Royal Berkshire
NHS Foundation Trust

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Annual Report and Accounts 2024 – 2025

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Annual Report 2024 - 2025

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Chief Executive's and Chair's Report

As a Trust we are used to adapting to circumstances, both in and out of our control. The oldest parts of our estate provided care to patients before the advent of the very things we take for granted now – with anaesthetic, electricity, and antibiotics yet to be developed. The tools, technology, and techniques we use daily would have been unrecognisable to our predecessors. Evolution and change is a fact of life for any organisation and the last year has challenged us to respond in a myriad of different and interlinked ways, doing things differently to meet the ever more complex needs of the growing, ageing and diverse communities we serve, all against the ever present backdrop of on-going financial challenges.

Our 7,000 staff and volunteers have embraced change and created a culture to be proud of. The results of the latest NHS staff survey ranks us as the top Acute Trust in England across thirteen areas. These include taking positive action on health and wellbeing; staff being able to make improvements in their area of work; staff feeling their work is valued by the organisation; learning from and preventing errors or near misses; and staff feeling that their role makes a difference to patients. As we proudly serve a diverse community of more than one million people, our colleagues are our greatest asset, and it is vital we treat them with the same level of care and empathy they show our patients.

With pressure on our Emergency Department a constant fixture, we've innovated to join up the entire Urgent Care pathway, aiming to improve the experience for patients and colleagues. Since opening in September 2024 our Single Point of Access colleagues have worked with partners in primary care, and the ambulance service to route more than 2,000 patients direct to our Same Day Emergency Care team rather than through our Emergency Department (ED). And our on-site Urgent Care Centre, which opened in October 2024, has seen more than 5,500 patients triaged over from our ED.

Early in 2025 we had long-awaited, albeit extremely disappointing clarity around our new hospital development plans. Whilst the Government has recognised the need for a new hospital in our community, development will be delayed by at least another six years with little prospect of a new hospital before 2040. In the meantime, we know the condition of our current hospital continues to present daily challenges, particularly for those staff working in our aging buildings. Despite the delay we will continue to invest in our estate - for example our current South Block build to create a new hub for urology activity, the renovation of our Mortuary Viewing Suite, work to develop a new MRI unit at our West Berkshire Community Hospital, and new respiratory diagnostic facilities at Bracknell Healthspace.

We continue to provide more services 'closer to home' too, with our Townlands Memorial Hospital extending their outpatient work to include carpel tunnel surgery, taking the total number of clinical specialities providing services there to 33. Our West Berkshire Community Hospital has embraced new technology including DEXA scanners, allowing them to diagnose osteoporosis.

Alongside this we continue to work closely with our partners and the national team to look to maximise opportunities and secure funding for a new hospital at the earliest opportunity, and I want to take this opportunity to thank our Building Berkshire Together team for their sterling work on this over the last years. Much of this work will stand us in good stead once we are able to progress the plans.

Working alongside partners at the University of Reading, we continue to push forward in the world of research across a range of departments including Radiology, Cardiology, and Rheumatology, strengthened by five of our Consultants taking on Professorships at the end of last year.

Our reach continues to extend beyond our sites, with an emphasis on health promotion and prevention. Colleagues from our Florey Clinic have been offering HIV-testing in the community, our Liver Health Checks Team have carried out more than 3,000 liver function tests at a wide range of locations. Our Meet PEET initiative led a renewed focus on mini health checks in the community, with partners including Reading Voluntary Action, and Reading Borough Council. In the wider health promotion space, colleagues in our Respiratory Department have led the roll-out of inpatient smoking cessation support, and we are now one of 47 Emergency Departments nationally providing opt-out testing for HIV, Hepatitis B and Hepatitis C.

It continues to be a source of huge pride, to see colleagues' achievements recognised externally, and we've had much to celebrate over the last 12 months. In the national annual CQC Inpatient Survey, which looks at how patients experience care while staying in hospital, we were rated as the most improved Trust and ranked in the top five overall out of 131 trusts included. Departments including Anaesthetics, Haematology, Rheumatology, and Research and Innovation have been recognised for the standard of care they provide.

Making sure the Trust is a positive place to work is fundamental, with initiatives including our 'No excuse for abuse' campaign, our What Matters trust-wide conversation to shape and input into values we all work to deliver, our 'Up the Anti' campaign to become an actively anti-discrimination Trust, the extension of our Freedom to Speak Up resource, and our staff forums including a neurodiversity network adding to the staff experience.

Our Royal Berks Charity continues to fund a wide range of projects to enhance patient care, advance staff development, and support both the patient and staff experience. This includes investing in medical equipment such as the latest generation ultrasound machines, laser devices, AI-enabled cardiac monitors to prevent future strokes, a suite of paediatric patient monitors, new incubators for our Buscot Ward, and upgraded breast screening equipment. The charity has also supported refurbishment projects, including within the Berkshire Cancer Centre and Stroke Unit, as well as equipping clinical areas with specialist technology.

Our financial position has been and continues to be a massive challenge that overarches everything we do and look to achieve and there is a huge amount of work being done to tackle our deficit without compromising safe patient care. As part of our rigorous grip and control measures we have implemented tight vacancy approval processes, and have the lowest agency spend in the South East. We have introduced and made colleagues aware of our Mutually Agreed Resignation Scheme (MARS). At the close of this annual report period £27.87m of savings had been delivered against a target of £30.85m. Our Financial Improvement Programme is an on-going Trust-wide effort with more to do. There is much detail about this in the financial section of report.

Outgoing Chair's supplemental closing:

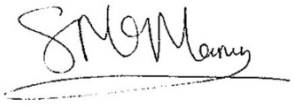
It has been an honour to lead the Royal Berkshire (NHS) Foundation Trust since 2015.
In my final year we faced the continued challenges of delivering safe patient care, meeting a growing demand for services and managing a financially constrained environment. It is a credit to the Trust's leadership and staff that, against this backdrop, the fast paced transformation of services has continued, teams have managed limited resources prudently and continued to provide high quality care to patients and their families.

I was particularly pleased with the results of the latest staff survey which placed the Trust as one of the top three acute trusts in the country. This is testament to the Board and senior leadership's continued commitment to staff health and wellbeing.

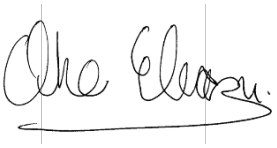
In 2025/26, I encourage the Trust to continue in a similar vein with a continued focus on facility and service improvements and cost management. I am confident they will achieve this whist also

motivating and encouraging staff to continue to aim high. I hope other agencies will allow them to do their best and not be bogged down in bureaucracy.

I'd like to take this opportunity to thank my Governors for their support; the whole RBFT team for everything they do to ensure we achieve the best possible outcomes and, most especially, my sincere thanks go to my unitary Board. They are a top team and have led the Trust with passion and commitment and have skilfully navigated the organisation through some difficult times.



Steve McManus
Chief Executive Officer



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Chair of the Trust

Performance Report: Overview

About the Royal Berkshire Foundation Trust

The Trust 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

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 one million 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.

Our Strategy: Improving Together

In 2022, the Trust launched Our Strategy: Improving Together, the result of extensive engagement with staff, patients, and other stakeholders. This strategy built upon the foundation laid by our previous 'Vision 2025' strategy. Our Trust Strategy outlines where we currently stand, where we aspire to be, and, considering the evolving landscape, how we plan to get there.

In 2024/25, the Trust has made good progress towards delivering the strategic priorities outlined in the Trust Strategy: Improving Together. The Trust has seen a number of achievements 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 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 on 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 to 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 to deliver £30.8m savings.
- Implemented LED replacement and heat recovery energy saving projects across our estate, saving 361 tons CO2 and £278,000 per annum

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

Strategic Objectives and Metrics

Strategic Objective 1 - Provide the highest quality care for all:

- Strategic Metric: 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'
- Strategic Metric: Learning from incidents to reduce harm (Patient Safety incidents per 1000 bed days)

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

- Strategic Metric: Improved retention measured by % of total staff in post at a point in time who have more than one year of service at the Trust

Strategic Objective 3 - Deliver in Partnership:

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

Strategic Objective 4 - Cultivate transformation and innovation:

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

Strategic Objective 5 - Achieve long-term sustainability:

- Strategic Metric: Improved Productivity (Activity/Wholetime Equivalent (WTE))
- Strategic Metric: Trust Income & expenditure performance against financial plan

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

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.

Our Partnerships
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.

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), Acute Provider Collaborative (BOB APC), Thames Valley Cancer Alliance and Berkshire & Surrey Pathology Services (BSPS). These networks provide an opportunity for the Trust to work in new ways to improve care whilst delivering a more efficient service.

We work collectively with these partners to agree priorities and ambitions for our local health system through the Joint Forward Plan and Place-based strategy and have actively supported making progress against these.

In 2024/25, this includes, but is not limited to, partnering with Oxford University Hospitals NHS Foundation Trust and Buckinghamshire Healthcare NHS Trust to deliver improvement programmes through the Acute Provider Collaborative. Initiatives included a new joint-Fracture Liaison Service, to proactively identify and treat people who are at risk of fracture. We are also bringing down waiting lists by offering available appointments across all three of our trusts, regardless of where patients are referred from.

Further, we are working with Berkshire West Primary Care Alliance (BWPCA) and the ICB Executive Director of Place's team to set out a sustainable, same day access, long-term model for primary care and in 2024/25 opened a same-day access urgent care centre on the Royal Berkshire Hospital site with our Primary Care partners.

We continue collaborating with the Thames Valley Cancer Alliance to place specific focus on improving diagnostics and cancer waiting times.

Risks
The risks faced by the Trust are detailed throughout this report but it is worth noting that, in common with many in the NHS, the issues of responding to the emerging needs of our population and recovering services, workforce fatigue, ageing infrastructure and financial sustainability are important for the Trust.

Meeting the national and regional performance objectives, along with realigning the financial run rate to more normal levels and continuing to seek improvements in the care that is provided to patients, is our focus for 2025-26 and beyond.

This will be dependent on several factors including the level of demand in the emergency pathways, the rate of inflationary cost pressures, resources NHS England (NHSE) make available for recovery and the pace at which patients are referred from Primary Care.

There is significant risk from growth in Non-Elective activity and considerable further work will be needed with our system partners to minimise this. Specifically, if ED attendances continue to rise, if call before convey rates do not increase, and if No Criteria To Reside (NCTR) numbers remain high, with continued sub-optimal occupancy rates in community hospitals, there is a significant risk that additional staffing will be required, at premium rates, which will risk budget overspend.

The Trust currently occupies a portfolio of buildings, with some having been opened in 1839 that have a range of issues associated with them, which impacts on quality and costs

and cannot be effectively redesigned and efficiently used to provide health services in the 21st century. The Trust's estate related challenges have been recognized and the estate redevelopment has been included in the Government's New Hospitals Programme. However, with a delay to building work commencing on a new hospital until 2037 a strategic approach to tackling the maintenance backlog on the current site will be required urgently.

Further, ensuring we have sufficient cyber security and resilience will remain a risk.

Overview: Going Concern
After making enquiries, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

The Trust seeks to position itself to be best placed to cope with the challenges that affect the environment within which it operates. These challenges include factors outside the control of the organisation, such as the economic and political environment, the general instability that accompanies public sector and political reform, the need to drive on-going efficiencies through savings programmes and the dependence of some elements of funding on achieving national targets.

In addition to the general factors above, the changing nature of service delivery and remaining ongoing Infection, Prevention & Control measures following the Covid-19 pandemic is still being felt. The resulting increased cost of service delivery has in part been built into the block contract through collaborative working with BOB ICS. This has ensured that within the national NHSE structure of funding allocations, the Trust has certainty of Patient Care Income for the majority of its Patient Care Activity. As a result, the directors maintain their expectation of continued operations for the foreseeable future and to adopt the going concern basis, with no material uncertainty identified, in preparing the accounts.

As part of their review of going concern the Directors have considered the Trust's future cash flows and concluded that the Trust can continue in operation and providing its dedicated services. As at 31 March 2025 we reported an adjusted financial performance deficit of £17.9m, which was a greater deficit than planned by £3.4m. Our cash position was £9.8m, reduced from £34.7m at 31 March 2024. Whilst the going concern assumption is underpinned by the application of the continue provision of service concept, the group will require additional cash from external NHS bodies through 2025/26. The Directors have received written assurance that such cash requirement will be met to ensure operations can continue and liabilities will be met as they fall due.

The Trust's business and capital planning arrangements ensure that all types of cost and risk are considered as part of the decision-making process. The deficit position of the revenue budgets has necessitated setting a £26m Trust funded capital plan for financial year 2025/26 (£22m in 2023/24) for which the Trust has finalised its planned prioritisation. Based on capital spend trends over the last few years, there was considerably more demand on the plan than there were funds available. Continued rationing of capital spends will lead to increased pressure in repairs and maintenance demands, resulting in additional risk on achieving a challenging revenue budget, so it is important that the Executive maintains a balance of capital requirements whilst continuing to monitor and control revenue spend to ensure that the Trust achieves its overall plans.

The counterpoint to a reduced capital plan is the continued risk to loss of services that are heavily dependent on equipment beyond their economic life. This might impact income generation if such equipment should fail during the year. The Executive prioritisation of the

capital plan seeks to minimise this risk to income of service loss, while managing other demands on revenue spends as part of the overall cash requirements of the Trust.

Performance analysis

For 2024/25 the Trust has continued to focus on 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. . Across both elective and non-elective pathways, the Trust is experiencing a growing backlog and sustained increased demand respectively. Actions taken throughout the year have broadly mitigated the impact to performance. However, as we look to 2025/26 the Trust is taking steps to address challenges within first outpatient waiting times that have driven long elective waiting times, and will continue to work closely with colleagues across the integrated care board (ICB) to identify demand reduction opportunities across the non-elective pathway.

- Performance against ED 4-hour (95%) standard remains significantly compromised (<70%), 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 has 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 2024/25, the Trust reported 100 12-hour breaches of the Decision to Admit to Admission standard (82 in Quarter 4). 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 2025/26, which focus on reducing 12-hour total time waiting times to a minimal level where patients waits extend only where clinically appropriate.
- The 2024/25 elective programme has continued to focus on maintaining a low number of long waits across the Referral to Treatment performance (RTT) 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 Patient Tracking List (PTL) has maintained at circa 33k pathways and 80% performance against the 18-week standard.
- Performance against the headline RTT standard (92% <18 weeks) was reported as 75% at the end of March 25, compared to 57% in April 2022. Noting that across the same period to total size of the Patient Tracking List (PTL) has seen a 50% reduction.
- Performance has decreased through the latter part of 2024/25 as the challenge of first outpatient waiting times increased. The Trust expects performance to return to circa 80% in Quarter 2 2025/26 through a combination of validation and reduced waiting times to first Outpatient Appointment in a number of specialties. Further improvement of RTT performance is expected to need a considerable investment in capacity to address the waiting times to first outpatient back to more preferrable levels (circa 6-10 weeks)
- 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 zero >65 weeks and whilst we expect to continue to have a small number of these pathways we aim to eradicate them by April 25.
- The number of >52-week waits is currently below 40. This is down from 100 in

January 2024. We expect this number to be maintained through early 2025/26 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 backlog within the early stages of a patient's pathway. Reducing the time to assessment and decision making is considered 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 2023 to 77.4% in April 24 and has further improved to 92% at the end of March 2025.
- Of particular note, 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, that we continue to prioritise. This has been achieved through expanding both fixed business as usual (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%) that 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 that are considered 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 Gynaecology) to progress pathway level improvement which are 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.
- In 2025/26 the Trust will continue to balance the need to work within a challenging environment and elective recovery as we seek to optimize our digital estate 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.
- Within the ED pathway specifically, the Trust will continue to drive improvement though the use of Same Day Emergency Care (SDEC) models, increasing the use and utilisation of the new co-located Urgent Care Centre and maximizing the estate to support both the 4-hour standard and ambulance handover standards.
- Within the routine elective pathways, we will continue to focus on balance reducing the backlog whilst bearing down on waiting times and optimizing each stage of the pathways.
- Work to develop a master waiting list, improving the quality and visibility of waiting list intelligence is well underway and will begin to impact in 2025/26.
- The enhanced referral and triage process (eTriage) has been rolled out within the Trust. We are already seeing improvements in use of Advice & Guidance (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.
- 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.

- 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 Integrated Care Partnership (ICP), Integrated Care System (ICS) and Thames Valley Cancer Alliance (TVCA) to work towards parity of performance across the region.

Performance Analysis: National Access Standards
Across each of the national access standards the primary risk to delivery remains capacity, physical workforce availability as well as the funding arrangements for additional capacity.

At the beginning of 2025/26 the Trust remains significantly challenged in its ability to adhere to the national access standards. Throughout 2024/25 the Trust has attempted to focus on a reduction of waiting times at individual stages of treatment. A theme that will continue in 2025/26, with particular focus on first assessment waiting times in both the elective and non-elective pathways as well as waits for diagnostic procedures.

- Table 1. National Access Standards

		National Standards	RBFT 2019/20	RBFT 2023/24	RBFT 2024/25
Referral to Treatment (RTT)	% of Incomplete Pathways within 18 weeks from referral	*92%*	93%	83%	75%
Diagnostic Monitoring (DM01)	% of service users waiting less than 6 weeks from referral for a diagnostic test	*99%*	98%	80%	92%
Emergency epartment (ED)	% of ED attendances admitted or discharged within 4 hours of arrival (combined)	*95%*	91.9%	65.7%	64%
Cancer – Core Access	% of service users referred with suspected cancer from a GP waiting no more than two weeks for first appointment	*93%*	95.6%	71.7%	78.9%
	% of service users referred urgently with breast symptoms (where cancer is not initially suspected) waiting no more than two weeks for first appointment	*93%*	96.3%	96.9%	99.8%
	% of service users waiting no more than one month (31 days) from decision to treat to treatment for all cancers	*96%*	97.5%	93.9%	93.1%
	% of service users referred with suspected cancer from a GP waiting no more than two months (62 days) from referral	*85%*	83.3%	67.9%	73.3%

	to first definitive treatment for cancer.				
	% of service users waiting no more than two months (62 days) from referral from an NHS screening service to first definitive treatment for cancer	*90%*	89.5%	73.3%	74.7%

Financial Performance

The Trust group, which comprises the Trust, the Trust's wholly owned subsidiary and the Trust charity, reported an in-year deficit position of £ (30.34)m compared to £(11.85)m in 2023/24. . A £(14.50)m deficit budget was set for 2024/25, which included a £25.2m efficiency savings target. Given the size of this, as well as the further deterioration of contract income in Month 3, KPMG was engaged to assess the deliverability of the CIP plans, and to develop a structure to support financial turnaround. A dedicated internal turnaround team was set up to separate out the turnaround activity from normal Business As Usual (BAU) activities. This team comprised various finance and non-finance staff across the Trust and was led up by the Chief People Officer, as the Director of Turnaround. This changed in February 2025 to the Chief Operating Officer. In addition, BOB ICB have been subject to the national Investigation and Intervention (I&I) processes during the year which was supported by PriceWaterhouseCoopers (PwC), with a Turnaround Director appointed by NHSE. Financial Oversight Meetings (FOM) have been in place since Month 8.

Delivery of savings was monitored through the Efficiency & Productivity Committee. The Trust's transformation team worked with Care Groups and Corporate Directorates to identify and deliver transformation and efficiency opportunities. This was monitored by the Turnaround Team. All this has become part of normal business processes with a £(7.80)m deficit budget set for 2025/26 which includes a £40.60m efficiency savings target.

While total income from patient care activities and other operating income increased by £46.7m during the year, corresponding pay, and non-pay expenditure increased by £63.1m, resulting in a net deficit of £16.4m which included a net impairment of assets of £11.93m (£5.06m in 2023/24).

During the financial year, we saw an increase in income to £673.90m (£627.14m in 2023/24). NHS Commissioner income was received under the Aligned Payment Incentive contract form in 2024/25, which comprises a fixed and variable element departing from the full block contract that had been in place in 2023/24. Included in the income figure is national funding of £23.57m towards employer pension contributions and £1.04m to cover clinicians' pensions' liability.

The pay bill rose by £42.78m from £374.96m in 2023/24 to £417.74m in 2024/25, which is an increase of 10.2%. This year-on-year increase is driven by activity demands through both elective recovery and non-elective pathway demands which has seen an increase in workforce throughout the financial year.

The non-pay costs (excluding depreciation, amortisation, and impairments) increased by £11.51m from £217.82m in 2023/24 to £229.34m in 2024/25, which is an increase of 5.3%. Drugs costs, including those funded through NHS England pass through funding, have increased by 8.3% to £70.62m (£65.23m in 2023/24).

Premises costs on the other hand have decreased by 27.4% to £29.12m (£40.13m in 2023/24). Contributing to the decrease in premises costs as compared to last year are utility costs. These

were £4m lower as a result of tariff decreases and credit notes received from energy provider in 2024/25 relating to prior years adjustments due to long standing query with meter readings that took almost 3 years to resolve. Building maintenance was £3.8m lower than prior year as a result of transfer to capital, items relating to critical incident (2023 power outage) and hard FM repairs was £2.7m lower than prior year as items in prior year related to the critical incident costs that were not incurred in 2024/25. Clinical Negligence Scheme costs have slightly decreased by 2.2% to £23.69m (£24.22m in 2023/24) resulting from the annual reassessment of scheme liabilities by NHS Resolution. Establishment expenses decreased by 36.6% to £2.48m (£3.91m in 2023/24) whilst other non-pay costs increased by 22.4% to £103.27m (£84.36m in 2023/24), which included Clinical supplies and services of £55.22m (£49.89m in 2023/24).

The Trust remains committed to achieving long term financial balance and is developing its plans for 2025/26 and beyond. Initial planning returns have demonstrated the ongoing challenge with available funding not enabling a breakeven position in 2025/26. Work continues with the BOB ICB to ensure funding is utilised effectively across the ICB, as well as a focus on delivering efficiencies, enabling the organisation to return to delivering a sustainable breakeven position in future years.

Capital Expenditure

The Trust recognised £59.31m (£40.52m in 2023/24) of capital expenditure, including additions recognised as leases under IFRS 16. Of this total spend, £13.42m was funded by the Department of Health and Social Care through Public Dividend Capital (PDC), including the following:

	£m
Modular build to increase Elective activity	5.81m
Urgent Care Centre (UCC)	4.20m
Community Diagnostic Centre	0.62m

And other capital expenditures internally funded included the following:

	£m
Backlog Maintenance - Estate programme	14.81m
IT - Cybersecurity, Infrastructure/Networking	4.44m
Equipment - clinical theatres & critical care	1.93m

The Trust’s capital expenditure plan focused on infrastructure upgrades within Estates, Medical Equipment and Digital Data and Technology (DDaT) (including intangible assets).

The Trust recognised £59.31m (£40.52m in 2023/24) of capital expenditure, including additions recognised as leases under IFRS 16. Of this total spend, £13.42m was funded by the Department of Health and Social Care through Public Dividend Capital (PDC), including the following:

	£m
Modular build to increase Elective activity	5.81m
WBCH - MRI Build	3.54m
Urgent Care Centre (UCC)	4.20m

Community Diagnostic Centre	2.40m

The Trust's capital expenditure plan focused on infrastructure upgrades within Estates, Medical Equipment and Digital Data and Technology (DDaT) (including intangible assets).

Summary Financial Results – comparison to prior year

£m	2024/25	2023/24	Year on Year Variance
Income	673.90	627.14	46.76
Pay	(417.74)	(374.96)	(42.78)
Non-Pay excluding impairments	(229.34)	(217.84)	(11.50)
Expenses	(647.08)	(592.80)	(54.28)
EBITDA	26.82	34.34	(7.52)
Depreciation/Amortisation	(35.78)	(33.85)	(1.93)
Impairments including reversals	(11.93)	(5.06)	(6.87)
PDC Dividend	(9.39)	(8.56)	(0.83)
Net Interest Receivable	1.15	2.55	(1.40)
Other non-operating expenses incl loss on disposal	(1.22)	(1.27)	0.05
Reported (deficit) for the period	(30.35)	(11.85)	(18.50)

Cashflow and Statement of Financial Position

The Trust's principal assets consist mainly of land and buildings owned by the Trust and from it provides services to patients. A revaluation of the Trust estate has decreased the value held by £0.56m.

The liquidity of the Trust decreased during the year as a result of deficit financial position. At the end of the year, the Trust had cash or cash equivalent assets of £13.52m (£38.81m in 2023/24) which was 65.2% lower than the closing balance in prior year.

The Trust had two loans totalling £39m from the Independent Trust Financing Facility. One to finance the development of the Royal Berkshire Bracknell Healthspace and one to finance the Trust's Cerner EPR system. Both loans have been fully drawn down. The loan for Bracknell Healthspace continues to be repaid. The balance outstanding at the 31 March 2025 was £3.0m (31 March 2024 balance outstanding was £4.47m).

As part of their review of going concern, the Directors have considered the Trust's future cash flows and concluded that the Trust can continue in operation. The impact of successive deficit years means that the Trust will need to secure additional cash support if it is to maintain a capital programme at levels delivered over the previous five years. Should such support be unavailable the Trust has developed a series of mitigating actions with BOB ICB which will allow it to continue operations without any hinderance to its working capital.

Identifying potential financial risks
The Trust has effective mechanisms in place to manage risk in accordance with its risk management policy and strategy, supported by the Audit and Risk Committee which has Board accountability.

The Trust has low exposure to market risk being the risk that the fair value or cash flows of a financial instrument will fluctuate because of changes in market prices. In particular, the Trust is not exposed to price risk or credit risk and its exposure to interest risk is small because, with the exception of cash, its financial assets and liabilities are either at nil or fixed interest. The Trust's exposure to liquidity risk is only because of exposure to its challenging cost improvement programme.

The Trust's exposure to liquidity risk is partly because of exposure to its challenging cost improvement programme. In addition, we faced temporary cashflow risks this year following removal of the Revenue Support PDC by NHS England. This did not materially affect the organisation in achieving its overall objectives. However, it required short term mitigations to ensure working capital remains available. The regime of accessing Revenue Support PDC has now been suspended until further notice, with more regional and system support required to bridge short-term working capital concerns. This has impacted on future plans and financial performance targets, to account for the changing risk over time. The likely impact on the overall cashflow has been mitigated as part of our going concern analysis, which has been reviewed and agreed. We continue to be vigilant for new and emerging risks, including how these could affect the entity in delivering its annual plans and performance targets now and in future years.

- **Market risk:** This is the risk that the fair value or cash flows of a financial instrument will fluctuate because of changes in market prices.

- **Interest Rate risk:** All the Trust's financial assets and liabilities, except for cash held in UK banks, carry a nil or fixed rate of interest. The Trust is not, therefore, exposed to significant interest rate risks.

- **Price risk:** The Trust does not deal in financial instruments other than loans with fixed interest rates and leases. As a result, the Trust is not exposed to a price risk.

- **Credit risk:** The Trust is exposed to credit losses in relation to non-payment of debt relating to individuals not entitled to NHS treatment or self-funding patients.

- **Liquidity / cash flow risk:** The Trust's exposure to liquidity / cashflow risk in relation to funding provided by the Commissioners is limited as it is government backed.

Charitable Funds

The Trust is supported by several charities. The Trust Charity is the Royal Berkshire NHS Foundation Trust Charity (RBC), which makes charitable grants to the Trust often to contribute to capital projects.

Under IAS 27, the Trust, as the Corporate Trust of the Charity, consolidates the financial statement of the Charity into these Financial Statements.

The Royal Berkshire NHS Foundation Trust Charity prepares its own financial statements, which are submitted to the Charity Commission.

Political or charitable donations
The Trust did not make any political or charitable donations during the period 1 April 2024 to 31 March 2025.

Better Payment Practice Code – measure of compliance
Currently, the Trust is required to pay all trade creditors in accordance with the Better Payment Practice Code (BPPC). The target is to pay 95% of all trade creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

As at March 2025, the percentage number of invoices the Trust pays within 30 days is 74.4%. The under-performance is related to some invoices still not being captured and processed by the system efficiently. A lot of work is ongoing to improve on the system processes. Analysis of the total annual numbers split by NHS and non-NHS payables can be found in the table below

	31/03/2025 Number	31/03/2025 £'000	31/03/2024 Number	31/03/2024 £'000	31/03/2023 Number	31/03/2023 £'000
Non-NHS						
Total bills paid	79,891	210,669	83,772	225,338	82,431	193,511
Paid within target	60,621	147,501	50,433	138,434	40,280	83,751
Target achieved	**75.88%**	**70.02%**	**60.20%**	**61.40%**	**48.90%**	**43.30%**
NHS						
Total bills paid	13,932	96,631	9,305	102,378	1,676	82,262
Paid within target	10,917	80,991	4,714	72,572	502	19,420
Target achieved	**78.36%**	**83.81%**	**50.70%**	**70.90%**	**30.00%**	**23.60%**
Total						
Total bills paid	93,823	307,300	93,077	327,717	84,107	275,773
Paid within target	71,538	228,492	55,147	211,008	40,782	103,171
Target achieved	**76.25%**	**74.35%**	**59.20%**	**64.40%**	**48.50%**	**37.40%**

The Trust paid interest of £23k (2023/24 - £12k) to discharge any liability relating to non-payment of invoices within the 30-day period.

Income Disclosures Required by Section 43(2A) of the NHS Act 2006
Details of the performance of the Trust, including the results achieved during 2024/25 can be found in the performance analysis section above.

There is no impact of other income received by the Trust on its provision of goods and services for the purposes of the health service in England.

The Trust has met the requirement as per Section 43(2A) of the NHS Act 2006 that the income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

Task force on climate-related financial disclosures (TFCD)
NHS England's NHS Foundation Trust Annual Reporting Manual has adopted a phased approach to incorporating the TCFD recommended disclosures as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports. TCFD recommended disclosures as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance,

will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year. Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally by NHS England.

The Chief Finance Officer is the Trust's nominated lead for the Trust's Net Zero targets and the Green Plan. The Trust has put in place a governance structure with mechanisms to enable reporting on its climate-related issues and its progress on the delivery of the Net Zero Carbon (NZC) and Green Plans. These include quarterly reporting to an executive-level committee with care group, operational and executive membership, the Executive Management Committee (EMC) and by exception reporting to the Finance and Investment (F&I), a Board Committee.

