce RTT validation by c. 75%. This is in addition to Master WL(WL) EPR data cleansing

Risks:

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

Strategic objective: **Cultivate Innovation and Improvement**

Strategic metric: Distance travelled by our patients (outpatients)



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Distance travelled by our patients (average miles) (Outpatients including Virtual Attendances)	5.4	5.4	5.5	5.5	5.5	5.4
Number of Virtual attendances	9699	8724	10346	9361	9457	9991
Advice & Guidance (A&G) activity	1601	1523	1682	1516	1705	1700
Face to face (FTF) activity at non RBH sites	9799	8122	9955	9278	9141	8947

Board Committee
Quality Committee

SRO: Andrew Statham

Assurance	Variation
F	

Royal Berkshire NHS Foundation Trust

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 April, the average distance travelled was 5.4 miles. While this remains in the standard range, we are still not achieving our target of 5 miles or less
- Use of non-RBH sites has been variable over the last 6 months with no positive or negative trend

Actions and next steps

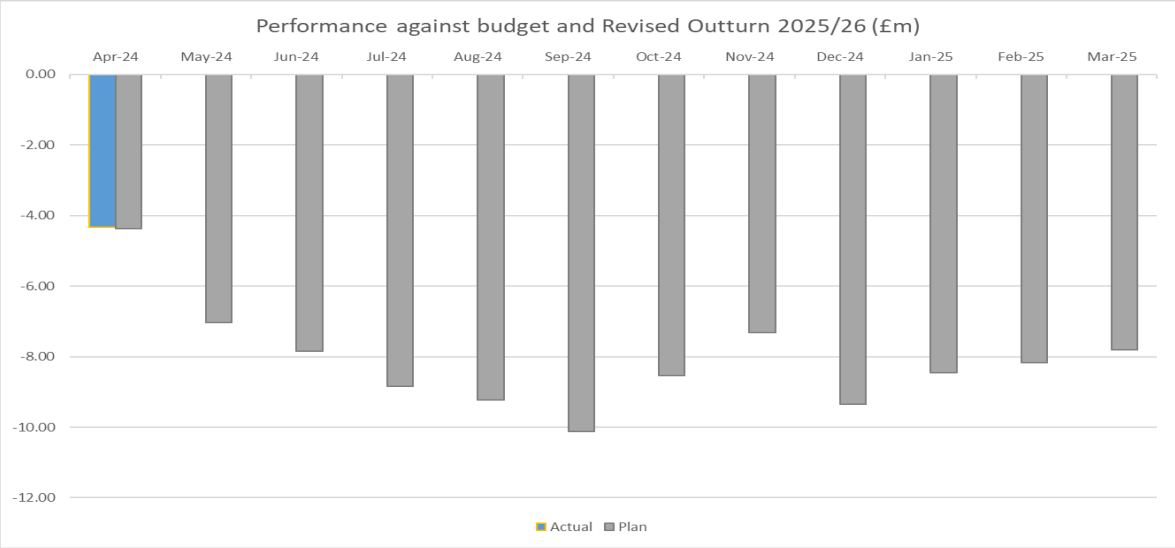
- Monitor DNA rates monthly reporting by care group. Recommendations and improvements from working group implemented in February 25
- Priorities for 25/26 include a focus on the reduction of New to Follow up ratios, standardisation of PIFU pathways and recording of this and clinic template reviews

Risks:

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

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

Strategic metric: Trust income & expenditure performance



Metric Description	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Income as % of plan	106.71%	105.04%	106.96%	105.45%	157.08%	99.91%
Pay as a % of plan	101.14%	99.61%	102.23%	102.51%	171.96%	100.91%
Non-Pay as a % of plan	110.34%	122.78%	123.34%	115.98%	192.46%	97.81%
Cost Improvement Plans (CIP) delivered (cumulative) (£)	£17.7m	£19.64m	£21.97m	£23.94m	£27.87m	£1.71m
Value weighted activity actual in month (£m)	£32.5m	£34.83m	£35.17m	£34.72m	£35.74m	£34.45m
Bank and Agency Spend actual (cumulative) (£m)	£15.26m	£16.88m	£18.65m	£20.39m	£22.36m	£1.73m
Cash Position (£m)	£14.05m	£6.17m	£12.32m	£13.00m	£9.83m	£8.97m

Board Committee
Finance & Investment

SRO: Nicky Lloyd

Assurance	Variation
F	L

Royal Berkshire NHS Foundation Trust

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

How are we performing:

- April 2025 deficit is £(4.29)m, £0.09m ahead of agreed plan
- Income is at £52.81m, £(0.05)m behind plan. ERF (Elective Recovery Funding) activity Income is above plan, which includes Advice and Guidance (A&G) income of £1.81m and 1/12th of £24.87m BOB ICB 25/26 ERF of £2.07m
- Pay is adverse to plan by £(0.31)m as at month 1 April 2025, due to increase in workload (additional activity being used), in addition to the non-delivery of M01 efficiency savings
- Non-pay is £0.49m below plan driven by favourable variances within clinical supplies and services, depreciation, property repairs and maintenance costs

Actions and next steps

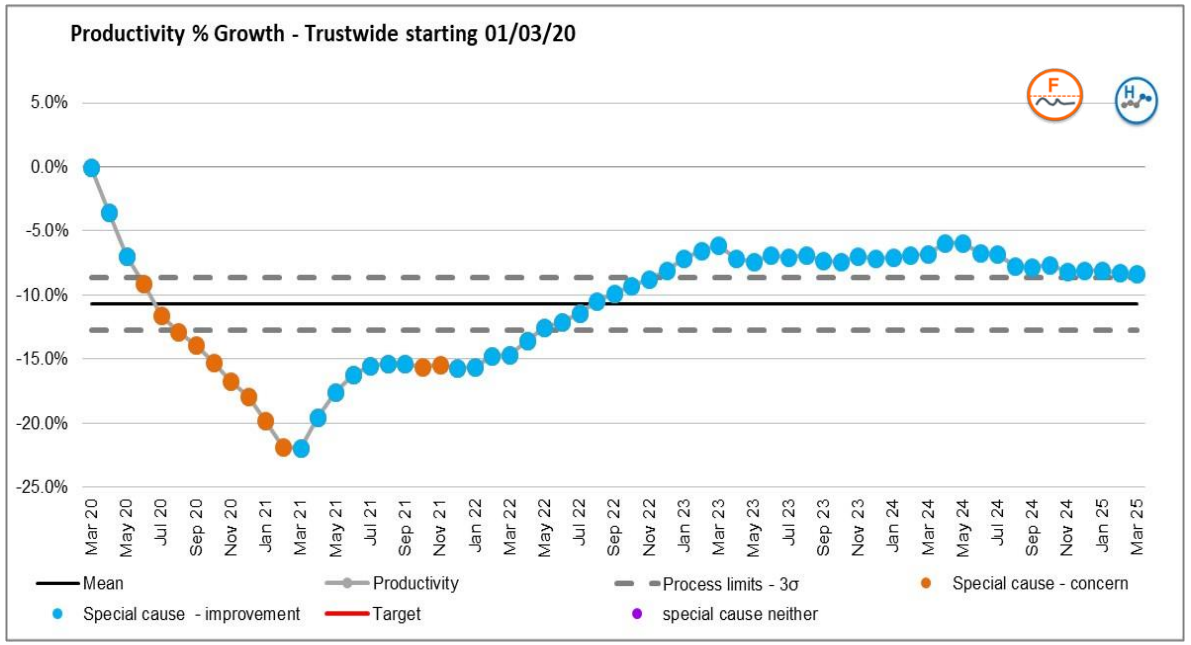
- Agree with BOB ICB and Specialised Commissioning the acute contract including the IAP (Indicative Activity Plan), ERF, High Cost Drugs and Devices and API (Aligned Payment Incentive)
- Focus on 25/26 CIP plan to convert a greater proportion to cash releasing.
- Finalise recruitment of credit controllers to chase all debt, in order to recover outstanding receivables and improve cash

Risks:

- The delivery of the 2025/26 efficiencies plan of £40.6m (cash releasing)
- Securing sufficient cash flow to meet liabilities as they fall due

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

Strategic metric: Productivity (Activity/Wholetime Equivalent)



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Productivity % Growth	-8.2%	-8.1%	-8.1%	-8.2%	-8.3%	Arrears
Cost Weighted Activity (CWA) % Growth	13.1%	13.3%	13.3%	13.2%	13.0%	Arrears
Whole Time Equivalent (WTE) % Growth	23.1%	23.2%	23.2%	23.3%	23.3%	Arrears

Board Committee
Finance & Investment

SRO: Nicky Lloyd / 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% below 2019/20 levels of productivity as workforce growth (23%) exceeds activity growth (13%)

Actions and next steps: The 2025/26 plan involves a number of actions including specialty by specialty specificity that will support further recovery;.

Coding: A review of the Trust coding suggests there is opportunity to improve capture and depth of coding through the year

Elective activity: The Trust's plan for elective activity in 2025/26 exceeds the plan for 2024/25

Workforce: The Trust has set stretching targets on corporate service cost reductions in collaboration with partners in the APC. In clinical areas the Trust will continue to operate workforce controls to stem and reverse the growth seen in previous years

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

Royal Berkshire
NHS Foundation Trust

Breakthrough Priorities

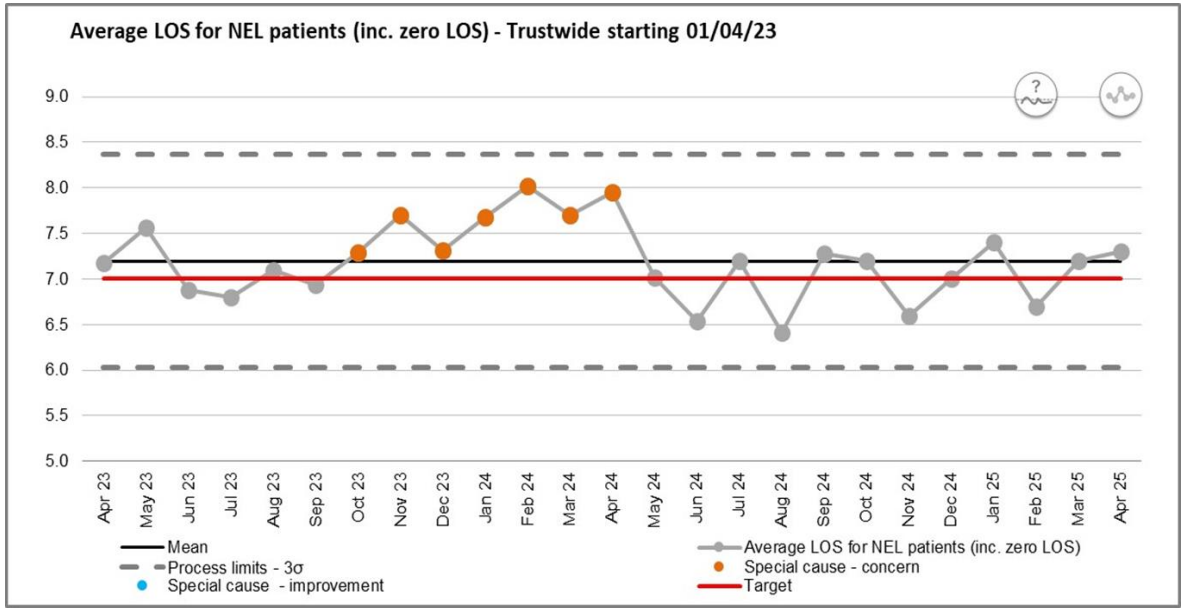
Breakthrough priority metric: Average Length of Stay (LOS) for non-elective patients (inc. zero LOS)

Board Committee: Quality Committee

SRO: Dom Hardy

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Ave LOS for NEL patients (inc. zero LOS	6.6	7.0	7.4	6.7	7.2	7.3
Bed Occupancy (%)	85%	87%	90%	87%	88%	87%
No. of patients with zero day LoS	568	521	504	500	590	543
Ave number patients > 7 days	232	236	256	241	259	260
Ave number patients > 21 days	73	67	78	83	84	90
Ave no. of patients through discharge lounge per day	17	17	19	17	16	18

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 7.3
- The average LOS for the last 6 months, has been lower than last year by c. 0.5 days which equates to c. 28 beds/day
- The aim is to reduce to below 7 days

Actions and next steps

- Continued drive for improved accuracy of TDD (over 60% consistently).
- Furthering use of the discharge lounge for non-elective admitted patients especially before 10am with patients already booked on transport
- 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)
- Working with Health Data Institute to identify drivers of LOS
- NEL programme launch 19 May

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

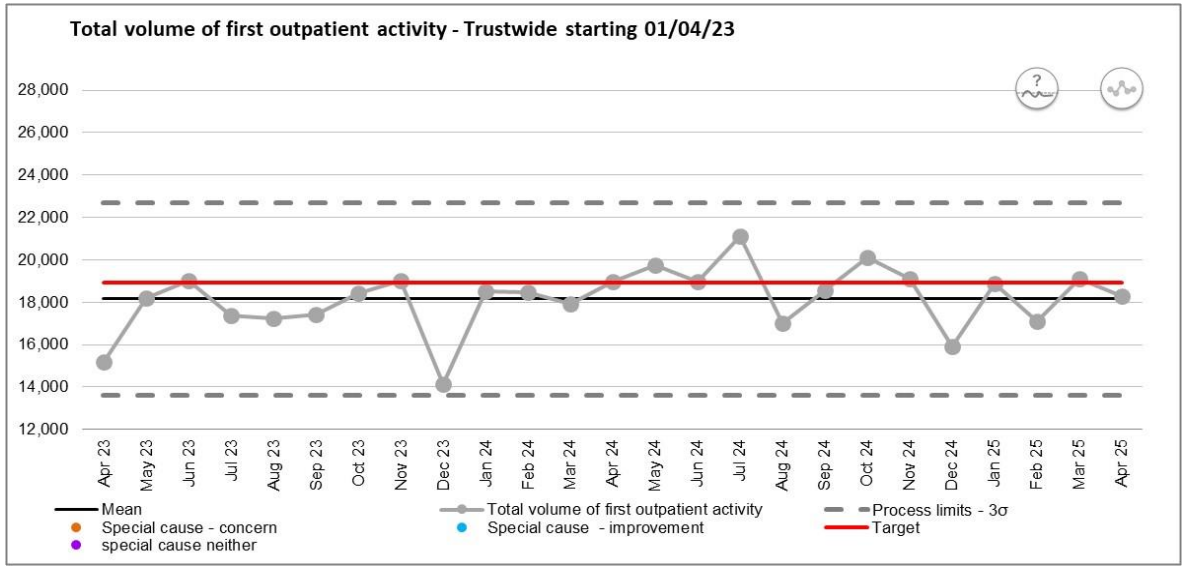
Breakthrough priority metric: Total Volume of first Outpatient (OP) Activity

Board Committee: Quality Committee

SRO: Andrew Statham

Assurance	Variation
?	

