Berkshire Healthcare
NHS Foundation Trust

ANNUAL REPORT AND ACCOUNTS

2022/23

Berkshire Healthcare NHS Foundation Trust Annual Report and Accounts 2022/23

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Annual Report & Accounts 2022/23

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CHAIR AND CHIEF EXECUTIVE'S REPORT 2022-23

In the autumn, the Trust held very helpful strategy sessions with a wide range of stakeholders, which not only generated new ideas, but created valuable understanding of differing perspectives. The main themes of the resulting strategy are around patient safety, patient experience, health inequalities, workforce and efficient use of resources. Despite the challenges, we are confident about the future. Collaboration with our provider partners is proving increasingly productive and embedded in our thinking, and relations with our two Integrated Care Systems are positive.

Historically the Trust has managed its services separately in east and west Berkshire. This can lead to unwarranted variations in care models, inefficiency and makes sharing of best practice and innovation more difficult. From the start of 2023-4, the Trust's services will be brought together into three pan-Berkshire divisions: adult mental health; adult community health; and children, families, and all age pathways. This will not affect the close working of services at a local level.

At the beginning of the year, the Board welcomed Tehmeena Ajmal as the new Chief Operating Officer following David Townsend's retirement. In addition, Sally Glen joined as a new Non-Executive Director and Chair of the Quality Assurance Committee, bringing a wealth of experience as a nurse and academic. The Board diversity is reflective of our staff and Berkshire. We commissioned an external Board Review which has returned very positive opinion and some helpful areas where we can improve. Our public Board meetings continue to be online with the public free to join meetings and/or to view the meeting recordings which are permanently available on our website.

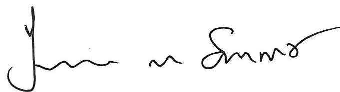
An open and supportive culture is fundamental to the success of the Trust. We continue to provide extensive well-being support for staff which has proved valuable during post-COVID and the challenges of supporting high demand for our services, especially during the current economic conditions. This approach is reflected in the results of the National NHS Staff Survey completed by 65% of staff which shows the Trust as a leader amongst its peers on staff engagement and speaking up and on some aspects among the leaders nationally.

It is a pleasure for me when meeting frontline teams to hear how positive staff are and how committed they are to improving care for their patients. The area where the Board remains concerned is the relatively lower scores given by our black staff for bullying and harassment. Having implemented various initiative over recent years which have failed to make sufficient progress, we now recognise that we need to look in more detail at the experience of black staff and to move from education to action, taking a more assertive approach. This is enshrined in our new anti-racist strategy

developed in partnership with our staff networks.

Our governor meetings continue to cover matters of importance to governors with service presentations and regular individual sessions with Non-Executive Directors. Governor visits to teams across the Trust are most helpful and welcomed. Brian Wilson was elected lead governor following the retirement of Paul Myerscough to whom I would like to extend my thanks. Governor meetings remain online but there is a feeling that governors may now wish to move to hybrid meetings. The contribution of governors is highly valued by the Board and their scrutiny of the Trust's performance is proving very helpful.

The Trust, despite the challenges, continues to provide outstanding care for the people of Berkshire and beyond. Our drive to find better ways of delivering that care using our quality improvement method coupled with patient feedback and our highly skilled and motivated staff will ensure that we do not become complacent. We know there is more to be done and we are ready for the challenge.



Martin Earwicker	Julian Emms
Trust Chair	Chief Executive
28 June 2023	28 June 2023

PERFORMANCE REPORT

Overview

The purpose of this section is to provide an understanding of the Trust, as well as setting out our performance in 2022-23.

Brief History and Summary Information

Berkshire Healthcare NHS Trust was established in 2001. The Trust successfully gained NHS Foundation Trust status in May 2007. The Trust was issued with its provider licence in April 2013. In line with the Trust's provider licence, the principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

The Trust is the main provider of mental health and community health services to a population of 900,000 people across Berkshire. We operate from over 100 sites across the county, including 323 inpatient beds across 16 wards over 8 locations. The majority of our healthcare and therapy services are provided to people within their own homes.

The Trust employs approximately 4,800 permanent staff which includes medics, registered nurses, therapists, psychologists, and both clinical and non-clinical support staff.

We work with our health and social care partners across two Integrated Care Systems: Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System and Frimley Health and Care Integrated Care System.