Over the 2024-25 reporting period, work has been ongoing in relation to the collation and analysis of the data required to inform these reports and the development of the metrics against which the Trust's performance will be measured. In the interim period, the Trust ensures Board level oversight of critical issues via its Integrated Board Reporting (IPR) which is routinely reviewed at both Finance and Investment Committee and Board of Directors meetings.

The Trust's Board Assurance Framework (BAF) outlines the responsibilities of the Finance and Investment Committee in providing oversight for the actions required to progress the delivery of the net zero carbon and Green plan intentions. These include decision-making in relation to revenue and budget setting to ensure appropriate resource allocation to support delivery of the plans and monitoring of the tracking and measurement of in-year carbon reduction. This work is currently in progress. To support this work, the Board of Directors intend to further develop the Trust's sustainability strategy as part of the Vision 2025 strategy reset. This work will include the development of a sustainability action plan.

Over the past year, the Trust has continued to collaborate with its system partners. It is the Health lead on the Reading Climate Change Partnership Board, is a member of the BOB ICB Net Zero Carbon Board and engages with Greener NHS Southeast. We have strengthened our collaboration with the University of Reading through the identification of and participation in joint research projects to address how we achieve NZC and are facilitating greater connections with the NHP in our shared ambition for NZC hospitals. We are now working on the development of a dashboard where we can monitor progress against our plan on a quarterly basis.
Within the Trust, through a Trust network of Carbon Champions, a small project team and a NZC Steering Group of senior leaders, there are many improvements taking place across the Trust in this area.

The Trust is undertaking a review of its performance and the outcome report is due to be presented to the Trust Board in 2025/26.

Environmental Impact and Sustainability in 2024/2025
The Trust's Net Zero Health Service Plan, under the Greener NHS programme, is to reach net zero emissions by 2040 for emissions it directly controls (i.e. scope 1 and 2 carbon emissions - NHS Footprint), and by 2045 for emissions it indirectly influences (i.e. scope 3 carbon emissions - NHS Carbon Footprint Plus).

Since the launch of our Green plan 2022 – 2025, our scope 1 and 2 carbon reduction performance against our Green Plan targets is reported in Figure 2 below. The figures for 2023 and 2024 are based on actual in year performance and 2025 is an estimate based on current in-year performance to the end of September 2024. The green line on the chart tracks the path to the 2030 Net Zero Carbon date. RBFT has reduced our carbon emissions from 15,800 tCO_2 in 2016 to 13,404 tCO_2 in 2024 and a forecast of 13,001 tCO_2 for 2025. However, this is falling short of our Green Plan trajectory for 2023.

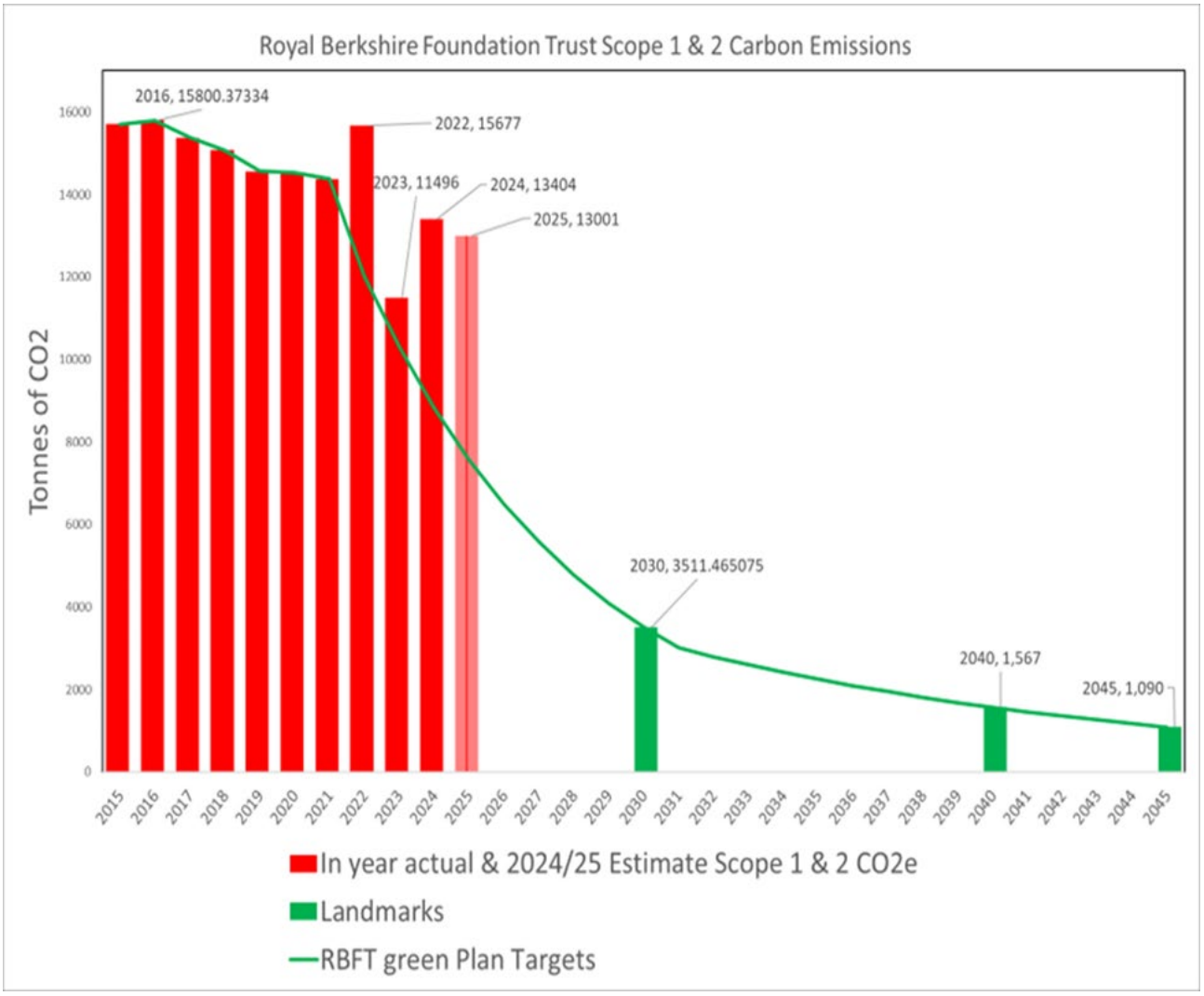


Fig 2 RBFT scope 1 and 2 carbon emissions to date vs RBFT Green Plan targets

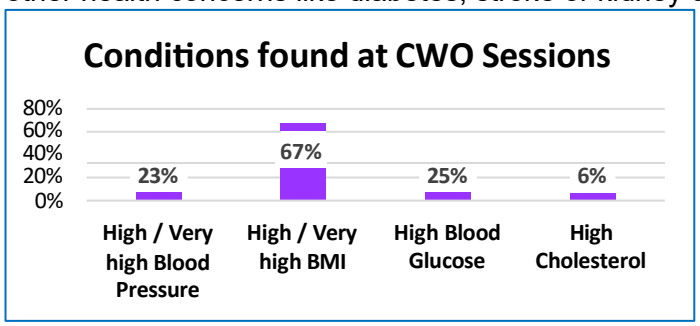
In the period of the current Green Plan, 2022 to 2025, we have reduced emissions due to electricity imported from the grid and fleet vehicles. This is because the electrical grid is decarbonising due to the addition of wind, solar and other renewals and we have reduced our fleet size. The realisation of the de-steam project, reduced gas consumption of the energy centre heating circuits.

The increase between 2023 and 2024/2025 is predominately due to an increase in gas use across the sites and for the CHP at RBFT, due to the impact of the North Block generator hall flood, with the hire of diesel generators to supply power to the North side of RBH for 4 months. There has also been an increase in the inhaler emissions.

We are in the process of redrafting and reviewing our Green Plan ready for launch in July 2025, where we will likely push back our ambition target in line with the national 2040 NHS emissions scope 1, 2 and 3 target and identify action plans to reduce emissions where possible.

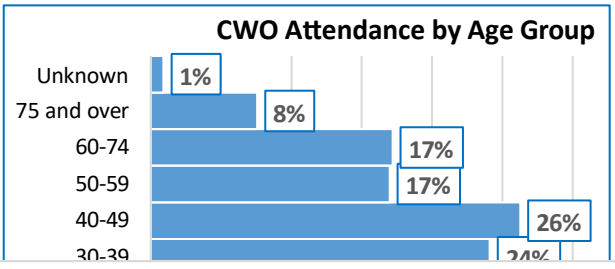
Health Inequalities
As part of a Health Promoting Hospital, our approach is to improve access, experience and outcomes for our communities. Working with our partners we aim to place communities at the heart of everything we do. To engage those at risk of poor health outcomes, enable them to understand their risks and empower them to adopt healthier lifestyles, subsequently building healthier communities.

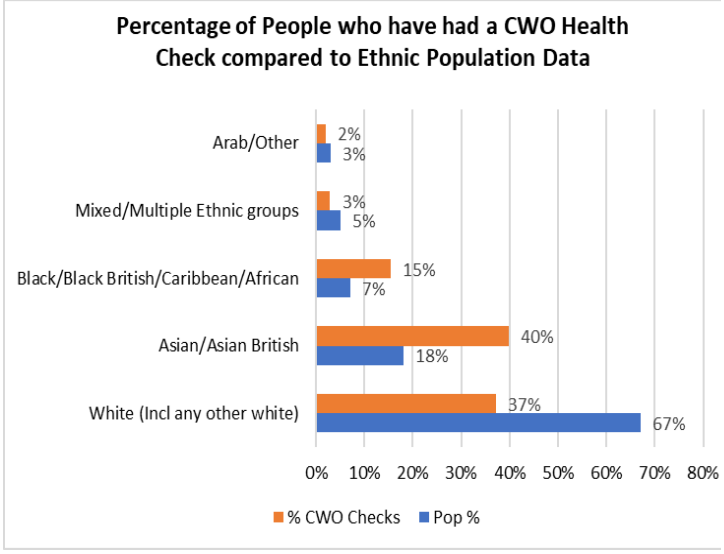
Meet-PEET (Patient Experience Engagement Team)
One of the core activities for Meet PEET has been the continued focus on delivering the Community Wellness Outreach (CWO) project in partnership with Reading Voluntary Action, for Reading Borough Council and the ICB. This project delivers NHS health checks in the community aimed at addressing health inequalities. The health checks are particularly focused on identifying those at risk of Cardiovascular disease but in the broad health check conversations and measurements, they can also identify if individuals are at increased risk of other health concerns like diabetes, stroke or kidney disease.



Since the start of the project in January 2024, specialist nurses have undertaken over 2700 NHS health checks across more than 300 events in the community. These are the percentages of conditions found at the checks to the end of December 2024.

The project has been very successful at reaching diverse communities and those most likely to have been affected by health inequalities. For example, those in areas of deprivation or those from particular ethnic backgrounds. It also targets other groups, for example, carers, refugee and asylum seekers, homeless and ex-military personnel. In addition, the teams attend festivals and community events targeted at specific groups to offer health checks and increase awareness.





The NHS health checks in this project are also available to all adults. Nurses have therefore completed nearly a quarter of these checks on those in the age group 30-39. This is helping identify early some individuals who have health concerns which can be addressed through lifestyle changes.

A challenging part of the programme has been developing the mechanism to transfer the results of the health checks to patient records. This has now been achieved and the majority of these checks have now been transferred into GP records, enabling better support for patients if they need to visit their GP to discuss their results or get any further testing.

The programme, in partnership with Reading Voluntary Action and local partners has enabled these groups to improve their health and wellbeing through community-specific lifestyle changes and opportunities to exercise and eat healthily.

The teams have been accompanied at sessions by colleagues from the Trust's various specialty teams including sexual health and the liver screening team.

Wider Meet PEET initiatives:

In addition to the CWO programme, Meet PEET has a broad range of other initiatives. For example, their #Health4yth youth engagement programme.

One element of this is the Junior Carers project, which continues to go from strength to strength. The Patient Experience Team have recruited 36 young children (year 5 and 6), this year, and have, so far, held five events. Sessions include visits to Maternity and the Children ward, as well as with Hospital Radio, Resuscitation, Diabetes, Asthma and Radiology teams. The feedback from the children and Teachers has been very positive, for example:

My favourite thing I done today was the radio station because my family could hear me on air live. I am really grateful for this opportunity to be with amazing people like you guys, once again THANK YOU."

"We learnt about different inhalers and how to treat people with Asthma"

"I have learnt that there are two types of Diabetes, type 1 and type 2"

Five #Health4yth Tours are also planned for years 10 and 11 in this academic year, showcasing careers in the NHS. This includes 60 students from local secondary schools.

We also have a growing Youth Forum, which supports the voice of young people in the Trust's work and decisions. This now has over 27 representatives aged 16-25 years old, who are involved in various projects across the hospital, and a further 50 currently being recruited.

Translation and interpreting services

In the last year, the Trust has introduced a new translation and interpreting contract with Word360 (July 2024) with a target to improve our patients' experience and to reduce costs through a digital first approach. The aim in moving to the new contract was to shift the Trust's 99% F2F approach to a digital first approach. Current stats show, F2F = 63%, Telephone = 33%, Video = 4%.

The top language requests across all services last year were: Nepalese, Polish, Chinese (Cantonese), Urdu, Punjabi, Arabic, Romanian, Portuguese, Russian and Pashto. 264 of the total language bookings were for British Sign Language to support deaf patients.

The move to digital first has required flexibility and a whole cultural change from staff, reserving F2F interpreters for departments with critical in-person needs, maximising efficiency, and aligning with the Trust's goals for cost-effectiveness and resource optimisation. Overall, feedback has been very positive.

The Trust is also currently running a trial to use Wordskii on Wheels (WoWs) across several departments. These are online devices that allow staff and patients to access video interpreters in most languages (including BSL) on demand. The trial ends at the end of February but initial results are looking very positive, particularly in areas where patients need to access services at short notice or in emergencies (ED and Maternity).

Accessible Information Standards (AIS)
Following the implementation of the Accessible Information Standard (AIS) in EPR in April 2024, there is a continued drive to record patients as having an accessible information requirement. This subsequently will improve care and reduce complaints.

The Trust is reviewing and updating their website with the support of Healthwatch to ensure we meet the needs of our community. The updated accessibility page will have simple links to enable those with an accessibility need to access Trust support easily.

The Staff Not!ce Campaign will continue throughout 2025.

Smoking Cessation Project
In 2022, the smoking rate for Reading was 14.4% which is higher than the national average of 12.7%. In 2023, we have seen the rates reduce to 11.8% with the national average being 11.6% (Public health profiles, 2024) highlighting the smoking cessation initiatives are working. Long-term benefits include patients living healthier lives for longer. This will ultimately impact the wider system by improving local population health, as well as reducing the demand and associated costs on the health care services.

RBFT signed the Smoke Free Pledge in 2024. Formally becoming a smoke free site on 1 January 2025. They have been piloting an inpatient smoking cessation service since July 2024. It is an integrated service with SmokeFreeLife Berkshire, with tobacco dependency advisors reviewing patients in hospital and following up in the community in their smoking cessation programme. The service has reviewed 200 smokers over 5 months with 69% of patient being referred to the smoking cessation service in the community.

The group have also developed a staff self-referral tobacco dependency service with SmokeFreeLife Berkshire visiting the Oasis on a monthly basis offering advice and Carbon monoxide monitoring.

Equity of care for Armed Forces and veterans
In February, the Trust was reaccredited for the third year with Veteran Aware status. This status showcases our work and demonstrates our commitment to patients and staff who are part of the Armed Forces, are veterans, or who have family who are serving. The Trust was already exemplary in its support of our local Gurkha community, but over the last three years, has strengthened its partnerships with local organisations, created a flag to identify patients in their records, established an active staff Forces Forum Network, and improved communications. It is refreshing its Armed Forces policy to include more support for families of those serving and to include support for adult Cadet Volunteers. In addition, the Trust is currently applying for Gold status (we are currently silver), in the Armed Forces Employer Recognition Scheme, and is re-signing its commitment to the Armed Forces Covenant.

Seeking Sanctuary
Seeking Sanctuary was set up by the midwifery Poppy Team. It is a specialist one-stop shop for families seeking sanctuary. It is a multi-disciplinary team made up of the Trust and wider partners including Reading Refugee Support. Each family has holistic support including interpreting, nutrient and accommodation requirements. In addition to this, they have included the Meet PEET team delivering family health checks, as well as offering education, and sexual health information.

Community Liver Health Checks
The Community Liver Health Project, delivered by the Liver Team here, tackles health inequalities by providing accessible liver disease screening across Berkshire, Oxfordshire, Buckinghamshire, and Milton Keynes. Over the past year, they have delivered over 3,000 FibroScans, identifying 141 individuals with raised results, enabling timely intervention and reducing severe complications.

By taking checks into the community—including community centres, addiction services, religious and faith groups, charity and local government initiatives, prisons, hostels, food banks, soup kitchens, refugee and asylum groups, and homeless street outreach—they reach those facing barriers to healthcare, such as socioeconomic challenges or lack of awareness. This proactive approach ensures vulnerable groups receive vital screening and support.

Early detection helps prevent liver failure, improves long-term health outcomes, and reduces NHS pressures. This work highlights the value of targeted public health initiatives in reducing inequalities.

Sexual health – HIV
The Florey Clinic has partnered with various groups to improve access to healthcare for those who may face barriers in reaching services. They've offered drop-in sessions in partnership with Reading Refugee, ACRE, and at hotels housing asylum seekers. The clinic has increased visibility using a mobile health van to visit town centres, leisure centres, and community events. This has allowed individuals who might not typically attend a sexual health clinic to access testing and receive vital information about sexual health and HIV prevention. They also hosted an educational event for healthcare workers, charities, and community groups, providing them with up-to-date information on sexual health and HIV, which they can then share with the people they support.

In addition, their existing Specialist Sexual Health Outreach Service continues to provide clinical care outside of the hospital at various community locations, including clients' homes. Referrals are received from other hospital specialities, partner agencies and charities/third sector agencies enabling joint working to reduce health inequalities. This outreach team also attend the Seeking Sanctuary events for families seeking asylum organised by the Poppy Team of midwives.

They have showcased their contribution towards reducing health inequalities in the local population at the Health Innovation Partnership event at the University of Reading.

Carers
This year, through our carers lead, we have established an agreement with the local Carers Partnership and Age UK Berkshire to come onsite and help identify carers and offer them information and advice. We have also established a Carers status flag on our Electronic Patient Record to support the identification of this under-represented group. We have established a Carer Café for staff and we have rolled out a new Carers passport and card.

Other Community work
The Trust is involved in a number of other projects and initiatives including:
- The UK Research & Innovation (UKRI)'s national, £24 million FoodSEqual project designed to address food needs in deprived communities in Reading and other parts of the UK
- DNA AI App

Future work
Health inequalities affect a diverse range of groups and are caused by multi-dimensional factors. These therefore require broad, holistic and collaborative approaches to addressing the issues. For 2025/26, we are working with Care Group representatives and local colleagues from Public Health

to share their perspectives on where the priorities are for our local communities. We aim to map out whether we have resources in the 'right places', focused on the 'right things', and progress our work in this area, to develop an RBFT Health Inequalities / Health Prevention Delivery Plan.

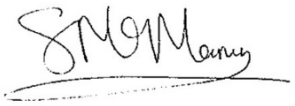
Social, Community, Anti-bribery and Human Rights Issues
The Trust's Human Resources (HR) and Local Counter Fraud Policy covers, amongst other things, bribery and corruption. The policy sets out the key roles and responsibilities and the response plan for any suspected or detected bribery and corruption. Compliance against the HR and Local Counter Fraud Policy is undertaken by the Audit and Risk Committee.

The Trust's Equity of Opportunity and Diversity Policy covers human rights issues i.e., how it is illegal to discriminate against people with protected characteristics. The policy sets out the key roles and responsibilities and how staff can raise a concern about human rights issues. The policy outlines that all employees undertake mandatory training on equality, diversity and human rights. The Trust monitors compliance of human rights issues through the collation and review of appropriate data.

Important events since balance sheet date
There have been no material events after the reporting dates which require disclosure.

Overseas operations
The Trust has no overseas operations.

Signed:



Steve McManus
Chief Executive Officer **Date: 30 June 2025**

Accountability Report

Directors' Report
The Board of Directors of the Trust is a combined board which is comprised of both Executive (paid staff) and Non-Executive (appointed external) Directors. The Board of Directors of the Royal Berkshire Hospital Foundation Trust as at 31 March 2025 comprised of the following Executive Directors:

Name	Designation
Mr Steve McManus	Chief Executive
Mr Don Fairley	Chief People Officer
Mr Dom Hardy	Chief Operating Officer
Dr Janet Lippett	Chief Medical Officer
Mrs Nicky Lloyd	Chief Finance Officer
Mrs Katie Prichard-Thomas	Chief Nursing Officer
Mr Andrew Statham	Chief Strategy Officer

The Board also comprised of the following Non-Executive Directors as at 31 March 2025:

Name	Designation	Appointed
Mr Graham Sims	Chair of the Trust	January 2023
Mrs Helen Mackenzie	Non-Executive Director, Deputy Chair	January 2019
Mr Mike McEnaney	Non-Executive Director, Senior Independent Director	October 2023
Dr Bal Bahia	Non-Executive Director	April 2019
Professor Parveen Yaqoob	Non-Executive Director	January 2023
Mr Mike O'Donovan	Non-Executive Director	November 2023
Dr Minoo Irani	Non-Executive Director	September 2024
Ms. Catherine McLaughlin	Non-Executive Director	July 2024

The following were also Board directors during the 2024-2025 financial year:

- Mrs Priya Hunt: Non-Executive Director (01 Apr 2024 – 30 Sept 2024), Resigned

The Board of Directors is responsible for:

- providing leadership to the organisation within a framework of prudent and effective controls
- sponsoring the appropriate culture, setting strategic direction, ensuring management capacity and capability, and monitoring and managing performance
- safeguarding values and ensuring the organisation's obligations to its key stakeholders are met
- facilitating the understanding on the part of governors of the role of the Board and the systems supporting its oversight of the Trust
- taking account of the NHS Constitution in all aspects of its work.

The Board carries out the role envisaged within the NHS Foundation Trust Code of Governance, namely that it provides active leadership of the Trust within a framework of prudent and effective controls which enables risk to be assessed and managed. The Chair meets with Non-Executive directors on a weekly basis.

As such, the Board:

- is responsible for ensuring compliance with the terms of authorisation, constitution, mandatory guidance issued by NHSE, relevant statutory requirements and contractual obligations

- sets the strategic aims, taking into consideration the views of the Council of Governors, ensuring that the necessary financial and human resources are in place for the Trust to meet its objectives and review management performance

- as a whole is responsible for ensuring the quality and safety of healthcare services, education, training and research delivered by the Trust and applying the principles and standards of clinical governance set out by the Department of Health and Social Care, the CQC, and other relevant NHS bodies. The Board ensures that the Trust exercises its functions effectively, efficiently and economically

- sets the Trust's overall culture, values and standards of conduct and ensures that its obligations to the public, its members, patients and other stakeholders are understood and met.

The role of Board Directors is set out in the Board Charter of Expectations which is set on the Nolan Principles. All of our Board of Directors meet the standards of the 'Fit and proper persons requirement'.

The Trust's Constitution specifies that Non-Executive Directors are appointed for three year term of office. If a Non-Executive Director has held office for more than four years, any further appointment shall be for a term of one year. Appointments can be terminated in accordance with the NHS England (NHSE) Code of Governance for NHS Provider Trusts (the Code).

The following Non-Executive Directors are considered independent as none have served more than six years in post: Bal Bahia, Parveen Yaqoob, Mike McEnaney, Mike O'Donovan, Catherine McLaughlin and Minoo Irani.

In November 2024, the Trust assessed itself against the provisions of the NHS Code of Governance on a 'comply or explain' basis and recognising that the provisions set out best practice recommendations rather than mandatory conditions.

In relation to provision B2.6. which states that the independence of Non-Executive Directors may be impaired if they serve a term of office longer than six years, the Trust considered that it had deviated from the provision in relation to the extensions of the terms of office for non-executive director, Helen Mackenzie and Chair of the Trust, Graham Sims. The rationale and disclosures are set out below.

Helen Mackenzie, Deputy Trust Chair and Chair of the Quality Committee served in excess of six years as a Non-Executive Director of the Trust. Her continuation in the role followed processes set out in the Trust's Constitution and was considered by the Governor Nominations & Remunerations Committee and approved by the Council of Governors. In each case, Helen Mackenzie's significant and specialised expertise in quality and safety matters and her continued high standard of performance was considered and balanced against the risk of incurring a vacant Chair position in the Quality Committee and the loss of a non-executive member of the

Audit & Risk Committee. The Trust departed from the recommendations of the provision to preserve the robust leadership of the Quality Committee, to retain specialist input at the Quality Committee and maintain the stability of the Board, particularly with the impending change of the Chair of the Trust.

Helen Mackenzie has been re-elected for one further year with her term of office due to end in January 2026.

The Chair of the Trust, Graham Sims, was independent at the time of his appointment and is serving his third and final three-year term as Chair. Each extension of Graham's term of office was duly considered by the Governor Nominations and Remunerations Committee and approved by the Council of Governors. In each case, the Governors deemed that it was in the best interests of the Trust to retain Graham's significant experience and expertise and the stability of the Board via the extension of his term of office. The Governors have not raised any concerns in relation to Graham's independence from the Board or his ability to robustly and appropriately challenge the Board and provide strategic leadership to the Non-Executive Directors. The Trust has recently recruited a new Chair effective from 1 April 2025.

Board Member Biographies

Chair of the Trust: Graham Sims
Graham Sims, joined the Trust as Chair in August 2015, bringing a wealth of chair and corporate experience and knowledge in Board governance, strategy, investment, operations and leadership. He has held roles as Chairman and Directorships within large and small organisations including BP, Mobil, Compass, the Home Office and a number of PE backed businesses currently in the UK and internationally. Graham is also involved with charity boards.

Chief Executive Officer: Steve McManus
Steve joined the Trust in January 2017 having previously occupied Board level roles as Chief Operating Officer (COO) at University Hospital Southampton, COO/Deputy CEO at Imperial Healthcare and Managing Director at Basildon and Thurrock University Teaching Hospital. In 2016 Steve was selected as part of the first cohort on the NHS Leadership Academy's national Aspiring Chief Executive Programme. In August 2020 Steve was seconded to NHS Test & Trace taking on key national roles during the Covid pandemic leading the Contain and Trace services. In 2022 Steve took on an 8 month role leading the Buckinghamshire Oxfordshire Berkshire West Integrated Care system as interim Chief Executive returning to the Trust in 2023. Steve regularly contributes across a range of healthcare topics both nationally and internationally particularly regarding patient safety, healthcare technology and leadership development.

Chief Medical Officer: Dr Janet Lippett
Janet was appointed Chief Medical Officer in 2019 and with executive colleagues led the Trust's response to the Covid-19 Pandemic. Recently completing an 8-month interim role as Acting Chief Executive she is also the Executive Lead for our partnership with the University of Reading. Qualifying as a doctor at St Georges Hospital, London in 1999 she joined RBFT in 2007 as a Consultant Geriatrician establishing a successful Orthogeriatric Service.
Moving into management in 2010; as a Clinical Director and then as Care Group Director for Networked Care; Janet works with system partners to ensure high quality care across the community

Chief Nursing Officer: Katie Prichard-Thomas
After undertaking the Deputy Chief Nurse at Hampshire Hospitals NHS Foundation Trust, Katie joined the Trust in October 2023. After graduating as a Registered Nurse in 2001, Katie began her nursing career at University Hospital Southampton Foundation Trust, specialising in

respiratory care, acute medicine, and older person's medicine. Katie joined Hampshire Hospitals NHS Foundation Trust in 2018 as Divisional Chief Nurse, in 2020 she was promoted to Deputy Chief Nurse. Katie holds an MSc in Leadership & Management in Healthcare and is a Florence Nightingale Foundation Scholar, she is passionate about coaching teams to deliver high quality safe patient care.

Chief Finance Officer: Nicky Lloyd
Nicky joined the Trust in January 2019, and leads Finance, Payroll, Estates & Facilities, Procurement, Commercial, and the Trust Charity. She is a Fellow of the Institute of Chartered Accountants in England & Wales and has held Board positions in the UK and internationally in both Executive and Non-Executive capacities, within and outside the NHS. She has successfully completed the Aspiring Chief Executive Programme and was Acting CEO in 2020 and 2021. She is a Trustee of the Healthcare Financial Management Association (HFMA), the professional body for finance staff working in healthcare, and chairs the HFMA Audit & Governance Committee, having previously chaired the HFMA South Central Branch.

Chief Operating Officer: Dom Hardy
Dom Hardy joined the Trust in December 2019 as Chief Operating Officer. Previously he held the position of Director of Primary Care and System Transformation at NHS England and Improvement. Dom's previous roles at NHS England include Director of Commissioning Operations for Wessex and Regional Assurance and Delivery Director for the South of England. Prior to that, he held posts in central Government, with PricewaterhouseCoopers, and in South Central Strategic Health Authority.

Chief People Officer: Don Fairley
Don was appointed to the Chief People Officer role in May 2016. Don joined the NHS in 1987 and has been a Board Director since 1997. Don has a proven track record of delivery having worked successfully at a senior level in various contexts including: acute, community, mental health, primary care, Region and the Department of Health. In addition to his technical and tactical skills, Don is a qualified mediator, MBTI, WAVE and 16PF practitioner. Don has a Master's in Strategic Human Resource Management, a post-graduate Certificate in the Psychology of Organisational Development and is a Fellow of the CIPD.

Chief Strategy Officer: Andrew Statham
Andrew is the Chief Strategy Officer for Royal Berkshire NHS Foundation Trust. Andrew is responsible for Strategy, Planning, Improving Together, Communications and Building Berkshire Together – our new hospital programme. He has over 15 years' experience working within the NHS and the wider healthcare sector. Before joining our Trust, Andrew spent time as a Director within a Healthcare consultancy, and as a Civil Servant at the Cabinet Office and Department for Work and Pensions. Andrew studied Economics in both the UK and Massachusetts.