Royal Berkshire NHS Foundation Trust



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Total Volume of first outpatient activity	19,121	15,923	18,862	17,079	19,112	18,299
% of patients waiting over 12 weeks – All patients, wait to first assessment	-	-	-	85.61%	85.23%	85.29%
Percentage waiting over 18 weeks – RTT national standard	19.88%	17.90%	19.92%	21.28%	25.09%	23.82%
No. of patients waiting >52wks	17	27	41	23	62	53
% OP that did not attend/were not brought (1st OP Appt)	6.7%	6.9%	6.7%	6.6%	6.7%	6.5%
% triage within 2 working days for all GP referrals (including 2 week wait, urgent and routine)	35%	35%	42%	41%	49%	62%

This measures: The volume of first outpatient activity (OPA), including outpatient procedures, being undertaken. First OPA is the largest and most modifiable aspect of the elective pathway and is the biggest contributor to waiting times delays. To support our patients and deliver our financial plan we are seeking to increase our OPA to 19k per month.

How are we performing:

- Work continues to progress to increase first OPA and reduce waiting times and will remain a key deliverable for 2025/26
- Outpatient DNA remains high. DNA working group reinstated to support the drive to the Trust 4%
- The Trusts 1st OPA waiting times trajectory acknowledges the significant data quality challenges within the referral encounter dataset

Actions and next steps

- Priorities for 25/26 include a focus on the reduction of New to Follow up ratios, standardisation of PIFU pathways and recording of this and clinic template reviews
- Benefits realisation from the Outpatients Transformational programme has commenced, with the expectation these will be explored at a local level
- MasterWL is focused on cleansing historic DQ issues within the referrals dataset as well as improving processes to stop errors happening
- Deployment of eTriage to remaining 20% of services expected through May/June

Risks:

- Discussion with ICS underway related to funding of additional activity in 25/26. This could reduce our ability to provide the activity required in order to meet latest expectations for RTT and OPA activity

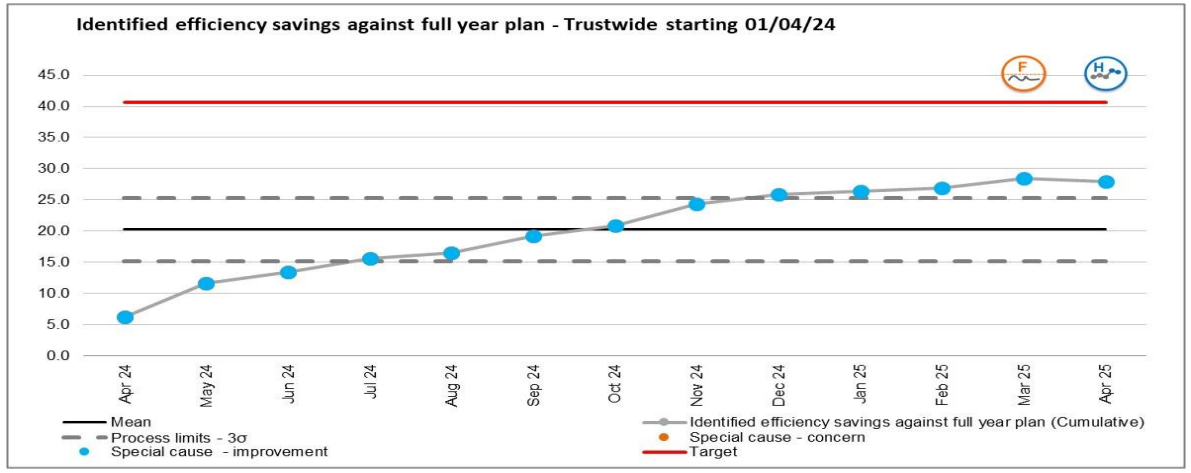
Breakthrough priority metric:
Identified efficiency savings against full year plan (£40.60m)

Board Committee: Finance & Investment Committee

SRO: Dom Hardy

Assurance	Variation
F	H

Royal Berkshire NHS Foundation Trust



	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Cumulative identified efficiency savings against full year plan (£40.60m)	£24.36m	£25.84m	£26.39m	£26.86m	£28.45m	£27.92m
Total Delivery against identified efficiency savings (%)	72.66%	76.01%	82.23%	89.13%	97.96%	6.12%
Delivery against identified efficiency savings: Medicines Management (%)	66.92%	74.01%	82.87%	88.72%	96.60%	18.03%
Delivery against identified efficiency savings: Procurement %	49.07%	58.12%	67.84%	76.62%	90.65%	6.18%
Delivery against identified efficiency savings: Workforce and Productivity (%)	82%	84%	90%	95%	103%	8.45%
Identified efficiency savings %: Recurrent	26.97%	38.80%	38.50%	38.60%	42.00%	42.60%
Identified efficiency savings %: Non-recurrent savings	73.02%	61.20%	61.50%	61.40%	58.00%	57.40%

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

- 42.6% of the schemes identified are recurrent,
- 57.4% 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 M01 April 2025, we have identified £27.92m and delivered £1.73m
- The remaining gap to be identified is £12.68m

Actions and next steps:

- Benefits realisation is being reviewed by the transformation team for all cross-cutting schemes
- All minor contracts are being reviewed by procurement
- We are aiming to review and discuss all Equality and Quality Impact Assessments completed by care groups and corporate directorates at the next Executive Management Committee

Risks:

- The delivery of the £27.92m efficiency savings plan identified for the financial year 2025/26
- The gap of £12.68m to be identified 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 109 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 April 2025:

In the last month 15 of the 110 metrics exceeded their process controls, 3 less than last month. These are set out in the table opposite.

New Alerting Metric(s) can be found below:

- Pay cost vs Budget (£m)

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)
- Ecoli (Trust Apportioned) Bloodstream Infections (Cumulative)
- 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) (%)

Cultivate innovation and improvement
- % OP treated virtually

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	Feb-25	Mar-25	Apr-25	Apr-24
Never Events			0	0	1	0	0
Pressure ulcer incidence per 1000 bed days		P	1.00	0.06	0.03	0.00	0.00
Category 2 avoidable pressure ulcers	L		5	1	1	0	0
Category 3 avoidable pressure ulcers			0	0	1	0	0
Category 4 avoidable pressure ulcers			0	0	0	0	0
Unstageable avoidable pressure ulcers	L		0	0	0	0	0
Patient Falls per 1 000 bed days			5.00	3.44	3.96	3.32	3.30
Patient falls resulting in harm (PSIRF methodology applied)			-	0	0	2	3
No. of DOLS applications applied for			-	19	42	27	23
No. of detentions under the MH act to RBH			-	2	2	2	2
% of staff: Safeguarding children L1 training	H	P	90.00%	96.80%	97.10%	96.90%	95.50%
No. of child safeguarding concerns by the Trust			-	135	162	128	173
No. of adult safeguarding concerns by the Trust	H		-	34	46	68	33
No. of safeguarding concerns against the Trust			-	6	5	4	2
Unborn babies on child protection (CP) / child in need plans (CIP)			-	44	38	46	32
C.Diff (Cumulative – Trust Apportioned)	H	F	39	51	55	5	4
C.Diff lapses in care			-	2	3	0	2
MRSA Bacteraemia (avoidable)			0	0	0	0	0
E.coli (Trust Apportioned) Bloodstream Infections			-	10	5	6	14
E.coli (Trust Apportioned) Bloodstream Infections (Cumulative)	H	F	92	91	96	6	14
MSSA surveillance (trust acquired)			-	3	7	2	6
Hand Hygiene		P	95.00%	96.85%	99.58%	99.08%	96.67%
VTE inpatient (excluding short stay/maternity) risk assessment / prescription compliance	L		95.00%	97.10%	93.10%	Arrears	95.10%
Hospital Acquired Thrombosis (HAT) rate / 1000 inpatient admissions		F	0.00	0.82	0.93	Arrears	2.46
Medication incidents per 1000 bed days	H	F	0.00	5.59	5.61	7.52	5.85

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	Feb-25	Mar-25	Apr-25	Apr-24
No. of compliments			-	49	75	-	45
FFT Satisfaction Rates Inpatients: i.Inpatients			95%	97%	95%	94%	96%
FFT Satisfaction Rates Inpatients: ii.ED			95%	80%	80%	81%	82%
FFT Satisfaction Rates Inpatients: iii.OPA			95%	96%	96%	95%	96%
FFT Satisfaction Rates Inpatients: iv.Daycases			95%	-	96%	96%	-
FFT Satisfaction Rates Inpatients: v.Children and Young People			95%	86%	100%	77%	-
Mixed sex accommodation - breaches			0	264	403	278	362
Myocardial Ischaemia National Audit Project (MINAP): Door-to-Balloon target of less than 90 minutes			97%	100%	100%	88%	90%
Myocardial Ischaemia National Audit Project (MINAP): Call-to-Balloon target of less than 120 minutes			86%	45%	80%	50%	70%
Myocardial Ischaemia National Audit Project (MINAP): Call to Balloon target less of than 150 minutes			82%	100%	100%	100%	80%
No. of Patient Safety Incident Investigations (PSII)			-	0	5	1	-
No. of SWARM huddles			-	0	2	4	-
No. of After Action reviews			-	4	2	3	-
No. of Multidisciplinary Team (MDT) reviews			-	1	3	5	-
No. of Thematic reviews			-	1	0	0	-
Number of Complaints			-	1	0	35	39
Complaints turnaround time within 25 days (%)			80%	43%	46%	63%	55%

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

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Feb-25	Mar-25	Apr-25	Apr-24
Deliveries			-	344	405	374	385
Bookings			-	445	503	504	485
% of Inductions of labour			-	27.5%	30.5%	30.0%	29.9%
Perinatal mortality rate (rolling year per 1000 births)			5.03	3.83	3.92	3.93	-
Number of occassions MLU service suspended for 4 hours or more			4	4	6	2	6
Midwife one to one care in labour			100.0%	99.5%	100.0%	100.0%	99.5%
Midwifery staffing vacancy rate			-	0.0%	2.0%	9.5%	7.1%
Midwifery staffing turnover			14.0%	11.1%	12.2%	13.1%	10.0%
Midwife:birth ratio (utilised workforce)			1.22	-	-	1.19	-
FFT Satisfaction Maternity			95.00%	97.50%	97.10%	97.50%	100.00%
No. of complaints - Maternity			3	4	2	1	1
Number of patient safety incident investigations (PSII)			-	0	0	0	0
Percentage of babies born with features associated with potential hypoxia			1.50%	0.85%	0.98%	0.53%	2.56%

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	Feb-25	Mar-25	Apr-25	Apr-24
% of staff from global majority backgrounds in senior AFC Bands 8a and above		F	25.00%	19.95%	20.24%	20.33%	19.79%
Rolling 12 month Sickness absence	H	F	3.3%	3.9%	3.9%	Arrears	3.5%
% Fill rate of Registered Nurse Shifts (RN)		P	90.0%	96.6%	95.5%	97.1%	100.9%
% Fill rate of Care Support Worker Shifts (CSW)		P	90.0%	105.1%	106.7%	107.5%	110.2%
Completed Mandatory Training		P	90.0%	92.9%	92.8%	92.4%	92.8%
Appraisals	H	F	90.0%	87.6%	89.0%	89.0%	83.0%
Nurse Staffing Red Flags			-	33	57	37	41

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	Feb-25	Mar-25	Apr-25	Apr-24
RIDDOR reportable Incidents			-	0	0	1	9
Abuse/V&A (Patient to staff)			-	55	67	55	62
Body fluid exposure/needle stick injury			-	18	29	23	22
Environment Related Incidents			-	19	11	12	16
Conflict Resolution		?	90%	89%	89%	91%	91%
Fire (Annual)		?	90%	91%	92%	92%	92%
Moving and Handling Level 1		?	90%	91%	89%	89%	91%
Moving and Handling Level 2		?	90%	91%	89%	89%	94%
Health and Safety Training	H		-	96%	96%	96%	96%
Slips and Trips			-	1	6	2	3
Musculoskeletal - Inanimate object			-	3	7	3	2
Total non clinical incidents reported			-	223	274	221	136

Strategic Objective: **Delivering in partnership**

Watch metrics

SRO: Dom Hardy

Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Feb-25	Mar-25	Apr-25	Apr-24
Fractured Neck of Femur: Surg in 36 hours			75.0%	59.4%	Arrears	Arrears	53.8%
Proportion of patients admitted directly to an acute stroke unit within 4 hours of hospital arrival			90.0%	59.0%	71.0%	62.0%	63.0%
Proportion of patients spending 90% of their inpatient stay on a specialist stroke unit (national target)			80.0%	78.0%	93.0%	77.0%	76.0%
Proportion of people with high risk TIA fully investigated and treated within 24hrs (IPM national target)			90.0%	90.0%	88.0%	73.0%	29.0%
Cancer 31 day wait: to first treatment			96.0%	97.2%	94.2%	95.1%	92.4%
62 Day screen Ref			85.0%	64.3%	71.4%	81.8%	56.3%
Cancer Incomplete 104 days			0	55	54	43	82
Average waiting times in diagnostic (DM01) services			6	5	3	3	10
Diagnostics Waiting < 6 weeks (DM01) (%)			99.0%	90.4%	91.9%	93.8%	77.4%

Strategic Objective: Cultivate Innovation and Improvement

Watch metrics

SRO: Andrew Statham

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Feb-25	Mar-25	Apr-25	Apr-24
% OP appointments done virtually		F	40.0%	20.0%	19.9%	20.9%	20.8%
Number of OPPROC	↑		-	12715	13978	12439	10140
Number of MDT OP			-	736	766	821	981
Number of PIs	↑		-	129	129	131	113
Number of active research trials	↑		-	161	162	166	127
Number of projects supported by HIP	↑		-	63	63	63	53

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

Watch metrics

SRO: Nicky Lloyd

NHS Royal Berkshire NHS Foundation Trust

Metric	Variation	Assurance	Target	Feb-25	Mar-25	Apr-25	Apr-24
Pay cost vs Budget (£m)			-	-0.82	-23.36	-0.31	-0.49
Non pay cost vs Budget (£m)			-	-2.88	-16.91	0.49	-2.61
Income vs Plan (£m)			-	2.81	29.78	-0.05	2.58
Daycase actual vs Plan (£m)			-	0.68	0.65	0.60	0.20
Elective actual vs Plan (£m)			-	0.33	0.31	-0.20	0.05
Outpatients actual vs Plan (£m)			-	-0.16	-0.14	-0.39	-1.11
Non-elective actual vs plan (£m)			-	-0.07	0.29	-0.35	0.31
A&E actual vs plan (£m)			-	0.04	0.15	0.13	-0.12
Drugs & devices actual vs plan (£m)			-	1.06	1.07	0.35	0.32
Other patient income (£m)			-	-0.17	0.13	-0.05	-0.09
Delivery of capital programme (£m)			-	6.25	16.16	0.70	0.11
Cash position (£m)			-	13.00	10.60	8.97	23.08
Agency spend % of total staff cost (%)			-	1.0%	0.9%	0.6%	1.5%
Creditors (£m)			-	-75.38	-80.02	-76.36	-75.63
Debtors (£m)			-	45.11	43.36	41.95	33.29
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) YTD			95.00%	76.40%	76.20%	85.00%	88.90%
Better Payment Practice Code (BPPC) *paying supplier invoices within 30 days of date of invoice (%) In Month			95.00%	74.20%	74.90%	85.00%	88.90%

Royal Berkshire
NHS Foundation Trust

Title:	**Operational Planning FY25-26**
Agenda item no:	9
Meeting:	Board of Directors
Date:	28 May 2025
Presented by:	Andrew Statham, Chief Strategy Offer
Prepared by:	Tom Wright, Strategy and Partnerships Manager

Purpose of the Report	To inform the Board of the Trust's operational and financial plan for 2025-26

Report History	

What action is required?	
Assurance	
Information	
Discussion/input	
Decision/approval	Approval of the final Operational Plan for 25/26

Resource Impact:	Informs the Trusts resources for FY25-26
Relationship to Risk in BAF:	Impact on achieving all aspects of the Trusts Strategy
Corporate Risk Register (CRR) Reference /score	• Risk to achieving financial sustainability 4182 (25) • ED capacity & compliance 4172 (16) • Compliance with cancer standards 4241 (16) • Failure to achieve elective standards 5995 (12)
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 X	2. Vision & Strategy X	3. Culture ☐	4. Governance ☐
5. Risks, Issues & Performance X	6. Information Management ☐	7. Engagement ☐	8. Learning & Innovation ☐

Publication						
Published on website	**No**	Confidentiality (FoI)	Private		Public	

1 Executive summary

1.1 On 19 March 2025, RBFT submitted its Operational Plan to BOB ICB and NHS England (NHSE), outlining the Trust making required efficiencies of £40.6m in 2025/26.