Our services in Reading, West Berkshire and Wokingham are commissioned by Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System, and services in Bracknell, Slough, Windsor and Maidenhead by Frimley Health and Care Integrated Care System. In addition, there are a smaller number of services that are commissioned by NHS England and NHS Specialist Commissioning. In addition to our NHS partners, the Trust works with our six local unitary authorities, West Berkshire, Reading, Wokingham, Windsor and Maidenhead, Slough and Bracknell Forest, delivering services to children and young people in schools and children's centres, providing a range of specialist services and home visits.

We are structured to reflect the localities in which our services are delivered, with Community Health and Community Mental Health services in both the East and West of the county. In addition to these services, we operate a Mental Health Inpatient service at Prospect Park Hospital in Reading, and our Children and Young People Service which spans our geography. All these services are supported by our central corporate teams.

The Trust continues to be at the forefront of digital innovation. Back in 2017 we achieved "Global Digital Exemplar – Mental Health" development status and last year we became the first Community and Mental Health NHS trust in England to achieve NHSX Global Digital Exemplar accreditation for fulfilling our commitments as part of the Global Digital Exemplar (GDE) programme.

In November 2019, the Trust underwent a comprehensive Inspection by the Care Quality Commission which resulted in the Trust being awarded an overall "Outstanding" rating, including outstanding in the well-led domain for the second year running.

Ratings

Overall trust quality rating	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive?	Outstanding ☆
Are services well-led?	Outstanding ☆

We remain immensely proud of this achievement, and it is testament to the hard work and dedication of all our staff that we have achieved this result.

Our Trust Vision and Values

We are committed to our vision:

"To be recognised as the leading community and mental health service provider, by our patients, staff and partners"

We have three core values which guide us in the way we behave and what we prioritise.

In March 2021, we published our 3 Year Corporate Strategy, building upon existing commitments set out in the NHS Long Term Plan published in June 2019 and the Integrated Care Systems' five-year plan submissions in November 2019. In 2023-24 we will be launching our new Vision and Mission as part of our strategy refresh.

We have set ourselves three strategic objectives against which we will measure our success, with performance and progress being reported to the Trust Board annually. These are:

Performance Overview

In the past year, we have moved from the operational challenges of dealing with COVID-19, to the operational challenges resulting from the pandemic. The pandemic may be over, but we have been left with a higher number of patients waiting to be seen across many of our services. We also continue to see the impact of the pandemic on the nation's mental health with our services, both community teams and inpatient unit, seeing a huge increase in demand for their services, which continues to be a significant challenge and one which we will need to continue to address in the years ahead.

At the same time, we have wrestled with on-going workforce shortages, as well as our continued efforts to support our staff in recovering from the pandemic and dealing with the wider pressures of the current cost of living crisis.

Despite these challenges, the continuing commitment, dedication, and sheer hard work of all our staff, both clinical and non-clinical, has been remarkable. It is testament to them that we have continued to improve the quality of care we provide, as well as improve as an

organisation. A testament to this is the number of awards and achievements the Trust and our staff have received over the past year. These include:

- In May 2022, Liaison and Diversion Youth Practitioner, Sarah Jones received a certificate of recognition from Hampshire Constabulary's Chief Superintendent for her work to prevent harm and youth offending. Sarah works with young people aged between 10 and 17 and supports them by identifying vulnerabilities such as Attention Deficit Hyperactivity Disorder, autism, learning difficulties and trauma, and signposting them to services which divert them away from the criminal justice system
- In July 2022, the HOPE (Healthy Outcomes for People with Eating Disorders) Adult Eating Disorder Collaborative was named the national winner of the Excellence in Mental Health Award at the prestigious NHS Parliamentary Awards 2022 for their revolutionary approach to treating patients with an eating disorder. The Collaborative is the result of a partnership between Berkshire Healthcare NHS Foundation Trust, Oxford Health NHS Foundation Trust, Gloucestershire Health and Care NHS Foundation Trust and the Priory Group. Their innovative approach, co-designed by a multi-disciplinary team together with the patients and their families and carers, and combined a time limited, planned admission of 13 weeks, with the goal of full weight restoration, seven weeks of stepped down day treatment, and ongoing outpatient cognitive behavioural therapy. The results showed that participants achieved weight restoration quicker, spent less time on inpatient wards, and reduced hospital readmission rates by 75%
- In August 2022, our volunteers from our therapy garden at West Berkshire Community Hospital were shortlisted as finalists for BBC Radio Berkshire's inaugural Make a Difference awards. The awards celebrate individuals within our communities who help make where we live a better place
- In August 2022, we won a number of awards at the Thames Valley Health Research Awards. Our Clinical Research Delivery Team won the All-Round High Performing Team award. At the same ceremony, our Deputy Chief Pharmacist, Elizabeth Francis, was highly commended for the Outstanding Allied Health Professional award and our Clinical Physiotherapy Specialist, Hayley Alderton won in the Research Rising Star category
- In September 2022, our Liaison and Diversion team's RECONNECT service was shortlisted for a Howard League for Penal Reform award for their work to support vulnerable women away from the criminal justice system. RECONNECT is a new service which bridges the gap between health and justice. It aims to reduce reoffending by addressing the health needs of vulnerable people as they leave prison and return to the community
- In October 2022, Clinical Development and Quality Lead, Karen Clarke and Heart Failure Nurse Specialist, Rebecca Corre, were both awarded the Queen's Nurse Award. This is an award for exceptional individual contribution to the nursing profession and patient care, given to those who demonstrate a passion and enthusiasm for the nursing profession and continuously go above and beyond their