Non-Executive Director, Parveen Yaqoob
Parveen Yaqoob is Deputy Vice-Chancellor at the University of Reading and works across a broad portfolio, leading on the University's research strategy. She leads on the strategic partnership between the University and the Trust and brings experience of developing and supporting health-related education, research and innovation.
Parveen has served on a number of national and international research funding panels, particularly in the area of diet and health, and is a member of the Board of Directors of Advance HE, chairing its Equality, Diversity and Inclusion Committee. She was appointed OBE for services to higher education in 2022.

Non-Executive Director, Helen Mackenzie
Helen Mackenzie joined the Trust as a clinical Non-Executive Director in January 2019.
Prior to this she was Executive Director of Nursing with Berkshire Healthcare NHS Foundation Trust, the main provider of NHS mental health and community services in Berkshire.

Helen qualified as a nurse in 1979 and has held various clinical and managerial roles in the provision and commissioning of local NHS services.

Non-Executive Director, Mike McEnaney
Mike is a highly experienced board director having held finance director positions in both the private sector and the NHS. He has had a broad range of responsibilities, including Finance, HR, IT and Estates, at a number of high-profile organisations including, Honda manufacturing, Avis car rental and at Oxford Health NHS Foundation Trust until 2022. Mike is a Non-Executive Director and audit committee chair with South Central Ambulance Services NHS Foundation Trust, a Non-Executive Director and Audit & Risk Committee chair with Royal Berkshire NHS Foundation Trust, a trustee of an Academy of schools and an audit committee member at Oxford Brookes University.

Non-Executive Director: Mike O'Donovan
Mike spent 30 years in the consumer healthcare industry holding managing director positions in the UK and overseas as well as global corporate roles. He left industry to become chief executive of the Multiple Sclerosis Society. He has held a range of non-executive chair, director and trustee positions including founding co-chair of National Voices, the leading patient service user advocacy group, member of the management board of the European Medicines Agency, chair of two NHS Trusts and board member of Frimley Health NHS Foundation Trust. Mike is a Trustee of the South Hill Park Arts Centre.

Non-Executive Director: Bal Bahia
Bal Bahia Joined the Trust in April 2019. Prior to this he was clinical lead for the Berkshire West Clinical Commissioning Group and Vice-Chair of the West Berkshire Health and Wellbeing Board; Bal qualified as a Doctor from St George's in 1989 and has since been a partner in General Practice for the last 29 years. Bal is also a director of Recovery in Mind a mental health charity in west Berkshire. Bal trained at the Royal Berkshire Hospital in the 1990s. He is interested in Systems Leadership and thinking for the local population especially health inequalities.

Non-Executive Director: Catherine McLaughlin
Catherine is a nurse who specialised in paediatrics and community nursing. She has extensive health service experience, spanning a variety of settings including acute hospitals, community providers, commissioning groups and most recently as CEO of a Hospice. She has worked at the Department of Health with the Performance Improvement Team for Emergency Care and led several transformation programmes across the NHS in England and Ireland.

Non-Executive Director: Minoo Irani
Minoo joined the Trust as clinical Non-Executive Director in September 2024. Before joining the Trust Minoo worked as Consultant Community Paediatrician in Berkshire for over 20 years and has held several leadership roles leading up to Executive Medical Director in Berkshire Healthcare for 9 years. His other roles in the healthcare system have included a mental health partner member on the BOB ICB Board and partner member on the Board of the Health Innovation Network. He has a Masters in Health Management from Imperial College Business School and professional clinical qualifications from the United Kingdom, India and the United States.

Board Engagement with the Council and Members
The Board takes active steps to ensure it interacts appropriately with the Council of Governors. The Board has agreed protocols in respect of communication with the Council and to help discharge its statutory duties. Non-Executive Directors and the Chief Executive attend Council of Governors meetings which are held four times a year. Other Executive Directors are also invited to provide updates on specific topics. Non-Executive Directors also attend the

Governors Assurance Committee to provide updates from Board Committees to governors. Direct engagement with members takes place at the Trust's Annual General Meeting where a review of the year and forward plans are delivered and there is an open question and answer session. The Council of Governor meetings are also open for the public to attend and they can raise questions. The Governors Membership Committee is also open to the public to attend.

Review of Board Performance
The Trust was inspected by the CQC in July 2019 and was rated as 'good' overall. Executive Board members are also appraised on an individual basis. Price Waterhouse Coopers (PWC) conducted a Well-Led review which was presented to the Board in March 2022. In light of the Trust's financial challenges an external Well-Led review was delayed and the Trust is due to undertake its next Well-Led review in 2025/26.

Board attendance 1 April 2024 – 31 March 2025

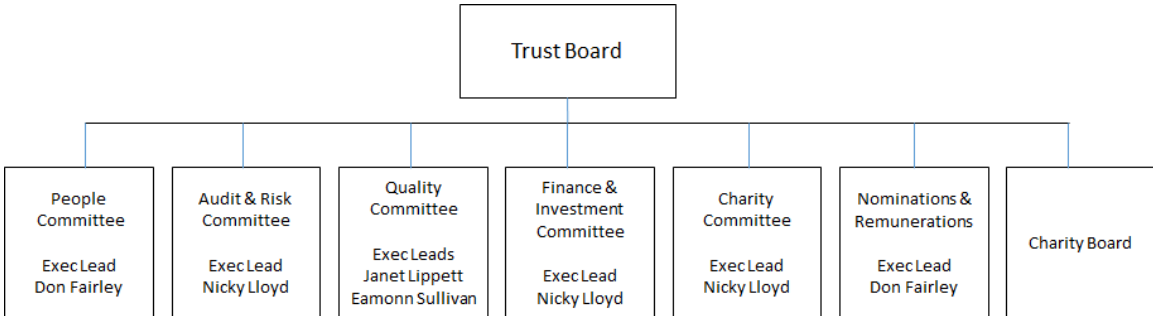
	Board	Quality	Charity	Nominations and Remuneration	Finance and Investment	Audit and Risk	Council of Governors*	People Committee	Charity Board
Mr Graham Sims	22/24	2/5	2/4	4/4	3/11	2/7	4/6	2/4	1/1
Mr Steve McManus^	24/24	0/5	0/4	2/4	9/11	5/7	4/5	2/4	1/1
Mr Don Fairley	19/24		0/1	3/4	7/7			4/4	1/1
Mr Dom Hardy	19/24	5/5			9/11	1/1	2/2		1/1
Dr Janet Lippett^^	23/24	4/5			8/11			3/4	1/1
Mrs Nicky Lloyd	22/24		3/3		9/11	5/7			1/1
Mrs Katie Prichard-Thomas	22/24	4/5			4/11	5/5	1/1	3/4	1/1
Dr Bal Bahia	19/24	4/5	4/4	4/4			2/5	1/1	1/1
Mr Mike O'Donovan	22/24			4/4	10/11	7/7	4/5		1/1
Mrs Priya Hunt	5/8			2/2	4/6		1/2	2/2	1/1
Mrs Helen Mackenzie	22/24	5/5		4/4	1/1	7/7	5/5		0/1
Prof. Parveen Yaqoob	19/24	4/5		4/4	1/1		2/5	4/4	1/1
Mr Mike McEnaney	21/24			4/4	9/11	7/7	1/5		0/1
Ms Catherine McLaughlin	18/19	1/1		2/3	3/5		1/3	3/3	1/1
Dr Minocher Irani	13/17	1/1	3/3	2/3	1/1		3/3	3/3	
Mr Andrew Statham	15/19				6/8				1/1

^ For nominations business only

^^ Either Chief Medical Officer or Chief Nursing Officer required to attend Finance and Investment Committee
* The Chief Executive and the Chair are only required to attend half of all the Board Sub Committee meetings.

Board Committees

The formal committee structure of the Board is shown below.



The main roles of each committee and group are as follows:

Audit & Risk Committee

Chair	Mr Mike McEnaney
Members	Mrs Helen Mackenzie Mr Mike O'Donovan

The Committee oversees risk and audit issues within the Trust. It reviews the effectiveness of financial systems for internal control and reporting and reports to the Board of Directors on the levels of assurance. It is responsible for ensuring and monitoring the regular review of risks identified against the board assurance framework and corporate risk register in order to embed risk management within the organisation.

The NHS Foundation Trust Code of Governance (the Code) provision D.2.1 requires the membership of the Audit & Risk Committee to comprise of a minimum of three independent non-executive directors. The Audit & Risk Committee membership comprised of three independent non-executive directors until 1 January 2024 when Helen Mackenzie, had served a term of office greater than six years.

The Audit and Risk Committee report

The Trust Board has delegated authority to the Audit & Risk Committee, a non-executive committee of the Trust Board, to review the establishment and maintenance of an effective system of integrated governance, risk management and financial and non-financial non-clinical internal controls, which supports the achievement of the Trust's objectives.

The Committee does not have executive powers. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

In addition, the Committee is required to satisfy itself that the Trust has adequate arrangements for countering fraud, for managing security of resources and has to review arrangements by which staff of the Trust may raise concerns via the Trust's Whistle Blowing policy.

The Audit & Risk Committee consists of not less than three Non-Executive Directors members supported by professional advisors with Trust attendance provided by the Chief Finance Officer. The Chief Executive Officer attends to discuss with the Committee the process for assurance that supports the Annual Governance Statement. Executive leads will be invited to attend the meeting when a high risk rated report has been submitted to the Committee. The Committee meets privately with the Trust's Internal and External Auditors at least once a year. Additional private meetings are held as and when required.

During 2024/25 the Audit & Risk Committee has satisfied itself that the findings within assurance reports and other studies relating to the Trust, are drawn to its attention by the Board or by management. Any reports instigated by NHS England, the Care Quality Commission and other professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.) would be reviewed by this Committee under their Terms of Reference.

The Committee conducts an annual review of its effectiveness with its terms of reference and submits any findings and proposals for changes to the Board of Directors for consideration and once a year prepares an annual report. The 2024/25 review was carried out in May 2025 and presented to the Board on 28 May 2025.

Financial reporting

The Committee reviewed the Trust's accounts and Annual Governance Statement and how these are positioned within the wider Annual Report. To assist this review the Committee considered reports from management and from the internal and external auditors to assist the consideration of:

- the quality and acceptability of accounting policies, including their compliance with accounting standards;
- key judgements made in preparation of the financial statements;
- compliance with legal and regulatory requirements
- the clarity of disclosures and their compliance with relevant reporting requirements;
- whether the Annual Report as a whole is fair, balanced and understandable and provides the information necessary to assess the Trust's performance and strategy.

The Committee reviewed the content of the 2024/25 annual report and accounts and advised the Board that, in its view, taken as a whole:

- it is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy;
- it is consistent with the draft Annual Governance Statement, Head of Internal Audit Opinion and feedback received from the external auditors

Significant financial judgments and reporting for 2024/25

The Committee considered several areas where significant financial judgments were taken which have influenced the financial statements.

The Committee identified, through discussion with both management and the external auditor, the key risk of misstatement within the Trust's financial statements. Discussions took place when the external auditor's audit plan was reviewed, and again at the conclusion of the audit. The Committee also discussed these risks with management during the year. Set out below is a summary of how the Committee satisfied itself that these risks of misstatement had been appropriately addressed:

- Valuation of land, buildings and dwellings and intangible assets:

The Committee reviewed reports from management which explained the basis of valuations and the consideration of the need to recognise any revaluation or impairment. We also considered the auditors' views on the accounting treatment of these assets.

The valuers have assumed that there are no abnormal ground conditions that would impact the normal functioning of the Trust estate and have provided the valuation based on existing conditions. Following the Geological Investigation on the main hospital site, the recommendation to visually inspect all structures periodically, and only undertake targeted ground investigations should deterioration be observed, was accepted by the Trust. The valuers have confirmed that there is no measurable impact on their valuation following this, as the Trust has not altered its current or future use of the buildings nor undertaken any corrective works to manage the geological risks.

The Committee is satisfied that the valuation of these assets within the financial statements is consistent with management intention and is in line with accepted accounting standards.

- Capitalisation of assets:
  The Committee reviewed information provided by management on judgments relating to costs capitalised, including the use of vesting certificates at year end. The Committee also considered the auditors' views on the accounting treatment of these transactions, including Value for money considerations. The Committee is satisfied that the treatment of these assets within the financial statements is consistent with management intention.

- Accruals (including Goods Received Not Invoiced – GRNI):
  The Committee reviewed information provided by management as to the adequacy of these transaction (GRNI, unmatched debits, pharmacy inventory management software) as well as the auditors' views on the accounting treatment of these transactions.

External audit

External audit
The Trust's External Auditor for the period 2024-25 were:

Deloitte LLP
Abbots House
Abbey Street
Reading
RG1 3BD
United Kingdom

Deloitte LLP was re-appointed as External Auditors to the Trust effective from 1 April 2022 for a two-year contract period, which has been extended for two years.

Audit and non-audit fees are set, monitored and reviewed throughout the year and are included in note 4.2 of the accounts. In the event that any non-audit services were provided, the Committee would consider whether these services might result in any impairment of the auditor objectivity and independence.

During the year, the Audit & Risk Committee reviewed the external audit plan for the 2024/25 period. As part of the discussion at this meeting the Committee reviewed key risk areas highlighted by external audit in relation to the valuation of assets and recognition of NHS income.

During the Audit & Risk Committee meeting on the 20 June 2025 the Committee reviewed the 2024-2025 financial statements and Deloitte's ISA260 Audit Highlights memorandum prepared as part of its audit of the Group and Trust financial statements. Following this, the Committee recommended to the Board that it approve the Annual Report and Financial Statements for the period ending 31 March 2025.

Over the course of the year, they have delivered a range of reports to the Committee. These included:

- Their Audit Plan for the period
- Progress update reports on the delivery of their audit work
- Technical update reports highlighting NHS FT and health sector issues of relevance for the Committee
- ISA 260 Audit Highlights Memorandum reports following their audit of the Group financial statements, and the financial statements of Healthcare Facilities Management Services (HFMS) Limited and the Royal Berks Charity.

Deloitte's remuneration for the group audit was £294k excluding VAT for the period 1 April 2024 to 31 March 2025 (£219k 2023/24). See Note 54.2 of Financial Statements for further details.

The liability limits were agreed for 2024/25:

- Product Liability – up to £0.5m (2023/24 £1m)
- Professional Indemnity – up to £5m (2023/24 up to £5m).

Internal auditor details

The Trust's Internal Auditors for 2024/25 were:

KPMG LLP
15 Canada Square
London
E14 5GL

KPMG LLP were appointed as Internal Auditors to the Trust effective from 1 April 2022. This service covers both financial and non-financial audits according to a risk-based plan agreed with the Audit Committee. The Internal Auditors submitted a number of audit outcome and progress reports to the Committee including:

- Their audit plan for the period
- Progress update reports on the delivery of their reports
- Data Protection & Security Toolkit, May 2024
- Cerner Modules Surgery and Anaesthetics
- Cyber Security
- Cyber Security Governance & Human Factors
- Operational Risk Maturity
- Annual Contracting Review
- Financial Controls
- Maintenance
- Pathology
- Integrated Performance Report (IPR) Data Quality

KPMG's remuneration was £115k including advisory services and provision of internal audit services for the period 1 April 2024 to 31 March 2025.

Internal controls
Through the internal audit plan the Committee reviews the financial and risk controls in the Trust and their effectiveness. In addition, during the year the Committee also looked at the controls specifically relating to data quality, estate and the patient environment, information governance and major projects. Action plans were put in place to address minor issues in operating processes.

Fraud detection processes and whistle-blowing arrangements
BDO LLP were appointed as counter-fraud service provides to the Trust effective from 1 April 2022.

BDO LLP support the Trust to implement the NHS Counter Fraud strategy within the organisation and to investigate professionally, any suspicions of fraud, bribery or human rights issues that may arise. BDO provide fraud awareness training, carry out reviews of areas at risk of fraud and investigate any reported frauds including any disclosed via the Trust's Whistle Blowing policy.

The Committee reviewed the levels of fraud and theft reported and detected and the arrangements in place to prevent minimise and detect fraud and bribery. No significant fraud was uncovered in the past year.

Other areas reviewed
In addition to the above the Committee will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This includes, but is not limited to, receiving updates on the Corporate Risk Register and the Board Assurance Framework and the review of risk and control related disclosure statements (in particular the Statement on Internal Control and declarations of compliance with the CQC Standards).

In addition, the Committee also reviews the underlying assurance processes that indicate the degree of the achievement of corporate objectives along with the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements. Whilst ensuring that the policies for ensuring compliance with relevant regulatory, legal and code of conduct meet all requirements. During 2024/25 regular updates were provided to the Committee on Health and Safety and the Freedom to Speak Up Guardian arrangements at the Trust.

Charity Committee
The Royal Berks Charity (Royal Berks NHS Foundation Trust Charity Fund Registration Number 1052720) is governed by trustees acting through the Charity Committee. They are responsible for the overall management of charitable funds. A governor from the Council of Governors, staff member and patient representative are members of the Committee.

Quality Committee
The Committee gives detailed consideration to all components of the quality of care provided by the trust including clinical effectiveness, patient safety and patient experience.

Finance & Investment Committee
The Committee gives detailed consideration to operational, finance, estates, investment and Digital, Data and Technology. It advises the Executive and Board on issues to achieve the best

value for money and use of resources. It seeks to ensure that agreed strategies for finance, estates and IT are developed, implemented, monitored and reviewed.

People Committee
The Committee develops and oversees the delivery of the People Strategy and gives detailed consideration to workforce issues.

Charity Board
The Charity Board oversees the overall management of the Charitable Funds. They also ensure that appropriate policies and procedures are in place to support the Charitable Funds Strategy and support development and review the charitable funds strategy.

Board Register of Interests
The Foundation Trust has published on its website the Board Register of Interests which details any company directorships and other significant interests held by directors which may conflict with their management responsibilities. Additionally, Directors are not permitted to hold simultaneously, positions of Director and Governor of any NHS Trust in accordance with conditions set out in the Trust Governance Handbook. The Register can be accessed at: Our Board of Directors - Royal Berkshire NHS Foundation Trust or from the Trust Secretary by email: foundation.trust@royalberkshire.nhs.uk.

The Trust also operates a Declarations of Interest, Gifts and Hospitality Policy which requires all Board Members and decision-making staff to make annual declarations on the Trust Register of Interests. The Trust Register of Interests is available on the Trust website at: Royal Berkshire NHS Foundation Trust (mydeclarations.co.uk) or from the Trust Secretary by email: foundation.trust@royalberkshire.nhs.uk.

Engaging the staff and public: Trust Membership
Members of the Trust elect governors to the Council. Other governors are appointed by key partners such as local authorities, the University of Reading and local charity groups. The Council of Governors hold the Non-Executive directors (NEDs), individually and collectively, to account for the performance of the Board of Directors. The Board of Directors comprises both Non-Executive and Executive Directors that lead the organisation and manage the key financial and strategic issues. On behalf of the Board, the Chief Executive and other senior staff, manage the Trust on a day to day basis.

The majority of governors on the Council are publicly elected by public members of the Trust. The Council of Governors appoint the Non-Executive Directors who have a voting majority on the Board. All Board members and governors meet the ‘fit and proper person test’ as described in our provider licence.

Council of Governors

The nominated Lead Governor is Dr Sunila Lobo.

The Council of Governors have two key duties which are:

- To hold the Non-Executive Directors to account for the performance of the Board
- Representing the interests of members and the public.

Other duties include:

- Approving the appointment of the Chief Executive
- Appointing and, if appropriate, removing the Chair and Non-Executive Directors

- Appointing the Trust's external auditors
- Approving amendments to the Trust's Constitution.

The Council of Governors meets on a quarterly basis. The Council of Governors is representative of the Trust's constituencies and is of average size in comparison with similar sized trusts. The Council composition is reviewed by the Council of Governors every three years. The roles and responsibilities of the Council of Governors are set out in the Trust Governance Handbook.

The Trust's Governance Handbook sets out the process for managing disagreements between the Council of Governors and the Board of Directors in the event that they should arise. In situations where any conflict arises, the decision of the Chair shall normally be the final. However, there may be circumstances where the Chair feels unable to decide owing to a conflict of interest. In such a situation, the Chair will initiate an independent review to investigate and make recommendations. Normally this will be achieved by inviting the Chair of another NHS Foundation Trust to conduct the review, and the choice of individual will be agreed by both the Council and Board.

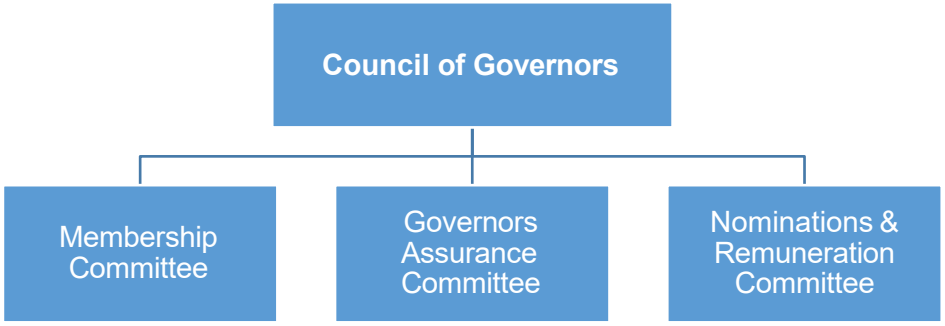
Governors for the Royal Berkshire NHS Foundation Trust
The list of Governors for the Royal Berkshire NHS Foundation Trust is maintained by the Trust Secretary. The latest list can be found on the Trust's website. The list of Governors for the Royal Berkshire NHS Foundation Trust and attendance as at 31 March 2025 was as follows:

Name	Constituency	Term of Office	Actual/ Possible
Mr. Jonathan Barker	Reading	2026	6/8
Mr. Paul Williams	Reading	2026	7/8
Ms. Sunila Lobo	Reading	2026	7/8
Ms. Joycee Rebelo	Reading	2026	0/0
Mr. Tony Page	Reading	2028	0/0
Mr. Clive Jones	Wokingham	2027	1/8
Mr. Benedict Krauze	Wokingham	2027	7/8
Ms. Maria Norville	Wokingham	2026	3/4
Ms. Terri Walsh	Wokingham	2027	4/4
Vacant	East Berkshire & Borders	2027	
Vacant	East Berkshire & Borders	2023	
Vacant	West Berkshire & Border	2027	
Mrs. Alice Gostomski	West Berkshire & Borders	2025	5/8
Mr. John Bagshaw	West Berkshire & Borders	2025	4/8
Mr. William Murdoch	Southern Oxfordshire	2027	5/8
Mr. Richard Havelock	Volunteer Governor	2025	6/8
Mr Thomas Duncan	Staff: Medical/Dental	2026	5/8
Rev. Joshua Wilson	Staff: Allied Health Professionals/Scientific	2026	2/4
Ms. Jessica McKean	Staff: Admin/Management	2027	3/4
Ms. Sarah Lupai	Staff: Nursing/Midwifery	2027	0/4
Miss. Dora Abbi	Youth Governor	2025	0/4
Mr. Madan Uprety	Staff; Health Care Assistant/ Ancillary	2027	1/4
Councillor David Stevens	Appointed by Reading Borough Council	2025	0/0
Mr. Adrian Mather	Appointed by Wokingham Borough Council	2025	0/8

Councillor Patrick Clark	Appointed by West Berkshire Council	2025	0/5
Dr Paul Jenkins	Appointed by University of Reading	2025	2/8
Ms Miranda Walcott	Appointed by Integrated Care Board	2025	1/8
Mr Darren Browne	Appointed by Autism Berkshire	2025	2/8

Notes:
Governors are elected by members of the relevant constituency unless stated otherwise.
Declarations of interest made by Governors are available on the Trust website.
Changes to the Council during the year are set out on page 42.

Governors work to influence the Trust and have an impact in several informal and formal ways. The formal 'committee structure' of the Council is shown below.



The main roles of each group are as follows:

Governors Assurance Committee
The Committee receives updates from Non-Executive Directors who highlight significant matters of interest or concern and the Board's response and provide an overview of key issues discussed at Board Sub-Committees. The Committee keeps under review a range of assurance information submitted to the Board. The format of the Governors Assurance Committee has created an open and transparent environment for governors to discharge their duty of holding the Non-Executive Directors to account for the performance of the Board. The Chief Executive attends all Council of Governors meetings and other directors attend when required.

Membership Committee
The Chair is currently Richard Havelock, Volunteer Governor. The Committee develops policy, implements agreed proposals and keeps under review, the Trust approach to engaging with the membership community.

The Committee also:

- recommends appropriate relationships and methods of communicating between Governors and the membership

- develop, implement and review, annually, a membership strategy for the Trust and to prepare an annual report for the Council and the Annual General Meeting with regard to the steps taken to secure representative membership, the progress of the membership strategy and any changes to the membership strategy

- keep under review the membership of the Trust to ensure that the actual membership is representative of those eligible to be members of each constituency

- consider any disputes concerning membership of a constituency, right to membership of the Trust and the conduct of individual governors

- seek the views of members and the public on material issues being discussed by the Trust and to conduct arrangements for collecting and reviewing views of members and the public on key issues and their experience of the Trust in general

- recommend objectives to the Council of Governors which are achievable and within the resources available

- keep under review the implementation of the objectives

- oversee the annual evaluation of the Council and its performance and to recommend any subsequent action

- recommend a governor training and annual development programme

- make recommendations to the Council on how it interacts with members and the public on Trust strategy and feedback their views to the Council.

Council Nominations & Remuneration Committee
The Nominations and Remuneration Committee considers the salaries and appointments of the Non-Executive Directors of the Board. Further information on the role of the Council of Governors Nominations and Remunerations Committee is available on page 59.

Changes to the Council of Governors
The following were also governors during the year:

- Deborah Edwards: resigned June 2024
- Douglas Findlay: resigned July 2024
- Andrew Haydon: post retired 7 October 2024
- Tom Lister: resigned June 2024
- Chido Makawa: post terminated January 2025
- Alan Macro: resigned July 2024
- Sally Moore: post retired 7 October 2024
- James Mugo: post retired 7 October 2024
- Beth Rowland: not re-elected to position. Post terminated 7 October 2024
- Sarah Stangroom: resigned November 2024
- Dhian Singh: post retired 7 October 2024
- Martyn Cooper: post retired 7 October 2024

Governor representation of members' views is discussed at Governor's Membership Committee and at Council of Governors meetings. The Council of Governors were engaged on the Trust's operating plan, the refresh on the Integrated Care Board's (ICB) Primary Care Strategy and the refresh of the Trust Strategy, including its objectives and priorities during 2024/25.

Trust Membership
This section sets out who is eligible to become a member of the Trust, our current membership numbers and our strategy and targets for recruiting new members. Our members can stand as governors, and are responsible for electing our governors.

Membership is an expression of public support for the Trust. Members have the opportunity to become involved in a number of areas including:

- being invited to Membership events, including the Annual General Meeting and information seminars
- voting in the election of representatives to the Council of Governors
- being able to stand for election to the Council of Governors
- receiving discounts on a wide range of goods and services by registering on the www.healthservicediscounts.com website
- receiving regular information about the Trust, including our magazine, Pulse
- being consulted, for example, on how the provision of services could be improved by completing surveys
  attending Membership Committee and Council of Governor meetings where Members can have the opportunity to ask questions and meet the Council of Governors.

Recruitment of Members
The Trust has a simple process for becoming a Member via an online application on its website and Membership application form which is made available at Membership events and within the hospital. Governors are encouraged to help with the recruitment of Members by engaging with Members of the public who may also be part of other groups outside of their role as Governors.

Eligibility
Membership is open to three main groups:
(a) Public, including patients and carers
- People living within the five constituencies
- People aged 16 and over.

(b) Staff employed by the Trust
- All staff on a permanent contract or a contract of 12 months or more
- All staff who are not already public members.

(c) Volunteers of the Trust
- All volunteers

Categories of staff membership:

- Medical and dental staff
- Nursing and midwifery staff
- Allied health professions and scientific and technical staff
- Healthcare support workers (all disciplines) and ancillary staff
- Administrative, clerical and management staff.

Boundaries of public membership

Reading	All the electoral wards in Reading Borough Council (unitary authority) area
West Berkshire and borders	All the electoral wards in West Berkshire Council (unitary authority) area. Electoral wards from the Basingstoke and Deane Borough Council area of North Hampshire including: Baughurst, Burghclere, Calleva, East Woodhay, Highclere and Bourne, Kingsclere, Pamber, Tadley North and Tadley South The following electoral ward from Test Valley Borough Council area of North Hampshire: Bourne Valley
East Berkshire and borders	All the electoral wards in Bracknell Forest Borough Council (unitary authority) area. All the electoral wards in Slough Borough Council (unitary authority) area. All the electoral wards in the Royal Borough of Windsor and Maidenhead (unitary authority) area. The following electoral wards from South Bucks District Council area: Burnham, Beeches, Burnham Church, Burnham Lent Rise, Dorney and Burnham South, Farnham, Royal, Iver Heath, Iver Village and Rickings Park, Stoke Poges, Taplow, Wexham and Iver West.
Southern Oxfordshire	The following electoral wards from South Oxfordshire District Council area: Chiltern Woods, Cholsey and Wallingford South, Crowmarsh, Didcot All Saints, Didcot Ladygrove, Didcot Northbourne, Didcot Park, Goring, Hagbourne, Henley North, Henley South, Shiplake, Sonning Common, Wallingford North and Woodcote.
Wokingham	All electoral wards in Wokingham Borough Council (unitary authority) area

Current membership

At 31 March 2025 our public membership stood at 3,620 and our total membership at 10,836. Membership is under-represented in younger age groups with under-representation remaining until the 30+ age groups. Members in the age 60 years and above category are the mostly highly represented. The Trust held an Annual General Meeting in October 2024. Further events are planned for 2025/26. The Trust membership remains in line with the average foundation trust membership.

Constituency	Public	% of public membership
East Berkshire and Borders	836	23.1%
Reading	1045	28.9%
Southern Oxfordshire	176	4.9%
West Berkshire and Borders	582	16.1%
Wokingham	872	24.1%
Out of Trust Area	19	0.5%
Not Specified	90	2.5%
Total	**3620**	

Governors' Register of Interests
The Council of Governors' Register of Interests is reviewed throughout the year. Any enquiries about the Governors' Register of Interests should be made to the Trust Secretary, Corporate Governance Department, Royal Berkshire Hospital, London Road, Reading RG1 5AN or by email to foundation.trust@royalberkshire.nhs.uk.