1.2 In approving the submission to ICB and NHSE, the Board had noted that the scale of the proposed efficiency programme is equivalent to what it would normally expect to deliver over a 2-3 year time horizon. Delivering within the year will require us to take fundamentally different approaches to our ways of working and will continue to present challenges in delivery and in ensuring quality and safety for our patients and staff.

1.3 This provides the Board with the final Operational Plan narrative for 2025/26 (Appendix 1). The Board is asked to **APPROVE** the operational plan narrative and submission headlines.

1.4 In approving the plan, the Board will note that the plan has been developed with the engagement of care groups and corporate directorates. In line with our constitution, governors were engaged on the development of the plan at their session on 26th February 2025.

2 Headlines of the RBFT Operational Plan

2.1 RBFT adopted a collaborative approach with system partners to create its operational plan, aligning technical assumptions—particularly around inflation, non-recurrent savings, and income. The headline results of the Trust's 2025/26 operational plans are laid out below:

2.2 **Finance** - RBFT has complied with an ICB productivity ask of 5.7% (£40.6m) with the benefits allocated to the bottom line. This movement is from a baseline position of 89 (11% below average) on the National Cost Collection Index (NCCI), and significantly above the productivity opportunity identified by NHSE (£25.1m).

2.3 Given the scale of the Trust's efficiency ask for 2025/26 (2 times what RBFT have achieved in any previous year), and as only £24.30m of the programme had been identified as of April 2025, the Trust has noted concerns to NHSE over the impacts such savings will have on the quality of care provided to patients and there will be a need for EQIA reviews over the course of 25/26 in order to provide further assurance.

2.4 **Performance** - RBFT will maintain its current performance (80%) for the percentage waiting 18 weeks or less and Referral-to-Treatment (RTT) waiting list size. While this will see us exceed the 65% RTT minimum, we will not achieve the 5% improvement ask set out in planning guidance. RBFT performance already significantly exceeds the RTT 65% target for 2025-26 and benchmarks in the top quartile for theatre utilisation. RBFT are also projecting an 8% reduction in Patient Treatment List (PTL), linked to master waiting list data quality improvement.

2.5 The Trust is providing a trajectory which achieves compliance of 72% of patients waiting for 1st outpatient appointments by March 26. Further, RBFT will be compliant with improvement asks on Cancer and Diagnostics.

2.6 Further, are submission states RBFT will be compliant ED and ambulance response times if the proscribed assumption of zero growth in Non-Elective activity is realised.

2.7 The Board notes this performance requires significant support from the system and if ED attendances continue to rise, if call before convey rates do not increase, and if NCTR numbers remain high, with continued sub-optimal occupancy rates in community hospitals, there is a significant risk the Trust will be at risk of not meeting the performance standard for the 4-hour emergency access target, and will also create risk for SCAS in meeting its C2 handover performance standard owing to delays in offloading at ED.

2.8 **Workforce** - The Trust's workforce plan will be to reduce overall WTE from 6410 staff to 6259 staff by the end March 26, predominately this will be driven by continued reductions in the use of contingent labour.

2.9 The Trust has noted to NHSE that the achievement of Bank and Agency targets will be challenging given the low level of usage of both and our current position as the lowest user in the South East Region, and due to the Trust's successful approach to supporting people, it is highly unlikely that the plan can be delivered through natural wastage.

3 Trust Operational Plan

3.1 As in previous years there was no NHSE requirement to submit a Trust level operating plan narrative, however in keeping with previous years we have developed this to add context to our plans (appendix 1). We engaged the council of governors on 26th February, with the final version being approved at EMC on 14th April 2025.

3.2 The committee are asked to note and approve this narrative.

4 Attachments

- Appendix 1: RBFT Operational Plan

Royal Berkshire
NHS Foundation Trust

Royal Berkshire NHS Foundation Trust

Operating Plan 2025/26

1.1. The Royal Berkshire NHS Foundation Trust's (RBFT or the Trust) plan for 2025/26 provides a high-level overview of the Trust's priorities and key work programmes for 2025/26, how we will manage those programmes, and the impact we expect them to have on achieving Our Strategy: Improving Together.

1.2. RBFT is the main provider of hospital services for the people of Reading, Newbury, Henley, Wokingham and the surrounding villages of Berkshire West and South Oxfordshire. We deliver care from a network of facilities across the area including facilities in Bracknell, Henley-on-Thames, Thatcham and Windsor (See figure 1 below).

Figure 1: Principal Service delivery locations for RBFT

1.3. The Trust provides a full range of services, which you may expect to find in a local hospital serving a catchment area of just over 600,000 people. In addition, we provide specialist Cancer, Cardiology and Renal services that serve a wider population of up to 1 million. At our heart, we are a local hospital that works with NHS and social care partners to provide excellent healthcare services for those who live in our host commissioners' area and beyond.

1.4. The information contained in this document has supported and is aligned to the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) priorities for 2025/26 and the plans of our local and regional commissioners.

1.5. The plan is informed by the planning guidance issued by NHSE in January 2025 and by previous guidance issued to NHS Trusts and Foundation Trusts. It incorporates the focus area for acute Trusts identified in the guidance which includes:

- Reduce the time people wait for elective care
- Improving A&E waiting times and ambulance response times
- Improving access to general practice and urgent dental care

- Improving mental health and learning disability care
- Living within our budget allocated, reducing waste and improving productivity
- Maintaining our collective focus on the overall quality and safety of our services
- Addressing inequalities and shifting towards prevention

1.6. Locally, several processes have supported the production of the document, these include:

- The Trust business and budgetary planning process that commenced in August 2024 across care group and corporate divisions;
- Review of our performance data and patient, staff and other stakeholder feedback;
- Discussions with BOB ICS and Acute Provider Collaborative;
- Engagement with Governors at their meeting on 26th February 2025.

1.7. At the time of writing, January 2025, we are operating in a challenging environment with high demand for our services, capacity constraints in community and social care and financial pressures. Guidance issued by NHSE in January 2025 sets out where we should focus our efforts to overcome these challenges.

1.8. We are committed to strengthening existing partnerships through our involvement in the statutory Integrated Care Systems (ICS). Our Strategy reflects these new ways of working, and we are actively implementing our Clinical Services Strategy. In addition, the Trust is embedding our continuous quality improvement approach, Improving Together, to drive performance improvements across the organisation, from ward to board. These evolving priorities and initiatives have shaped our goals and programmes for the year.

1.9. In line with previous Trust operating plans, this document is divided into 5 sections:

1. Introduction: A scene set for the operating plan;
2. Strategic context: Background on the environment the Trust operates within;
3. Priorities for 2025/26: Our goals for 2025/26 and how they support Our Strategy: Improving Together and the ICS plan;
4. Activity and finance: Information on our planned level of activity, the resources we have secured and our efficiency programmes;
5. Governance: Our mechanisms for oversight and governance of the 2025/26 plan.

2. Strategic Context

Improving Together

2.1. In 2022, the Trust launched Our Strategy: Improving Together, the result of extensive engagement with staff, patients, and other stakeholders. This strategy is built upon the foundation laid by our previous 'Vision 2025' strategy.

2.2. In 2025, we will revisit and refresh these priorities to ensure they remain aligned with the needs of our patients, staff, and community in an ever-changing healthcare environment.

2.3. Our Trust Strategy will continue to outline where we currently stand, where we aspire to be, and, considering the evolving landscape, how we plan to get there.

2.4. The strategy defines our vision and mission, along with five key strategic priorities that will guide our efforts. Each priority is supported by three specific goals and a series of enabling activities to drive progress. These priorities are measured by a set of metrics and targets informed by ongoing work in continuous quality improvement. Together with our CARE values and supporting strategies, this framework will enable us to achieve our mission.

Figure 2: Our Strategy: Improving Together

Clinical Services Strategy

2.5. In 2022 we also launched our Clinical Service Strategy (CSS). This strategy aims to:

- Capture the learning from new ways of working during the Covid-19 pandemic.
- Define how services might be optimally delivered and configured to guide the developing vision for our estate.
- Support the continued development of integrated care and response to the NHS Long Term Plan.
- Move towards prevention, improving health inequalities and access to healthcare.
- Identify where we need to invest resources into the enablers such as digital, equipment and workforce.

2.6. Informing the CSS is a set of common themes that emerged from discussions with the clinical, nursing and operational leaders of over 30 services. As these themes took shape, they formed the basis of a working document that captured the evolving direction of travel for the new CSS.

2.7. The CSS recognises that people in our community are living longer, but frequently have an increasing number of complex physical, social and mental health needs. There have also been general shifts in population behaviours that have led to a growing desire for more immediate access to care, more information around their care and greater involvement in decision making.

2.8. This means our CSS is designed around pathways that more explicitly wrap our care around the patient journey and are organised to deliver the right level of care, through the right channel, at the right time. We also look to promote personalised care by harnessing the power of digital innovation, while ensuring it is accessible and inclusive to all and delivered by highly trained multidisciplinary teams.

2.9. In 2025/26 we are placing greater emphasis on how we can operationalise these aims and ensure they are the focus of development for our clinical services, therefore our operating plan is extensively guided by the CSS.

Our role in the wider health and care system.

2.10 The Trust appreciates that to best support patients we need to work beyond the boundaries of our buildings and engage with others, who can provide their specialist input and bring additional resources to bear.

2.11 Accordingly, we have continued to build on years of close partnership with our key local stakeholders through work with the local Berkshire West Place-Based Partnership and regional Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) and Acute Provider Collaborative (BOB APC). These networks provide an opportunity for the Trust to work in new ways to improve care whilst delivering a more efficient service.

2.12 The Trust has continued to work collaboratively with colleagues within our Place based partnership and the BOB ICS to identify areas for improvement where a collaborative multi-organisation response can enable positive change for our staff, patients and wider population.

2.13 Outside of these arrangements, the Trust works with a range of other systems, including the Thames Valley Cancer Alliance and Thames Valley Clinical Network. The Trust also has nationally recognised engagement with the Primary Care Networks (PCNs) and seeks to strengthen these arrangements further in 2025/26.

Key Achievements from 2024/25

2.14 The Trust has seen a number of achievements this year which has included:

Provide the highest quality of care for all

- Opened our newly expanded radiology facilities at West Berkshire Community Hospital, featuring advanced diagnostic technologies. These included a new Mammography Unit, DEXA scanner and two Ultrasound suites.
- Expanded our Single Point of Access (SPOA) programme to our SCAS ambulance partners. SPOA is a service which our healthcare partners call to direct their patients to the pathway most appropriate to them, keeping patients away from our busy ED and helping them receive treatment more quickly.
- Started construction on our new elective surgical unit in the South Block at the Royal Berkshire Hospital, planned for completion in Summer 2025.
- Completed the second stage of our £3m refurbishment of ICU to improve patient care and staff working conditions.
- Continued to deliver care closer to patients, including expansion of services at Townlands Memorial Hospital where we now offer thirty services including carpal tunnel surgery, reducing waiting lists and minimising the need for patients to travel to Royal Berkshire Hospital.

Invest in our staff & live out our values

- Expanded our Health Checks Programme to staff with 2,000 staff now receiving a health check with 40% being referred to their GP for further investigations.
- Launched our violence and aggression campaign to reduce incidents of violence and aggression aimed at staff.
- Opened our new out-of-hours hot food service for RBH staff working night shifts in response to staff requests. Staff working out-of-hours now have more food options in a quiet and safe environment.
- Held our third What Matters staff engagement programme about our CARE values in which all staff were invited to participate. Held every 3 years, 2024's programme had over 4,500 responses through surveys and face-to-face conversations.

Deliver in Partnership:

- Five consultants were appointed to professorship roles at the University of Reading. The consultants will be seconded to professorships at the University where they will be leading clinical research for their respective Trust departments.
- Launched our Dementia Strategy 2024 – 2029, created with input from community partner organisations and empowerment groups, which outlines our plans to collaborate with them to educate and promote increased awareness about dementia diagnosis and support.
- In partnership with the University of Reading, we reached a UK milestone in our research into the treatment of osteoarthritis. The GENESIS I trial has shown long term efficacy and safety for a minimally invasive treatment of osteoarthritis.
- Our Florey Clinic now offers HIV and STI testing with Berkshire Healthcare and community partners.
- Opened our onsite Urgent Care Centre at the Royal Berkshire Hospital in conjunction with our partners in Primary Care.

Cultivate innovation & improvement

- In a long-term follow-up of a new vaccine trial, our clinicians found that it could prevent recurrent urinary tract infections (UTIs) for up to 9 years in 54% of participants. A common bacterial infection, UTIs are experienced by half of all women and one in five men and are often treated with antibiotics. With antibiotic resistant

UTIs now on the rise and drugs becoming less effective, new ways of preventing and treating infections are needed.

- A further three departments achieved University recognition: Urology, Elderly Care and Ophthalmology, taking the number of departments with this Health Innovation Partnership's (HIP) recognition of excellence to 10. HIP is a collaboration between the Trust and the University of Reading.
- The Trust's Strategy and Transformation team launched our 'Improvement Weeks'. Our first focused on improving and streamlining Gynaecology's hysteroscopy clinics, which has increased the number of patients seen, reduced the number of unused appointments and is projected to cut stock costs by £147,000 per year.
- We became the first NHS trust to receive full Global Clinical Site Accreditation - the global quality standard for clinical research sites – allowing us to better compete with other sites. Research benefits not only our patients and staff but people worldwide.