normal call for duty

- In October 2022, we won two categories at the Business Culture Awards, taking the Best Learning Initiative for Business Culture and the Best Wellbeing Initiative for Business Culture. We were further shortlisted for Best Diversity, Equality and Inclusion Initiative and Best Public/Not-For-Profit Organisation for Business Culture. The Business Culture Awards gives organisations a way to celebrate work which sets up their employees to succeed and thrive in a positive working environment
- In October 2022, the Trust received the Ministry of Defence Gold Employer Recognition Award. The Employer Recognition award is the highest award of its type bestowed by the Ministry of Defence and recognises the support provided to all those with a connection to the Armed Forces including reservists, veterans, cadet force adult volunteers their spouses and partners
- In November 2022, the Liaison and Diversion team received an award from the Howard League when they were named winners in the Women category for Enrich, a partnership project with Thames Valley Police and Reading charity Alana House PACT. Enrich provides an alternative to prison or court for vulnerable women in custody
- In December 2022, Nicky Rogers, a Senior Mental Health Practitioner in the Crisis Resolution and Home Treatment Team (CRHTT) was runner up in the Good Governance Institute National Rising Star awards. The award recognises showing passion and care for patients, with a focus on the best outcomes for citizens
- In February 2023, we maintained our place among the leading LGBTQ+ inclusive employers, securing 68th position in Stonewall's Top 100 Employers list and received a Gold award for our commitments to support LGBTQ+ staff in the workplace. We are committed to making sure all who work for Berkshire Healthcare feel they can be who they truly are at work without fear of discrimination, and we are immensely proud that Stonewall has awarded our efforts.

We continue to focus on reducing our waiting lists and building our capacity to see more patients. This will be an on-going focus in the year ahead as we look to improve productivity and increase the number of patients we see and reduce the number of people waiting for treatment.

We recognise and encourage patient and carer feedback about our services. Following the successful launch of our new patient experience tracking tool, iWantGreatCare in late 2021, we are now seeing the benefits of tailored and meaningful patient feedback to our services which allow us to evaluate and drive improvements in our services.

Staff well-being remains at the heart of our organisation. Our staff have faced a challenging couple of years dealing with the pandemic and its after-effects and the recent cost of living crisis. We continued to do everything we can to support our staff and over the past year we have invested and increased our well-being offer, including launching our new Long Service Awards,

and we have continued to provide staff with access to support hubs. Given everything our staff have faced, it makes us even prouder that for the third year in a row we are the top ranked Trust in the sector for staff recommending us as a place to work.

We continue to focus on increasing and improving our digital offering to both patients and staff and our plans are outlined in our Digital Strategy. Our commitment and investment in IT proved invaluable during the pandemic, allowing our staff to work remotely and patients to access on-line consultations. These changes to the way we work have continued and allow us to look again at our clinical productivity and use of our facilities and estate. We now aim to take our digital offering further with the development of Intelligent Automation, which will allow our clinical teams more time to care by automating routine processes.

We have continued our commitment to providing high quality services that meet the requirements of our Care Quality Commission (CQC) registration and in compliance with the conditions of our provider licence.

We ended 2022-23 with a surplus of £2.4m. After accounting for the impact of donations and non-operating fixed asset impairments, we have reported a surplus of £24k. This was better than a planned performance and system financial commitment.

The Trust closed with a cash reserve of £55.2m, a £1.3m increase in year. During the year, we continued to invest in our estate and IT infrastructure and spent a total of £9.6m.