Contacting the Council of Governors

The public are able to contact a member of the Council of Governors through the Corporate Governance Department by writing to the Trust Secretary, Corporate Governance Department, Royal Berkshire Hospital, London Road, Reading RG1 5AN or by email to foundation.trust@royalberkshire.nhs.uk.

Membership Strategy
We recognise membership to be an important part of being a Foundation Trust. An engaged and representative membership enables the Trust to be responsive to the local communities it serves, gauge local views and priorities to help shape the development of services and guides the work we do. Our membership strategy was refreshed during 2024/25 and aimed to maintain and develop a Membership that is representative of the Constituencies that the Trust serves by:

- Increasing membership promotion and attendance
- Improving the quality of engagement and communication with Members
- Encouraging engagement and provide opportunities for staff and volunteers

Directors' responsibility for the Annual Report and Accounts
The Board of Directors takes the responsibility for preparing the Annual Report and Accounts of the Trust. The Directors consider that the Annual Report and Accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, public, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

NHS Well-Led Framework

Throughout the year, the Trust continued to build on the actions taken in 2023/24 to strengthen compliance with the framework. To maintain a well-led organisation the Trust is aware of the requirement to carry out an external review every three years to five years in accordance with the NHSE Well-led Framework. The next external well-led assessment is planned for 2025/26. The Trust uses the well-led framework to inform its governance processes, which are described in the Annual Governance Statement that starts on page 78.

Actions taken during the course of 2024/25 included, but were not limited to:

- the review and updating of the Trust's quality priorities
- patient care activities and stakeholder relations - Our Quality Account provides a detailed report on what the Trust is doing to develop its services, engage with our stakeholders and improve patient care. The Quality Account is due to be published in June 2025 and will be available on our website.

- the review of the Quality Governance Structure and the addition of a Corporate Governance item to all Care Group Leadership meetings with assigned members of the Corporate Governance team to attend and advise on all board governance processes

- the continued development of the Integrated Performance Report. Further information on the governance structure that supports the organisation can be found in the Annual Governance Statement of this Annual Report

- the review and approval of Freedom to Speak Up Guardian arrangements in the Trust by the Audit & Risk Committee and review of various staff fora by the Quality and People Committees

Remuneration Report

Annual Statement on Remuneration

The Board Nominations and Remuneration Committee agreed a 5% pay increase for all Very Senior Managers (VSM) backdated to 1 April 2024. The payment was processed in October 2024. The Committee also agreed the Chief Medical Officer would receive a 5% increase on their management allowance backdated to 1 April 2024.

The Chief Operating Officer continues to receive an additional £5k per annum for management of Digital Data and Technology (DDaT).

The Chief People Officer is in receipt of a 10% responsibility allowance for undertaking the role of Turnaround Director in addition to the Chief People Officer role. This payment was effective from May 2025.

Senior Managers' Remuneration Policy

Attracting and retaining talented directors and senior managers is essential for the successful delivery of the Trust's strategy and objectives within an increasingly competitive marketplace. The remuneration policy is designed with that in mind. The Trust undertakes benchmarking to set senior manager remuneration levels and looks to be in the top quartile for pay.

The table on page 48 shows the remuneration package for senior managers (Executive Directors) including pension related benefits. The remuneration package for senior managers is decided in line with Trust policy. The salary paid is inclusive of any overtime or allowances. The table shows the salary/fees paid to Non-Executive Directors. No additional fees or other items, that could be considered to be remuneration in nature, are paid to the Non-Executive Directors. The Trust is satisfied, having undertaken benchmarking, that the salaries of its executives, including those earning above £150k per annum, are in line with trusts of a similar size.

The definition of "senior managers" is 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS Foundation Trust'. For the purpose of reporting senior manager's remuneration in the table (below) and the pension benefits table this has taken to mean those Executive Directors holding voting rights on the board and also the Trust's Non-Executive Directors.

The senior manager's salary is payment for delivering the Executive Director role and for delivering the short and long-term strategic objectives of the Trust. Each Executive Director post

is paid a spot salary. The salaries are reviewed on an annual basis when a decision is made whether to implement a pay award.

Our senior managers have been consulted with regarding their remuneration policy and a new component has been added. There is now a provision for withholding at least 10% of basic pay for very senior managers to ensure consistency with the re-earnable steps for staff on Agenda for Change terms and conditions. The same criteria is applicable as set out in Agenda for Change.

Service contracts obligations disclosure
A contract for service is in place for any senior managers obtained via temporary, agency or contractor arrangements. The contract for service details the standard terms of business. The Trust will outline separately any specific obligations e.g. key deliverables. There are no further disclosures.

Policy on payments for loss of office
The notice period for Executive Directors is currently six months. A month is classed as four weeks. The notice period for other personnel in senior positions is three months. Payment for loss of office (redundancy) would be in line with national terms and conditions of employment (Agenda for Change) and (Medical and Dental).

Payment for any other type of loss of office would be made in line with contractual requirements and appropriate authorisation would be obtained as outlined in the Trust's Severance Protocol. The main components of the payment for loss of office would be unused annual leave and payment in lieu of notice.

Statement of consideration of employment conditions elsewhere in the foundation trust
The majority of Trust employees are employed on national terms and conditions of employment. The Trust has a very small number of staff on spot salaries. VSM on spot salaries received a 5% increase in October 2024 which was backdated to April 2024. This was in line with the national VSM pay award. The Trust also has a small number of staff who are not on national terms and conditions of employment as they were tupe'd into the Trust. All staff have been given the opportunity to move across on national terms and conditions.

The Terms of Reference for the Nominations and Remuneration Committee makes reference to working with parties before making appointments to ensure searches for candidates is undertaken in light of equality legislation and best practice.

The Terms of Reference for the Nomination and Remuneration Committee makes reference to working with parties before making appointments to ensure searches for candidates is undertaken in light of equality legislation and best practice.

Annual report on Remuneration

This section of the report includes information subject to audit

Salaries and allowances

Name and Title	Year to 31 March 2025		
	Salary and fees	**Pension related benefits**	**Total**
	Bands of £5,000	**Bands of £2,500**	**Bands of £5,000**
	£000	**£000**	**£000**
EXECUTIVE DIRECTORS			
Steve McManus [1] Chief Executive Officer	230 - 235	27.5 - 30	260 - 265
Janet Lippett [2] Chief Medical Officer	245 - 250	0	245 - 250
Nicky Lloyd [3] Chief Finance Officer	170 - 175	55 – 57.5	225 – 230
Dominic Hardy [5] Chief Operating Officer	175 - 180	350 - 352.50	525 - 530
Katie Prichard-Thomas Chief Nursing Officer	145 - 150	77.5 - 80	220 - 225
Don Fairley [6] Chief People Officer	170 - 175	212.5 - 215	380 - 385
Andrew Statham (from 1 July 2024) [4] Chief Strategy Officer	115 - 120	30 - 32.5	145 - 150
NON-EXECUTIVE DIRECTORS			
Graham Sims - Chairman	45 - 50	0	45 - 50
Balbinder Bahia	15 - 20	0	15 - 20
Minocher Irani (from 1 September 2024)	5 - 10	0	5 - 10
Catherine McLaughlin (from 1 July 2024)	10 - 15	0	10 - 15
Helen Mackenzie	15 - 20	0	15 - 20
Michael McEnaney	15 - 20	0	15 - 20
Michael O'Donovan	15 - 20	0	15 - 20
Parveen Yaqoob	15 - 20	0	15 - 20
Priya Hunt (to 30 September 2024)	5 - 10	0	5 - 10

Notes

1 Steve McManus opted out of the pension scheme on 1 July 2021. Payments in lieu of pension contributions have been included in the pension related benefits.

2 Janet Lippett has maintained clinical duties throughout the financial year 2024/25 and the remuneration for clinical duties alone is in the banding of £10,000 - £15,000.

3 Nicky Lloyd opted out of the pension scheme on 1 February 2024, re-joining in the financial year 2024/25 and opted out on 1 November 2024. Payments in lieu of pension contributions have been included in the pension related benefits.

4 Andrew Statham joined the executive directors board from 1 July 2024. The salary in the table above is for the period 1 July 2024 to 31 March 2025.

5 Dominic Hardy opted out of the pension scheme on 1 December 2023 and re-joining in the financial year 2024/25 and this has contributed to the increase in pension related benefits.

6 Don Fairley opted out of the pension scheme on 1 November 2023 and re-joining in the financial year 2024/25 and this has contributed to the increase in pension related benefits.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increase due to inflation or any increase or decrease due to a transfer of pension rights. The value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provided further information on the pension benefits accruing to the individual.

None of the directors received any benefits in kind, annual performance related bonuses or long-term performance related bonuses.

Name and Title	Year to 31 March 2024		
	Salary and fees Bands of £5,000 £000	Pension related benefits Bands of £2,500 £000	Total Bands of £5,000 £000
EXECUTIVE DIRECTORS			
Steve McManus [1] Chief Executive Officer	160 - 165	27.5 - 30	190 - 195
Janet Lippett [2] Chief Medical Officer	220 - 225	0 - 2.5	225 - 230
Will Orr [3] Acting Medical Director	65 - 70	17.5 - 20	85 - 90
Nicky Lloyd [4] Chief Finance Officer	160 - 165	70 - 72.5	230 - 235

Dominic Hardy [5] Chief Operating Officer	165 - 170	5 - 7.5	170 - 175
Don Fairley [6] Chief People Officer	150 - 155	2.5 - 5	150 - 155
Eamonn Sullivan (to 10 September 2023) Chief Nursing Officer	65 - 70	0	65 - 70
Hannah Spencer (between 11 September 2023 and 30 September 2023) Acting Chief Nursing Officer	5 - 10	0 - 2.5	5 - 10
Katie Prichard-Thomas (from 2 October 2023) Chief Nursing Officer	65 - 70	47.5 - 50	115 - 120
NON-EXECUTIVE DIRECTORS			
Graham Sims Chairman	45 - 50	0	45 - 50
Balbinder Bahia	15 - 20	0	15 - 20
Susan Hunt (to 31 October 2023)	5 - 10	0	5 - 10
Peter Milhofer (to 30 September 2023)	5 - 10	0	5 - 10
Helen Mackenzie	15 - 20	0	15 - 20
Michael McEnaney (from 1 October 2023)	5 - 10	0	5 - 10
Michael O'Donovan (from 1 November 2023)	5 - 10	0	5 - 10
Parveen Yaqoob	15 - 20	0	15 - 20
Priya Hunt	15 - 20	0	15 - 20

Notes

1 Steve McManus (Chief Executive Officer) was seconded out of the Trust from 1 April 2023 to 2 July 2024. Royal Berkshire Foundation Trust paid the salary of Steve from 1 April 2023 to 2 July 2023 and recharged the cost to the Integrated Care Board.

1 Steve McManus opted out of the pension scheme on 1 July 2021. Payments in lieu of pension contributions have been included in the pension related benefits.

2 The remuneration for Janet Lippett (Medical Director) is an aggregation of the two roles of Acting Chief Executive Officer from 1 April 2023 to 2 July 2023 and Chief Medical Officer from 3 July 2023 to 31 March 2024. In addition, Janet has maintained clinical duties throughout the Financial Year 2024 and the remuneration for clinical duties alone is in the banding of £10,000 - £15,000

3 Will Orr was appointed as Acting Medical Director from 1 April 2023. The salary in the table above is for the period 1 April 2023 to 2 July 2023.

[3] Will Orr opted out of the pension scheme on 1 June 2023. Payments in lieu of pension contributions have been included in the pension related benefits.

[4] Nicky Lloyd (Chief Finance Officer) opted out of the pension scheme in 1 February 2024. Payments in lieu of pension contributions have been included in the pension related benefits.

[5] Dominic Hardy (Chief Operating Officer) opted out of the pension scheme on 1 December 2023. Payments in lieu of pension contributions have been included in the pension related benefits.

[6] Don Fairley (Chief People Officer) opted out of the pension scheme on 1 November 2023. Payments in lieu of pension contributions have been included in the pension related benefits.

Pension related benefits of Janet Lippett and Eamonn Sullivan are affected by the Public Service Pensions Remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995/2008 Scheme on 1 October 2023. Negative values are not disclosed in this table but are substituted for a zero.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual. The real increase excludes increase due to inflation or any increase or decrease due to a transfer of pension rights. The value derived does not represent an amount that will be received by the individual. It is a calculation that is intended to provide an estimation of the benefit being a member of the pension scheme could provide. The pension benefit table provided further information on the pension benefits accruing to the individual.

None of the directors received any benefits in kind, annual performance related bonuses or long-term performance related bonuses.

Total Pension Entitlement 2024/25

Name and Title	Real increase in pension at age 60 Bands of £2500	Real increase in pension lump sum at age 60 Bands of £2500	Total accrued pension at age 60 at 31 March 2025 Bands of £5000	Total accrued pension at age 60 at 31 March 2024 Bands of £5000	Lump sum at age 60 at 31 March 2025 Bands of £5000	Lump sum at age 60 at 31 March 2024 Bands of £5000	Cash equivalent transfer value at 31 March 2025	Cash equivalent transfer value at 31 March 2024	Real increase in cash equivalent transfer value
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Executive Directors									
Steve McManus [1] Chief Executive Officer	0	0	0	0	0	0	0	0	0
Janet Lippett Chief Medical Officer	0 - 2.5	0	65 - 70	60 - 65	170 - 175	165 - 170	1,471	1,354	0
Nicky Lloyd [2] Chief Finance Officer	2.5 - 5	0	40 - 45	30 - 35	0	0	720	621	44

Dominic Hardy Chief Operating Officer	15 - 17.5	40 - 42.5	50 - 55	30 - 35	135 - 140	85 - 90	1,112	775	264
Katie Prichard-Thomas Chief Nursing Officer	2.5 - 5	5 - 7.5	40 - 45	30 - 35	100 - 105	85 - 90	778	651	67
Don Fairley [3] Chief People Officer	10 – 12.5	20 – 22.5	70 - 75	55 - 60	200 - 205	160 - 165	118	1,512	0
Andrew Statham [4] Chief Strategy Officer	0 – 2.5	0	20 - 25	10 - 15	0	0	257	0	12

Notes

1. Steve McManus opted out of the pension scheme with effect from 1 July 2021. Not in pension for whole year 2024/25.
2. Nicky Lloyd opted out of the pension scheme on 1 November 2024.
3. Don Fairley reached normal retirement age for 1995 scheme this year, which is why the CETV for 1995 section is now zero.
4. Andrew Statham joined the executive directors board from 1 July 2024.

Total Pension Entitlement 2023/24

Name and Title	Real increase in pension at age 60 Bands of £2500	Real increase in pension lump sum at age 60 Bands of £2500	Total accrued pension at age 60 at 31 March 2024 Bands of £5000	Total accrued pension at age 60 at 31 March 2023 Bands of £5000	Lump sum at age 60 at 31 March 2024 Bands of £5000	Lump sum at age 60 at 31 March 2023 Bands of £5000	Cash equivalent transfer value at 31 March 2024	Cash equivalent transfer value at 31 March 2023	Real increase in cash equivalent transfer value
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Executive Directors									
Steve McManus [1] Chief Executive Officer	0	0	0	0	0	0	0	0	0
Dominic Hardy [2] Chief Operating Officer	0	0	30 - 35	50 - 55	85 - 90	85 - 90	775	796	0
Janet Lippett Acting Chief Executive Officer	0	52.5 - 55	60 - 65	55 - 60	165 - 170	100 - 105	1,354	975	255
Will Orr Acting Medical Director	0	7.5 - 10	80 - 85	80 - 85	225 - 230	170 - 175	1,979	1,675	29
Don Fairley [3] Chief People Officer	0	12.5 - 15	55 - 60	60 - 65	160 - 165	135 - 140	1,512	1,337	29
Nicky Lloyd [4] Chief Finance Officer	2.5 - 5	0	30 - 35	25 - 30	0	0	621	421	138
Hannah Spencer Acting Chief Nursing Officer	0 - 2.5	0	10 - 15	5 - 10	0	0	143	103	0

Katie Prichard-Thomas Chief Nursing Officer	0 - 2.5	2.5 - 5	30 - 35	25 - 30	85 - 90	70 - 75	651	508	36
Eamonn Sullivan [5] Chief Nursing Officer	0	12.5 - 15	55 - 60	55 - 60	155 - 160	110 - 115	1,274	1,007	63

Notes

1. Steve McManus opted out of the pension scheme with effect from 1 July 2021. Not in pension for whole year 2023/24
2. Dominic Hardy opted out of the pension scheme on 1 December 2023.
3. Don Fairley opted out of the pension scheme on 1 November 2023.
4. Nicky Lloyd opted out of the pension scheme on 1 February 2023.
5. Eamonn Sullivan left Trust in September 2023

Fair Pay Disclosure

This section of the report has been subject to audit.

Percentage change in remuneration

	Year to 31 March 2025	Year to 31 March 2024
Band of Highest Paid Director's Total Remuneration - £000	260 - 265	270 - 275
Median Ratio	6.38	7.26

	Year to 31 March 2025	Year to 31 March 2024
a) Percentage change in respect of Highest Paid Director	-4.69%	10.52%
b) Percentage change in respect of employees of the entity	7.35%	3.08%

The calculation in (a) above is based on the mid-point of the band for each of salary and performance pay and bonuses payable.
The banded remuneration of the highest paid director in the financial year 2024/25 was £260,000 - £265,000 (2023/24 was £270,000 - £275,000). The percentage change from the previous financial year in respect of the highest paid director is -4.69%. Remuneration of highest paid director paid in 2023/24 included additional payments in respect of clinical role, inclusive of clinical excellence award and on-call allowances. In 2024/25 the highest paid director has no clinical responsibilities hence no such payments were included.

In 2024/25, nine employees (2023/24 two employees) received remuneration, on an annualised basis, in excess of the annualised remuneration of the highest-paid director. This was due to part of their medical role, where they received an on-call and additional hours enhancement on top of their basic salary. The data available to the Trust for agency workers does not enable direct comparison of the individual, annualised underlying remuneration of agency workers for

the purposes of this disclosure. The Trust's agency expenditure for the year is consistent with an average of 12 full- time equivalent agency doctors employed at annualised remuneration in excess of the highest paid director. Remuneration ranged from £15k to £329k (2023/24 £10k to £300k).
The calculation in (b) above is the total for all employees on an annualised basis, excluding the highest paid director, divided by FTE number of employees (also excluding the highest paid director).
The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full-time equivalent number of employees) between the years 2023/24 and 2024/25 is 7.35%. This figure will include pay inflation and changes in the composition of the workforce. In calculation of ratios and percentages, the amounts for junior doctor pay and consultant pay award which provided backdated pay for financial year 2023/24 to 2024/25 were removed from current year payment. The salaries paid in 2024/25 include Agenda for Change 5.5% national pay award, 6% pay increase for doctors and average 8% increase across grades for junior doctors. Intermediate pay points added at bands 8a and above would increase the basic salary beyond the 5.5% national pay award.
The relationship to the remuneration of the organisation's workforce is disclosed in the below table.
NHS Foundation Trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile of the organisation's workforce.

Pay Ratio Information Table

2024-25	25th percentile	Median	75th percentile
Salary component of total remuneration (£)	30,226	40,877	52,809
Total remuneration (£)	30,226	40,877	52,809
Pay ratio information	8.68	6.42	4.97

2023-24	25th percentile	Median	75th percentile
Salary component of total remuneration (£)	28,266	37,658	49,464
Total remuneration (£)	28,266	37,658	49,464
Pay ratio information	9.64	7.24	5.51

Total remuneration includes salary, non-consolidated performance-related pay and benefits-in-kind. It does not include employer pension contributions, termination payments and cash equivalent transfer value of pensions.

The remuneration of the employees at the 25th percentile, median and 75th percentile for financial year 2024/25 and comparative figures for 2023/24 is set above. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce on an annualised, full-time equivalent basis. The highest paid director's remuneration was 6.42 times (2023/24 - 7.24) the median remuneration of the workforce including medical consultants'

remuneration, which was £40,877 (2023-24- £37,658). Fair pay calculations include agency and other temporary employees covering staff vacancies but exclude consultancy services. Agency fees are estimated on the percentage basis and excluded from the remuneration. As the detailed information at the individual agency staff level is not available from the trust's systems an estimation has been applied to ascertain the split. An average cost per WTE is calculated by dividing the total agency and bank cost by total WTE. In 2024-25 the number of agency staff estimated on this basis represents 4.4% of the total employees included in the remuneration calculation.

Expenses paid to Directors and Governors

The Expenses paid to Directors and Governors section of this Report has been subject to audit.

The table below lists the total of reimbursable expenses paid to Directors and Governors

	Year to 31 March 2025	Year to 31 March 2024
Directors	2,327	2,930
Governors	0	43

Of the amount stated in respect of Directors expenses £947 was paid to Non-Executive Directors (2023/24: £2,030).

During the year, inclusive of non-executives, there were 16 Directors in post (2023/24:18). Of these 6 received expenses payments (2023/24, 6).

Additionally, there were 28 governors in post during the year (2024/25: 24) of which none were paid expenses (2023/24: 2).

Staff Exit Packages

Severance Payments 2024/25

The "Severance Payments" section of this report has been subject to audit

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
<£10,000	1	16	17
£10,000 - £25,000	5	1	6
£25,001 - £50,000	1	0	1
£50,001 - £100,000	0	1	1
£100,000 - £150,000	0	1	1
£150,001 - £200,000	0	0	0
Total number of exit packages by type	**7**	**19**	**26**
Total resource cost			

Exit Packages: Non-Compulsory Departure Payments 2024/2025

This section of the report has been subject to audit.

	Payments agreed	Total value of agreements
		£'000
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	2	153
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	18	97
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval	0	0
Total:	**20**	**250**
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary	0	0

Service contracts

Details of the Non-Executive Directors' service contracts are detailed below.

Name	Designation	Date Appointed	End of Term of Office
Ms Priya Hunt	Non-Executive Director	October 2021	October 2024
Mr Graham Sims	Chair of the Trust	August 2015	March 2025
Dr Bal Bahia	Non-Executive Director	April 2019	April 2025
Mrs Helen Mackenzie	Non-Executive Director	January 2019	January 2026
Prof Parveen Yaqoob	Non-Executive Director	January 2023	January 2026
Mr Mike McEnaney	Non-Executive Director	October 2023	October 2026
Mr Mike O'Donovan	Non-Executive Director	November 2023	November 2026
Mrs Catherine McLaughlin	Non-Executive Director	July 2024	July 2027
Dr Minoo Irani	Non-Executive Director	September 2024	September 2027

The notice period for Non-Executive Directors is one month.

Board and Council Nominations and Remunerations Committees
The Trust has a Board Nominations and Remunerations Committee and a Council of Governors Nominations and Remuneration Committee. The purpose and composition of each are described below.

Board Nominations & Remuneration Committee
The Committee oversees a formal, rigorous and transparent procedure for the appointment of the Chief Executive and the other Board Executive Directors. It advises and makes recommendations to the Board on Executive and senior management remuneration and remuneration policy. The Chief People Officer provides advice or services to the Nominations & Remuneration Committee.

The Nominations & Remuneration Committee uses the following survey guidance:

- NHS England / NHS Improvement Benchmarking Data
- Salary surveys conducted by NHS Providers.

Membership	Mr Graham Sims (Chair) Dr Bal Bahia Mrs Priya Hunt (1 April 2024 to 30 Sept 2024) Mrs Helen Mackenzie Professor Parveen Yaqoob Mr Mike O'Donovan Mr Mike McEnaney Ms. Catherine McLaughlin (from 1 July 2024) Dr Minoo Irani (from 1 October 2024)

Board attendance at Nominations and Remuneration Committees are shown on page 33.

Responsibilities

The Nominations & Remuneration Committee consists of all Non-Executive Directors and the Chief Executive attends for nominations business only.

Council of Governors Nominations and Remunerations Committee
Membership of the Governors Nominations and Remunerations Committee comprises any Governor wishing to serve.

Remuneration duties
The Committee will make recommendations to the Council of Governors on the following:

- To develop, seeking the advice and recommendations of the Chief Executive, mechanisms to ensure that the Committee and the Council in general is informed of the up to date position on Non-Executive Director remuneration in the public and private sectors, in particular the practice in Foundation Trusts

- To recommend an overall remuneration and terms of service policy for the Non-Executive Directors, taking into account the advice of the Chair of the Trust (other than in respect of their own remuneration), Chief Executive and external advisors to the Committee.

- To recommend levels and terms of service for individual Non-Executive Directors, taking into account the overall policy established by the Trust.

Nomination duties
The Committee will make recommendations to the Council of Governors on the following:

- To establish and keep under review a policy for the composition of Non-Executive Directors, which takes account of the strategic needs of the Trust and the balance of the Board, and the membership strategy

- To consider the skills and experience required in any Non-Executive Director appointment

- To identify appropriate candidates for appointment as Non-Executive Directors with guidance from the Chief People Officer as required and appropriate

- To establish and keep under annual review a policy for the composition of the Council of Governors, which takes account of the membership strategy (the Trust also reviews constituency boundaries on a three yearly basis)

- To oversee the process for the appraisal of the Chair of the Trust and Non-Executive Directors as set out in the protocol agreed between the Board of Directors and Council of Governors

- To keep under review the protocol for the appraisal of the Chair of the Trust and Non-Executive Directors

- Act on behalf of the Council in the arrangements agreed with the Board for the appointment of a Chief Executive

- To keep under review the structure, size and composition of the Board and make recommendations where appropriate

- Keep under review the protocol for the appointment of a Chief Executive.

The Committee reviews these terms of reference annually, making recommendations to the Council of Governors as appropriate.

Board re-appointment process
The process agreed by the Council of Governors, with the support of the Board of Directors, for the re-appointment of Non-Executive Directors is as follows:

a) The reappointment of a Non-Executive Director is considered by the Council's Nominations and Remuneration Committee, which will make a recommendation to the full Council

b) The following information is submitted to the meeting at which the re-appointment is considered:

- A summary of the individual's last three years' appraisals, submitted by the Chair of the Trust. In the case of the re-appointment of the Chair, this information will be submitted to the Committee by the Senior Independent Director

- A summary of the individual's attendance at Board and committee meetings since their appointment (or previous three years if appointed for four years or more)

- An assessment, provided by the Chair of the Trust (or Senior Independent Director in the case of the re-appointment of the Chair), of the balance of skills of the Non-Executive team on the Board and the individual's contribution to this

- As background information to the discussion, the Committee will be provided with the Charter of Expectations, which sets out the skills required from, and the expectations of, Board members, and any employment advice from the Director of Workforce

- A statement by the individual seeking reappointment.

c) The Nominations Committee are entitled to request any further information that they deem necessary to be able to make a recommendation to the Board. Independent external advisers are not permitted to be a member or have a vote on the nominations committee (s) as per the terms of the Trust Governance Handbook.

Governor attendance at Committees are shown on p.40 and p41.

Staff Report
Information on staff turnover can be found via the following link to the NHS Digital publishing service: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/december-2024 Figures are updated monthly.

The Staff Report provides an analysis of staff costs by staff group. The analysis is broken down by those permanently employed and others, which includes agency workers and staff employed through the bank service.

This table has been subject to audit.

Staff WTE	Permanent WTE 2024/25	Other WTE 2024/25	Permanent WTE 2023/24	Other WTE 2023/24
Medical and dental	398	466	377	429
Administration and estates	1,090	91	1,040	102
Healthcare assistants and other support staff	1,175	21	1,212	24
Nursing, midwifery and health visiting staff	2,006	303	1,878	373
Scientific, therapeutic and technical staff	603	55	548	63
Healthcare science staff	168	33	156	69
Total	**5,440**	**969**	**5,211**	**1,060**

Staff Headcount

Status	Female	Male
Director	3	4
Employee	5,072	1,540
Senior Manager	82	42
Grand Total	5,157	1,586

Sickness Absence Data

Cumulative Absence Full Time Equivalent (FTE)	FTE (days)	Cumulative Available (FTE days)	Cumulative % Absence Rate (FTE)
	82,701.30	2,203,368.75	3.75%

The Trust's expenditure on consultancy during 2024/25 was £1,805k (£1,683k 2023/24).

A total of 20 HR policies were reviewed and ratified during 2024/25. Most of the policies apply to all staff within the Trust. However, one new policy relates specifically to medical and dental staff. The Recruitment and Selection Policy gives full and fair consideration to applications for employment made by disabled persons, having regard to their aptitudes and abilities.

The Trust has a Human Resources and Local Counter Fraud Policy that covers counter fraud, corruption and bribery. The policy was last updated in July 2024.

Occupational Health (OH) has seen the previous sustained increase in department for appointments become business as usual in 2024/25 with over 1200 initial appointments for management referrals and just under 100 for self-referral appointments.

There has been a 10% drop in the number of pre employment health assessment required in 2024/25 however there appears to have been a 20% increase in the demand for blood test and vaccinations carried out by Occupational Health.

The Vaccination service supported the OH team's initial launch of the Pertussis vaccination campaign for those working with young children by visiting these clinic areas throughout August 2024. OH continue to offer pertussis vaccines to new staff starting work in these areas and this may account for the increase in vaccination numbers.

There appears to have been a 17% drop in the number of needle stick, sharps, and body fluid exposure injuries from 191 in 2023/24 to 163 in 2024/25. There was 1 RIDDOR reportable injury where a staff member was exposed to a blood borne virus and this individual remains under the care of OH for ongoing monitoring and support.

OH completed the statutory skin and respiratory health surveillance for 2024 whilst the OH Consultant Physician completed the ionising radiation regulations (IRR) medicals in line with the relevant statutory requirements for control of substances hazardous to health (COSHH) and the IRR.

The staff physiotherapy service continued to provide a comprehensive service to our staff who experience musculoskeletal problems with over 400 staff seen in the past year and in total almost 1300 appointments delivered. Of the over 400 staff seen 42% were seen given an appointment within the 2 weeks KPI with the remaining 58% outside of the target for appointment waiting time. This reflects the difficulties with a single handed service and the demand on this service.