Achieve long-term sustainability

- Launched our Money Matters financial turnaround programme delivering £27.87m of savings.
- Implemented LED replacement and heat recovery energy saving projects across our estate, saving 361 tons of CO_2 and £278,000 per annum.

Operational Performance

2.15 In 2024/25 the RBFT has continued to focus on the safe delivery of services and appropriate prioritisation of patients as we balance the need to reduce waiting times and improve services, against a backdrop of increasing demand and on-the-day challenges.

- Performance against ED 4-hour (95%) standard remains significantly compromised (March 25 Combined 71% – Type 1 only 60%), largely driven by sustained increased levels of demand through the department and more recently complicated as a result of significant winter pressures. Whilst performance against the standard remains challenged, this is comparable with local benchmark organisations. Whilst attendance numbers have remained high, conversion to admission has remained low, signalling that performance is being driven by this increased demand, predominantly in Minors. During 24/25, the Trust opened the first phase of our co-located Urgent Care Centre, which will be expanded early in 25/26 following relocation to a permanent base. This is expected to support improvement to the Trust's overall performance against the 4-hour standard.
- In 24/25, the Trust has reported 100 12-hourbreaches of the Decision to Admit to Admission standard (82 in Q4). This is an increase from zero in recent years. Significant pressures on hospital capacity through winter are cited as the major cause for these delays. The Trust is developing plans for 25/26, which focus on reducing 12-hour total time waiting times to a minimal level.
- The 2024/25 elective programme has continued to focus on maintaining a low number of long waits across the Referral to Treatment performance standard whilst addressing extended waits to first outpatient, which is understood to be the primary driver of long waits for the Trust. Through a combination of validation and operational focus on the individual stages of treatment, the RTT PTL was being maintained at c. 33k pathways and 80% performance against the 18-week standard. However we have seen the PTL size increase (38k) and performance decrease (75%) through the latter part of the year. We expect to return to 80% during Q1.
- Performance against the headline RTT standard (92% <18 weeks) is reported as 75% in March 2025, compared to 57% in April 2022. Noting that across the same period the total size of the PTL has seen a 50% reduction.
- The Trust has zero pathways waiting above 104 and 78 weeks and has maintained a low number of pathways >65 weeks throughout the year. The Trust is currently

reporting three >65 weeks and whilst we expect to continue to have a small number of these pathways through 25/26, our aim to eradicate them through shortening of the early (1st OPA and diagnostic) phases.

- The number of >52-week waits is currently below 40. This is down from 100 in January 24. We expect this number to be maintained through early 25/26 and begin to reduce, as we continue to focus on removing the causes of long waits, in particular long waits to first Outpatient Appointment.
- The Trust has seen success from taking a two-pronged approach to reducing the overall waiting list size and profile, focusing on the treatment of the longest waits, whilst also increasing outpatient capacity in order to clear the backlog within the early stages of a patient's pathway. Reducing the time to assessment and decision making is felt to be the most effective approach to managing risk within the waiting list and is driving the Trust towards a sustainable recovery.
- The Diagnostic Monitoring (DM01 – 99%) standard remains below target. However significant improvement has been made through 2024/25. Performance has improved from a low of 64.7% in August 23 to 77.4% in April 24 and has further improved to 92% in March 25.
- In particular, both Radiology and Endoscopy modalities have made notable improvements. CT and MRI are achieving the 99% standard. Endoscopy has halved the size of the waiting list and is making good progress in reducing the number of very long routine waits, whilst balancing the demand for tests on the cancer pathway, which we continue to prioritise. This has been achieved through expanding both fixed (BAU) and short-term (Insourced) capacity.
- The Trust has seen a significant and sustained increase in referral numbers on the Two Week Wait Cancer Pathway (c.50%) over the past 4 years which has driven delays across the 14-day 2WW, diagnostics and overall 62-day treatment standards. As a result, our cancer performance has been impacted in these areas. However, the Trust remains ahead of our submitted performance trajectory for 2024/25.
- The Trust is meeting the 28 Day Faster Diagnosis and 31 Day Treatment cancer standards, which are felt to be good indicators of providing safe and timely care for patients with a confirmed diagnosis of cancer.
- Work is continuing across challenged services (Dermatology, Colorectal and Gynecology) to progress pathway level improvement, which is expected to improve the diagnostic phase of the cancer pathway. This is expected to reduce the number of non-cancer patients on the PTL and improve waiting times for patients with a cancer diagnosis. Progress will continue through 2025/26.

2.16 In 2025/26, the Trust will continue to balance the need to work within a challenging environment and elective recovery as we seek to optimise our digital estates to go further, faster with our recovery aims. Risk management, patient safety and patient/staff experience will be key drivers to recovery against the national elective access standards.

2.17 Within the ED pathway specifically, the Trust will continue to drive improvement through the use of SDEC models, increasing the use of the new co-located Urgent Care Centre and maximizing the estate to support both the 4-hour standard and ambulance handover standards.

2.18 Within the routine elective pathways, we will continue to focus on balancing reducing the backlog, whilst bearing down on waiting times and optimising each stage of the pathways.

2.19 Work to develop a master waiting list, improving the quality and visibility of waiting list intelligence is well underway and will begin to have an impact in 2025/26.

2.20 The enhanced referral and triage process (eTriage) has been rolled out within the Trust. We are already seeing improvements in the use of A&G and patients directed straight to test. In addition, we expect the use of eTriage to aid in improving productive use of

capacity and resource across the first outpatient stage of treatment.

2.21 These tools will continue evolve through 2025/26 and provide a stable base to build from and enable both traditional performance recovery but also the implementation of improved processes and transformation opportunity.

2.22 Work within the cancer pathway will focus on maintaining stability in the waiting list and good performance against key cancer pathways. This will be balanced against work, through collaboration with others within the ICP, ICS and TVCA to work towards parity of performance across the region.

Quality performance

2.23 Despite challenges of unprecedented industrial action, there were many triumphs and successes in the Trust within2023/24. Further to excellent and compassionate care delivered every day, the Trust made great strides in improvement:

- The Infection Prevention and Control team work tirelessly with colleagues across the organisation to maintain high standards of cleanliness, reduce antibiotic resistance, keep patients and staff informed, and prevent avoidable infections. This trust-wide approach has been successful achieving more than a 95% compliance rating with hand hygiene
- Our Maternity Department received an inspection from the CQC where we not only maintained our rating of 'Good' overall but saw the Safety domain improve from 'Requires Improvement' to 'Good'. The CQC report, in particular, highlighted good management of infection risks, learning from safety incidents, and engagement with the community we serve. Alongside this, outstanding areas of practice were identified in relation to partnership working with the local voluntary and public health partners' initiatives, to address health inequalities through training and work on the midwifery led unit early labour room.
- The death of thirteen-year-old Martha Mills saw calls for Martha's Rule to be implemented across the NHS: giving patients and their families the right to a second opinion if their condition worsens. We are proud that our Call 4 Concern service is being used as the model for Martha's Rule as it is rolled out to trusts across the country. First introduced at Royal Berkshire NHS Foundation Trust in 2009, it gives patients and their families the ability to request a review of a patient if they notice a deterioration or issue that may have been missed by the clinical team. Such patient-centred care is at the heart of safety at our Trust and it is fantastic to see it recognised nationally.
- The Trust continues to run a robust annual clinical audit programme and supports specialties to monitor and improve their services using quality improvement methodologies (including clinical audit). An example of which was one carried out by the Rheumatology team, which aimed to retrospectively review blood results to determine the frequency of abnormalities in patients stable on sulfasalazine and ensure our patient cohort would be safe to discontinue monitoring. Implementation of this project would reduce pressure on services, reduce costs and enhance patient experience. From the data reviewed, 129 patients had no adverse haematological reaction such as Leukopenia or Neutropenia. Only 5 patients (3.8%) had abnormal ALT results that were found unrelated to Sulfasalazine. It was recommended to discontinue monitoring of bloods after one year of being established on treatment with Sulfasalazine. Benefits included that patients were happier as they were able to better prepare for their discharge and there was a reduction in the length of patients' hospital stays.
- AccessAble is a service aimed at providing people with a wide range of disabilities information about navigating public spaces, including hospitals and healthcare settings, by offering detailed guides on the accessibility features of these locations in order to help them plan their visits more effectively. Information provided includes

details about parking, entranceways, internal layouts, and available facilities, all aimed at helping individuals with specific access needs plan their visits more effectively. In 2023/24, AccessAble reviewed 150 areas over the different locations across the Trust, for some locations alternative routes were assessed to offer more suitable routes depending on the individual's needs.

- We have a growing #Health4yth youth engagement programme. This includes the innovative Junior Carers programme where the trust works closely with a primary school from an area of deprivation and selects school children (aged 8-10 years) as Health Ambassadors. They then regularly visit the hospital to receive health promotion talks and experiences which they can feed back to their friends and family. The programme has expanded in the last year to cover two schools. The #Health4yth programme also has a growing hospital tour programme aimed at 14 -16-year-olds which provides young students with an insight into different careers in the NHS and aims to influence their career choices at a young age. In 2023/24, there were 9 school tours provided and 108 students attended. We currently have 21 young people recruited to the Youth Forum for 16–25-year-olds. The forum offers them the opportunity to get more involved in hospital projects, provides a youth voice to committees and steering groups, and gets them involved in other volunteering.
- We have made improvements to reduce the number of stranded patients in our hospitals. Most notably, with the expansion of our Discharge Lounge which started as just five chairs to a dedicated space with room for 18 patients including those who are unable to sit out of bed.
- We have focused on our elective waiting times which are as low as possible, and for example in December 2023, just 17% of patients waited longer than 18 weeks for treatment – which is the best for any acute trust in England.

Financial Performance

2.24 The Trust received a 'GOOD' Use of Resources rating, following a visit from NHSE/I and CQC in April 2021, the latest inspection. The Trust has a National Cost Collection Index of 89 (100 being average), indicating that it is 11% lower than the average for activity we undertake, despite the elevated estates costs.

2.25 Our financial performance, in common with most district general hospitals, remains challenging. For 2025/26, the Trust is forecasting a £(7.80)m deficit position.

2.26 This position is largely driven by three factors:

- During 2024/25, non-elective patient care demand and renal patient care activity have been significantly higher than expected. As these services are part of the fixed element of contractual financial funding from commissioners, we have incurred increased expenditure that we have not received additional income for. We continue to work with NHSE Specialised Commissioning colleagues to secure funding to mitigate these patient care demand led financial pressures.
- In 2024/25, the Trust targeted stretching over performance on elective patient care of £11.6m on a value weighted activity basis. The actual level of elective care over performance is forecast to be £8.1m, which is £3.5m below target.
- Clinical Supplies costs increased significantly in 2024/25 as the Trust worked to increase delivery of elective patient care activity and this is a continued area of focus going into 2025/26.

2.27 The Trust continues to work with Buckinghamshire Oxfordshire & Berkshire West ICS colleagues at organisational and system level, on the required level of funding to ensure financial stability for the organisation.

2.28 The Trust retains the strategic objective of a return to an underlying breakeven financial position and is developing plans to deliver this in its Finance Strategy.

Key challenges for 2025/26

2.29 As the Trust enters 2025/26, we are conscious of a number of internal and external challenges. These include:

- Continuing to recover core service standards that were impacted by the pandemic.
- Recovering our productivity levels to pre-pandemic levels, in conjunction with a stretching £40.6m 2025/26 efficiency productivity programme.
- Supporting our staff and volunteers as we continue to recover productivity and patient waiting times, in a financially constrained environment.
- National shortages in clinical and associated professionals within the Trust and our system partners.
- Tackling our ageing and inflexible estate, following significant changes to the national New Hospital Programme timetable, announced during 2024/25.

3 Priorities for the year ahead

ICS priorities for 2023/24

3.1 In July 2022 Integrated Care Systems (ICS) became statutory bodies, resulting in Integrated Care Boards (ICB) becoming NHS bodies.

3.2 In June 2023, BOB ICS published its Joint Forward Plans (JFP) which sets out a delivery plan that explains how they will arrange and/or provide NHS services to meet our population's physical and mental health needs, particularly with respect to the ambitions of the Integrated Care Strategy.

3.3 The aims set out in the JFP feed heavily into discussions of our priorities at a place level. Figure 3 below outlines the ICB planning priorities for the coming year and feeds into the Trust's plans, in partnership with local services and primary care.

Figure 3: BOB ICS Priorities 2025/26

Focus area	Detail
Develop an approach to allocative efficiency	Ensuring a better collective system understanding of our population baseline and the best use of our resources to improve the health of our population and the sustainability of our system.
Build an evidence base on technical efficiency	Ensuring that we have a better collective understanding of organisational and collaborative opportunities for efficiency and productivity.
Build the right processes, capacity and capability	Through the operating model reset, the ICB has created expanded resource to support planning, strategic commissioning, transformation and finance.
Create a strategic commissioning baseline	The ICB recognise and understand the desire for transparency of the ICB's cost base and as such, are commencing a thorough review of the ICB cost base, contracts and discretionary areas to support strategic commissioning. They are committed to share this openly with system partners as this work develops and are also building a team and new way of working to support the strategic
System medium term strategy & transformation	Drawing together the above, the ICB are developing a medium-term strategy comprised of a clear diagnosis of system challenges and opportunities; an agreed set of priorities for improvement and transformation and a coherent delivery approach to support and embed sustainable change.

Trust wide priorities for 2025/26

3.4 For the next five years, we will focus on five Strategic Objectives to achieve our vision to provide outstanding care for our community. Each of these objectives is listed below along with the Strategic Metrics we have identified to drive delivery of these strategic objectives and improve patient, staff and organisational performance.

Provide the highest quality care for all:

- Improved patient experience (measured by 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')
- Learning from incidents to reduce harm

Invest in our people and live out our values:

- Improved retention

Deliver in Partnership:

- Maximizing Elective Activity: Achievement of the <18 week Referral to Treatment (RTT) standard
- Reduce waits of over 62 days for Cancer patients
- Improved Emergency Department (ED) Performance against 4hr target

Cultivate transformation and innovation:

- Increased care closer to home (measured by Distance travelled by our patients (outpatients))

Achieve long-term sustainability:

- Improved Productivity (Activity/Wholetime Equivalent (WTE))
- Trust Income & expenditure performance

3.5 Aligned to these strategic objectives, we have developed three cross-cutting breakthrough priorities which are things that we wish to make rapid improvement on over the next 12-18 months. These are:

- Reduce the average Length of Stay (LOS) for non-elective patients
- Increase the total volume of first Outpatient (OP) Activity
- Deliver identified efficiency savings

3.6 Each of our clinical and corporate teams, from ward to board, are identifying what they contribute to the delivery of these metrics and our monthly performance meetings will focus on action we can take together to make progress through our Improving Together management system.

Improvement and Transformation

3.7 We continue to be committed to the delivery of our Improving Together Programme by fostering a culture of continuous quality improvement and the development of our quality management system. Improving Together aims to empower every member of staff at RBFT to continuously improve through the organisation's CARE values and Leadership Behaviours Framework. Our aim continues to be centred around leading organisational transformation by building capability; optimising processes by focussing on value-adding activities, and by driving impactful change initiatives which are aligned to and help deliver the Trust's strategic objectives.