The Trust continues to work closely with partner organisations in the Frimley ICS and the Buckinghamshire, Oxfordshire and Berkshire West ICS, of which we are a member. This includes working with partner organisations on the delivery of the ICS objectives and contributing to forward plans where required including the joint capital forward plan. The objectives of Buckinghamshire, Oxfordshire and Berkshire West ICS are:

- improve the health and wellbeing of people in our area
- tackle health inequalities
- improve productivity
- support broader social and economic development.

Further information can be found on the ICS website BOB Integrated Care System.

The Trust Board is responsible for preparing this Annual Report and the Annual Accounts and the Trust Board consider the Annual Report and Accounts, taken as a whole, to be 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.

The Trust's accounts have been prepared under a direction issued by NHS England under the National Health Service Act 2006. Accounting policies for pensions and other retirement benefits (as set out in the notes to the accounts) and details of senior employees' remuneration can be found in the remuneration report.

The external auditor for Berkshire Healthcare NHS Foundation Trust, as appointed by the Council of Governors, is Ernst & Young LLP. The Trust's internal auditors are RSM Risk Assurance Services LLP as appointed by the Trust Board.

Principal Risks and Uncertainties

A key role for the Trust Board and the Executive Team is to manage and mitigate risks to the delivery of our strategic objectives and we therefore operate a robust risk management process that ensures that all key risks are identified, and that mitigation action is taken to address these. Our Board Assurance Framework and Corporate Risk Register are regularly reviewed by both the Trust Board and relevant Board Sub-Committee and Executive Groups.

Our key risks relate to the safety of and quality of care we provide to our patients, as well as to the Trust's financial sustainability. We spend considerable time ensuring that financial pressures do not compromise safety and quality. Our key risks include:

- **Inability to recruit and retain sufficient staff which could impact our ability to meet our commitment to providing safe, compassionate, high-quality care and a good patient experience for our service users**

  Despite national workforce pressures and shortage, we have seen our workforce grow over the past year and we finish the year with our turnover below our target. However, the high cost of living in Berkshire, along with the availability of specialist staff continues to restrict our ability to recruit into some services. This continues to be a key area of focus for us and is addressed in our People Strategy 2021-24, which includes initiatives to grow and develop our existing workforce as well as opportunities for increasing apprenticeships in the organisation, build our number of international recruits and continue to improve our well-being and reward offers to staff.

- **Inability to meet the rising demand for our services due to high referral rates and increased acuity of patients. This risk has been elevated following the pandemic, with rates increasing further, particularly in Mental Health Inpatients, Community Nursing, Child and Adolescent Mental Health Services and Common Point of Entry**

Throughout the year we have continued to invest new funding into our services to build additional capacity to address growing demand. We continue to roll out and embed our quality improvement work across services to increase productivity and deliver better patient and staff experience.

- **The risk of our network and infrastructure being the subject of malware attack which could compromise systems leading to unavailability of clinical systems, loss of data, ransom demands for data and mass disruption**

  This risk came into sharp focus this year with the cyberattack which impacted a number of healthcare organisations. We continue to audit our processes and share our annual cyber security report with our Audit Committee. We retained our National CyberEssentials+ certification and ultimately continue to invest in our IT Team and infrastructure to defend against this on-going cyber risk.

Along with our Quality Improvement Programme, we have further strategic initiatives in place to address and mitigate these risks.

Going Concern

After giving due consideration to the principal risks and uncertainties contained in the Board Assurance Framework, Corporate Risk Register, and making additional enquiries wherever deemed appropriate, the Trust Board has a reasonable expectation that the Berkshire Healthcare NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future.

For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Performance Analysis – Monitoring Performance

The Trust Board oversees delivery against our key performance measures and achievement of strategic objectives. This ensures that the financial and governance requirements of our provider license are met, and that the quality and safety of care we provide meets the requirements of the Care Quality Commission.

The Trust takes an integrated approach to performance, measuring itself against targets and benchmarks in clinical care, quality, and finance. Within each there are a wide variety of measures, but all are monitored and reported using established and robust systems.