The staff physiotherapy service continues to have a significant impact on those seen with feedback received continuing to be very positive and staff seen feeling very satisfied with the treatment received.

The Vaccination Centre has maintained its strong performance in delivering COVID and FLU vaccinations to Staff, alongside expanding and improving services offered to patients during 2024/25. Strong relationships have been built with the NHSE digital vaccination service and NHSE vaccination leads, resulting in successful pilots for new technology and ongoing collaboration for improving vaccination services nationally, including attending national events. In 24/25 over 10,000 vaccinations were delivered.

Staff were offered seasonal vaccinations by a range of delivery models, including pre-bookable clinics, walk in's, roving and outreach across all Trust sites. The team achieved a 37% uptake for COVID vaccination and 50% uptake for Flu vaccinations. Both figures are above the national averages and among the top performers nationally.

All staff working in maternity and neonatal were offered a whooping cough vaccination, to help mitigate rising cases in infants nationally, resulting in 264 vaccinations.

The new national programme for RSV vaccination commenced in September 2024. The vaccination team have successfully implemented this new service, being a national front-runner in the service set up for pregnant patients. Over 6000 women will be invited for this vaccine each year, with over 2000 already delivered (53% uptake). Using this model the team are now inviting this group for Whooping Cough vaccinations at 20 weeks.

Projects were delivered to support some of our most vulnerable patients to access vaccinations. All of the patients who receive haemodialysis were visited, a well-received service by those patients, with 319 vaccines being administered. Improvement in streamlining vaccinations (COVID, FLU and RSV) offered to inpatients being discharged to care homes and improved processes for patients with reduced capacity resulted in an additional 167 patients being vaccine and 86% of all patients being offered a vaccination.

The Trust staff Health and Wellbeing (H&WB) team have further developed and exampled the support services offered to staff during 2024/25. The Oasis staff health and wellbeing centre has been firmly established as a focal point for all staff health and wellbeing activities, with just under 4,000 different staff visiting the centre at least once and over 47,000 cumulative visits recorded in 2024/25.

As well as continuing to offer a range of alternative therapies and staff support sessions with external organisations such as Smoke Free Life Berkshire, Alcoholics Anonymous and Citizens Advice, the Oasis has hosted a number of engagement and recognition events in the last year. These included a rewards, benefits and recognition fayre, a cultural celebration event and numerous recruitment open days.

Our Staff health checks+ project continued in 2024/25, and was selected as a pilot site as part of a government-led national workplace health checks programme coordinated by the Office of Health Improvement and Disparities, in partnership with Reading Borough Council. Funding via this programme facilitated partnership working to offer health checks to 248 Reading Borough Council staff, as well as to expand our internal offering to RBFT staff aged 30+. At the conclusion of the financial year, over 2,000 RBFT staff had attended a health check in their workplace since our project launched in Q3 2022/23, with emerging themes health identified including high blood pressure and risk of diabetes.

The extensive range of H&WB support offered to staff at RBFT continues to receive external publicity and recognition as a best practice case study, both within the NHS and beyond. The project to create the Oasis Staff H&WB Centre was a finalist in the 2024 Health Service Journal (HSJ) award for Staff Wellbeing, and was also visited by His Royal Highness Prince William in March who was keen to learn more about how the building has been used to support Staff H&WB, and learn more about our overall Staff H&WB offer. RBFT were also winner of the 2024 Thames Valley Chamber of Commerce award for Workplace Wellbeing, beating off competition from 876 member organisations across the Thames Valley region.

The Trust staff psychological support service (SPSS) has become well established over the past few years. The clinical lead psychologist has worked with a range of colleagues across the Trust providing psychologically informed support including Post Event Team Reflections (PETR's) which focus on enhancing psychological safety and connection to try and make sense of any event and build team cohesion. They whilst they also supporting the Trauma Risk Management (TRiM) service.

18 PETRs have taken place with teams impacted by significant events whilst a further 45 TRiM sessions have been delivered. The TRIM sessions resulted in 14 staff being referred on for 1 to 1 support.

A number of teams benefit from regular psychologically informed reflective sessions and preceptorship time with the SPSS whilst the clinical lead psychologist has also attended various training days and team events to help increase the profile of the service and the importance of psychological wellbeing.

Our clinical lead psychologist has also attended a number of staff forums over the past year and continues to work with colleagues.

Over 55 teams have been supported so far and moving forward there are 28 teams currently receiving ongoing regular support from the SPSS. Feedback from teams today has been very positive with staff highlighted the importance of having a different environment to open up because they feel safe Often indicating not being aware they needed a space to offload and process their thoughts about work.

Work has also taken place to establish a relationship between the SPSS and the University of Reading Psychology department and this has resulted in a new student placement being established which will start in September 2025.

The Clinical Lead Psychologist also represents RBFT at regional and national staff support service events and adds to a developing framework for staff psychological support.

The Trust has seen a month-on-month reduction in turnover during 2024/25 from 10.34% in April 2024 to 9.27% in March 2025. The Trust has overachieved against the target of 13% for 2024/25.

The Trust meets with employee representatives on a regular basis, through the Joint Staff Consultative Committee and the Joint Local Negotiating Committee. These mechanisms enable the views of employees to be taken into account when decisions are made which are likely to affect their interests. We also use these mechanisms to brief staff on the Trust's performance against various key metrics.

The Trust's latest Equality reports, including our Gender Pay Gap; Workforce Race Equality and Workforce Disability Equality Standard reports can be found on our website at: Equality and Diversity - Royal Berkshire NHS Foundation Trust.

The Trusts Gender Pay Gap report can also be found at the Cabinet Office website: Search for an employer's gender pay gap report - GOV.UK - GOV.UK (gender-pay-gap.service.gov.uk).

In terms of our strategic direction across the Equality, Diversity and Inclusion agenda, ongoing delivery of our People Strategy (2023-2027) continues to set out our ambitions in pursuit of our goal to be the best and most inclusive place to work in the NHS. Based on our strategic and operational priorities, key areas of focus over the next 12 months will include:

In terms of our strategic direction across the Equality, Diversity and Inclusion agenda, ongoing delivery of our People Strategy (2023-2027) continues to set out our ambitions in pursuit of our goal to be the best and most inclusive place to work in the NHS. Based on our strategic and operational priorities, key areas of focus over the next 12 months will include:

- Our leadership structures are becoming more diverse, but we need to accelerate the pace of improvement
- Too many colleagues, too often are subject to unacceptable levels of violence, abuse and discrimination from patients, service users and members of the public
- Delivering on out commitments as a signatory to the NHS Sexual Safety at work charter.

The Trust has an Equity of Opportunity and Diversity Policy, which sets out a range of provisions in key areas including Recruitment and Selection; Reasonable Adjustments; Training and Development; Raising Concerns, Equality Objectives. And Equality Impact Assessments. This policy is complemented by additional stand-alone policies in a range of areas including Recruitment and Selection and Dignity at Work Policy.

In pursuit of our strategic and operational priorities a wide range of actions have been delivered in 2024/25 as we continue to drive forward the EDI agenda at the Trust. Some highlights from our work include:

- Piloted and Launched our Up the Anti campaign – a trust wide programme of work to further drive forward an Anti Discrimination culture at the RBFT

- Staff Networks and Forums – 7 Forums across EDI spaces. Forum driven events including Reading Pride; International Women's Day; Cultural Celebration Event
- Executive re-commitment to Reverse Mentoring Programme
- New education and training offers including Oliver McGowan Learning Disability and Awareness Training; LGBQ+ and Trans Awareness; Autism Awareness; Menopause support
- Behaviours Framework refresh post What Matters 2024 – increased focus on inclusion and accessibility enhancements to framework
- All staff have a values-based appraisal based on our CARE values and all colleagues are asked to demonstrate their contribution to the development of an inclusive work environment and culture. Leaders (AfC Band 7+) have a Leadership Behaviours Framework, which has "inclusive" as one of the specific expected leadership behaviours.
- Equality of Opportunity Policy Refresh and new policy around combined Quality/Equality Impact Assessments

Staff experience and engagement
Our commitment to delivering an excellent staff experience and high levels of engagement is reflected in our strong 2024 NHS Staff Survey Results, where our overall results ranked us as the 3rd top performing acute Trust in the Country. Ongoing delivery of our People Strategy 2023-2027 provides our strategic roadmap for the period ahead and sets out a broad range of actions and improvement priorities to deliver on our ongoing to vision to become the best and most inclusive place to work in the NHS.

NHS staff survey
The NHS staff survey is conducted annually. From 2021/22 the survey questions were aligned to the seven elements of the NHS 'People Promise', and retained the two previous themes of engagement and morale. These replaced the ten indicator themes used in 2020/21 and earlier years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2024/25 survey among trust staff was 57% compared to 60% in 2023/24. The National Average for the Benchmark group in 24/25 was 49%. Scores for each indicator together with that of the survey benchmarking group (Acute and Acute & Community Trusts) are presented below.

Indicators ('People Promise' elements and themes)	**2024/25**		**2023/24**		**2022/23**	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score	Trust score	Benchmarking group score
People Promise:						
We are compassionate and inclusive	7.58	7.21	7.53	7.24	7.44	7.2
We are recognised and rewarded	6.22	5.92	6.18	5.94	6.01	5.7
We each have a voice that counts	7.09	6.67	7.08	6.70	7.01	6.6
We are safe and healthy	6.36	6.09	6.33	6.06	6.17	5.9
We are always learning	6.02	5.64	5.89	5.61	5.71	5.4

We work flexibly	6.51	6.24	6.42	6.20	6.27	6.0
We are a team	7.08	6.74	7.01	6.75	6.88	6.6
Staff engagement	7.35	6.84	7.30	6.91	7.24	6.8
Morale	6.20	5.93	6.20	5.91	6.0	5.7

The Trust 2024 NHS Staff Survey Performance evidences strong in year improvement and an exceptionally strong benchmarked position

Performance across 8 of the 9 People Promise themes improved, with one remaining static. Trust performance in all themes is above the National Average and up amongst the very best acute performers.

Future priorities and targets
Whilst our in year performance and benchmarked position has further improved in year, it is still the case that a continued and deliberate focus on delivering an excellent staff experience is required to deliver on our aspiration to be the best place to work in the NHS.

In the year ahead, our key and continued areas of focus include Diversity and Equality, Appraisals, Work pressures and Negative Experiences. Particularly in terms of Negative experiences, we remain concerned about the levels of violence, abuse and discrimination our staff experience from patients, relatives and members of the public.

A Trust level thematic improvement plan on a page has been developed. However, the key vehicle for continuous improvement will be local development plans developed and delivered by local leaders and managers through engagement with their staff on the key areas 'that matter'.

Monitoring of the 2024/25 Trust level improvement plan will be overseen by the People Committee and other forums such as the Executive Management Committee, Joint Staff Side Committee and the Staff and Patient Experience Committee. Local improvement plans will be monitored through local performance and governance structures.

Trade Union Facility Time
The figures below relate to the period April 2024 - March 2025.

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
16	14.82

Percentage of time spent on facility time

Percentage of Time	Number of employees
0%	9
1-50%	7
51-99%	0
100%	0

Percentage of pay bill spent on facility time

First Column	Figures
Provide the total cost of facility time	£21,687.92
Provide the total pay bill	£365,882,839.66

Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time / total pay bill) x 100	0.0059%

Reporting high paid off-payroll arrangements
The Trust monitors, on a monthly basis, the reliance on off-payroll engagements by reviewing engagement costs more than £245 per day.

Highly-paid off-payroll worker engagements as of 31 March 2025 earning £245 per day or greater

No. of existing arrangements as of 31 March 2025	38
Of which:	
Number that have existed for less than one year at time of reporting	3
Number that have existed for between one and two years at time of reporting	5
Number that have existed for between two and three years at time of reporting	8
Number that have existed for between three and four years at time of reporting	9
Number that have existed for four or more years at time of reporting	13

The Trust can confirm that all existing off-payroll engagements, outlined above, have at some point been subject to a risk-based assessment as to whether assurance is required that the individual pays the right amount of tax and, where necessary, that assurance is being sought.

All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2025, for more than £245 per day or greater

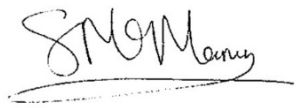
Number of off-payroll workers engaged during the year ended 31 March 2025	409
Of which:	
Not subject to off-payroll legislation	
Subject to off-payroll legislation and determined as in-scope for IR35	409
Subject to off-payroll legislation and determined as out-of-scope for IR35	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Of which: number of engagements that saw a change to IR35 status following review	0

The Trust has not engaged any individual without including contractual clauses allowing the Trust to see assurance as to their tax obligations.

For any off-payroll engagement of board members and/or, senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025

Number of off-payroll engagements of board members and/or senior officials with significant financial responsibility during the financial year	0
Number of individuals that have been deemed “board members and/or senior officials with significant financial responsibility” during the financial year. This figure should include both off-payroll and on-payroll engagements.	0

Signed



Steve McManus
Chief Executive Officer **Date: 30 June 2025**

NHS Foundation Trust Code of Governance
The Trust keeps its governance arrangements under regular review, including membership of Board committees, their terms of reference and Board performance assessments. The NHS Code of Governance, most recently revised in October 2022, is based on the principles of the UK Corporate Governance Code.

The Trust has assessed itself against the provisions of the NHS Code of Governance on a 'comply or explain' basis. In the few cases where the Trust has diverged from the recommended practice set out in the Code of Governance, it has made appropriate disclosures in this Annual Report and has provided explanations as to how its practices are consistent with the principle to which the provision in the NHS Code of Governance relates.

In November 2024, the Board carried out an assessment of its compliance with the NHS Foundation Trust Code of Governance and areas of non-compliance were reviewed by the Audit & Risk Committee. The Board noted that in each case, appropriate grounds for deviation from the code were duly considered and that all appropriate governance processes had been followed. The Trust offers the following disclosures in respect to the Code:

- Provision B2.5. This provision states that the Chair of the Audit & Risk Committee should not, ideally, hold one of the following positions: Deputy Trust Chair, Vice-Chair or Senior Independent Director (SID). Throughout the reporting period 1 April – 31 March 2025, the Chair of the Audit & Risk Committee has also held the position of Senior Independent Director. The Code does not explicitly prohibit the same individual from holding both posts and the current appointment was duly considered by the Governor Nominations and Remuneration Committee and approved by the Council of Governors. The Governors did not raise any objections or concerns. In the future event that the Code is updated to prohibit the appointment of the same individual to both posts, the Board would seek to discuss and redistribute the roles as required.

- Provision B2.6. This provision notes that the independence of a non-executive director who has served more than six years in post may be impaired due to their length of service. From 1 April 2024 – 31 October 2025, both the Chair of the Trust and one non-executive director had served in excess of six years in post. The extension of these terms of office were duly considered by the Governors Nominations and Remunerations Committee and approved by the Council of Governors. Neither the Board of Directors nor the Council of Governors raised any objections or concerns in relation to the independence of either post holder. The Trust has various mechanisms in place to ensure interaction between the Governors, non-executive and executive directors of the Trust. Governors actively engage with non-executive directors in Governors Assurance Committees and Council of Governors meetings. Governors also attend Board of Directors meetings held in public and in private and they provide formal feedback on performance as part of the appraisal process for non-executive directors including the Chair. In the case of both the Chair and the long-serving non-executive director, the Board of Directors and Council of Governors considered that extensions of the terms of office were required to retain the appropriate expertise and specific skills of both individuals and to preserve the stability of the Board.

- Provision C4.5 This provision notes that NHS foundation trusts and NHS trusts should make use of NHS Leadership Competency Framework for board level leaders. The format for NED appraisals published by NHS England has had feedback due to the complexity and trusts were advised that a revised template would be issued in the future. Therefore, the Trust used its original template during 2024/25. A revised template has recently been issued and is being reviewed for use in 2025/26.

- Provision C4.2 The Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the Trust. Although Board of Director profiles are displayed on the Trust website, the Trust is not compliant with the specific requirements of this provision. Going forward, to achieve compliance with this provision, the Trust Secretary will discuss with the new Chair of the Trust.

Overall, the Board declares, that it is largely compliant with the majority of the provisions of the Code of Governance, that any deviations have been reasonably explained and disclosed as required.

Code Provision	Summary of Requirement	Location in Annual Report
A.2.1	The board of directors should assess the basis on which the trust ensures its effectiveness, efficiency and economy, as well as the quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB, and place-based partnerships. The board of directors should ensure the trust actively addresses opportunities to work with other providers to tackle shared challenges through entering into partnership arrangements such as provider collaboratives. The trust should describe in its annual report how opportunities and risks to future sustainability have been considered and addressed, and how its governance is contributing to the delivery of its strategy.	Statement of CEO and Chair Performance Analysis
A 2.3	The board of directors should assess and monitor culture. Where it is not satisfied that policy, practices or behaviour throughout the business are aligned with the trust's vision, values and strategy, it should seek assurance that management has taken corrective action. The annual report should explain the board's activities and any action taken, and the trust's approach to investing in, rewarding and promoting the wellbeing of its workforce.	Staff Report
A 2.8	The board of directors should describe in the annual report how the interests of stakeholders, including system and place-based partners, have been considered in their discussions and decision-making, and set out the key partnerships for collaboration with other providers into which the trust has entered. The board of directors should keep engagement mechanisms under review so that they remain effective. The board should set out how the organisation's governance processes oversee its collaboration with other organisations and any associated risk management arrangements.	Performance Overview

B 2.6	The board of directors should identify in the annual report each non-executive director it considers to be independent. Circumstances which are likely to impair, or could appear to impair, a non-executive director's independence include, but are not limited to, whether a director: • has been an employee of the trust within the last two years • has, or has had within the last two years, a material business relationship with the trust either directly or as a partner, shareholder, director or senior employee of a body that has such a relationship with the trust • has received or receives remuneration from the trust apart from a director's fee, participates in the trust's performance-related pay scheme or is a member of the trust's pension scheme • has close family ties with any of the trust's advisers, directors or senior employees • holds cross-directorships or has significant links with other directors through involvement with other companies or bodies • has served on the trust board for more than six years from the date of their first appointment • is an appointed representative of the trust's university medical or dental school. Where any of these or other relevant circumstances apply, and the board of directors nonetheless considers that the non-executive director is independent, it needs to be clearly explained why.	Directors' Report Remunerations Report Board Register of Interests: Our Board of Directors - Royal Berkshire NHS Foundation Trust.
B 2.13	The annual report should give the number of times the board and its committees met, and individual director attendance.	Directors' Report
B 2.17	For foundation trusts, this schedule should include a clear statement detailing the roles and responsibilities of the council of governors. This statement should also describe how any disagreements between the council of governors and the board of directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the board of directors and the council of governors operate, including a summary of the types of decisions to be taken by the board, the council of governors, board committees and the types of decisions which are delegated to the executive management of the board of directors	Directors' Report

C 2.5	If an external consultancy is engaged, it should be identified in the annual report alongside a statement about any other connection it has with the trust or individual directors.	This scenario did not present during the 2023-24 financial year.
C 2.8	The annual report should describe the process followed by the council of governors to appoint the chair and non-executive directors. The main role and responsibilities of the nominations committee should be set out in publicly available written terms of reference.	Directors' Report
C 4.2	The board of directors should include in the annual report a description of each director's skills, expertise and experience.	Directors' Report
C 4.7	All trusts are strongly encouraged to carry out externally facilitated developmental reviews of their leadership and governance using the Well-led framework every three to five years, according to their circumstances. The external reviewer should be identified in the annual report and a statement made about any connection it has with the trust or individual directors.	Director's Report
C 4.13	The annual report should describe the work of the nominations committee(s), including: • the process used in relation to appointments, its approach to succession planning and how both support the development of a diverse pipeline • how the board has been evaluated, the nature and extent of an external evaluator's contact with the board of directors and individual directors, the outcomes and actions taken, and how these have or will influence board composition • the policy on diversity and inclusion including in relation to disability, its objectives and linkage to trust vision, how it has been implemented and progress on achieving the objectives • the ethnic diversity of the board and senior managers, with reference to indicator nine of the NHS Workforce Race Equality Standard and how far the board reflects the ethnic diversity of the trust's workforce and communities served the gender balance of senior management and their direct reports.	Directors' Report Staff Report

C 5.15	Foundation trust governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the board of directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	Directors' Report
D 2.4	The annual report should include: • the significant issues relating to the financial statements that the audit committee considered, and how these issues were addressed • an explanation of how the audit committee (and/or auditor panel for an NHS trust) has assessed the independence and effectiveness of the external audit process and its approach to the appointment or reappointment of the external auditor; length of tenure of the current audit firm, when a tender was last conducted and advance notice of any retendering plans • where there is no internal audit function, an explanation for the absence, how internal assurance is achieved and how this affects the external audit • an explanation of how auditor independence and objectivity are safeguarded if the external auditor provides non-audit services.	Performance Analysis Accountability Report
D 2.6	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the trust's performance, business model and strategy.	Directors' Report
D 2.7	The board of directors should carry out a robust assessment of the trust's emerging and principal risks. The relevant reporting manuals will prescribe associated disclosure requirements for the annual report.	Performance Overview Annual Governance Statement
D 2.8	The board of directors should monitor the trust's risk management and internal control systems and, at least annually, review their effectiveness and report on that review in the annual report. The monitoring and review should cover all material controls, including financial,	Annual Governance Statement

	operational and compliance controls. The board should report on internal control through the annual governance statement in the annual report.	
D 2.9	In the annual accounts, the board of directors should state whether it considered it appropriate to adopt the going concern basis of accounting when preparing them and identify any material uncertainties regarding going concern. Trusts should refer to the DHSC group accounting manual and NHS foundation trust annual reporting manual which explain that this assessment should be based on whether a trust anticipates it will continue to provide its services in the public sector. As a result, material uncertainties over going concern are expected to be rare.	Performance Analysis
E 2.3	Where a trust releases an executive director, e.g. to serve as a non-executive director elsewhere, the remuneration disclosures in the annual report should include a statement as to whether or not the director will retain such earnings.	Remunerations Report
Appendix B, para 2.3	The annual report should identify the members of the council of governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	Directors' Report
Appendix B, para 2.14	The board of directors should ensure that the NHS foundation trust provides effective mechanisms for communication between governors and members from its constituencies. Contact procedures for members who wish to communicate with governors and/or directors should be clear and made available to members on the NHS foundation trust's website and in the annual report.	Directors' Report
Appendix B, para 2.15	The board of directors should state in the annual report the steps it has taken to ensure that the members of the board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, e.g. through attendance at meetings of the council of governors, direct face-to-face contact, surveys of members' opinions and consultations.	Directors' Report.
Additional requirement of FT ARM resulting from legislation	If, during the financial year, the Governors have exercised their power* under paragraph 10C** of schedule 7 of the NHS Act 2006, then information on this must be included	The scenario did not present itself in 2023-24.

	in the annual report. This is required by paragraph 26(2) (aa) of schedule 7 to the NHS Act 2006, as amended by section 151 (8) of the Health and Social Care Act 2012. *Power to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance). **As inserted by section 151 (6) of the Health and Social Care Act 2012).	

NHS Oversight Framework
NHS England's NHS Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)

b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS foundation trust will be in segment 3 or 4 only where it has been found to be in breach or suspected breach of its licence conditions.

The Trust's position as at 31 March 2025 is in segment 2.

Current segmentation information for NHS trusts and foundation trusts is published on the NHS England website.
https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/.

Statement of the Chief Executive's responsibilities as the Accounting Officer of the Royal Berkshire NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS England.

NHS England has given Accounts Directions which require foundation trusts to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Royal Berkshire NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis

- make judgements and estimates on a reasonable basis

- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements

- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance

- confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy and

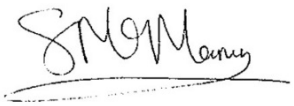
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officers Memorandum.

Signed



Steve McManus
Chief Executive Officer **Date: 30 June 2025**

Annual Governance Statement

Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer's Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Royal Berkshire NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Royal Berkshire NHS Foundation Trust for the year ended 31 March 2025 and up to the date of the approval of the annual report and accounts.

Capacity to handle risk

The Trust has effective mechanisms in place to manage risk, in accordance with its risk management policy and strategy, supported by the Audit and Risk Committee, which has Board accountability.

The Board of Directors has overall responsibility for the management of risk within the Trust.

As Chief Executive, I am directly accountable to the Board of Directors in relation to the performance of the Trust. The operational authority and responsibility for risk management has been delegated for implementation to individual Directors (as set out below) who are supported by their own teams.

- Chief Finance Officer: financial, purchasing, business development and information governance
- Chief Medical Officer: clinical governance
- Chief Operating Officer: clinical services and objectives delivery, IT infrastructure, security, support, data systems, hardware and software
- Chief Nursing Officer: patient safety, patient experience, infection control, safeguarding, assurance, litigation and for the development and oversight of the Trust's strategic risk management processes, with support being provided by the Head of Risk for the Corporate Risk Register and the Trust Secretary for the Board Assurance Framework.
- Chief People Officer: human resources and organisational development and health and safety
- Director of Estates and Facilities: the built environment, external estate, environment, travel, security and hotel support services

Risk management is embedded within the organisation in a variety of ways. It is included in all job descriptions and managers at all levels within the Trust, have a responsibility to foster a culture of active risk management to improve operational performance and the safety of our patients and staff.

Each Directorate is responsible for maintaining and monitoring their own risk register, which contains key risks that can be escalated to their Care Board or Corporate equivalent risk register and ultimately, to the corporate risk register.

Trust employees are trained and supported to identify, assess and manage risks appropriate to their authority and duties. All those joining the Trust receive information, awareness and signposting on the induction day and then triennially through mandated refresher training. Additionally, Trust staff can access further information and guidance from the Risk Management Team and the Trust intranet.

The Trust seeks to learn from good practice internally through the monitoring of risks via the clinical and non-clinical governance structures, performance reports, audits, incident investigations, root cause analysis and safety programs and campaigns. Externally the Trust peer reviews its processes with other NHS organisations and implements guidance from the Institute of Risk Management and ISO 31000.

During 2024-25 the Trust risk management process was included in the internal audit programme of works. An audit of the Trust Operational Risk Maturity was undertaken and recommendations implemented.

The Risk and Control Framework
Risk management can be guided by a framework, for successful implementation it requires collaboration, commitment, engagement and ownership from all staff within the organisation. The following documents highlight the advantages and encourage the identification and management of risk to improve the Trust's operational performance:

- **Risk Management Policy** – identifies the interlinking relationship of risks and the Trusts approach to risk management and provides the mechanism for identifying, assessing and monitoring risks
- **Board Assurance Framework** – provides a mechanism for the Trust Board to monitor strategic risks and their associated control assurance
- **Trust Risk Appetite Statement** – the Trust Board has identified the boundaries the organisation is willing to accept in pursuit of its objectives. The Trust recognises that the delivery of healthcare has inherent risks which cannot be removed and therefore seeks to mitigate and reduce its risk profile as far as is reasonably possible.
- **Centrally held electronic risk registers** – provides the Trust with the ability to monitor the escalation, de-escalation and reviewing of all its risks. Risks are reviewed at the Ward, Directorate, Care Group Management meeting and Trust Board levels

To facilitate a consistent approach to identifying, describing and managing risks, the Trust provides a grading matrix to ensure hazard, compliance, control and opportunity risks are consistently evaluated.

The work plan of the Board and its committees are aligned to ensure that there is independent and strategic focus on risks and assurance.

Public stakeholders are invited to the Trust Public Board where the corporate risk register is discussed and reviewed.

Organisational in Year Risks
The key risks to the delivery of the Trust's strategic objectives are identified in the Board Assurance Framework, with the key risks impacting on the operational performance being identified in the Corporate Risk Register.

The Corporate risks are reviewed at Integrated Risk Management Committee and updates provided to the Board sub-committees including People, Finance and Investment, Audit & Risk Committee, Quality Committee and Executive Management Committee. In addition, risks with specific focus (e.g. infection control or Safeguarding) are reviewed and discussed at the speciality committees including Health & Safety Committee, Infection Prevention and Control Committee, Fire Management and Assurance Group, Estates Management and Assurance Group.

At the end of 2024-25 the Trust identified the following as the key operational risks:

- **Risk to achieving strategic objective of financial sustainability** A financial deficit plan of £10.052m was predicted which requires savings of £15m to be delivered full year and this is a higher level of savings than the Trust had achieved in recent years against a back drop of continuing growth in urgent care demand, staff shortage in the market and insufficient funding in BOB ICS to fund all of the activities that the Trust is doing as whole system is predicting a deficit.

  In October 2024 the Trust transacted the contract difference adjustment which removed £11.3m of income and reflected the non-achievement of agreed further savings. This led to a deterioration in-month which raised further concerns of the Trusts' ability to return to plan by year-end. NHSE imposed an "investigation and intervention" (I&I) regime on BOB ICS in common with other systems which have large adverse variances to their planned positions. All entities within BOB ICS were reviewed by PwC during October 2024 and a consolidated I&I report shared with all parties in late October 2024.

  In January 2025 the Trust updated its forecast to a deficit of £20.52m following the transfer of deficit support funding from Oxford Health Foundation Trust and the settlement of advice and guidance income for 24/25.
  The Trust has an agreed plan for 2025/26 that has highlighted the need for ongoing cash support in order to maintain investment in critical infrastructure and equipment. The cash forecast has subsequently been refreshed and the Trust is working with the ICS and NHS England to agree a longer-term cash support structure which is largely system based in absence of national cash support

- **Fire Safety** Due to ageing infrastructure and lack of ability to invest at the rate of deterioration in fire safety systems there are increased fire safety risks. These include insufficient fire stopping/compartmentation, end of life alarm systems, fire panels and fire doors. Although these are operational, they are obsolete and at high risk of failure. Trust-wide lack of compliance to statutory fire training and fire service required evacuation training with a potential impact on patient and staff safety in the event of a fire. Capital requirement of £1.3m for fire safety schemes included for consideration in 25/26.

- **Compliance with cancer standards due to capacity issues in some key high volume cancer specialities** Consistent progress is being made to increase capacity in key pathways (gynaecology, gastrointestinal, urology and skin) with performance against key standards now improving. However, the risk of the Trust's non-compliance with cancer

standards remains owing to ongoing capacity challenges in key specialities specifically lower gastrointestinal and dermatology with plastics.