3.8 Improving Together has been running for almost 3 years. During this time, all Executives, Care Group Leadership, 95% of Directorate Management teams and approximately 28% (81 out of 290) of both clinical and non-clinical frontline teams have been trained and coached in the Quality Management System.

3.9 The success of the programme should be celebrated. The Trust's alignment to the 5 components set out by NHS IMPACT has improved over the past year and our staff survey results in key questions relating to cultural change and improvement have markedly improved since 2021, with staff feeling more empowered to make improvements in their area of work.

3.10 This year we have continued to roll-out Improving Together, focusing on training and supporting clinical and non-clinical frontline teams. In 2024, the Trust Breakthrough Priorities went through a re-fresh and to date 80% of teams that sit in every leadership team and Care Group have driver metrics aligned to the Breakthrough Priorities.

3.11 In 2025-26, whilst continuing the roll-out of the management system, Improving Together will also introduce e-learning packages. To allow for a more rapid spread of a common currency and language, and to provide flexibility of learning, a dosing e-learning strategy will be introduced at the beginning of 2025-26. It has been developed with the assumption

that not all staff are required to have the same depth of understanding of Improving Together. Each ‘dose’, or level, of training is named after the colour of the existing Improving Together ‘Crown’ segments. The levels available will be Green, Purple, Blue, Yellow, and Red. The ‘Purple’ level aims to provide all staff with a basic overview and understanding of Improving Together and will be mandatory training for all staff in the organisation.

3.12 With the development of the e-learning packages, the frontline training offer will be developed to avoid duplication of content and will therefore include more lean tools and concepts and how they can be used in the delivery of team driver metrics. With these developments in place, 2025-26 will also see a focus on the sustainability of the Improving Together programme, focusing on supporting directorates and frontline teams and implementing some changes to the support they receive based on recommendations from a co-design workshop.

3.13 We further increased our improvement offering in 2024 and introduced Rapid Process Improvement Workshops. RPIWs are team-based, standardised events focused on a particular process where frontline staff are empowered to eliminate waste using lean concepts and tools and make ‘on the ground’ changes within the timescales of the event. In 2025-26, the Trust plans to build on the successful RPIW pilots ran in 2024-25 and expand to a programme of 6 RPIWs, each aligned to our breakthrough priorities. These RPIWs will support the spread of knowledge of Lean methodology across the organisation; provide case studies of process improvements within teams that can be shared and replicated across specialties and care groups; and support multi-disciplinary, cross-team working.

3.14 To maintain momentum and continue the organisation’s improvement journey, it is intended to use 2025-26 as further proof of concept to develop and deliver an innovative, wider scale ‘Value Stream Analysis’ approach in 2026-27. This will take the principles of the RPIWs and apply them across a whole patient pathway from start to finish, covering multiple departments across the organisation.

3.15 The Trust has a layered approach to driving improvement across the organisation and delivering on its strategic objectives. In addition to the frontline, continuous quality improvement “Improving Together” roll-out described above, the organisation has a robust programme of Trust-level Transformation projects.

3.16 The projects for the 2025-26 Trust Transformation programme have been identified through the use of a strategic filter which is a systematic and transparent process for ensuring each project has close alignment with the delivery of the Trust’s breakthrough priorities, strategic metrics and national directives. This year, the Trust is taking a focused and agile approach to its Transformation programme, running just 6 projects at any one time with rapid turnover and delivery of benefits. This is in line with the “inch wide, mile deep” Improving Together philosophy and will help the organisation be more reactive to innovations or changes in priorities at a national or local level.

3.17 The 2025-26 Transformation Programme includes foci on:

- Elective recovery and reducing waiting times for patients through our outpatient projects and investment in our estate by the building of modern, fit for purpose clinical facilities.
- Improving pathways of care for patients to ensure they receive the ‘right care in the right place at the right time’. This includes working with system partners before patients arrive at hospital to avoid admissions where possible, improving the flow of patients during inpatient admissions, and using the resources across the system in joined up and efficient ways to ensure patients return to their own homes or onward care pathways without delay.
- Digital innovation and optimisation, through the ways in which we communicate and

interact with our patients and ensuring the digital infrastructures across the Trust are safe and support the delivery of the best clinical outcomes for our patients.

3.18 At the heart of all our projects is our commitment to ensuring the best possible patient experience through empowering patients to make choices about their own care and treatment, ensuring the patient voice is at the centre of the improvement work we do, and addressing issues of health inequalities.

QIA assurance for cost improvement programmes

3.19 Equality and Quality Impact Assessment (EQIA) is a process which is undertaken to assess the impact of business cases, service changes and other major consultations on the equality and quality of service delivery to our service users and on our workforce. When a service development/change project or consultation process is being created, the EQIA is completed by the programme lead in line with the process set out within CG 814 Equality and Quality Impact Assessment Policy to decide whether to proceed with the proposed change or not.

3.20 EQIAs are an essential component of the change management process to ensure that any potential impacts on the equality and quality of service delivery to both service users and the impact on our workforce are identified, evaluated and that appropriate risk management, and equality procedures/mitigation are in place to support the change.

Quality priorities for 2025/26

3.21 Ensuring safety and quality of care for every patient is the Trust's top priority. We strive to be one of the safest and most caring NHS organisations in the country. The Trust's Quality Strategy (2023-2028) provides the framework for ensuring that 'quality' remains at the heart of the Trust's organisational culture and contains the details of the quality. improvement work programmes taking place across the Trust to meet its ambitious aims.

3.22 The Trust has made good progress towards the 2024/25 quality priorities. Some of the priorities required a significant level of foundational work and a proposal is being made to roll these projects into a second year.

3.23 The quality priorities for 2025/26 will be developed from the improving together workflow with the care groups as well as through other quality drivers:

- Review of progress against the Quality Strategy aims and previous year's quality priorities
- Analysis of themes arising from internal quality indicators (complaints, incidents, clinical audits, mortality reviews and outcomes data)
- Patient engagement
- Staff engagement
- Key stakeholder engagement

3.24 As a result, the Trust is confident that the proposed priorities are meaningful and important to our community. The Quality Priorities will be finalised after consultation with stakeholders but are currently proposed to be chosen from the list below, although these may change depending on feedback from stakeholders.

Patient Safety:

- Cancer Harm reviews
- Shared learning and triangulation
- Worry and Concern element of Martha's Rule/Call4Concern
- Evaluation of year 1 Patient Safety Incident Response Framework (PSIRF) and plan for year 2.

Clinical Effectiveness

- Monitoring and reducing the incidence of catheter associated urinary tract infection (CAUTI)
- WHO checklists and LOCSSIP's
- Monitoring C-diff infection rates and implementation of improvement plan

Patient Experience

- FFT analysis
- Transitioning from paediatrics to adult care
- Shared decision making

3.25 The CQUIN programme (Commissioning for Quality and Innovation) was paused in 2024. The ICS were assured, whilst the trust was not participating in the CQUIN scheme, it had a robust approach to continuous quality improvement. The Trust awaits the national guidance relating to CQUIN for 2025/26.

Our approach to tracking progress on our priorities:

3.26 Progress against the aims set out in the Trust's Quality Strategy are monitored on a 6-monthly basis by the Trust Quality Committee (a sub-committee of the Board) chaired by a non-executive director. The specific quality priorities for 2024/25 are monitored on a bi-monthly basis through the Quality Assurance and Learning Committee, chaired by the Chief Nurse / Chief Medical Officer. This in turn reports to the Quality Committee. This allows appropriate scrutiny against the progress being made with these quality improvement initiatives, and also provides an opportunity for the escalation of issues.

3.27 Progress against the delivery of our strategy has been monitored against a framework on a quarterly basis shared through EMC with the Board. This year we reviewed the format for reporting and confirmed a number of 'True North' metrics to monitor progress against. Structures are being established to support continuous quality improvement and the establishment of an operational management system will provide an opportunity to update the Executive on progress being made across our priorities. These will be in place for 2025/26.

4. Activity and Finance

Activity

4.1 It continues to be difficult to predict the healthcare needs of our local population, partly as points of delivery have changed considerably since pre-pandemic times. In 2019/20 we experienced an overall increase in activity on the previous year, whereas in 2020/21 there was significant swings in different activity types as a result of COVID and national guidelines intended to minimise elective activity. Overall, this resulted in reductions in elective pathways whereas critical care was 200% higher than before and virtual outpatient activity increased by 190%.

4.2 Through 2024/25 the Trust has continued to build upon recovery progress in the elective pathway where Elective Recovery funding has enabled additional activity to take place and where productivity improvements have been made. Current data suggests a year end position for elective inpatient, day case and outpatient activity at 115% of 2019/20 levels.

4.3 At a system level, during 2024/25 we have continued to engage in mutual aid discussions in order to support the reduction of elective waiting times across the system. This is achieved through both direct referrals from GPs outside of Berkshire West, and where appropriate, work transferred from other Trusts. It should be noted that patient choice plays a significant part in mutual aid and evidence has shown that transfer at the point of referral is most successful and productive approach. Demand management workstreams continue to progress, however these are typically Place/locally focused, in order to identify the levels of activity required to be undertaken to recover waiting lists.

4.4 To develop our plan for 2025/26, our clinical and operational teams have again reviewed their expectations of demand - based on service changes and new delivery points - with the expectation that recovery of elective waiting lists will be reliant on increased first outpatient activity, improved productivity through triage and advice and guidance, as well as system led demand management improvement across the UEC pathway. However, there remains to be ongoing discussion related to the allocation of ERF and overall funding regime which will impact both the pace and likely success of delivery if we enter a more restricted financial environment.

4.5 These changes will be taken into account when setting 2024/25 contract values. As BOB ICS plans develop, we will provide details of the impact on our activity and financial plans.

Figure 4.1: 2025/26 Activity Growth Assumptions

Type	24/25 FOT	25/26 Plan	Change	(%)
Emergency Department Attendance (A&E)	180,753	180,753	0	0%
Face to Face Outpatient Attendances (excl OPPROCs)	498,552	518,593	20,041	4.0%
Non face to face outpatient "attendances"	111,161	110,960	(201)	-0.1%
OPPROCs	136,920	142,400	5480	4.0%
Non-Elective Activity (incl Obstetrics – NELNE)	61,696	63,014	1,318	2.1%
Elective Activity (incl Daycase)	57,525	57,559	33	0%

Capacity to deliver the activity trajectory

4.1 The RBFT activity and performance trajectories are a reflection of the operational expectation for demand, and utilisation of core and sub-contracted independent sector capacity.

4.2 Based upon the submitted activity trajectories the Trust is confident in achieving the submitted performance trajectories, based upon the assumption that funding expectations are agreed.

Expected operational performance

4.3 The Trust has submitted plans which are broadly compliant with the NHSE expectations, in line with the national ask from NHSE. The exception to this is the headline RTT requirement to improve by 5% when compared with 24/25. Based upon analysis undertaken locally, the Trust does not feel that 5% improvement in RTT is achievable without significant additional funding to further reduce first outpatient waiting times. In large part, this is due to the fact that the Trust is already one of the top reporting Trusts against the RTT standard and that we have pivoted focus to the management of all patients waiting as opposed to just those that meet the reporting criteria for RTT. The Trust is continuing to work alongside colleagues across the ICS to ensure activity and performance levels are such that Elective Recovery Funding (ERF) is achieved.

4.4 Recovery of constitutional standards in elective care will require considerable efforts by all our teams and our partners in the BOB-ICS and independent sector. Achievement is subject to appropriate funding of activity and support to provide targeted additional capacity where it will have the greatest effect.

4.5 The Trust is forecasting constitutional standards to achieve the following levels by the end of 2025/26;

- A&E >4 hour (All Types). 78%
- RTT. Performance <18 weeks. 80%
- Cancer Faster Diagnosis. 80%
- Cancer 62 Day FDT. 75%

4.6 The Trusts MasterWL programme will continue to progress improvement to data quality and operational processes across the EPR. With particular reference to First Outpatients, the Trust is aiming to achieve an 80% reduction in the total number of active referral encounters, with 72% of all referral encounters waiting less than 18 weeks (RTT and Non-RTT).

4.7 The Trust expects to achieve these levels of performance and aims to exceed these expectations.

Revenue budget for 2025/26

4.8 The Trust is seeking to agree a budget for 2025/26 of £(7.8)m deficit, as part of our continuing recovery plan to an underlying surplus position. By agreeing this budget, the Trust will be able to deliver a capital plan of £39.2m, including £26.2m of internally funded capital projects. The 2025/26 £(7.8)m deficit budget includes an efficiency and productivity plan of £40.6m, this will be significantly challenging and will require us to deliver on the full extent of our local and regional transformation plans for the year as set out in section 3.

4.9 BOB ICS has received funding allocations for 2025/26, and we are working to finalise funding of £487.1m for 2025/26.

4.10 The financial regime for 2025/26 has changed from that of 2024/25. For 2025/26 the Elective Recovery Funding (ERF) for providers has a baseline level and an additional funding allocation, these are £19.04m and £5.83m respectively for our Trust for 2025/26 (totalling £24.87m), with elective recovery funding for 2025/26 capped at this level. The Aligned Payment Incentive (API) value weighted payments mechanism for pass through drugs and devices, radiology and radiotherapy continues in 2025/26. Both ERF and API funding will be paid to the Trust in line with actual value weighted levels of activity undertaken in 2025/26.

Estates costs

4.11 Like many NHS trusts, our estate is a patchwork of bespoke buildings built in a range of different eras across multiple sites. The Trust covers a wide geographical area with services provided from six main sites (freehold and leasehold properties).

4.12 The majority of the estate is over 35 years old, no longer fit for purpose, and cannot be effectively redesigned and efficiently used to provide health services in the 21st century. The current performance of our estate has been evaluated against a number of assessments including; a six facet survey, ERIC (Estates Return Information Collection), Model Hospital, PAM (Premises assurance Model) and PLACE (Patient Led assessment of the Care Environment) data. These highlight a number of constraints but also efficient and effective E&F services and patient satisfaction.

4.13 Within this context, we remain committed to improvement across the following 4 themes:

- Quality and safety of our buildings, environment and services
- Performance on sustainability
- Transform, standardise and maximise the use of our services and estate ensuring the best value
- Making value for money and 'no regret' decisions to invest in, refurbish and redevelop our estate to ensure it is fit for purpose and fit for the future

Theme	We will:	By:
Business as Usual	Improve the quality and safety of our buildings, environment and services	• Improving accessibility for our patients • Reducing levels of backlog maintenance in the estate and subsequent risk to clinical service provision – eliminating/managing significant and high-risk backlog maintenance • Standardising goods and services to ensure efficient life cycle spend and improve turnaround times • Ensuring satisfactory facilities for our staff to support the delivery of effective healthcare • Being proactive rather than reactive in delivering our services • Identifying opportunities to enhance the healing environment
Sustainability	Improve our performance on sustainability; Environment, Economic and Social	Green sustainability: • targeting a reduction in utilities use, • informing design principles, • reducing lifecycle costs, • targeting a healthier workplace. Financial sustainability: • Continuing to improve benchmarked performance as evidenced via Model Hospital data, • Targeting reduction of backlog maintenance that impacts maintenance and running costs as well as safety improvements, • Disinvesting in assets with high operating costs and addressing backlog maintenance requirements.
Utilising Space	Transform, standardise and maximise the use of our services and estate ensuring best value	• Ensuring that space on all sites within the Trust is optimised and utilised effectively and efficiently to support the delivery of the Clinical Services Strategy and non-clinical requirements as well as reduce costs and maximise efficiency. • Using and planning our space wisely by developing flexible design and use principles, reviewing the operating model e.g. 7 day working/extended hours, shared space and flexible working. • Targeting an increase in % of space used by clinical services in order to improve the benchmark performance.