- **Management of Estates Infrastructure/Backlogged Maintenance** The Trust has an estate that has grown and developed over many years. For the Trust to deliver on its day to day business and strategic objectives, work is required across its estate to maintain the existing services, address a maintenance backlog and develop infrastructure to support the delivery of its strategic objectives. Current cash and CDEL 'affordability does not enable the Trust to significantly mitigate this risk'.

  The Trust re-prioritises capital requirements every year, against a 5 year capital plan. This is a significant driver for the case for a new hospital business case and risk rating cannot be decreased without new hospital programme.

- **Lack of Mortuary Capacity and risk to HTA Licence Funding was approved in 24/25** and work is in hand to address the lack of mortuary capacity and use of temporary fridges. There is a current outstanding action from the previous HTA inspection relating to mortuary capacity and the use of temporary units within the mortuary.

- **ED Capacity & Compliance** The risk of the Emergency Department having insufficient capacity to treat high volume of patients within the 4hour emergency access target. The Urgent Care Centre opened in 2024-25 but attendance at ED remain very high. Consequences include increased risk of harm to patients as well as reputational risk if 78% standard is not met in March 2026.

- **Building Berkshire Together** The BBT New Hospital Programme's planned construction start date has shifted from the original target of May 2031 (programme initiation) to the revised date of January 2037 (programme initiation). This extended timeline increases the risk of political and funding uncertainties, with two potential government changes before construction begins. Shifts in political priorities could result in reduced or withdrawn funding, further delays, or even a complete halt to the programme.

The Board Assurance Framework
The Board Assurance Framework provides the mechanism for the Board to monitor risks, controls and the assurances that controls are effective. The Board recognises the importance of the Board Assurance Framework in mitigating the Trust's strategic risks. During 2024-2025 the Board Assurance Framework was reviewed by the Board and sections reviewed by the relevant Board sub-committees.

The Board has identified the following strategic risks on the Board Assurance Framework:

- 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

- If we do not recruit and retain a competent workforce we will fail to deliver on the Trust's strategic objectives

- 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

- 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

- 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

- If we fail to realise benefits/secure commercial advantage from innovation and digital investments we will face income shortfalls and will not to be able to deliver our efficiency targets

- If the organisation does not generate sufficient cash to meet its day to day liquidity requirements and capital programme the organisation will fail

- 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 Improving Together and strategic objectives

- If we do not create and maintain a built environment suitable for current and future needs, we risk delivery of Our Strategy: Improving Together

- If we do not take action on sustainability agenda we risk impact on the Trust's reputation

- If the Trust is not successful in progressing our case for a new RBH hospital we will be unable to fulfil Our Strategy and will continue to face additional costs and barriers to delivering the highest quality of care.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance. The register and Trust's Declarations of Interest, Gifts and Hospitality policy is available on the Trust website.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that the organisation's obligations under equality, diversity and human rights are complied with. The foundation trust has undertaken risk assessments and has plans in place which take account of the '*Delivering a Net Zero Health Service*' report under the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

As of 31 March 2025, the Trust was fully compliant with the registration requirements of the Care Quality Commission (CQC) and did not have any regulatory notices from the CQC.

Compliance with the NHS Provider Licence Section 4 (Governance)
The NHS Provider Licence forms part of the oversight arrangements for the NHS and sets out the conditions that providers of NHS-funded healthcare services in England must meet to ensure it is working effectively for the benefit of patients.

Condition 4 relates to the governance arrangements of a Foundation Trust to enable the Board of Directors to effectively discharge its duties. The Trust has assessed its compliance against the provisions and is assured that it is compliant with the requirements.

In 2024-25, the Trust had the following processes in place which:

- enabled the Board to review and mitigate against risks and to monitor its strategic direction and progress in achieving agreed outcomes
- supported the Non-Executive Directors in their scrutiny and challenge of Executive management action
- maximised the value of Non-Executive Directors' time
- supported the Board's assessment of evidence to enable the Board to make evidence-based unitary decisions
- ensured the timely and accurate submission of information to relevant external stakeholders when required.

These processes are supported by five Board Sub-Committees: Audit & Risk, Finance & Investment, People, Quality and Charity. Each of these committees undertake an annual review of their performance, effectiveness and constitution, in accordance with their Terms of Reference. These annual reviews of effectiveness are submitted to the Board of Directors.

For the reporting period 1 April 2024 – 31 March 2025, the Board considered that it was largely compliant with the NHS Code of Governance and any deviations from the best practice recommendations were duly considered and outweighed the benefits of full compliance. The Board does not consider the nature of the deviations to impact on the Trust's overall compliance with Section 4 (Governance) of the NHS Provider Licence.

People Strategy 2023 – 2027
The Trust Board approved a new People Strategy in May 2023 that sets out the priorities and plans for 2023-2027. Building on the success of our first people strategy, the new strategy recognises that the things that were important in the first strategy, remain so. Our aim is to further grow our ambitions with regards to our workforce in pursuit of our aim to be one of the best places to work in the NHS.

This sentiment is encapsulated in the 5 Ambition Themes within the current strategy:

- **Experience**: a place where people want to work, stay and grow whose experience at work is ranked amongst the top 10% in the NHS;
- **Learning**: a place where everyone fulfils their potential, we work with our partners to deliver opportunities for people to learn and grow their skills;
- **Health and Wellbeing**: To enable all our people to live a healthy, active and fulfilling lives by investing in their wellbeing
- **Inclusion:** An inclusive culture that celebrates and drives the power of diversity as a source of strength

- **Future**: We enable our people and services to work differently and create a sustainable and flexible workforce to meet future service needs

Our operating environment remains challenging with ever increasing demands on our services and our people. Coupled with significant challenges in our external environment and their impacts on our people – it is more important than ever that we focus on how we support, develop, motivate and grow our staff. We recognise the need to continue and elevate our focus on 'experience at work' in its broadest sense as a fundamental enabler of driving retention, responding to evolving expectations and demands of work and nurturing our staff as part of the RBFT family.

Despite our good progress with regards to inclusion, to accelerate our improvements we recognise a need for sharper, more deliberate focus on EDI and we understand that our operating context requires further focus on staff Health and Wellbeing and Learning and Development. Our focus on the future recognises our need to respond to workforce supply, demand, productivity and transformation challenges through development, planning, innovation and partnerships in pursuit of the ambitions set out in the Trust Clinical Services Strategy.

People Committee
The Board People Committee is responsible for identifying and monitoring key risks to ensure that they are appropriately included in the Board Assurance Framework. The Committee monitor workforce metrics, review areas of concern and report issues and plans to address them to the Board. The Committee request and review reports and positive assurances from executives (directors and managers) on the overall arrangement for Human Resources, workforce planning and learning and development. The Committee is also responsible for the scrutiny of systems and controls to ensure statutory and regulatory standards regarding workforce are met. The Committee capture and review the views of staff via relevant staff engagement mechanisms and develop effective strategies to respond to feedback. The Committee also supports the development and implementation of the People strategy to ensure strategic priorities are being addressed.

Other workforce safeguards
The Trust also ensures compliance with workforce safeguards through the following:

- Workforce planning in line with predicted activity and financial resources
- Close monitoring of relevant workforce metrics to ensure the timely production of business cases and application of strategies to close potential workforce shortfalls
- Monitoring of workforce metrics to ensure safe staffing levels
- The development and implementation of People strategies and initiatives to support the recruitment and retention of staff
- The development and implementation of the Retention and Recruitment team to support new starts and carry out Stay Conversations at 4 and 8 months' post start in post
- A nominated Freedom to Speak Up Guardian (who reports in to the Audit & Risk Committee) to provide independent and confidential support to staff that want to raise concerns and to promote a culture in which staff feel safe to raise those concerns without fear of retribution
- A nominated Guardian of Safe Working (who reports in to the People Committee) to ensure that issues of compliance with safe working hours are addressed in line with junior doctor contracts
- Ongoing monitoring of training requirements via annual appraisals and revalidation, staff development review and Mandatory and Statutory Training reporting.
  E-rostering for nursing and medical staff to ensure optimum efficiency taking into account patient acuity.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

Emergency Preparedness, Resilience and Response
In line with its statutory obligations under the Civil Contingencies Act 2004, the Trust has in place arrangements for EPRR (Emergency Preparedness, Resilience and Response). We undertake joint emergency planning with healthcare partners, local authorities and other emergency services. This work is undertaken through regional and local forums such as the Thames Valley Local Health Resilience Partnership and the Berkshire Resilience Group.

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services. This work is referred to in the health service as 'emergency preparedness, resilience and response' (EPRR).

NHS England has published NHS Core Standards for Emergency Preparedness, Resilience and Response arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. Assessment against the Core Standards takes place annually and the Accountable Emergency Officer in each organisation is responsible for making sure these standards are met. The designated Accountable Emergency Officer for the Trust is the Chief Operating Officer.

The assurance process requires provider organisations to undertake a self-assessment and rate their compliance against 69 core standards relevant to their organisation type. These individual ratings will then inform the overall organisational rating of compliance and preparedness, which provider organisations are required to take to a public Trust Board meeting and also publish in their Annual Report.

For assurance purposes in 2024-25, Royal Berkshire NHS Foundation Trust was rated fully compliant. Out of the 62 core standards applicable to Acute Health Trusts, RBFT is fully compliant with all 62 standards for the first time.

Mechanical and technical improvements to the Trust access/egress points continue to be part of the Estates Redevelopment programme, affecting the ability to record full compliance with the Trust's Lockdown Plan. The Estates and Facilities Directorate have completed a detailed security report.

NHS England and NHS Improvement – EPRR Assurance Compliance Levels
To support a standardised approach to assessing an organisation's overall preparedness rating, NHS England and NHS Improvement have set the following criteria:

Organizational rating	Criteria
Fully compliant	The organisation is fully 100% compliant with 100% of the relevant NHS EPRR Core Standards

Substantial compliance	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial compliance	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

The EPRR team will continue 'horizon scanning' and maintaining the EPRR Risk Register, which is influenced by the National and Community Risk Registers, to support the Trust in its anticipation of and response to events and incidents which might affect delivery of essential services.

The foundation trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme.

The Trust is currently in the process of ensuring that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with and is currently reviewing its performance and reporting mechanisms.

Review of economy, efficiency and effectiveness of the use of resources

To ensure economic, efficient, and effective use of resources, the Trust applies its Improving Together Methodology. The principal processes of this, centre on the performance review cycle, and is supplemented by the Efficiency and Productivity Committee that was established in 203/24. Consideration is given at this Committee to economic, efficient, and effective use of resources as part of our plan to reduce the underlying deficit of the organisation.

The Performance Review Cycle includes monthly performance review meetings with the Trust Executive, in which performance is reviewed against each of our breakthrough priorities and driver metrics. Variation from expected performance is discussed and remedial plans agreed.

These structures form part of the overarching Improving Together Programme which is being rolled out trust wide. This Programme allows the organisation to recognize best practice and areas for improvement, and the roll-out ensures consistency in approach to identifying and developing solutions to variation from expected performance.

The Improving Together Methodology includes the development of the Integrated Performance Report, which the Board of Directors receives. Internal Audit is targeted at areas where we believe we have concerns or scope for improvement, and the findings and associated actions are reported back to the Audit and Risk Committee and Executive Management Committee which oversees delivery.

The Trust has identified a strategic risk in respect of long-term sustainability. This is recorded on the Trust's Board Assurance Framework (BAF - Strategic Objective 5) and the Corporate Risk Register. The Trust's external auditor has reported a 'significant weakness' in the Trust's arrangements to secure financial sustainability. Whilst the Trust delivered its 2024/25 cost improvement programme; this was largely achieved through non-recurrent initiatives. The Efficiency & Productivity Committee provides oversight of the 2025/26 Efficiency Savings programme, focusing on ensuring the robustness of the Trust's Cost Improvement Programmes (CIPs) and other financial improvement controls. In addition, the Trust has implemented its

Internal Financial Turnaround programme which aims to identify the key activities required to build a robust and deliverable programme of work to reduce our cost base and support long-term financial sustainability.

Information Governance
The Trust is committed to encouraging all staff to report all incidents and issues, and to proactively partake in the learning exercises as a result of these. This is irrespective of the severity of the issues – it is a community responsibility to engage and make improvements where possible. Over the last year, we have seen an increase in the number of reported issues and incidents showing that staff are engaged with this approach. Our commitment to improving the awareness of Information Governance has shown good results, and we look forward to building on this engagement in the future. In all instances where a report has been made, this report has been investigated and actions have been taken to prevent further occurrences.

The Trust submitted its 2024-2025 Data Security and Protection Toolkit baseline assessment on 19 December 2024 with 15 out of 47 mandatory assertions having been met.

The Trust is also committed to ensuring that the requirement for Data Protection Impact Assessments (DPIAs) is fulfilled, and a review of the DPIA process is underway to ensure continued efficiency and efficacy. These high level risk assessments are not only a legal requirement, but help to build an accurate picture of information processing across the Trust, and helps inform cross-disciplinary decision making with regards to digitalisation and transformation. In 2024-2025 the Trust performed more than 148 of these assessments.

Data security and protection incidents are reported to the Information Governance Steering Group (IGSG) which is chaired by the Caldicott Guardian, and to which both the Data Protection Officer (DPO) and Senior Information Risk Owner (SIRO) attend. The IGSG helps to steer the efforts of training and compliance for Information Governance across the Trust.

Data Quality and Governance
The Royal Berkshire NHS Foundation Trust has taken the following measures to improve its data quality by:

- Cleaning our waiting lists of erroneous data within the Master Waiting List Programme which will allow for greater clarity when managing patient access.
- The Trust has implemented data quality assessments for the Care Groups who monitor and take action where appropriate.
- NHSE Data Quality Maturity Index also monitors our compliance level nationally and the Trust is consistently one of the top Trusts in our region.
- Any data quality risks or issues are escalated and managed by the Data Quality Steering Group, Digital Service Group and Integrated Risk Management Committee.
- A new Data Quality and Assurance programme is set out annually which includes several internal audits within clinical areas. In 2024/25 this included Haematology, ENT , Gynaecology, Trauma and Orthopaedics and Dermatology giving assurance that both processes and information are valid, appropriate and effective.
- On a daily basis help, support and guidance are given to all operational, clinical and corporate areas in the Trust regarding data quality and assurance issues supporting patient care.

Review of Effectiveness
As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the Executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the

internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit & Risk and Quality Committees and a plan to address weaknesses and ensure continuous improvement of the system is in place.

I have been specifically informed on the effectiveness of the system of internal control and the validity of the Corporate Governance Statement by the:

- Trust Board: through the regular review, adoption and approval of the Trust Corporate Risk Register, the 'Quality and Patient Safety reports' and the 'Integrated Performance reports'
- Audit and Risk Committee: through internal and external audit, reviewing the adequacy of internal control systems designed to minimise risk. Also, ensuring overall co-ordination of risk management and monitoring of the action plans to address the risks identified in the Trust Corporate Risk Register as well as the Head of Internal Audit Opinion for 2024/25 that was 'significant with minor improvement opportunities'.
- Quality Committee: ensuring the effective working of clinical governance, both corporately and at care group level, including clinical audit and risk management. It also reviews reports on the quality assurance process that demonstrate effectiveness and improvements in the quality and safety of our care for patients.

The Board is committed to quality governance and ensures that the combination of structures and processes at every level throughout the Trust support quality performance. In 2019 the Care Quality Commission (CQC) undertook an inspection of the Royal Berkshire Hospital, West Berkshire Community Hospital and Windsor Dialysis Unit. The Trust also underwent an assessment on the Use of Resources. The Trust achieved an overall rating of 'good' as evidenced in the CQC Inspection Report dated January 2020.

In April 2021 the CQC completed a focused inspection on Infection Prevention and Control. This inspection was not rated. In November 2023 the CQC completed an inspection on maternity services in relation to safety and well led. The maternity service rating of good improved from requires improvement to good and a rating of good overall. However, this did not impact the overall Trust CQC rating. In November 2024 the CQC completed a focused routine inspection on Radiotherapy Imaging Services to assess compliance with Ionising Radiation [Medical Exposure] Regulations (IR[ME]R). The inspection was not rated, and the outcome was positive overall. The feedback from the CQC inspectors included staff were engaged, experienced, and cited a positive culture within the department and wider organisation, with a supportive and visible executive team who reinforced compliance with the regulations. There were two minor recommendations made, an action plan was developed and approved by Quality Governance Committee in March 2025.

The Trust has participated in three local inspections relating to Adult Social Care and domestic abuse children's services with Wokingham and Reading Borough Councils, feedback from these inspections is expected in July 2025.

The Trust continues to participate in regular engagement events with the CQC. The engagement event in January 2025 focussed on departments providing front-door End of Life Care resulting in positive feed-back about the services.

The Royal Berkshire NHS Foundation Trust continues to respond to enquiries raised by the CQC from additional intelligence streams such as Learning from Patient Safety Events (LFPSE) portals, the CQC public enquiry function and general CQC enquires. In the period September

2024 – March 2025, the Royal Berkshire NHS Foundation Trust received 23 enquiries from the CQC.

The Trust has a robust quality governance structure to ensure the Board is informed and assured by the processes in place within the organisation. The external audit undertaken in 2023 to review the Trust's internal clinical governance processes, provided 'significant assurance with minor improvement opportunities' (amber/ green rating), actions completed and reported through Audit & Risk Committee.

As part of this review the Trust reviewed its clinical governance processes and strengthened reporting arrangements by amalgamating the two assurance committees to ensure visibility of quality and safety issues. This process also included a review of the subcommittees reporting to the new Quality Governance Committee, with aligned reporting templates to ensure the subcommittee directors have clear routes for escalation. Escalation is via the Quality Committee and Executive Management Committee through a summary report with escalation points ensuring clear reporting lines and accountabilities. The effectiveness of the clinical governance processes is assessed annually as part of the annual audit cycle.

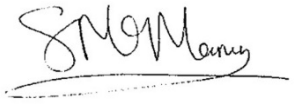
The Trust's workforce strategies include robust plans to ensure the Trust can manage short, medium and long-term workforce issues. The Trust is compliant with the recommendations made in the *Developing Workforce Safeguards*' (2018) framework for nursing and Allied Healthcare Professional (AHP) workforce planning. A bi-annual triangulated approach is utilised using the evidenced based workforce planning Safer Nursing Care Tool (SNCT 2013) for nursing with a similar approach for AHP's, using professional guidance where applicable. Daily staffing is managed using an Opel status framework with escalation from ward to board as required. A system of red flag reporting which aligns to the NICE guidance 2014 is used to escalate any staffing concerns.

Conclusion

This report sets out an open and balanced reflection of the Trust's progress over the past year. The Board and Executive have a clear understanding of the issues facing the Trust and the work they must focus on during the 2024/25 financial year, including to address the risks to the Trust's financial sustainability.

There were no significant internal control issues that were identified during 2024-2025.

Signed



Steve McManus
Chief Executive Officer **Date: 30 June 2025**

Royal Berkshire
NHS Foundation Trust

Presented to Parliament pursuant to Schedule 7, paragraph 25(4) of the National Health Service Act 2006

Royal Berkshire NHS Foundation Trust

Consolidated Financial Statements for the year ended 31 March 2025

CONTENTS **Page No.**

Independent auditor's report to the board of governors and board of directors of Royal Berkshire NHS Foundation Trust

Report on the audit of the financial statements

Opinion
In our opinion the financial statements of Royal Berkshire NHS Foundation Trust (the 'foundation trust') and its subsidiaries (the 'group'):

- give a true and fair view of the state of the group's and the foundation trust's affairs as at 31 March 2025 and of the group's and foundation trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- the group and foundation trust statements of comprehensive income;
- the group and foundation trust statements of financial position;
- the group and foundation trust statements of changes in equity;
- the group and foundation trust statements of cash flows; and
- the related notes 1 to 30.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting requirements of the Department of Health and Social Care Group Accounting Manual, as directed by NHS England.

Basis for opinion
We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice issued by the Comptroller & Auditor General and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the group and the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern
In auditing the financial statements, we have concluded that the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the foundation trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

The going concern basis of accounting for the group and the foundation trust is adopted in consideration of the requirements set out in the Department of Health and Social Care Group Accounting Manual which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The accounting officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of accounting officer

As explained more fully in the statement of accounting officer's responsibilities, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the group's and the foundation trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the foundation trust without the transfer of the foundation trust's services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

We considered the nature of the group and its control environment, and reviewed the group's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired of management, internal audit, local counter fraud about their own identification and assessment of the risks of irregularities, including those that are specific to the National Health Service and public sector.

We obtained an understanding of the legal and regulatory framework that the group operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the National Health Service Act 2006.
- do not have a direct effect on the financial statements but compliance with which may be fundamental to the group's ability to operate or to avoid a material penalty. These included the Data Protection Act 2018 and relevant employment legislation.

We discussed among the audit engagement team including relevant internal specialists such as valuations and IT specialists regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of performing the above, we identified the greatest potential for fraud or non-compliance with laws and regulations in the following areas, and our specific procedures performed to address them are described below:

- determination of whether expenditure is capital in nature: we tested a sample of expenditure to assess whether it meets the relevant accounting requirements to be recognised as capital in nature; we agreed a sample of year-end capital accruals to supporting documentation and assessed whether the capitalised expenditure is recognised in the correcting accounting period.
- the completeness and timing of recognition of accruals and related expenditure is subject to potential management bias: As part of our response to the risk identified we tested a sample of post year-end payments to test whether items representing liabilities at 31 March 2025 had been appropriately recognised.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;

- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- enquiring of management, internal audit and external legal counsel concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations;
- enquiring of the local counter fraud specialist and review of local counter fraud reports produced; and
- reading minutes of meetings of those charged with governance, and reviewing internal audit reports.

Report on other legal and regulatory requirements

Opinions on other matters prescribed by the National Health Service Act 2006
In our opinion:

- the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the National Health Service Act 2006 in all material respects; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Use of resources

Under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006, we are required to report to you if we have not been able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

In our audit report dated 28 June 2024 on the 2023/24 financial statements, we reported an ongoing significant weakness in the foundation trust's arrangements to secure financial sustainability. The significant weakness reported was in how the foundation trust identifies and manages risks to financial resilience such as from unplanned cost pressures, plans to bridge its funding gaps and identify achievable savings. The Trust has made improvements in how it identifies achievable savings, however, the other elements of the weakness identified have not yet been addressed. We made the following additional recommendations in the year ended 31 March 2025:

- Improve contract management procedures to prevent future unplanned shortfalls, including proactive monitoring, agreeing and finalising contractual arrangements early, regular reviews with the counterparties, and clear escalation pathways for addressing potential issues.
- Develop more accurate and detailed cost forecasts, incorporating realistic assumptions and contingency planning for unforeseen circumstances. Implement enhanced monitoring mechanisms to track actual costs against budget throughout the year, enabling timely intervention and corrective action.
- Develop a funding strategy to reduce reliance on short-term funding solutions and work towards developing a medium-term plan that shows a Trust that is self—sustainable, not requiring additional liquidity funding from other NHS bodies – sometimes on a short notice basis.

Respective responsibilities of the accounting officer and auditor relating to the foundation trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

The accounting officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the foundation trust's resources.

We are required under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006 to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our work in accordance with the Code of Audit Practice, having regard to the Auditor Guidance Notes issued by the Comptroller & Auditor General, as to whether the foundation trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the foundation trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025 by the time of the issue of our audit report. Other findings from our work, including our commentary on the foundation trust's arrangements, will be reported in our separate Auditor's Annual Report.

Annual Governance Statement and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit; or
- proper practices have not been observed in the compilation of the financial statements.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in respect of these matters.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision

involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

Delay in certification of completion of the audit

As at the date of this audit report, we have not received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete.

In accordance with Auditor Guidance Note 07, we are therefore unable to certify that we have completed our audit of Royal Berkshire NHS Foundation Trust for the year ended 31 March 2025 in accordance with the requirements of the National Health Service Act 2006 and the National Audit Office Code of Audit Practice. We are satisfied that our remaining work in this area is unlikely to have a material impact on the financial statements.

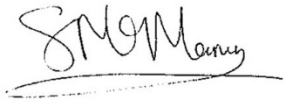
Use of our report
This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Royal Berkshire NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Stephen Turner
For and on behalf of Deloitte LLP
Appointed Auditor
London, United Kingdom
30 June 2025

FOREWORD TO THE CONSOLIDATED FINANCIAL STATEMENTS

Royal Berkshire NHS Foundation Trust

These consolidated financial statements for the year ended 31 March 2025, have been prepared by Royal Berkshire NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) of the National Health Service Act 2006.



Signed .....

Steve McManus
Chief Executive Officer
30 June 2025

Consolidated Statement of Comprehensive Income

		Group		Trust	
		2024/25	2023/24	**2024/25**	2023/24
	Note	**£000**	£000	**£000**	£000
Operating income from patient care activities	2	**628,062**	553,552	**628,062**	553,552
Other operating income	3	**45,837**	73,591	**46,635**	74,194
Operating expenses	5	**(694,798)**	(631,708)	**(696,235)**	(634,398)
Operating deficit from continuing operations		**(20,899)**	(4,565)	**(21,538)**	(6,652)
Finance income	9	**2,135**	3,311	**2,686**	3,802
Finance expenses	10	**(966)**	(763)	**(1,588)**	(1,390)
PDC dividends payable		**(9,392)**	(8,564)	**(9,392)**	(8,564)
Net finance costs		**(8,223)**	(6,016)	**(8,294)**	(6,152)
Other losses	11	**(435)**	(515)	**(435)**	(515)
Corporation tax expense		**(788)**	(755)	**-**	-
Deficit for the year		**(30,345)**	(11,851)	**(30,267)**	(13,319)
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	6	**(1,024)**	(7,158)	**(1,327)**	(6,703)
Revaluations		**825**	1,148	**842**	1,148
Other reserve movements		**-**	(698)	**-**	-
May be reclassified to income and expenditure when certain conditions are met:					
Fair value gains on financial assets mandated at fair value through OCI	17	**-**	2	**-**	-
Total comprehensive expense for the period		**(30,544)**	(18,557)	**(30,752)**	(18,874)

None of the other comprehensive income and expense would be reclassified to surplus and deficit.

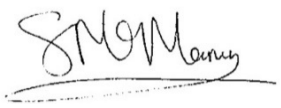
All income and expenditure are derived from continuing operations.

The accompanying notes on pages 15 to 68 form part of these financial statements.

Statements of Financial Position

		Group		Trust	
		31 March 2025	31 March 2024	**31 March 2025**	31 March 2024
	Note	**£000**	£000	**£000**	£000
Non-current assets					
Intangible assets	12	**18,318**	24,637	**18,318**	24,637
Property, plant and equipment	13	**320,458**	315,464	**284,420**	280,348
Right of use assets	14	**50,114**	41,930	**61,493**	54,568
Other investments / financial assets	17	**20**	20	**10,600**	10,600
Receivables	18	**1,664**	1,646	**17,505**	22,604
Total non-current assets		**390,574**	383,697	**392,336**	392,756
Current assets					
Inventories	16	**8,215**	8,989	**8,215**	8,989
Receivables	18	**40,557**	32,896	**42,519**	35,468
Cash and cash equivalents	19	**13,518**	38,810	**7,056**	25,125
Total current assets		**62,290**	80,694	**57,790**	69,582
Current liabilities					
Trade and other payables	20	**(79,437)**	(86,882)	**(78,803)**	(85,037)
Borrowings	22	**(9,433)**	(9,361)	**(10,534)**	(13,914)
Provisions	23	**(4,170)**	(1,641)	**(4,170)**	(1,641)
Other liabilities	21	**(6,088)**	(6,224)	**(6,088)**	(6,224)
Total current liabilities		**(99,128)**	(104,108)	**(99,595)**	(106,816)
Total assets less current liabilities		**353,735**	360,283	**350,531**	355,522
Non-current liabilities					
Trade and other payables	20	**(969)**	(845)	**-**	-
Borrowings	22	**(44,334)**	(37,416)	**(58,401)**	(49,594)
Provisions	23	**(1,034)**	(1,036)	**(1,034)**	(1,036)
Total non-current liabilities		**(46,337)**	(39,297)	**(59,435)**	(50,630)
Total assets employed		**307,398**	320,985	**291,096**	304,892
Financed by					
Public dividend capital		**267,763**	250,806	**267,763**	250,806
Revaluation reserve		**69,943**	72,336	**66,775**	69,480
Income and expenditure reserve		**(33,399)**	(5,939)	**(43,441)**	(15,393)
Charitable fund reserves	15	**3,091**	3,782	**-**	-
Total taxpayers' equity		**307,398**	320,985	**291,097**	304,892

The Financial Statements on pages 8 to 68 were approved by the Board on 25 June 2025 and signed on its behalf by



Steve McManus
Chief Executive Officer
30 June 2025

Consolidated Statement of Changes in Equity for the year ended 31 March 2025

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**250,806**	**72,336**	**(5,939)**	**3,782**	**320,985**
Surplus/(deficit) for the year	-	-	(30,978)	633	**(30,345)**
Other transfers between reserves	-	(2,114)	2,114	-	**-**
Impairments	-	(1,024)	-	-	**(1,024)**
Revaluations	-	851	-		**851**
Revaluations and impairments - charitable fund assets	-	-	-	(26)	**(26)**
Transfer to retained earnings on disposal of assets	-	(106)	106	-	**-**
Public dividend capital received	17,666	-	-	-	**17,666**
Public dividend capital repaid	(709)	-	-	-	**(709)**
Other reserve movements charitable fund consolidation adjustment	-	-	1,298	(1,298)	**-**
Taxpayers' and others' equity at 31 March 2025	**267,763**	**69,943**	**(33,399)**	**3,091**	**307,398**

Consolidated Statement of Changes in Equity for the year ended 31 March 2024

Group	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Charitable fund reserves	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**232,606**	**80,778**	**3,849**	**4,109**	**321,342**
Surplus/(deficit) for the year	-	-	(12,637)	786	**(11,851)**
Other transfers between reserves	-	(2,465)	2,465	-	**-**
Impairments	-	(7,158)	-	-	**(7,158)**
Revaluations	-	1,181	-	-	**1,181**
Revaluations and impairments - charitable fund assets	-	-	-	(33)	**(33)**
Fair value gains/(losses) on financial assets mandated at fair value through OCI	-	-	-	2	**2**
Public dividend capital received	18,200	-	-	-	**18,200**
Other reserve movements	-	-	(698)	-	**(698)**
Other reserve movements charitable fund consolidation adjustment	-	-	1,082	(1,082)	**-**
Taxpayers' and others' equity at 31 March 2024	**250,806**	**72,336**	**(5,939)**	**3,782**	**320,985**

Trust Statement of Changes in Equity for the year ended 31 March 2025

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**250,806**	**69,480**	**(15,394)**	**304,892**
Deficit for the year	-	-	(30,267)	**(30,267)**
Other transfers between reserves	-	(2,114)	2,114	**-**
Impairments	-	(1,327)	-	**(1,327)**
Revaluations	-	842	-	**842**
Transfer to retained earnings on disposal of assets	-	(106)	106	**-**
Public dividend capital received	17,666	-	-	**17,666**
Public dividend capital repaid	(709)	-	-	**(709)**
Taxpayers' and others' equity at 31 March 2025	**267,763**	**66,775**	**(43,441)**	**291,097**

Trust Statement of Changes in Equity for the year ended 31 March 2024

Trust	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	**232,606**	**77,500**	**(4,538)**	**305,568**
Deficit for the year	-	-	(13,320)	**(13,320)**
Other transfers between reserves	-	(2,466)	2,466	**-**
Impairments	-	(6,703)	-	**(6,703)**
Revaluations	-	1,148	(1)	**1,147**
Public dividend capital received	18,200	-	-	**18,200**
Taxpayers' and others' equity at 31 March 2024	**250,806**	**69,480**	**(15,393)**	**304,892**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Charitable funds reserve

This reserve comprises the ring-fenced funds held by the NHS charitable funds consolidated within these financial statements. These reserves are classified as restricted or unrestricted; a breakdown is provided in note 1.3

Statements of Cash Flows

		Group		Trust	
		2024/25	2023/24	**2024/25**	**2023/24**
	Note	**£000**	£000	**£000**	**£000**
Cash flows from operating activities					
Operating deficit		**(20,899)**	(4,565)	**(21,538)**	(6,652)
Non-cash income and expense:					
Depreciation and amortisation	5.1	**35,777**	33,865	**36,721**	34,682
Net impairments	6	**11,926**	5,063	**11,999**	4,736
Income recognised in respect of capital donations	3	**(35)**	(877)	**(834)**	(877)
(Increase) / decrease in receivables and other assets		**(7,935)**	4,571	**(2,176)**	3,415
(Increase) / decrease in inventories		**774**	(1,159)	**774**	(1,159)
Increase / (decrease) in payables and other liabilities		**(2,005)**	(12,186)	**(753)**	(16,448)
Increase / (decrease) in provisions		**2,525**	(202)	**2,525**	(202)
Movements in charitable fund working capital		**210**	(202)	**-**	-
Tax paid		**(804)**	(755)	**-**	-
Other movements in operating cash flows		**(609)**	(269)	**-**	-
Net cash flows from operating activities		**18,924**	23,284	**26,718**	**17,495**
Cash flows from investing activities					
Interest received		**1,945**	3,131	**2,686**	3,802
Purchase of intangible assets		**(2,902)**	(3,304)	**(2,902)**	(3,304)
Purchase of PPE and investment property		**(40,968)**	(33,558)	**(39,447)**	(33,399)
Net cash flows used in investing activities		**(41,925)**	(33,731)	**(39,663)**	**(32,901)**
Cash flows from financing activities					
Public dividend capital received		**17,666**	18,200	**17,666**	18,200
Public dividend capital repaid		**(709)**	-	**(709)**	-
Movement on loans from DHSC		**(1,502)**	(1,502)	**(1,502)**	(1,502)
Capital element of lease liability repayments		**(7,583)**	(7,281)	**(9,791)**	(9,376)
Interest on loans		**(170)**	(232)	**(171)**	(231)
Other interest		**(23)**	(12)	**(23)**	(12)
Interest paid on lease liability repayments		**(790)**	(535)	**(1,414)**	(1,162)
PDC dividend (paid) / refunded		**(9,180)**	(8,595)	**(9,180)**	(8,595)
Net cash flows from / (used in) financing activities		**(2,291)**	43	**(5,124)**	**(2,678)**
Decrease in cash and cash equivalents		**(25,292)**	(10,404)	**(18,069)**	**(18,084)**
Cash and cash equivalents at 1 April - brought forward		**38,810**	49,213	**25,125**	**43,209**
Cash and cash equivalents at 31 March	19	**13,518**	38,810	**7,056**	**25,125**

NOTES TO THE ACCOUNTS

1 Accounting policies and other information

1.1 Basis of preparation

NHS England, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual (FReM), defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

The group has a net current liabilities of £36.8m (2023/24: net current liabilities £23.4m).

1.3 Consolidation

NHS Charitable Funds

The Trust is the Corporate Trustee to Royal Berkshire Charity NHS Charitable Fund. The Trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund.

The Charity has restricted and unrestricted fund of £765k and £2,976k respectively (2023/24: restricted £902k and unrestricted £3,531k).

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation, necessary adjustments are made to the charity's assets, liabilities and transactions to:

- recognise and measure them in accordance with the trust's accounting policies and
- eliminate intra-group transactions, balances, gains and losses.

Other subsidiary

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through

its power over the entity. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

The amounts consolidated are drawn from the published financial statements of the subsidiaries for the year except where a subsidiary's financial year end is before 1 January or after 1 July in which case the actual amounts for each month of the Trust's financial year are obtained from the subsidiary and consolidated.

Where subsidiaries' accounting policies are not aligned with those of the trust (including where they report under UK FRS 102) then amounts are adjusted during consolidation where the differences are material. Inter-entity balances, transactions and gains/losses are eliminated in full on consolidation.

These consolidated financial statements have been prepared incorporating the accounts of Healthcare Facilities Management Services Ltd (HFMS), a wholly owned subsidiary of Royal Berkshire NHS Foundation Trust, and Royal Berkshire NHS Foundation Trust Charity (the Charity).

HFMS provides fully managed healthcare facilities to the healthcare community. The company has two principal assets which are the Royal Berkshire Bracknell Healthspace at Brants Bridge in Bracknell and Princes House in Reading.

1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to these performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional, a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Credit terms in relation to revenue from contracts with customers are 30 days other than for those NHS contract receivables that are on 15 day payment terms.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of

activity with ‘fixed’ in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

High costs drugs and devices excluded from the calculation of national prices are reimbursed by NHS England based on actual usage or at a fixed baseline in addition to the price of the related service.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for CQUIN and BTP on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust’s commissioners.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust’s interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme

The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's apprenticeship service account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including non-consolidated performance pay earned but not yet paid. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Local Government Pension Scheme

Some employees are members of the Local Government Pension Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Re-measurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be provided to the Trust;
- It is expected to be used for more than one financial year
- The cost of the item can be measured reliably:
  a) individually have a cost of at least £5,000; or
  b) collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
  c) form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of "other comprehensive income".

Assets which are held for their service potential and are in use are measured at current value in existing use.

Impairments

In accordance with the Government Accounting Manual (GAM), impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been

recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met. Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life	**Max life**
	Years	**Years**
Buildings, excluding dwellings	4	140
Plant & machinery	5	10
Transport equipment	5	5
Information technology	4	10
Furniture & fittings	5	10

All property plant and equipment are depreciated on a straight-line basis.

1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the Trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38 Intangible Assets.

Software & Licences

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g., application software, is capitalised as an intangible asset where it meets recognition criteria.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. All Trust's intangible assets are amortised on a straight-line basis applying useful life of the asset which ranges between 5 to 16 years.

1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Between 2020/21 and 2023/24 the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. Distribution of inventories by the Department ceased in March 2024.

1.11 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/expenditure.
Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment. Properties occupied by employees, whether or not they pay rent at market rates, are not classified as investment properties.

1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.13 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Financial assets measured at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

The Trust has not elected to measure any equity instruments at fair value through other comprehensive income.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

The Trust has not elected to measure any financial assets / financial liabilities at fair value through income and expenditure.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

De-recognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.14 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

IFRS 16 Leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the Standard have been employed. These are as follows;

The Trust has applied the practical expedient offered in the Standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 Leases and IFRIC 4 Determining whether an Arrangement contains a Lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application the Trust has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the Standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed, the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by the Trust in applying IFRS 16. These include;

The measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16.

The measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16.

The Trust will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in note 1.8 instead.

HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

The Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 the Trust has assessed that in all other respects these arrangements meet the definition of a lease under the Standard.

The Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor, leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

The Trust as lessee

Initial recognition and measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Lease payments are apportioned between finance charges and repayment of the principal. Finance charges are recognised in the Statement of Comprehensive Income.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset, the Trust applies a revised rate to the remaining lease liability.

Where existing leases are modified, the Trust must determine whether the arrangement constitutes a separate lease and apply the Standard accordingly.

The Trust as lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1.15 Revenue from government and other grants

Government grants are grants from Government bodies other than income from NHS Commissioners for the provision of services. Where a grant is used for funding revenue expenditure, including research and development, it is taken to the Statement of Comprehensive Income to match that expenditure. It is recognised at the point that the Trust

is entitled to the grant income unless the government body has imposed a condition that requires the income to be recognised in a later period at which point it is held as deferred income and released to the Statement of Comprehensive Income once the required conditions are met.

1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefit discount rate of 2.40% in real terms (prior year: 2.45%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 23.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 24 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 25, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.18 Public dividend capital (PDC)

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.19 Value added tax

Most of the activities of the Trust are outside the scope of value added tax (VAT) and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 Corporation tax

Section 148 of the Finance Act 2004 amended S519A of the Income and Corporation Taxes Act 1988 to provide power to HM Treasury to make certain non-core activities of Foundation Trusts potentially subject to corporation tax. This legislation became effective in the 2005/06 financial year.

In determining whether or not an activity is likely to be taxable a three-stage test may be employed:

- The provision of goods and services for purposes related to the provision of healthcare authorised under Section 14(1) of the Health and Social Care Act 2003 (HSCA) is not treated as a commercial activity and is therefore tax exempt;

- Trading activities undertaken in-house which are ancillary to core healthcare activities are not entrepreneurial in nature and not subject to tax. A trading activity that is capable of being in competition with the wider private sector will be subject to tax; and

- Only significant trading activity is subject to tax. Significant is defined as annual taxable profits of £50,000 per trading activity.

The Trust's subsidiary company is a trading company which is subjected to corporation tax at the rates applying at the reporting date. The tax amount included in the 2024/25 financial period is £788k (2023/24 £755k).

1.21 Research and development (R&D)

Expenditure on research is not capitalised. Expenditure on development is capitalised if it meets the following criteria:

- there is a clearly defined project;

- the related expenditure is separately identifiable;

- the outcome of the project has been assessed with reasonable certainty as to its technical feasibility and its resulting in a product or services that will eventually be brought into use; and

- adequate resources exist, or are reasonably expected to be available, to enable the project to be completed and to provide any consequential increases in working capital.

Expenditure so deferred is limited to the value of future benefits granted by the R&D funding organisation and is amortised through the Statement of Comprehensive Income on a systematic basis over the period expected to benefit from the project. It is re-valued on the basis of current cost. Expenditure which does not meet the criteria for capitalisation is treated as an operating cost in the year in which it is incurred. Where possible, the Trust discloses the total amount of R&D expenditure charged in the Statement of Comprehensive Income separately. However, where R&D activity cannot be separated from patient care activity it cannot be identified and is therefore not separately disclosed. Non-current assets acquired for use in R&D are amortised over the life of the associated project.

1.22 Foreign exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items are translated at the spot exchange rate on 31 March

- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and

- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.23 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

1.24 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.25 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.26 Early adoption of standards, amendments and interpretations.

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

1.27 Standards, amendments and interpretations in issue but not yet effective or adopted.

The Department of Health and Social Care (DHSC) Government Accounting Manual (GAM) does not require the following Standards and Interpretations to be applied in 2024/25. These standards are still subject to HM Treasury FReM adoption, and are therefore not applicable to DHSC group accounts in 2024/25.

IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2023. The standard has been adopted by the FReM from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on these financial statements.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

Changes to non-investment asset valuation - Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.

- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements.

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.

- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

The impact of applying these changes in future periods has not yet been assessed.

1.28 Critical judgements in applying accounting policies

In the application of the Trust's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

In 2024/25 the Trust entered a new contract in respect of a medical instrument sterilisation facility. In applying IFRS16 the Trust has recognised right of use assets with a corresponding liability of £15.09m, with a portion of future payments also being recognised through the statement of comprehensive income as they are incurred.

There is a significant judgement involved in how the Trust have recognised the leases on the basis that the Trust have control, as per IFRS16, over the medical instrument sterilisation facility and associated equipment provided under the contract, and that they receive substantially all of the economic benefits of the contract. The calculation of the right of use asset and lease liability value disclosed within notes 14 and 22 does not contain significant estimation uncertainty.

There are no further critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies that have a significant effect on the amounts recognised in the financial statements:

1.29 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Land and building valuations

In line with the Trust's Property, Plant and Equipment policy, the freehold and leasehold property known as Royal Berkshire NHS Foundation Trust Estate was valued as at 31 March 2025 by an external valuer, Gerald Eve LLP, a regulated firm of Chartered Surveyors. The valuation was prepared in accordance with the requirements of the RICS Valuation – Global Standards 2022 and the national standards and guidance set out in the UK national supplement (November 2018), the International Valuation Standards. The valuation was prepared to comply with IFRS, specifically with regard to IAS 16 Property, Plant and Equipment, IAS 40 Investment Properties, Department of Health Group Manual for Accounts 2024/25 and to the Government Financial Reporting Manual (FReM) 2024-2025.

The valuation of the Trust's estate is based on a special assumption whereby HFMS and the Trust are amalgamated to provide the Trust with the freehold interest.

The valuations of specialised properties were derived using the Depreciated Replacement Cost (DRC) method, with other in-use properties reported on an Existing Use Value basis.

For the land, the valuers carried out an extensive search for appropriately sized sites of industrial land and business park land in Reading and on the outskirts of the town but the evidence was limited so the valuers, were not able to find any recent comparable transactions on which to rely.

The Trust works with its valuer to ensure that judgements are appropriate, but these judgements are inherently based on estimates of the application of market conditions, building costs and land values that are uncertain. The total value of assets subject to this estimation uncertainty at the 31 March 2025 is £246.56m, so movements in the basis for estimation can have a material impact on the financial statements. The impact of any movement will be accounted across the Statement of Comprehensive Income and Revaluation Reserves.

2 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

2.1 Income from patient care activities (by nature)

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Acute services				
Income from commissioners under API contracts - variable element*	**132,300**	122,079	**132,300**	122,079
Income from commissioners under API contracts - fixed element*	**428,898**	374,667	**428,898**	374,667
High cost drugs income from commissioners	**36,882**	33,290	**36,882**	33,290
Other NHS clinical income	**2,956**	4,489	**2,956**	4,489
All services				
Private patient income	**2,152**	3,695	**2,152**	3,695
National pay award central funding***	**1,310**	283	**1,310**	283
Additional pension contribution central funding*	**23,564**	14,031	**23,564**	14,031
Other clinical income	**-**	1,018	**-**	1,018
Total income from activities	**628,062**	553,552	**628,062**	553,552

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2023/25 NHS Payment Scheme documentation.
https://www.england.nhs.uk/pay-syst/nhs-payment-scheme/

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

2.2 Income from patient care activities (by source)

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
Income from patient care activities received from:	**£000**	£000	**£000**	£000
NHS England	**120,770**	95,238	**120,770**	95,238
Integrated care boards	**498,932**	450,625	**498,932**	450,625
Other NHS providers	**450**	387	**450**	387
Local authorities	**2,802**	2,692	**2,802**	2,692
Non-NHS:				
- Private patients	**2,152**	1,787	**2,152**	1,787
- Overseas patients (chargeable to patient)	**1,747**	1,908	**1,747**	1,908
- Injury cost recovery scheme	**843**	671	**843**	671
- Other	**366**	244	**366**	244
Total income from activities	**628,062**	553,552	**628,062**	553,552

2.3 Overseas visitors (relating to patients charged directly by the provider)

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Income recognised this year	**1,747**	1,908	**1,747**	1,908
Cash payments received in-year	**690**	901	**690**	901
Amounts written off in-year	**825**	819	**825**	819

3 Other operating income

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Research and development	**3,482**	3,294	**3,482**	3,294
Education and training	**20,246**	17,432	**20,246**	17,432
Non-patient care services to other bodies	**252**	242	**252**	242
Other income recognised in accordance with IFRS 15	**19,625**	49,787	**20,605**	50,696
Other operating income recognised in accordance with other standards:				
Education and training - notional income from apprenticeship	**1,216**	1,057	**1,216**	1,057
Cash donations/grants for the purchase of capital assets	**35**	877	**834**	1,329
Charitable and other contributions to expenditure	**-**	144	**-**	144
Charitable fund incoming resources	**981**	758	**-**	-
Total other operating income	**45,837**	73,591	**46,635**	74,194

All income is related to continuing operations

Other income recognised in accordance with IFRS 15 includes the following; grants and other funding £15,852k (2023/24: £33,700k); clinical services provided £6,773k (2023/24: £6,990k); non-clinical services recharged to other bodies £1,299k (2023/24: £1,163k); car parking £1,796k (2023/24: £1,686k) and catering £994k (2023/24: £905k).

4.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2024/25	2023/24
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	4,986	6,082

4.2 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	**2024/25** **£000**	2023/24 £000
within one year	4,850	4,986
Total revenue allocated to remaining performance obligations	**4,850**	4,986

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

4.3 Income from activities arising from commissioner requested services

The trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider licence and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	Group		**Trust**	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Income from services designated as commissioner requested services	**619,702**	545,863	**619,702**	545,863
Income from services not designated as commissioner requested services	**54,197**	81,280	**54,995**	81,883
Total	**673,899**	627,143	**674,697**	627,746

5.1 Operating expenses

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Purchase of healthcare from NHS and DHSC bodies	**3,392**	3,235	**3,392**	3,235
Purchase of healthcare from non-NHS and non-DHSC bodies	**14,250**	9,073	**13,090**	8,038
Staff and executive directors costs	**414,913**	371,953	**414,913**	371,952
Remuneration of non-executive directors	**168**	159	**168**	159
Supplies and services - clinical (excluding drugs costs	**55,223**	49,886	**54,420**	49,425
Inventories written down	**-**	6	**-**	6
Supplies and services - general	**7,182**	7,180	**7,161**	7,172
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	**70,620**	65,226	**70,620**	65,226
Consultancy costs	**1,805**	1,683	**1,791**	1,650
Establishment	**2,483**	3,907	**2,472**	3,869
Premises	**29,122**	40,128	**31,810**	43,328
Transport (including patient travel)	**3,485**	3,938	**3,485**	3,938
Depreciation on property, plant and equipment	**26,527**	24,538	**27,471**	25,355
Amortisation on intangible assets	**9,250**	9,327	**9,250**	9,327
Net impairments	**11,926**	5,063	**11,999**	4,736
Movement in credit loss allowance: contract receivables / contract assets	**736**	1,620	**877**	1,566
Fees payable to the external auditor:				
audit services- statutory audit	**431**	165	**382**	140
Internal audit costs	**171**	127	**171**	127
Clinical negligence	**23,693**	24,224	**23,693**	24,224
Legal fees	**932**	350	**931**	350
Insurance	**317**	227	**279**	227
Research and development	**2,800**	2,569	**2,800**	2,569
Education and training	**3,352**	1,824	**3,352**	1,824
Expenditure on short term leases	**276**	-	**276**	
Redundancy	**26**	438	**26**	438
Car parking & security	**2,111**	1,630	**2,059**	1,630
Other NHS charitable fund resources expended	**517**	141	**-**	-
Other	**9,090**	3,091	**9,345**	3,886
Total	**694,798**	631,708	**696,235**	634,398

5.2 Auditor remuneration

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Fees paid to external auditor:				
Audit services - statutory audit	**364**	141	**318**	117
VAT payable	**67**	23	**64**	23
Total fees paid and payable to the Trust's external auditor including VAT	**431**	165	**382**	140

5.3 Limitation on auditor's liability (Group)

The Statutory Audit liability limits are:

- Audit Liability – £0.5m
- All other work – £0.5m

6 Impairment of assets

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Net impairments charged to operating surplus / deficit resulting from:				
Abandonment of assets in course of construction	6,321	-	6,321	-
Changes in market price	5,605	5,063	5,678	4,736
Total net impairments charged to operating surplus / deficit	**11,926**	5,063	**11,999**	4,736
Impairments charged to the revaluation reserve	1,024	7,158	1,327	6,703
Total net impairments	**12,950**	12,221	**13,326**	11,439

7.1 Employee benefits

	Group		Trust	
	2024/25 Total	2023/24 Total	**2024/25 Total**	2023/24 Total
	£000	£000	**£000**	£000
Salaries and wages	**301,679**	271,276	**301,679**	271,276
Social security costs	**32,580**	28,356	**32,580**	28,356
Apprenticeship levy	**1,478**	1,529	**1,478**	1,529
Employer's contributions to NHS pensions	**59,645**	46,220	**59,645**	46,220
Temporary staff (including agency)	**22,357**	27,579	**22,357**	27,579
Total staff costs	**417,739**	374,960	**417,739**	374,960

7.2 Retirements due to ill-health - Group & Trust

During 2024/25 there were 7 early retirements from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £424k (£647k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

7.3 Directors' remuneration and other benefits - Group & Trust

The aggregate amounts payable to directors were:	**2024/25**	2023/24
	£000	£000
Salary	1,416	1,223
Employer's pension contributions	131	111
Total	**1,547**	1,334

The amounts shown reflect the cumulative salaries and employer pension contribution to executive and non-executive directors, excluding employer national insurance contributions. No taxable benefits or performance related bonuses were paid during the year relating to 2024/25 financial year (£nil in 23/24).

Further details of directors' remuneration can be found in the Remuneration Report.

8 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

9 Finance income

Finance income represents interest received on assets and investments in the period.

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Interest on bank accounts	1,945	3,131	1,791	3,057
Interest on other investments / financial assets	-	-	895	745
NHS charitable fund investment income	190	180	-	-
Total finance income	**2,135**	3,311	**2,686**	3,802

The interest amount earned by the Trust included £895k (2023/24 - £745k) interest received from the loan granted to its subsidiary. The other amounts were earned from working capital balances in interest bearing bank accounts and from investment in National Loan Funds.

10.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Interest expense:				
Interest on loans from the Department of Health and Social Care	151	214	151	214
Interest on lease obligations	790	535	1,412	1,162
Interest on late payment of commercial debt	23	12	23	12
Total interest expense	**964**	761	**1,586**	1,388
Unwinding of discount on provisions	2	2	2	2
Total finance costs	**966**	763	**1,588**	1,390

10.2 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Amounts included within interest payable arising from claims made under this legislation	23	12	23	12

11 Other losses

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Losses on disposal of assets	(435)	(515)	(435)	(515)
Total losses on disposal of assets	**(435)**	(515)	**(435)**	(515)

12.1 Intangible assets - 2024/25

Group	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**76,139**	**77**	**76,216**
Additions	2,931	-	**2,931**
Reclassifications	77	(77)	**-**
Valuation / gross cost at 31 March 2025	**79,147**	**-**	**79,147**
Amortisation at 1 April 2024 - brought forward	**51,579**	**-**	**51,579**
Provided during the year	9,250	-	**9,250**
Amortisation at 31 March 2025	**60,829**	**-**	**60,829**
Net book value at 31 March 2025	**18,318**	**-**	**18,318**
Net book value at 1 April 2024	**24,560**	**77**	**24,637**

12.2 Intangible assets - 2023/24

Group	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**71,283**	**77**	**71,360**
Additions	3,304		**3,304**
Reclassifications	1,552		**1,552**
Valuation / gross cost at 31 March 2024	**76,139**	**77**	**76,216**
Amortisation at 1 April 2023 - as previously stated	**42,252**	**-**	**42,252**
Provided during the year	9,327		**9,327**
Amortisation at 31 March 2024	**51,579**	**-**	**51,579**
Net book value at 31 March 2024	**24,560**	**77**	**24,637**
Net book value at 1 April 2023	**29,031**	**77**	**29,108**

12.3 Intangible assets - 2024/25

Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**75,983**	**77**	**76,060**
Transfers by absorption			**-**
Additions	2,930	-	**2,930**
Reclassifications	77	(77)	**0**
Valuation / gross cost at 31 March 2025	**78,991**	**-**	**78,991**
Amortisation at 1 April 2024 - brought forward	**51,423**	**-**	**51,423**
Provided during the year	9,250	-	**9,250**
Amortisation at 31 March 2025	**60,673**	**-**	**60,673**
Net book value at 31 March 2025	**18,318**	**-**	**18,318**
Net book value at 1 April 2024	**24,560**	**77**	**24,637**

12.4 Intangible assets - 2023/24

Trust	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**71,127**	**77**	**71,204**
Additions	3,304		**3,304**
Reclassifications	1,552		**1,552**
Valuation / gross cost at 31 March 2024	**75,983**	**77**	**76,060**
Amortisation at 1 April 2023 - as previously stated	**42,096**		**42,096**
Provided during the year	9,327		**9,327**
Amortisation at 31 March 2024	**51,423**	**-**	**51,423**
Net book value at 31 March 2024	**24,560**	**77**	**24,637**
Net book value at 1 April 2023	**29,031**	**77**	**29,108**

13.1 Property, plant and equipment - 2024/25

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	**22,843**	**224,276**	**24,533**	**81,798**	**92**	**44,018**	**3,515**	**320**	**401,395**
Additions	-	6,572	25,541	3,859	-	149	34	-	**36,155**
Impairments	-	(10,804)	(6,321)	-	-	-	-	-	**(17,125)**
Reversals of impairments	-	1,107	-	-	-	-	-	-	**1,107**
Revaluations	-	(4,952)	-	-	-	-	-	(26)	**(4,978)**
Reclassifications	-	7,685	(10,168)	1,273	-	1,210	-	-	**-**
Disposals / derecognition	-	(166)	-	(4,881)	-	-	-	-	**(5,047)**
Valuation/gross cost at 31 March 2025	**22,843**	**223,718**	**33,585**	**82,049**	**92**	**45,377**	**3,549**	**294**	**411,507**
Accumulated depreciation at 1 April 2024 - brought forward	**-**	**563**	**-**	**43,842**	**90**	**38,067**	**3,370**	**-**	**85,932**
Provided during the year	-	8,968	-	6,724	2	2,890	33	-	**18,617**
Impairments	-	(784)	-	-	-	-	-	-	**(784)**
Reversals of impairments	-	(2,284)	-	-	-	-	-	-	**(2,284)**
Revaluations	-	(5,803)	-	-	-	-	-	-	**(5,803)**
Disposals / derecognition	-	(10)	-	(4,618)	-	-	-	-	**(4,628)**
Accumulated depreciation at 31 March 2025	**-**	**650**	**-**	**45,948**	**92**	**40,957**	**3,403**	**-**	**91,050**
Net book value at 31 March 2025	**22,843**	**223,068**	**33,585**	**36,101**	**-**	**4,420**	**146**	**294**	**320,458**
Net book value at 1 April 2024	**22,843**	**223,713**	**24,533**	**37,956**	**2**	**5,951**	**145**	**320**	**315,464**

13.2 Property, plant and equipment - 2023/24

Group	Land £000	Buildings excluding dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Charitable fund PPE assets £000	Total £000
Valuation / gross cost at 1 April 2023 - as previously stated	**23,962**	**229,654**	**15,139**	**75,940**	**92**	**42,437**	**3,500**	**353**	**391,077**
Additions	-	5,960	20,787	9,431	-	1,538	15	-	**37,731**
Impairments	(1,119)	(11,214)	-	-	-	-	-	-	**(12,333)**
Reversals of impairments	-	112	-	-	-	-	-	-	**112**
Revaluations	-	(7,840)	-	-	-	-	-	(33)	**(7,873)**
Reclassifications	-	7,604	(11,393)	2,194	-	43	-	-	**(1,552)**
Disposals / derecognition	-	-	-	(5,767)	-	-	-	-	**(5,767)**
Valuation/gross cost at 31 March 2024	**22,843**	**224,276**	**24,533**	**81,798**	**92**	**44,018**	**3,515**	**320**	**401,395**
Accumulated depreciation at 1 April 2023 - as previously stated	**-**	**478**	**-**	**45,206**	**90**	**34,382**	**3,333**	**-**	**83,489**
Provided during the year	-	9,106	-	3,888	-	3,685	37	-	**16,716**
Revaluations	-	(9,021)	-	-	-	-	-	-	**(9,021)**
Disposals / derecognition	-		-	(5,252)	-	-	-	-	**(5,252)**
Accumulated depreciation at 31 March 2024	**-**	**563**	**-**	**43,842**	**90**	**38,067**	**3,370**	**-**	**85,932**
Net book value at 31 March 2024	**22,843**	**223,713**	**24,533**	**37,956**	**2**	**5,951**	**145**	**320**	**315,464**
Net book value at 1 April 2023	**23,962**	**229,176**	**15,139**	**30,734**	**2**	**8,055**	**167**	**353**	**307,589**

13.3 Property, plant and equipment financing - 31 March 2025

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	22,843	219,999	33,566	33,314	-	4,380	130	294	**314,527**
Owned - donated/granted	-	3,069	19	2,787	-	40	16	-	**5,931**
NBV total at 31 March 2025	**22,843**	**223,068**	**33,585**	**36,101**	**-**	**4,420**	**146**	**294**	**320,458**

13.4 Property, plant and equipment financing - 31 March 2024

Group	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Charitable fund PPE assets	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	22,843	220,560	24,533	34,947	2	5,910	124	320	**309,240**
Owned - donated/granted	-	3,153	-	3,009	-	41	21	-	**6,224**
NBV total at 31 March 2024	**22,843**	**223,713**	**24,533**	**37,956**	**2**	**5,951**	**145**	**320**	**315,464**