Theme	We will:	By:
Estate redevelopment	Making value for money and 'no regret' decisions to invest in, refurbish and redevelop our estate to ensure it is fit for purpose and fit for the future	• Reviewing and refreshing estates related strategies and operating models; Masterplan, Development Control Plan and Asset Management, in light of the delay to a new hospital. • Continuing to develop the estate through rebuild and refurbishment which supports the Trust's Clinical Services Strategy with 'no regret' investment. • Maximising the opportunities through collaboration with the wider health economy and other public sector organisations.

4.14 The Trust has sought to mitigate the risk from exponential increases in backlog maintenance, lack of availability of Trust capital to meet the required investment results in inefficient working environments, rising running costs and rising operational costs as far as possible.

4.15 The New Hospital Programme delay to the RBFT new hospital in early 2025 means that very early in 2025/26 the strategic approach to utilising, maintaining and managing the Trust Estate needs to be reviewed in order to ensure that best value investment decisions and longer term investment is made, on a 'no regret' basis into existing assets, including exit strategies and potential new property arrangements.

4.16 The revised service model, from a fully outsourced and managed Hard FM service to a hybrid model has been challenging during 2024/25. There is an opportunity to further review and refine the service model ahead of natural contract ends by March 2026.

4.17 Utility costs are expected to continue to rise significantly above inflation and the Trust's utilisation continues to benchmark above peers. Energy is procured through Crown Commercial Services framework agreement and RBFT cannot influence the price of energy but can control consumption to reduce costs. This will require action across all Trust services, not just by E&F as well as capital investment to enable monitoring and control of energy consumption and replace high consumption infrastructure and equipment.

4.18 Facilities management services, including portering, housekeeping, catering, waste etc has had a renewed focus on costs and efficiency over the last 12 months and significant improvement has been delivered and the services generally benchmark well, particularly catering services. The aging estate does have an impact on the efficient operational delivery of these services and there are further improvements to be made over the coming year.

4.19 The supply chain and impact of above inflation increases are expected to continue to have an impact on both FM service delivery. Food inflation and inflationary pressures across high utility use contracted services, e.g. linen and laundry, continues to place considerable pressure on E&F budgets and requires above inflationary uplift efficiencies to keep the budgets in balance.

4.20 Construction inflation has been significantly above general inflation for several years, although this shows some early signs of easing. Supply chain and staffing pressures continue to add to the risks. The teams will continue to work to manage the risks, vary and value engineer to ensure the best value outputs.

Sale of assets/non recurrent financial items

4.21 Following the relocation of the outsourced decontamination services from the old Battle Hospital site an options appraisal and consideration of the future of the site is being undertaken with an expected decision related to sale/lease/develop during 2025/26.

Cash and Capital for 2025/26

4.22 The development of the operating budget for 2025/26 directly informs the level of available cash to cover operating expenses and consequently for investment in capital. At a £(7.8)m deficit plan in 2025/26, cash is generated to deliver a £39.2m programme of

capital investment in 2025/26, of which £26.2m is internally funded. However, the impact of the 2025/26 financial deficit plan, following on from the 2024/25 £(17.92)m deficit, is a requirement for cash support from NHSE in order to deliver this level of capital investment. The Trust is working with NHSE and the BOB ICB to secure this.

Procurement

4.23 The Trust Procurement and Logistics department has continued to make significant improvements, with changes to governance, contract management, supply chain management and by aligning our objectives to the CCF commercial strategy, as well as, implementation of the new Procurement Bill 2023, which came into force February 2025. Our presence in the regional and national procurement arena continues to grow, reinforcing our commitment to collaboration and partnership working. Our major objectives for 2025/26 will centre on continuous quality improvement, governance, data analytics, sustainability, social value and building upon supply chain resilience.

4.24 During 2024/25 one of the department's primary focus was to manage and mitigate risks to the ongoing financial pressures and resilience issues faced across global market supply chains. The department ensured the supply of all goods, services and works. The department has developed collaborative work within the BOB ICS that has successfully delivered a number of CIP generating contracts across the system.

4.25 The eProcurement Department also delivered c£8.1m of CIP, £40m of capital supply and renegotiation of supply contracts of value of c£30m.

4.26 The department is a committee member of NHSE advisory boards as well as holding senior positions within the Health Care Supply Association.

4.27 The Trust is committed to continuously improving and delivering best in class supply chain and contract management and governance. The department launched a contract management refresh in 2023/2024 to improve contract and supplier management. Using a Kralijic matrix, all major and critical supply contracts have direct oversight by the Procurement team. Working with leading partners in the Healthcare area, the team has generated over £2m of savings through a revised contract management strategy.

4.28 The department continues to provide assurance to our stakeholders and community that we deliver value for money through refreshed and updated governance and compliance reports. This includes a monthly report on contract management and supply chain management.

4.29 The department utilises data analytic tools and applications to provide accurate analysis and evaluation of non-pay spend, providing data to support sourcing and contractual decisions.

4.30 Global market and supply chain disruption, inflationary and financial pressures remain major areas of risk to the department, and as such will be at the forefront of activity for the next financial year.

4.31 Other key focuses of the department will be how we support and embed resilience within our supply chain, further developing social value and sustainability working towards the Net Zero Carbon Target for 2040 both at local and system level. All whilst aiming to support the local economy and community with key partners across the Thames Valley and beyond.

4.32 As part of continuous improvement and national reports such as Lord Dazi's investigation, the department has identified opportunities to improve and deliver both financial and operational efficiencies where unwarranted variation, contract leakage and waste occurs. The primary objective will be to free up clinical time, improve operational processes and generate recurrent and non-recurrent financial benefits.

System Working

4.33 The Trust is working with BOB ICS partners across a range of areas including finance and workforce planning, elective recovery and urgent and emergency care. Increasingly links

are being made across all areas of RBFT operations and corporate services to understand where collaboration will deliver benefits to our patients and taxpayers.

4.34 In particular, the Trust is working closely with the two other acute trusts in BOB ICS through the BOB Acute Provider Collaborative, supporting each other in both clinical and non-clinical areas.

4.35 The Trust continues to build on the collaborative work that has taken place over recent years at Berkshire West. The Trust is contributing to a revised set of improvement programmes to deliver more integrated, sustainable care for our local residents working closely with health and care partners.

5 Oversight and governance

The Trust Board

5.1 The Trust Board is made up of 14 individuals (8 non-executive directors and 7 executive directors). During 2023/24 there have been a number of changes to the Board:

- Mike McEnaney joined the Trust as a Non-Executive Director in October 2023
- Mike O'Donovan joined the Trust as a Non-Executive Director in November 2023
- Catherine McLaughlin joined the Trust as Non-Executive Director in July 2024.
- Andrew Statham joined the Board as Chief Strategy Officer in July 2024
- Dr. Minoo Irani joined the Trust as Non-Executive Director in October 2024.

5.2 The Board meets in public 6 times a year, with Board seminars being held in alternative months. There are a number of Board committees that help to ensure oversight from ward to board.

5.3 To support the Board in the undertaking of its work it has commissioned a programme of Board Development from Integrated Development.

Governors and elections

5.4 The Trust has 10,836 members, with public governors representing five local geographic areas, as well as volunteer, staff and partner governors. The Trust recruited seven new governors during 2023/24. There are currently two vacancies on the Council of Governors. Communications are circulated to all members when elections are launched, as well via internal briefings to staff and in the Trust's membership magazine. Vacancies and election timetables are highlighted at all membership events.

5.5 There are 4 Council of Governors and 4 Governor Council Membership Committee meetings scheduled for 2023/24, which are open for public attendance. The Council of Governors meetings are scheduled on the same day as Board meetings, facilitating the flow of information. The Council of Governors and the Board are chaired by Graham Sims, the Trust's Chair. The Trust held its Annual General Meeting in September 2024 where the annual report and accounts were presented to the public.

5.6 During 2023/24 a membership event was held. The topic was a pain management webinar and was attended by 30 people including members, governors and members of the public.

5.7 The Trust held the Annual General Meeting in September 2023 and was well attended by members of the Public, Governors and Staff.

5.8 The Trust membership magazine, Pulse, is circulated to members four times a year and highlights events and informative topics related to the Trust and health and wellbeing. There is a regular feature from a Governor and Chair or Non-Executive Director in every edition.

5.9 Membership events for 2024/25 had been agreed with governors at the Membership Committee in February 2024. Key topics will include Introducing Brainomix into the NHS and End of Life and Do not Attempt Cardiopulmonary Resuscitation (DNACPR)

5.10 To help Governors fulfil their role, the Trust designed a three-year governor training and development plan in 2023 consisting of 4 topics each year. In addition, the Chair of the Trust circulates a monthly update on events that have taken place and topics related to the Trust that have been in the local news.

5.11 The Trust is committed to meaningful engagement with its members and will continue to focus on ensuring that the membership is representative of the population it serves.

Royal Berkshire
NHS Foundation Trust

Title:	**NHS England Self-Certification 2024/25**
Agenda item no:	10
Meeting:	Board of Directors
Date:	28 May 2025
Presented by:	Nicky Lloyd, Chief Finance Officer Caroline Lynch, Trust Secretary
Prepared by:	Caroline Lynch, Trust Secretary

Purpose of the Report	To approve the self-certification statements for 2024/25

Report History	N/A

What action is required?	The Board is asked to approve the self-certification statements for 2024/25
Assurance	
Information	
Discussion/input	
Decision/approval	✓

Resource Impact:	None
Relationship to Risk in BAF:	Not applicable
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 Background

1.1 The Compliance Framework published by NHS England requires foundation trusts to submit an Annual Plan each year. The Plan is used by NHS England primarily to assess the risk that a foundation trust may breach its Licence in relation to finance and governance. NHS England will also assess the quality of the underlying planning processes.

1.2 As part of the submission the Board is required to self-certify against a number of prescribed statements as either 'confirmed' or 'not confirmed'.

1.3 If the Board feels it is unable to fully certify a particular statement, the guidance states that the Board

'….should make an alternative declaration by amending the self-certification as necessary and including any significant prospective risks and concerns the FT has in respect of delivering quality services and effective quality governance and

…must provide a commentary explaining the reasons for the absence of a full self-certification and the actions it proposes to take to address it.'

NHS England may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the Trust.'

1.4 The Board of Directors is required to confirm self-certification against the requirements of General Condition G6 and Continuity of services 7 of the NHS Provider Licence and to confirm the self-certification against FT4 and the Training of Governors, as appropriate.

2 Comment

2.1 The Board statements are listed in the appendices to this report, together with a commentary, supporting the following declarations:

- *General Condition 6 – Systems for compliance with license conditions* – ' not yet confirmed'
- *Continuity of services 7 – Availability of resources* – 'confirmed'
- *FT4 Declaration – Corporate Governance Statement* – 'confirmed'
- *Training of Governors* – 'confirmed'

2.2 The Board is invited to consider whether it is able to certify each statement or whether further evidence is required. Should the Board be unable to fully certify then amendments to the appropriate statement and supporting commentary should be considered.

3 Recommendation

3.1 The Board is recommended to self-certify that currently, only three of the four board statements for 2024/25 can be marked as 'confirmed' as at the time of writing and a verbal update will be provided at the meeting itself.

4 Attachments

4.1 The following is attached to this report:

- Self-Certification Statement for May 2025

Annual Plan Board Statements 2023/24 **Appendix 1**

Declarations required by General Condition 6 (GC6) and Continuity of Services 7 (CoS7) of the NHS Provider Licence

Statement		Lead	Commentary
1 & 2	**General condition 6 - Systems for compliance with license conditions (FTs and NHS trusts)** Conditions G6(2): NHS providers must have processes and systems that: a) identify risks to compliance with the licence, NHS acts and the NHS Constitution b) guard against those risks occurring Providers must complete a self-certification after reviewing whether their processes and systems were implemented in the previous financial year and were effective (condition G6(3)).	Nicky Lloyd, Chief Finance Officer	Confirmed
3	**Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)** (a) After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.		
	(b) After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the	Nicky Lloyd, Chief Finance Officer	** We hope we can achieve this statement over the coming weeks, however we cannot currently make this assertion as at 23 May 2025**.