13.5 Property, plant and equipment - 2024/25

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	**19,703**	**192,941**	**24,534**	**80,160**	**43,476**	**3,496**	**364,310**
Additions	-	6,576	23,936	3,859	226	35	**34,632**
Impairments	-	(10,804)	(6,321)	-	-	-	**(17,125)**
Reversals of impairments	-	804	-	-	-	-	**804**
Revaluations	-	(4,188)	-	-	-	-	**(4,188)**
Reclassifications	-	7,685	(10,091)	1,273	1,133	-	**-**
Disposals / derecognition	-	(166)	-	(4,881)	-	-	**(5,047)**
Valuation/gross cost at 31 March 2025	**19,703**	**192,848**	**32,058**	**80,411**	**44,835**	**3,531**	**373,386**
Accumulated depreciation at 1 April 2024 - brought forward	**-**	**558**	**-**	**42,335**	**37,708**	**3,362**	**83,962**
Provided during the year	-	8,125	-	6,691	2,810	31	**17,657**
Impairments	-	(784)	-	-	-	-	**(784)**
Reversals of impairments	-	(2,212)	-	-	-	-	**(2,212)**
Revaluations	-	(5,030)	-	-	-	-	**(5,030)**
Disposals / derecognition	-	(10)	-	(4,618)	-	-	**(4,628)**
Accumulated depreciation at 31 March 2025	**-**	**647**	**-**	**44,408**	**40,518**	**3,393**	**88,965**
Net book value at 31 March 2025	**19,703**	**192,201**	**32,058**	**36,003**	**4,317**	**138**	**284,420**
Net book value at 1 April 2024	**19,703**	**192,383**	**24,534**	**37,826**	**5,768**	**134**	**280,348**

13.6 Property, plant and equipment - 2023/24

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	**20,703**	**196,940**	**15,182**	**74,302**	**41,896**	**3,481**	**352,504**
Additions	-	5,844	20,745	9,431	1,537	15	**37,572**
Impairments	(1,000)	(9,719)	-	-	-	-	**(10,719)**
Reversals of impairments	-	112	-	-	-	-	**112**
Revaluations	-	(7,840)	-	-	-	-	**(7,840)**
Reclassifications	-	7,604	(11,393)	2,194	43	-	**(1,552)**
Disposals / derecognition	-	-	-	(5,767)	-	-	**(5,767)**
Valuation/gross cost at 31 March 2024	**19,703**	**192,941**	**24,534**	**80,160**	**43,476**	**3,496**	**364,310**
Accumulated depreciation at 1 April 2023 - as previously stated	**-**	**472**	**-**	**43,733**	**34,105**	**3,328**	**81,638**
Provided during the year	-	8,264	-	3,854	3,603	34	**15,754**
Revaluations	-	(8,179)	-	-	-	-	**(8,179)**
Disposals / derecognition	-	-	-	(5,252)	-	-	**(5,252)**
Accumulated depreciation at 31 March 2024	**-**	**558**	**-**	**42,335**	**37,708**	**3,362**	**83,962**
Net book value at 31 March 2024	**19,703**	**192,383**	**24,534**	**37,826**	**5,769**	**135**	**280,349**
Net book value at 1 April 2023	**20,703**	**196,468**	**15,182**	**30,569**	**7,791**	**153**	**270,867**

13.7 Property, plant and equipment financing - 31 March 2025

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	19,703	189,104	32,058	35,726	4,273	117	**280,981**
Owned - donated / granted	-	3,097	-	277	44	21	**3,439**
Total net book value at 31 March 2025	**19,703**	**192,201**	**32,058**	**36,003**	**4,317**	**138**	**284,420**

13.8 Property, plant and equipment financing - 31 March 2024

Trust	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	19,703	189,234	24,534	35,225	5,728	113	**274,536**
Owned - donated / granted	-	3,149	-	2,601	41	21	**5,812**
Total net book value at 31 March 2024	**19,703**	**192,383**	**24,534**	**37,826**	**5,769**	**134**	**280,348**

14.1 Right of use assets - 2024/25

Group	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**44,302**	**12,354**	**56,656**	**32,964**
Additions	12,046	3,055	**15,101**	-
Remeasurements of the lease liability	950	43	**993**	744
Valuation/gross cost at 31 March 2025	**57,298**	**15,452**	**72,750**	**33,708**
Accumulated depreciation at 1 April 2024 - brought forward	**9,800**	**4,926**	**14,726**	**6,914**
Provided during the year	4,959	2,951	**7,910**	3,444
Accumulated depreciation at 31 March 2025	**14,759**	**7,877**	**22,636**	**10,358**
Net book value at 31 March 2025	**42,539**	**7,575**	**50,114**	**23,350**
Net book value at 1 April 2024	**34,502**	**7,428**	**41,930**	**26,050**
Net book value of right of use assets leased from other NHS providers				20,567
Net book value of right of use assets leased from other DHSC group bodies				2,783

14.2 Right of use assets - 2023/24

Group	Property (land and buildings)	Plant & machinery	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	**43,890**	**10,648**	**54,538**	**32,703**
Additions	-	616	**616**	-
Remeasurements of the lease liability	412	1,090	**1,502**	261
Valuation/gross cost at 31 March 2024	**44,302**	**12,354**	**56,656**	**32,964**
Accumulated depreciation at 1 April 2023 - brought forward	**4,911**	**1,993**	**6,904**	**3,438**
Provided during the year	4,889	2,933	**7,822**	3,476
Accumulated depreciation at 31 March 2024	**9,800**	**4,926**	**14,726**	**6,914**
Net book value at 31 March 2024	**34,502**	**7,428**	**41,930**	**26,050**
Net book value at 1 April 2023	**38,979**	**8,655**	**47,634**	**29,265**
Net book value of right of use assets leased from other NHS providers				22,301
Net book value of right of use assets leased from other DHSC group bodies				3,749

14.3 Right of use assets - 2024/25

Trust	Property (land and buildings) £000	Plant & machinery £000	Total £000
Valuation / gross cost at 1 April 2024 - brought forward	**60,858**	**12,354**	**73,212**
Additions	12,046	3,055	**15,101**
Remeasurements of the lease liability	1,594	44	**1,638**
Valuation/gross cost at 31 March 2025	**74,497**	**15,453**	**89,950**
Accumulated depreciation at 1 April 2024 - brought forward	13,718	4,926	**18,644**
Provided during the year	6,862	2,951	**9,813**
Accumulated depreciation at 31 March 2025	**20,580**	**7,877**	**28,457**
Net book value at 31 March 2025	**53,917**	**7,576**	**61,493**
Net book value at 1 April 2024	**47,139**	**7,428**	**54,568**

14.4 Right of use assets - 2023/24

Trust	Property (land and buildings) £000	Plant & machinery £000	Total £000
Valuation / gross cost at 1 April 2023 - brought forward	**58,611**	**10,648**	**69,259**
Additions	-	616	**616**
Remeasurements of the lease liability	2,247	1,090	**3,337**
Valuation/gross cost at 31 March 2024	**60,858**	**12,354**	**73,212**
Accumulated depreciation at 1 April 2023 - brought forward	**7,031**	**1,992**	**9,024**
Provided during the year	6,687	2,933	**9,620**
Accumulated depreciation at 31 March 2024	**13,718**	**4,926**	**18,644**
Net book value at 31 March 2024	**47,139**	**7,428**	**54,568**
Net book value at 1 April 2023	**51,580**	**8,655**	**60,235**

14.5 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 22.1.

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Carrying value at 1 April	**42,254**	47,417	**58,985**	64,597
Lease additions	15,101	616	15,101	616
Lease liability remeasurements	993	1,502	1,637	3,337
Interest charge arising in year	790	535	1,412	1,162
Lease payments (cash outflows)	(8,373)	(7,816)	(11,204)	(10,727)
Carrying value at 31 March	**50,765**	42,254	**65,931**	58,985

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 5.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

14.6 Maturity analysis of future lease payments at 31 March 2025

	Group		Trust	
	Total	leased from DHSC group bodies:	**Total**	leased from DHSC group bodies:
	31 March 2025	**31 March 2025**	**31 March 2025**	**31 March 2025**
	£000	**£000**	**£000**	**£000**
Undiscounted future lease payments payable in:				
- not later than one year;	8,902	3,485	11,732	6,314
- later than one year and not later than five years;	16,060	6,970	21,719	12,629
- later than five years.	30,665	13,382	40,668	21,721
Total gross future lease payments	**55,627**	**23,836**	**74,119**	**40,664**
Finance charges allocated to future periods	(4,862)	(769)	(8,187)	(2,431)
Net lease liabilities at 31 March 2025	**50,765**	**23,068**	**65,932**	**38,233**
Of which:				
Current	7,895	3,280	8,996	5,615
Non-Current	42,870	19,788	56,937	32,618

14.7 Maturity analysis of future lease payments at 31 March 2024

	Group		Trust	
	Total 31 March 2024 £000	Of which leased from DHSC group bodies: 31 March 2024 £000	Total 31 March 2024 £000	Of which leased from DHSC group bodies: 31 March 2024 £000
Undiscounted future lease payments payable in:				
- not later than one year;	7,581	3,606	10,299	6,324
- later than one year and not later than five years;	18,798	10,171	26,951	18,324
- later than five years.	17,333	12,969	25,341	20,977
Total gross future lease payments	**43,712**	**26,746**	**62,591**	**45,625**
Finance charges allocated to future periods	(1,458)	(975)	(3,607)	(3,124)
Net finance lease liabilities at 31 March 2024	**42,254**	**25,771**	**58,984**	**42,501**
Of which:				
Current	7,194	3,376	9,359	5,541
Non-Current	35,060	22,395	49,625	36,960

14.8 Leases - other information

Future cash flows to which the trust is potentially exposed that are not reflected in the lease liability includes extension options of the Princes House and Bracknell Healthspace leases not reflected in the lease liabilities of approximately £49m.

15 Analysis of charitable fund reserves (Group)

	31 March 2025 £000	31 March 2024 £000
Unrestricted funds:		
Unrestricted income funds	2,326	2,882
Restricted funds:		
Endowment funds	38	38
Other restricted income funds	727	862
	3,091	**3,782**

Unrestricted income funds are accumulated income funds that are expendable at the discretion of the trustees in furtherance of the charity's objects. Unrestricted funds may be earmarked or designated for specific future purposes which reduces the amount that is readily available to the charity.

Restricted funds may be accumulated income funds which are expendable at the trustee's discretion only in furtherance of the specified conditions of the donor and the objects of the charity. They may also be capital funds (e.g. endowments) where the assets are required to be invested, or retained for use rather than expended.

16 Inventories

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	**31 March 2025 £000**	31 March 2024 £000
Drugs	1,591	1,951	1,591	1,950
Consumables	6,624	7,038	6,624	7,039
Total inventories	**8,215**	8,989	**8,215**	8,989

Inventories recognised in expenses for the year were £87,331k (2023/24: £94,746k). Write-down of inventories recognised as expenses for the year were £0k (2023/24: £6k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2024/25 the Trust received £0k of items purchased by DHSC (2023/24: £0k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

17 Other investments / financial assets (non-current)

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Carrying value at 1 April - brought forward	**20**	18	**10,600**	10,600
Movement in fair value through income and expenditure	-	2	-	
Carrying value at 31 March	**20**	20	**10,600**	10,600

Group's Investment relates to Charity - Chariguard Fund. The Trust's investment relates to investment in subsidiary - Healthcare Facilities Management Service Limited (HFMS)

HFMS is 100% wholly owned subsidiary of the Trust, providing healthcare facilities to healthcare providers. It is registered at Princes House, 73A London Road, Reading, Berkshire, RG1 5UZ.

The carrying value of the Trust's investment in the subsidiary HFMS is reviewed by the Trust on a regular basis by considering the forward financial projections of the Company and the open market value of the company's non-current assets. Following further review of the investment in the subsidiary, there are no indications of impairment.

The number and the value of shares held by the Trust in HFMS are stated below:

	31 March 2025	31 March 2024
Number of ordinary shares of £1 each held by the Trust	**15,000,100**	15,000,100
	£000	£000
Cost of ordinary shares held	**15,000**	15,000

18.1 Receivables

	Group		Trust	
	31 March 2025	31 March 2024	**31 March 2025**	31 March 2024
	£000	£000	**£000**	£000
Current				
Contract receivables	39,381	28,190	38,914	27,761
Allowance for impaired contract receivables	(6,054)	(6,171)	(6,011)	(5,986)
Prepayments	5,847	9,659	5,825	9,644
PDC dividend receivable	17	229	17	-
VAT receivable	490	625	850	-
Other receivables	742	186	1,035	1,908
Intercompany receivables - HFMS	-	-	1,890	2,142
NHS charitable funds receivables	134	178	-	-
Total current receivables	**40,557**	32,896	**42,519**	35,468
Non-current				
Contract receivables	859	850	859	850
Allowance for impaired contract receivables	(210)	(211)	(210)	(211)
Other receivables	1,015	1,007	1,009	1,007
Inter-company loans	-	-	15,848	20,958
Total non-current receivables	**1,664**	1,646	**17,505**	22,604
Of which receivable from NHS and DHSC group bodies:				
Current	26,386	11,851	26,386	11,851
Non-current	1,009	987	1,009	987

The Trust has existing loans with its subsidiary HFMS which has a final repayment date of 30 November 2058.The principal is £35.2m with an interest rate of 5% per annum and £9.4m with an interest rate of 3.5%. Amount outstanding over one year is £15.8m (2023/24: £21.0m), and included in the other receivables (current) is the amount outstanding within one year £616k (2023/24: £616k)

Contract receivables non-invoiced (falling due after more than one year) represents costs that the Group is claiming from insurance companies for treating injuries from road traffic accidents, via the Injury Cost Recovery Scheme £859k (2023/24 - £850k) which is expected to be recovered after 12 months; and included in the other receivables is £1,009k (2023/24 - £987k) clinician pension tax provision reimbursement funding from NHS England.

18.2 Allowances for credit losses - 2024/25

	Group		Trust	
	Contract receivables and contract assets	**All other receivables**	**Contract receivables and contract assets**	**All other receivables**
	£000	**£000**	**£000**	**£000**
Allowances as at 1 Apr 2024 - brought forward	**6,382**	**-**	**6,197**	**-**
New allowances arising	736	-	877	-
Utilisation of allowances (write offs)	(854)	-	(854)	-
Allowances as at 31 Mar 2025	**6,264**	**-**	**6,221**	**-**

18.3 Allowances for credit losses - 2023/24

	Group		Trust	
	Contract receivables and contract assets	**All other receivables**	**Contract receivables and contract assets**	**All other receivables**
	£000	**£000**	**£000**	**£000**
Allowances as at 1 Apr 2023 - as previously stated	**5,585**	**-**	**5,454**	**-**
New allowances arising	1,620	-	1,566	-
Utilisation of allowances (write offs)	(823)	-	(823)	-
Allowances as at 31 Mar 2024	**6,382**	**-**	**6,197**	**-**

18.4 Ageing of impaired financial assets

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Up to three months	566	916	566	916
In three to six months	143	817	143	817
Over six months	6,905	6,309	6,905	6,309
Total	**7,615**	8,042	**7,615**	8,042

18.5 Ageing of non-impaired financial assets past their due date

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
Up to three months	405	2,383	405	2,383
In three to six months	109	1,403	109	1,403
Over six months	1,576	1,520	1,576	1,520
Total	**2,090**	5,306	**2,090**	5,306

19 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	Group		Trust	
	2024/25	2023/24	**2024/25**	2023/24
	£000	£000	**£000**	£000
At 1 April	**38,810**	49,213	**25,125**	43,209
Net change in year	(25,292)	(10,403)	(18,070)	(18,084)
At 31 March	**13,518**	38,810	**7,055**	25,125
Broken down into:				
Cash at commercial banks and in hand	4,281	6,502	960	530
Cash with the Government Banking Service	9,237	32,308	6,096	24,596
Total cash and cash equivalents as in SoFP	**13,518**	38,810	**7,056**	25,125

20 Trade and other payables

	Group		Trust	
	31 March 2025	31 March 2024	**31 March 2025**	31 March 2024
	£000	£000	**£000**	£000
Current				
Trade payables	11,547	7,187	10,979	7,029
Capital payables	16,414	22,032	16,414	22,032
Accruals	37,534	44,128	36,221	42,658
Receipts in advance and payments on account	210	442	0	442
Social security costs	7,951	8,247	7,951	8,247
Pension contributions payable	5,031	4,626	5,031	4,629
Other payables	364	-	364	-
NHS charitable funds: trade and other payables	386	220	-	-
Intercompany payable - HFMS	-	-	1,844	-
Total current trade and other payables	**79,437**	86,882	**78,803**	85,037
Non-current				
Other payables	969	845	-	-
Total non-current trade and other payables	**969**	845	**-**	**-**

21 Other liabilities

	Group		Trust	
	31 March 2025	31 March 2024	**31 March 2025**	31 March 2024
	£000	£000	**£000**	£000
Current				
Deferred income: contract liabilities	4,850	4,986	4,850	4,986
Deferred grants	1,238	1,238	1,238	1,238
Total other current liabilities	**6,088**	6,224	**6,088**	6,224

22.1 Borrowings

	Group		Trust	
	31 March 2025	31 March 2024	**31 March 2025**	31 March 2024
	£000	£000	**£000**	£000
Current				
Loans from DHSC	1,538	1,557	1,538	1,556
Lease liabilities	7,895	7,804	8,996	12,358
Total current borrowings	**9,433**	9,361	**10,534**	13,914
Non-current				
Loans from DHSC	1,464	2,966	1,464	2,966
Lease liabilities	42,870	34,450	56,937	46,627
Total non-current borrowings	**44,334**	37,416	**58,401**	49,594

22.2 Reconciliation of liabilities arising from financing activities

Group - 2024/25	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2024	**4,523**	**42,254**	**46,777**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,502)	(7,583)	**(9,085)**
Financing cash flows - payments of interest	(170)	(790)	**(960)**
Non-cash movements:			
Additions	-	15,101	**15,101**
Lease liability remeasurements	-	993	**993**
Application of effective interest rate	151	790	**941**
Carrying value at 31 March 2025	**3,002**	**50,765**	**53,767**

Group - 2023/24	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2023	**6,043**	**47,417**	**53,460**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,502)	(7,281)	**(8,783)**
Financing cash flows - payments of interest	(232)	(535)	**(767)**
Non-cash movements:			
Additions	-	616	**616**
Lease liability remeasurements	-	1,502	**1,502**
Application of effective interest rate	214	535	**749**
Carrying value at 31 March 2024	**4,523**	**42,254**	**46,777**

22.3 Reconciliation of liabilities arising from financing activities

Trust - 2024/25	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2024	**4,523**	**58,985**	**63,508**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,502)	(9,791)	**(11,294)**
Financing cash flows - payments of interest	(169)	(1,412)	**(1,581)**
Non-cash movements:			
Additions	-	15,101	**15,101**
Lease liability remeasurements	-	1,637	**1,637**
Application of effective interest rate	151	1,412	**1,563**
Carrying value at 31 March 2025	**3,002**	**65,931**	**68,934**

Trust - 2023/24	Loans from DHSC	Lease liabilities	Total
	£000	£000	£000
Carrying value at 1 April 2023	**6,043**	**64,597**	**70,640**
Cash movements:			
Financing cash flows - payments and receipts of principal	(1,502)	(11,223)	**(12,725)**
Financing cash flows - payments of interest	(232)	(1,794)	**(2,026)**
Non-cash movements:			
Additions	-	616	**616**
Lease liability remeasurements	-	4,995	**4,995**
Application of effective interest rate	214	1,794	**2,008**
Carrying value at 31 March 2024	**4,523**	**58,985**	**63,508**

23.1 Provisions for liabilities and charges analysis (Group and Trust)

All provisions relate to the Trust and there are none in the subsidiary.

Group	Pensions: early departure costs	Legal claims	Other	Total
	£000	£000	£000	£000
At 1 April 2024	**73**	**1,500**	**1,104**	**2,677**
Change in the discount rate	0	-	(10)	**(10)**
Arising during the year	-	-	2,653	**2,653**
Utilised during the year	(20)	-	(135)	**(155)**
Reversed unused	(14)	-	-	**(14)**
Unwinding of discount	2	-	51	**53**
At 31 March 2025	**41**	**1,500**	**3,663**	**5,204**
Expected timing of cash flows:				
- not later than one year;	16	1,500	2,654	**4,170**
- later than one year and not later than five years;	25	-	1,009	**1,034**
- later than five years.	0	-	-	**0**
Total	**41**	**1,500**	**3,663**	**5,204**

Pension - early departure cost

This relates to former NHS employees whose contract of employment was terminated prior to their normal retirement age, with the effect that the employing authority became responsible for making up any shortfall in pension contributions as a result of that termination up until the death of either the former employee or any remaining survivor. The provision is adjusted annually, taking into Government Actuarial Department changes to life expectancy for England and Wales and the applicable Treasury discount rate. Where the pension is no longer payable, then this is reversed unused.

Legal claims

This provison relates to legal claims made against the Trust but which are not covered by NHS Resolution. Payment is expected to be made within one year.

Other provisions

Includes provision of £1,041k for 2019/20 clinicians' pension reimbursement as mandated by NHS England. Provision is calculated using the latest available information in regards to actual uptake of the scheme combined with information on applications to join and discounting of future liabilities.

Provision of £2,653k arising in 2024/25 relates to the level of 2024/25 contract drugs pass through cost challenges from commissioners, notably NHSE Specialised Commissioning and against 2024/25 contract activity challenges from associate ICBs notably Frimley ICB.

23.2 Clinical negligence liabilities

At 31 March 2025, £431,810k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Royal Berkshire NHS Foundation Trust (31 March 2024: £399,642k).

24 Contingent assets and liabilities

There were no material contingencies at the Statement of Financial Position date.

25 Contractual capital commitments

	Group		Trust	
	31 March 2025 £000	31 March 2024 £000	**31 March 2025 £000**	31 March 2024 £000
Property, plant and equipment	3,000	3,500	3,000	3,500
Total	**3,000**	3,500	**3,000**	3,500

26.1 Financial Instruments

A financial instrument is defined in IAS 32 Financial Instruments - Presentation and IFRS 9 Financial Instruments as a 'contract that gives rise to a financial asset of one Trust and a financial liability or equity instrument of another Trust'. NHS Foundation Trusts could have financial instruments under any area of the following Statement of Financial Position categories - investments, trade receivables (but not prepayments), cash at bank and in hand, trade payables (but not deferred income), loans and provisions.

Once financial assets and liabilities have been identified and recognised, they are initially and subsequently measured at fair value through income and expenditure. Fair value is the amount at which an asset can be exchanged, or liability settled, between knowledgeable, willing parties in an arms-length transaction.

IFRS 7 Financial Instruments – Disclosures requires a disclosure relating to the risks associated with financial instruments. These are defined below.

Market risk

This is the risk that the fair value or cash flows of a financial instrument will fluctuate because of changes in market prices. The Trust is exposed to minimal market risks.

Interest Rate Risk

All the Trust's financial assets and liabilities, with the exception of cash held in UK banks, carry a nil or fixed rate of interest. The Trust is not, therefore, exposed to significant interest rate risks.

Under IAS 32 and IAS 39 Public Dividend Capital is not a financial instrument. It continues to be classified within 'Taxpayers' Equity'.

The Trust had negligible foreign currency income or expenditure.

The Trust knows of no other specific risks relating to individual instruments.

Liquidity risk

The Group's operating income is predominantly from contracts with local Integrated Care Boards, which are financed from resources voted annually by Parliament. The Group has minimised its exposure to any liquidity risks.

Credit risk

This is the risk that one party to a financial instrument will cause financial loss to another party by failing to discharge an obligation.

The majority of the financial contracts entered into by the Group are with other NHS bodies. These are bound by the Better Payment Practice Code and funded by taxpayer's equity, which significantly reduces the risk of non-payment.

The policy reflects the position on the causes of debt, the implications of compliance and the need to identify trading counterparties correctly and the varied level of risk associated with them along with the requirement to maintain an adequate bad debt provision. The Trust maintains a bad debt provision rule set which is flexible and reflects the monthly aged debt position, however it also requires that a line by line review of items to be provided is carried out regularly. Specific credit loss allowances are provided for selected overseas and private patients. General credit loss allowances are provided based on ageing.

Trade debtors consist of high value transaction with NHS England and ICB commissioners under contractual terms that require settlement of obligation within a time frame established generally by the Department of Health and local authorities under contractual terms, although, these are subject to individual negotiation. Other trade debtors include private and overseas patients, spread across diverse geographical areas. The maximum exposure of the Trust to credit risk is equal to the total trade and other receivables within Note 18.1

Credit risk exposures of monetary financial assets are managed through the Trust's treasury policy which limits the value that can be placed with each approved counterparty to minimise the risk of loss.

Overdue amounts owed by local commissioning bodies for clinical services will be pursued by the Trust's contracting team through monthly contract meetings with the commissioners. Escalation to the Group Financial Controller will be undertaken on a debt by debt basis if issues arise on the recovery of debt. If appropriate the Group Financial Controller will discuss with the equivalent individual that the NHS organisation concerned. Overdue amounts owed by non-NHS customers passed to the Trust's debt collection agency for recovery. In exceptional circumstances the Group Financial Controller may propose that the debt should be written-off.

All write-offs of bad debts require the approval of the Chief Finance Officer and are reported to the Audit and Risk Committee. Cash and cash equivalents are held within a combination of financial institutions (Government Banking Service and Lloyds Plc.) all of which have investment grade ratings.

26.2 Carrying values of financial assets

	Group		Trust	
	31 March 2025	31 March 2024	**31 March 2025**	31 March 2024
	£000	£000	**£000**	£000
Trade and other receivables excluding non financial assets	35,730	23,851	53,333	47,376
Other investments / financial assets	-	-	10,600	10,600
Cash and cash equivalents	9,834	34,676	7,056	25,125
Consolidated NHS Charitable fund financial assets	3,838	4,332	-	-
Total	**49,402**	62,859	**70,989**	83,101

All financial assets are held at amortised cost.

26.3 Carrying values of financial liabilities

	Group		Trust	
	31 March 2025	31 March 2024	**31 March 2025**	31 March 2024
	£000	£000	**£000**	£000
Loans from the Department of Health and Social Care	3,002	4,523	3,002	4,523
Obligations under leases	50,765	42,254	65,932	58,985
Trade and other payables excluding non financial liabilities	65,581	77,072	64,576	74,383
Total	**119,348**	123,849	**133,511**	137,890

All financial liabilites are held at amortised cost.

26.4 Fair values of financial assets and liabilities

Book values of the Trust's and Group's financial assets and liabilities are not considered to be materially different than their fair values and consequently the fair values have not been disclosed separately.

26.5 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	Group		Trust	
	31 March 2025	31 March 2024	**31 March 2025**	31 March 2024
	£000	£000	**£000**	£000
In one year or less	76,112	86,586	76,757	84,678
In more than one year but not more than five years	17,553	22,585	24,602	30,738
In more than five years	32,010	14,982	43,139	22,990
Total	**125,675**	124,153	**144,498**	138,406

27 Losses and special payments

Group and trust	2024/25 Total number of cases	2024/25 Total value of cases	2023/24 Total number of cases	2023/24 Total value of cases
	Number	**£000**	Number	£000
Losses				
Bad debts and claims abandoned	150	854	71	819
Stores losses and damage to property	4	1	1	4
Total losses	**154**	**855**	72	823
Special payments				
Compensation under court order or legally binding arbitration award	6	65	2	10
Ex-gratia payments	41	175	43	290
Total special payments	**47**	**240**	45	300
Total losses and special payments	**201**	**1,095**	117	1,123

The amounts quoted are reported on an accruals basis but exclude provisions for future losses.

There are no cases that were £300k or more in 2024/25 or 2023/24.

28 Prior period adjustments

There are no prior period adjustments having a material effect on the accounts for either the Group or the Trust.

29 Events after the reporting date

There are no material events after the reporting period at 31 March 2025 (none reported in 2023/24).

30 Related parties

During the year none of the Trust Board members (who are key management personnel of the Trust) or parties related to them has undertaken any material transactions with Royal Berkshire NHS Foundation Trust other than receipt of salary.

During the year none of the Trust Board members (who are key management personnel of the Trust) received any form of short-term employee benefits; post-employment benefits; other long-term benefits; termination benefits or share-based payments in additional to the salary they receive other than accrued pension benefits, the details of which can be found on page 47 of the Remuneration Report.

Staff at the Royal Berkshire NHS Foundation Trust are part of the board of Healthcare Facilities Management Services Ltd and the Charity Committees of Royal Berkshire NHS Foundation Trust Charity. None of these staff receive any form of remuneration for these positions.

Where decision making affects one of the related parties the director of the Trust Board will declare an interest and recuse themselves from the meeting. In 2024/25 none of these related parties met the threshold for a Board decision.

During the year, Royal Berkshire NHS Foundation Trust had a significant number of transactions with other NHS organisations which can be classed as related parties. The entities with material transactions are listed below:

	Income	Expenditure	Receivables	Payables
	£000	£000	£000	£000
NHS Providers				
Berkshire Healthcare NHS Foundation Trust	3,568	6,633	26	5,636
Frimley Health NHS Foundation Trust	4,741	16,040	3,450	2,406
Northumbria Healthcare NHS Foundation Trust	-	-	-	123
Oxford Health NHS Foundation Trust	- 2,600	4,134	13	525
Oxford University Hospitals NHS Foundation Trust	2,574	2,111	944	2,149
University Hospital Southampton NHS Foundation Trust	1,202	272	1,192	36
NHS Commissioners				
NHS Bath and North East Somerset, Swindon and Wiltshire ICB	680	-	3	-
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	465,566	157	10,466	1,103
NHS Frimley ICB	37,452	-	2,743	-
NHS Hampshire and Isle of Wight ICB	2,077	-	19	-
NHS North West London ICB	942	-	32	-
NHS Surrey Heartlands ICB	834	-	-	-
NHS England	116,651	-	6,866	206
Other NHS bodies				
NHS Resolution	-	23,693	4	-
NHS Property Services	1	1,271	1	77
Other Whole Government Account bodies				
HM Revenue & Customs	-	34,846	-	7,951
NHS Pension Scheme	-	59,645	-	5,031
NHS Blood and Transplant	-	2,086	-	-
NHS Professionals	-	23,706	-	-
Local Authorities				
Reading Borough Council	3,058	497	115	-