Statement		Lead	Commentary
	text box in section 3 below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.		
Cont'd	(c) In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.	Nicky Lloyd, Chief Finance Officer	**** guidance awaited from National team on response to this statement – HFMA coordinating with National Audit Office ******* *The Trust is planning a deficit for 2025/26, following two previous years of deficit performance and this has eroded the Trust cash position significantly. The Trust ended 31st March 2025 with a cash balance of circa £10m.* *The Trust has a CIP plan of £40.6m and has currently only identified £27.92m of savings. Any slippage on existing plans or failure to deliver the full plan will hasten the crystallisation of cash shortfalls.* *The Trust has been undertaking rigorous cash management since August 2024, with weekly cash review meetings. The Trust been meeting weekly since January 2025 with the National Provider Support team, SE Regional Finance team and BOB ICS Finance Team following an unsuccessful request for revenue cash support in December 2024 and this approach helped to secure sufficient cash from commissioners to meet Q4 2024/25 needs.* *The Trust has been in the NHSE ' Investigation and Intervention' regime since Q3 2024/25 with monthly NHSE SE Regional and BOB ICS oversight meetings and support from PWC. The Trust commissioned a cash flow and working capital review from Deloitte to identify any further opportunities to improve its cash position and is actioning all of the recommendations. It is taking mitigating actions (delaying supplier payments, delaying capital expenditure to stay solvent during Q1 2025/26.* *Provider cash support is no longer available and at the time of reviewing this statement (23rd May 2025) there is not yet an acceptable solution to resolve cash shortfalls projected in Q2 2025/26 and beyond. The Trust has reviewed its capital*

Statement		Lead	Commentary
			programme for opportunities to delay expenditure however this will not be sufficient to avoid the requirement for cash support, working capital loans or additional PDC, or a combination of all of these. *This matter has been raised with the BOB ICS System Recovery and Transformation Board (SRTB) and further options are being urgently progressed during May 2025 to progress a sustainable solution.*

NHS England Self-Certification 2023/24 **Appendix 2**

Corporate Governance Statement (FTs and NHS trusts)

1 – Corporate Governance

Statement		Lead	Commentary
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Caroline Lynch, Trust Secretary	Governance arrangements follow best practice and are reviewed against the NHSE Code of Governance and other guidance. The system of governance is subject to review by internal and external audit on an annual basis.
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS England from time to time.	Caroline Lynch, Trust Secretary	The Audit & Risk Committee receives an update at every meeting from internal or external auditors which includes NHSE advice issued. The Chief Executive's report to the Board also covers national reports, advice and topics.
3	**The Board is satisfied that the Licensee has established and implements:** (a) Effective board and committee structures;	Caroline Lynch, Trust Secretary	(a) A Board and Committee structure is in place and terms of reference for each of the committees is reviewed on an annual basis and submitted to the Board for approval.
	(b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and		(b) Terms of reference are set for all committees. Matters reserved for the Board, as well as its role in general have been agreed. All directors reporting to the Board have responsibilities set out in job descriptions.
	(c) Clear reporting lines and accountabilities throughout its organisation.		(c) Organisational charts are in place for all corporate and care group directorates which set out reporting lines and accountabilities.
4	**The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:** (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively;	Nicky Lloyd, Chief Finance Officer	a) The Trust's internal control mechanisms and reporting regime to NHS England ensure that this is closely monitored. The Trust is subject to internal and external audit which also

Statement		Lead	Commentary
			monitors performance in this area. Actions to improve compliance identified in previous years have been implemented. Consequently, the External Auditors are in the process of completing their work in the year-end report compliance with regards to this matter. The Trust received a rating of 'good', in its Use of Resources report from NHS England, carried out during 2019/20.
	(b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations;	Katie Prichard-Thomas, Chief Nursing Officer / Dom Hardy, Chief Operating Officer	b) The Trust Board receives a monthly Integrated Performance Report. This is in addition to specific exception reports on operational issues.
Cont'd	(c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions;	Katie Prichard-Thomas, Chief Nursing Officer	c) The Trust has a governance structure linking the Board, key committees charged with responsibility for oversight of operations (the Quality Committee, Finance & Investment Committee, Audit & Risk Committee and People Committee, Restructuring Oversight Committee), through to the Executive Structure (the Executive, the Executive Management Committee and the Quality Governance Committee, Executive performance meetings with Care Group Clinical Governance and performance meetings). There are clearly defined reporting lines and accountabilities between the Board, its Committees and the Executive Management Team within the overall governance structures of the Trust.
	(d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern);	Nicky Lloyd, Chief Finance Officer	d) *** *guidance awaited from National team on response to this statement – HFMA coordinating with National Audit Office* ******

Statement		Lead	Commentary
Cont'd	(e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making;	Nicky Lloyd, Chief Finance Officer	e) A monthly Integrated Board Performance Report including quality, access, operational performance, staffing information, exception reports and a Chief Finance Officer report is produced for Board which outlines performance at Board level. Prior to the Board, performance is monitored through a monthly performance meeting with the Executive team and care groups. However, the Trust acknowledges that improvements are needed to assure itself as to data quality and has instigated a programmatic approach to doing this which has been routinely monitored by the Audit and Risk Committee of the Board.
	(f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence;	Katie Prichard-Thomas, Chief Nursing Officer	f) The Trust identifies key risks through the Board Assurance Framework and the Corporate Risk Register. This identifies any risk to compliance with the conditions of the license. The Operational Plan sets out key risks.
	(g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and	Nicky Lloyd, Chief Finance Officer	g) The Board monitors delivery against financial plans through its Finance & Investment Committee and through the Board with particular focus on those areas identified of greatest risk. In addition, the Trust undertakes a quarterly forecast as part of our quarterly financial process to assess delivery against Business Plans supported by monthly performance reviews of Care Groups and Corporate Departments. Several iterations of the annual financial plan have been submitted in line with national timetables. The latest submission was made in March 2025, for a deficit plan of £7.8m for 2025/26.
	(h) To ensure compliance with all applicable legal requirements.	Katie Prichard-Thomas, Chief Nursing Officer	h) Legal obligations on the Trust are brought to the attention of Directors.
5	**The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:**		

Statement		Lead	Commentary
	(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;	Caroline Lynch, Trust Secretary	a) The Nominations and Remuneration Committee has responsibility for overseeing the competence and capability of the management team. The Trust has an appraisal system for all individuals.
	(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;	Katie Prichard-Thomas, Chief Nursing Officer / Janet Lippett, Chief Medical Officer	b) The Board of Directors' leadership of the Operational and Strategic Planning processes includes a focus on quality strategy and plans. The Board Quality Committee regularly monitors delivery of the Quality Strategy and Quality priorities.
	(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;	Katie Prichard-Thomas, Chief Nursing Officer	c) Quality information is produced by Informatics prior to analysis by the Care Groups, Committees and by the Executive. This is triangulated through a collective meeting with all three care groups and the Executive to discuss quality, finance and workforce performance.
Cont'd	(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;	Katie Prichard-Thomas, Chief Nursing Officer	d) A monthly Integrated Board Performance Report including quality, access, operational performance and staffing information and a Finance report is produced for Board which outlines performance at Board level and includes KPIs and scorecard. Metrics are at granular level by theme and by month with a commentary. Prior to the Board, performance is monitored through a monthly performance meeting with the Executive Team and Care Groups to discuss finance, quality performance and workforce to discuss quality performance. Ward to Board has been developed and the Trust has a ward accreditation scheme. Exception reports are published for consideration of the Board.
	(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as	Katie Prichard-Thomas, Chief Nursing Officer	e) The Trust drives engagement with key stakeholders through the patient experience committees. Appropriate channels are in place including: Patient Leadership Programme, Patient

Statement		Lead	Commentary
	appropriate views and information from these sources; and		Standing Conferences, Patient Groups, local and national surveys, Friends & Family Test, PALS, patient stories reported to Board and to our Commissioners. Regular meetings are in place with local Healthwatch and maternity & neonatal voices partnership leads. A stakeholder engagement plan ensures all interested parties are actively involved in the identification and selection of the Trust's quality priorities.
	(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Katie Prichard-Thomas, Chief Nursing Officer	f) At Board level, the Chief Medical Officer and Chief Nursing Officer have joint responsibility for quality issues to the Board, including assurance on quality governance. The monthly Integrated Performance Report identifies and escalates key quality performance issues to the Board. Within the organisation, an incident reporting system is in place, with a structure for the escalation of incidents to speciality Care Group Clinical Governance meetings, the Quality Governance Committee and to the Executive and Board Quality Committee.
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Don Fairley, Chief People Officer	The Trust Board is compliant with the NHS England Code of Governance in respect of appropriate numbers of Non Executives/Executives. The Trust is working to improve workforce planning capability to ensure it has optimal staffing moving forward. Regular skill mix reviews take place and adjustments made where required. The Trust also ensures that robust pre-employment checks on all new staff are carried out.

2 – Training of Governors

Statement	Lead	Commentary

Statement		Lead	Commentary
1	The Board is satisfied that during the financial year most recently ended the Licensee has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.	Caroline Lynch, Trust Secretary	A comprehensive induction session is provided for all new governors and for existing governors to refresh their knowledge. In 2024/25, Governors undertook training and development in the following areas: Consultation and engagement session on the Primary Care Strategy, the Trust Strategy Refresh, training on the new Trust website, a facilitated What Matters session, a session on the Trust's Quality Improvement programme and refresh of the Integrated Performance Report (IPR), a session on the Trust's Community Wellness Outreach project and a guided tour of the Clinical Skills Suite and a presentation on DNACPR and the Trust's End of Life service. The Chair & Trust Secretary engage regularly with governors. All governors are also given the opportunity to attend NHS Providers Annual Governance although this may be limited due to financial challenges during 2025/26.

Royal Berkshire
NHS Foundation Trust

Title:	**Board Assurance Framework**
Agenda item no:	11
Meeting:	Board of Directors
Date:	28 May 2025
Presented by:	Caroline Lynch, Trust Secretary
Prepared by:	Caroline Lynch, Trust Secretary

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

Report History	Finance & Investment Committee: 19 September 2024 and 19 March 2025 Integrated Risk Management Committee: 15 January 2025 People Committee: 6 February 2025 Audit & Risk Committee 12 March 2025 and 14 May 2025 Quality Committee 19 May 2025

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

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

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

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

- Board understands the internal and external factors affecting delivery of the plan.
- Main risks are identified. No significant control issues/ gaps and clear responsibilities.
- Effective process in place to monitor, understand and address current & future risks

Publication						
Published on website		Confidentiality (FoI)	Private		Public	✓

1 Purpose

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

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

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

2. Current Position

2.1 The Board Assurance Framework has previously been reviewed by the Finance & Investment Committee: 19 September 2024, Integrated Risk Management Committee: 15 January 2025 and People Committee: 6 February 2025 and Audit & Risk Committee 12 March 2025 and 14 May 2025 and Quality Committee 19 May 2025.

2.2 Reviews have also been undertaken with the Chief Medical Officer, Chief Operating Officer and Chief Strategy Officer have taken place as well as a further review of finance element of Strategic objective 5 with the Chief Finance Officer.

- **Strategic Objective 1**
    - Monitoring of Prevention of Future Deaths reports added to the improvement/action section
- **Strategic Objective 4**
    - Target Operating Model and revised DDaT structure added to key controls section
- **Strategic Objective 5**
    - A refreshed section in relation to the Improving Together programme.
    - An updated section to replace the Building Berkshire Together risk as well as updated risk description.
    - Review of risk register ratings and mitigations in light of the New Hospital Programme review announcement added to improvement/action section
    - Various other changes to the Finance section.

3. Next Steps

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

4. Attachments

4.1 The following are attached to this report:

Appendix 1 – Board Assurance Framework

Trust Board Assurance Framework

May 2025

Summary Board Assurance Framework 2023					
Strategic Objective	**BAF Risk**		**Risk Appetite Description**	**Sub Committee**	**Lead Director**
Strategic Objective 1: Provide the highest quality care for all	1.1	If we allow material lapses in the quality of care, including access to care, the Trust will not meet its regulatory standards for quality and safety	The quality of our services, measured by patient outcomes, safety and experience as well as our ability to be responsive to our patient's is paramount. The Trust has a low appetite to risk that could result in poor quality of care and will seek to avoid taking risks that compromise patient safety. This cautious appetite extends to compliance with Care Quality Commission standards.	Quality Committee	Chief Nursing Officer
	1.2	If we do not deliver our clinical and quality ambitions at the intended pace we will lose opportunities to improve patient outcomes and experience		Quality Committee	Chief Medical Officer
Strategic Objective 2: Invest in our people and live out our values	2.1	If we do not recruit and retain a competent workforce we will fail to deliver on the Trust's strategic objectives	The Trust seeks to be recognised through its values as a great place to work. It will innovate and challenge traditional working practices. As such, it is prepared to take a flexible view on the development of its workforce and conditions of employment. There is a medium appetite for risk where this does not compromise staff and values and be proven to benefit patient and staff safety.	People Committee	Chief People Officer
	2.2	If we fail to uphold our Values (CARE and Diversity & Inclusion) the Trust will not be an employer of choice or considered an exemplar organisation for staff		People Committee	Chief People Officer
Strategic Objective 3: Deliver in Partnership	3.1	If our partners at Place and System fail to deliver operationally there is a risk that the Trust will not deliver against NHS Constitutional standards	The Board is keen to drive the development of integrated care with its local Berkshire West Place and regional (ICS) partners at pace. In doing so, the Board is willing to take decisions where the potential benefits to patients and providers are seen to outweigh risks. It sees the development of new ideas and	Quality Committee	Chief Operating Officer
	3.2	If Berkshire West Place and BOB ICS plans and programmes do not deliver the envisaged improvements in care and value, the Trust's financial and operational performance will be impacted		Board	Chief Strategy Officer

	3.3	If we do not realise the opportunities presented by our strategic partnership with UoR we will not deliver on our education, training and research ambitions.	partnerships as potentially enhancing quality and financial sustainability and so where collectively shared it has a relatively high appetite for integration risk.	Board	Chief Medical Officer
Strategic Objective 4: Cultivate innovation and improvement	4.1	If we do not continue to invest in digital infrastructure and development we will not be able to deliver Our Strategy and our Clinical Services Strategy and we will face challenges in running a modern efficient healthcare service	The Trust will actively seek and encourage a culture of innovation and improvement. It is willing to accept a relatively high level of risk associated with opportunities where positive quality of care, service delivery and financial benefits and rewards can be anticipated.	Quality Committee	Chief Operating Officer
	4.2	If we fail to realise benefits/secure commercial advantage from innovation, improvement and digital investments we will face income shortfalls and will not to be able to deliver our efficiency targets		Audit & Risk Committee Finance & Investment Committee	Chief Strategy Officer
Strategic Objective 5: Achieve long-term sustainability	5.1	If the organisation does not generate sufficient cash to meet its day to day liquidity requirements and capital programme the organisation will fail	The Board's key objective is to be financially sustainable, with its primary concern being the optimal value for money. The Board will view risk and reward and consider return on investment and other benefits or constraints when pursuing business opportunities. There is a low appetite for risk unless the Trust is living within its means.	Finance & Investment Committee	Chief Finance Officer
	5.2	If we do not robustly represent the organisation in national and regional and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System decision making, we will fail to secure sufficient income to deliver our Strategy and strategic objectives.		Finance & Investment Committee	Chief Finance Officer
	5.3	If we do not take action on sustainability agenda we risk impact on the Trust's reputation		Finance & Investment Committee	Chief Finance Officer
	5.4	If we do not create and maintain a built environment suitable for current and future needs, we risk delivery of Our Strategy: Improving Together		Finance & Investment Committee	Chief Strategy Officer
	5.5	If the Trust is not successful in converting the future promise of a new hospital and bring it to fruition sooner than 2040, we risk the ability to deliver on our mission over the long term		Finance & Investment Committee	Chief Strategy Officer

Strategic Objective 1: Provide the highest quality care for all				
Identified Strategic Risks that we the Board have agreed as having the potential to impact on our ability to deliver this strategic objective - • If we allow material lapses in the quality of care, including access to care, the Trust will not meet its regulatory standards for quality and safety • If we do not deliver our clinical and quality ambitions at the intended pace we will lose opportunities to improve patient outcomes and experience				
Key Controls	**Control Assurance**	**Gap in Assurance**	**Improvement / Action**	**Responsible Committee**
• CQC programme	• Well led self-assessment • Peer review process • Core service annual updates • Core service self-assessment • Quarterly CQC engagement meetings • CQC Peer Review • CQC Inspection Reports • IPC BAF	• Clinical Accreditation Programme	• Clinical Accreditation Programme implementation	• Board • Quality Committee
• Quality and Clinical Services Monitoring including NHS England	• Quality account • Clinical audit program • Patient feedback – NHS choices, Family & Friends and Inpatient & Outpatients Annual surveys • Internal Audit, • External Audit, • Monitoring progress against Quality Strategy • IPR report and watch metrics • Maternity Incentive Scheme • Maternity Strategy • • Childrens & Young People Strategy • Continuous Quality Improvement Programme (Improving Together)	• Health Inequalities Delivery Plan Worry and concern element of Martha's rule • ED capacity • Risks to delivery of access standards • Mixed sex accommodation monitoring due to operational pressures • Childrens & Young People Strategy Delivery Plan	• Health Equalities Programme • Pilot programme underway • 2025/26 Elective Activity Plan supported by insourcing, additional premium rate activity and APC system working • Patient Flow programme • Cancer, Referral To Treatment and ED performance reviews • Development of Childrens & Young People Strategy delivery plan	• Quality Committee
• Quality reporting schedule	• Safeguarding Mental Health & Learning Disability annual report • Infection control annual report • Patient relations quarterly reports • Mortality review process • Freedom to speak up (FTSU) reporting to the Board including annual self-assessment. • Bi monthly Quality Governance Committee exception report • Patient Safety Quarterly report.	• Patient Autism Strategy	• Development of Autism strategy and service • Implementation of reasonable adjustment digital flag • Monitoring of Prevention of Future Deaths reports	• Quality Committee • Board

• Performance management Process	• Monthly Care Group & Corporate performance meetings • Integrated performance report • QIA process to monitor impact of CIP • • Quality Committee oversight and annual detailed review of access standards	• Compliance with national access targets • Quality Impact assessments •	• Continuous review of data / metric and exception reports as required • Regular EQIA reporting	• Quality Committee • Finance & Investment Committee
• Risk management & incident reporting process	• Risk register review including thematic risk reviews • Incident reporting and learning • LFPSE reporting • PSIRF thematic review/Learning from inquests • Annual report to the Board • Emergency preparedness, resilience & response Procedures Annual Compliance Statement • • Maternity Quality Assurance Report to Board	• Year 1 PSIRF evaluation	• PSIRF Year 1 evaluation plan and dissemination of learning.	• Quality Committee

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

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

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

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

Strategic Objective 3: Deliver in Partnership

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

- If our partners at Place and System fail to deliver operationally there is a risk that the Trust will not deliver against NHS Constitutional standards
- If Berkshire West Place and BOB ICS plans and programmes do not deliver the envisaged improvements in care and value the Trust's financial and operational performance will be impacted
- If we do not realise the opportunities presented by our strategic partnership with UoR we will not deliver on our education, training and research ambitions

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
• Active involvement of CEO and Director team in BWP, ICS and APC programme governance • CEO membership of the BOB ICB Board, and CEO Chair of the APC. • Involvement of senior leaders, clinicians and managers in service design and programme delivery at Place, ICB and Network level • Regular bilateral meetings at exec level with BWP and ICS colleagues • ICS and BWP priority work programme and project scopes	• Bi-monthly report to board on progress of ICS and ICP as part of CEO report • ICS and BWP leadership meetings • Biannual tripartite assurance meetings between the Trust, ICB, and NHS England. • Programmes for ICS and Place reported on to Unified Exec monthly. • APC Board	• NHSE/ICB's commissioning and performance management framework	• APC & Berkshire West Place Programme Delivery	• Board of Directors • Quality Committee • Finance & Investment Committee
• Health Innovation Partnership (HIP) Programme	• Strategic Partnership Review		• Implementation of Strategic Partnership reviews recommendations	• Board of Directors

Strategic Objective 4: Cultivate innovation and improvement

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

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

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
• Improving Together (IT)	• Integrated Performance Report • NHS Impact CQI (Improving Together) Maturity Matrix		Full implementation of Improving Together programme Launch of online Improving Together training	• Quality Committee
• Trust Transformation Programme • Digital Hospital Committee	• Turnaround and Transformation reports to F&I • Efficiency and Productivity Committee • System Transformation Board	• Confirmation of the Trust Projects for 2025/26 and associated benefits • Progress of APC and system savings	• Review of proposed projects by EMC and discussion at Board Committee • Reporting on progress to EPC and F&I • Executive engagement with APC and SRTB – focus on actions and delivery	• Finance & Investment Committee
• Target Operating Model and revised DDaT structure	• Digital Strategy	• Recruitment to new DDaT structure within the current financial envelope	• Implementation of the 2025/26 roadmap of projects that digitally enable clinical improvement • Refreshed Digital Strategy	• Finance and Investment Committee
• Commercial Strategy	• Monthly finance reports • Commercial strategy updates	• Cycle of reporting on commercial strategy • Commercial capacity within the organisation	• Commercial Strategy (part of the Finance Strategy) to be added to work plan bi-annually	• Finance & Investment Committee
• R&I programme	• Annual update on R&I to Quality Committee/R&I Strategy • Strategic Partnership Review		• Achievement of R&I Strategy milestones • Implementation of Strategic Partnership reviews recommendations	• Quality Committee

Strategic Objective 5: Achieve long-term sustainability

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

- If we do not secure from all commissioners including national, regional and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System sufficient income to cover the costs of service delivery for the demand we experience to achieve our strategic objectives (including Access Standards), we will continue to be in deficit and require cash support for both revenue and capital needs
- If we do not create and maintain a built environment suitable for current and future needs, we risk delivery of safe and effective care as well as recruiting and retaining sufficient staff to deliver services
-
- If the Trust is not successful in converting the future promise of a new hospital and bring it to fruition sooner than 2040, we risk the ability to deliver on our mission over the long term

Key Controls	Control Assurance	Gap in Assurance	Improvement / Action	Responsible Committee
Finance				
• Prioritised Capital Programme • Budget setting process led by CFO and CEO with iterative improvements in planned position ensuring agreement by budget holders to proposed budget • Workforce Control Panel and exception reporting to BOB ICB • Standing Financial Instructions (SFIs) • Performance Reviews • Long Term Resourcing Model • Improving Together • Finance Strategy (including Commercial strategy) • Multiple sets of financial statements produced during the year across all entities (in preparation for statutory year-end audit). • Monthly submissions to NHSE across workforce and finance datasets aligned to CFO report to the Board and the financial ledgers • Tracking of recurrent and non-recurrent efficiency savings plans and delivery	• External Audit annual process • Internal Audit annual review • Counter Fraud Annual Plan • CEO led (Go & See visits) to budget holders who have overspent to understand plans for recovery/support needed. • Detailed Monthly and Quarterly submissions to NHS England and BOB ICS • Cash flow, revenue & capital forecasting • Daily cash flash reports • Budget approval process • Monthly reports to EMC, Finance & Investment Committee / Board, comparing budget to actual, balance sheet and liquidity position • Monthly performance meetings with Care Groups and corporate areas • HFMA Financial Sustainability checklist • NHS England Grip & Control checklist • Monthly Efficiency & Productivity Committee • Monthly NHSE/ICB Financial Oversight Meetings (FOM) • Business Case Post Implementation Reviews • Efficiency Savings identified and deliverable within year • Monthly BOB System Recovery & Transformation Board attended by all CEOs. • Experienced Non-Executive Director Chairs of both Audit & Risk and Finance & Investment Committees. • Benchmarking following submission of National Cost Collection (Reference costs) and national corporate services cost collection to drive financial efficiency opportunities • Sustainable services review led by APC and investigating viability of loss making services in	• Greater visibility of roll-out of Service Line Reporting and use of Getting It Right First Time (GIRFT) to highlight variation compared to national norms • Sustainable run rate of expenditure, and the need to contain labour costs to deliver services • Sustainable level of income from commissioners to pay for levels of activity in non-elective and urgent care • Evidencing cost efficiency and productivity	• Implementation of Service Line Reporting at specialty level • Through Improving Together programme holding budget managers to account to deliver their service within allocated resources. • Development of recurrent savings programme for 2025/26 CFO commissioned finance department review by internal audit with findings to be actioned in Q4 2024/25 and through Q1 2025/26.	• Audit & Risk Committee • Finance & Investment Committee • Finance & Investment Committee

• Well established Performance management framework and upward reporting of highlights from monthly performance meetings • Engaged external expertise (PwC) to confirm underlying deficit position and drivers of this • Engagement external expertise (KPMG) to substantiate efficiency savings programme • Appointed Turnaround Director and PMO team to spearhead financial recovery • Full participation in (BOB ICB) Peer Review programme and full collaboration with Investigation & Intervention Regime (I&I) imposed by NHSE August 2024 and still in place	funding shortfall environment • 5-year LTRM developed and shared with Board in November 2024 across various option scenarios • Delegated authorities removed for those budget holders who are not demonstrating sufficient financial control • Reduced delegated authorities across the organisation for further grip and control during Q4 2024/25 and into 2025/26. • Executive Director oversight and intervention where necessary across workforce temporary labour bookings • Forecast assumptions and modelling • Development of recurrent savings programme for 2024/25			
Estates & Facilities				
• Management of backlog maintenance including Critical Infrastructure Risks • Food safety/catering standards • Estates Programme Committee • Estates Maintenance supply and management arrangements • Estates Governance & Compliance Oversight Group	• NHS Premises Assurance Model (PAM) • External Regulator Inspections (e.g. Fire) • MODEL hospital • ERIC (Estates Reference Information Collection) • Six Facet Survey • PLACE assessment • Estates management and governance process including Hospital Technical Management (HTM) compliance • Capital prioritisation process • Audit processes eg Authorised Engineer • Estates & Facilities KPI report • Geo-technical site survey with specific recommendations and actions	• Capacity and expertise constraints in the directorate (National shortage and market salaries of project management and engineers with estate skills) • HTM compliance due to backlog maintenance • High and medium Critical Infrastructure Risks • Exponential increase in running costs (utilities and maintenance) as a result of the New Hospital Programme review announcement and increasing backlog maintenance. • Sources of capital for major estate programme and to address backlog maintenance • Challenges of the contractual management of estates maintenance • Up to date Estates Strategy • Effective utilisation of estate	• Prioritisation and risk management of backlog maintenance and Critical Infrastructure Risks • Review of risk register ratings and mitigations in light of the New Hospital Programme review announcement. • Investment plans and funding related to Estates Strategy • On-going contract management and enhanced compliance management • Resources required to develop Estates strategy in light of the Government's review announcement (incorporating Masterplan, development control plan and asset management plan) • Driver metric led by Estates & Facilities for effective utilisation of estate	• Finance & Investment Committee • Audit & Risk Committee • Finance & Investment Committee
• Net Zero Carbon Plan		• Funding and delivery of Net Zero action plan • Tracking and measurement of in year carbon reduction • Lack of dedicated resource	• Revenue/budget setting to consider and reflect allocation and resources • Mapping capex with carbon impact • Establish resources/commitment/capital/revenue to deliver published Green Plan intentions	• Finance & Investment Committee

• New Hospital	• Government confirmation of funding of £2bn for a new hospital in 2040 • Proposals with NHP to progress land purchase • Evidence from BBT programme to support restart of new hospital • Stakeholder support to explore howe to bring forward the new hospital	• Promise of new hospital is subject to multiple general elections • Focus of NHP is on wave 1 and 2 Trusts • Decision making at NHP is subject to political influence • Trust has no access to funding until 2030 and as a result has stood down the programme team • Both of the preferred sites for the new hospital are likely to be marketed during 2025/26 and the Trust is not able to secure them without NHP funding	• Secure funding to progress land options • Explore creation of a taskforce with local partners to influence national government on the case for hospital investment • Continue to engage with NHP through the wave 3 engagement process	• Finance & Investment Committee
Health & Safety				
• Health & Safety Policy • Health & safety mandatory training • Risk Assessments / Corporate Risk Register • Health & Safety governance processes	• Health & safety Committee reporting to IRMC/EMC/Audit & Risk Committee/ Board • Health & Safety dashboard • RIDDOR reporting • Contractor reporting on Specialist compliance on critical estates safety • Health & Safety Moment at Public Board • Big 4 Health & Safety messages • Health & Safety Training •	• Contractor assurance required validation • Security Manager to be recruited • Substantive Health & Safety Advisor not in post • Face to Face manual handling	• Streamline automatic data collection and dashboard in IPR with thematic analysis • Reshaping delivery of hard FM Services • Advisory assurance by Internal Audit (to move to S02)	• Audit & Risk Committee

Royal Berkshire
NHS Foundation Trust

Title:	**Corporate Risk Register**
Agenda item no:	
Meeting:	
Date:	Wednesday 28th May 2025
Presented by:	Katie Prichard-Thomas, Chief Nursing Officer
Prepared by:	Dawn Estabrook, Head of Risk

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

Report History	Integrated Risk Management Committee on Friday 25th April 2025 Audit & Risk Committee on Wednesday 14th May 2025 Quality Committee on Tuesday 20th May 2025

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

Resource Impact:	Financial impacts are captured within individual corporate risks
Relationship to Risk in BAF:	
Corporate Risk Register (CRR) Reference /score	Not applicable
Title of CRR	Not applicable

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

Publication						
Published on website		Confidentiality (FoI)	Private	✓	Public	

1 Executive Summary

This report provides the Board with a biannual update on the Trust's corporate risks following the Integrated Risk Management Committee (IRMC) meeting on Friday 25th April 2025, Audit & Risk Committee on Wednesday 14th May 2025 and Quality Committee on 20th May 2025.

2 Corporate Risk Register

The table below outlines the current corporate risks and outcome of discussions at the committees outlined above:

Datix ID	Title	Current Risk Rating	Previous Risk Rating	Target Risk Rating	Board Sub-Committee	For discussion/note
4182	Risk to achieving strategic objective of financial sustainability	25	25	4	Finance & Investment	Approved
5080	Fire Safety	20	20	4	Audit & Risk	Approved
4183	Management of Estates Infrastructure / Backlogged Maintenance	20	20	6	Finance & Investment	Approved
6320	Building Berkshire Together	16	16	4	Finance & Investment	Approved
4241	Compliance with cancer standards due to capacity issues in diagnostic modalities	16	16	6	Quality	Approved
5654	Lack of mortuary capacity and risk to HTA licence.	16	16	4	Quality	Approved
4172	ED Capacity & compliance	16	16	6	Quality	Approved
4839	North Block East Wing	15	15	6	Audit & Risk	Approved

6302	Failure of Trust central digital connectivity centre	15	15	4	Finance & Investment	Approved
5995	Failure to achieve elective standards targets	12	12	6	Quality	Approved
5698	Risk to compliance of DM01 Standard	12	12	4	Quality	Approved
5601	Potential geological/sink hole risk across RBH Estate	12	12	6	Audit & Risk Finance & Investment	Approved
6571	Risk of failure of Trust communication platform	12	12	4	Finance & Investment	Approved
4637	North Block Steel works	12	12	2	Finance & Investment	Approved
4170	Risk of Cyber-Attack	12	12	1	Finance & Investment	Approved
6319	Age and condition of Trust lifts	12	12	9	Finance & Investment	Approved
699	PTL Dashboard - Lack of Access & Information	12	12	4	Quality	Approved
5697	Violence and aggression against staff	12	12	4	People	Approved
4460	Outbreaks of infectious conditions	12	12	9	Quality	Approved
5717	Risk following significant power failure incident	9	9	4	Audit & Risk	Approved

Integrated Risk Management Committee agreed the need to update the Corporate Risk Register following the recent Government announcement on the New Hospital Programme Review. The BBT risk register is currently under review and the Committee will receive a further update at the August 2025 committee meeting.

3 Conclusion

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

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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 & Safety Story	DF	Every						
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						