Our Performance Assurance Framework is built on the principles of our Trust Quality Improvement Programme. We review our "True North" organisation goals on an annual

basis to ensure that at the highest level, the organisation is focused on the same key goals. Our 'True North' goals for 2022-23 were:

True North goal 1: **Harm free care**

✓ To provide safe services by eliminating avoidable harm

True North goal 2: **Supporting our staff**

✓ To support our people and be a great place to work

True North goal 3: **Good patient experience**

✓ To provide good outcomes from treatment and care

True North goal 4: **Money matters**

✓ To deliver services that are efficient and financially sustainable

Our organisational goals provide the structure for our annual "Plan on a Page" and are supported by specific measures which enable us to focus our efforts and track our progress effectively. We use our Trust "Plan on a Page" as a template to inform both team plans and individual objectives for all our staff. For 2022-23, our "Plan on a Page" set out the following specific measures against each of our goals:

True North goal 1: **Harm-free care**

✓ To provide safe services, prevent self harm and harm to others

- We will protect our patients and staff from getting COVID-19 by using appropriate infection control measures
- We will identify and prioritise patients at risk of harm resulting from waiting times, and always ensure face to face care where clinically indicated
- We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all of our services

- We will recognise and respond promptly to physical health deterioration on our in-patient wards
- We will improve the physical health of people with serious mental illnesses
- We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and to facilitate learning from incidents

True North goal 2: Supporting our staff

✓ To strengthen our highly skilled and engaged workforce and provide a safe working environment

- We will ensure our teams have access to effective health and wellbeing support
- We will promote a culture of respect, compassion and kindness
- We will not tolerate bullying, harassment or abuse of any kind
- We will support staff to work flexibly and connect with their teams
- We will act on feedback from staff in order to further improve satisfaction and address any identified inequalities
- We will provide opportunities for staff to show initiative and make improvements through great team working, Quality Improvement and “Bright Ideas”

True North goal 3: Good patient experience

✓ To provide good outcomes from treatment and care

- We will reduce the number of patients waiting for our services
- We will identify and address inequality of access to services and improve outcomes
- We will collect more patient and carer feedback and use this to deliver improvements in our services

True North goal 4: Money matters

✓ To deliver services that are efficient and financially sustainable

- We will work as a team to manage within the financial plan for our services
- We will work as a team to identify and deliver improved productivity

Our Performance Assurance Framework reflects the key drivers of performance set against our ‘True North’ goals, as well as regulatory compliance. This provides a robust structure to

track all performance elements and resolve instances when performance is outside of accepted thresholds.

The tables below illustrate our performance against our key Driver Metrics over the course of the year. These are monitored and reported monthly to the Trust Board, following detailed review and scrutiny at the Finance, Investment and Performance Board sub-committee and the Quality and Performance Executive Committee.

Metric	Target	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Harm Free Care													
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	26 per month	25	30	23	25	16	29	18	31	23	36	19	24
Self-Harm Incidents on Mental Health Inpatient Wards (excluding LD)	42 per month	92	98	101	95	104	76	72	78	37	26	145	28
Number of suicides (per month)	Equal to or less than 3 per month	1	3	2	3	3	0	2	1	3	4	1	2
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	85%	78%	78%	79%	80%	79%	80%	79%	80%	80%	81%	84%	83%
Patient Experience													
IWGC Positive Score %	95% compliance from April 22	94%	92.7%	95.2%	95.2%	94.1%	95.5%	93.3%	94.8%	91.5%	94.5%	92.4%	93.7%
IWGC Compliance %	10% compliance	0.6%	1.0%	1.3%	2.3%	2.2%	3.4%	3.6%	5.4%	2.7%	2.8%	2.3%	3.1%

Supporting our Staff													
Metric	Target1	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Physical Assaults on Staff	44 per month	117	69	68	61	65	71	76	59	52	30	55	67
Staff turnover (excluding fixed term posts)	<=16% per month	16.19%	16.71%	16.76%	16.89%	17.02%	16.98%	16.5%	16.32%	16.52%	16.21%	15.69%	15.85%
Money Matters													
Variance from YTD NHSE financial control total (£'k)	<£0k	-3	32	-149	-400	-506	-714	-774	-822	-1092	-1277	-1818	
Variance from YTD NHSE efficiency plan (£'k)	>£0k	112	134	490	183	-571	-1141	-1803	-2357	-3003	-3583	-4283	
Inappropriate Out of Area Placements	180 Cumulative Total Q4 2022/23	69	114	226	144	329	524	266	484	591	50	112	212

In addition to our 'Driver' Metrics, we report on a number of 'Tracker' metrics and follow a strict set of business rules which manage the reporting and escalation when performance is off target. Performance against both our 'Driver' and 'Tracker' metrics are available for the public to view as part of our published Trust Board papers and can be accessed via the Trust's website.

We also use benchmark information to inform our assessment of the efficiency and effectiveness of our services in comparison to other providers. We undertake regular data quality audits and Information is also triangulated with data from other sources, such as Trust Board and Governor Quality visits, complaints and patient feedback to provide additional assurance on performance quality.

Financial Performance

The Trust's financial position is detailed in the Annual Statutory Accounts, which are part of this Annual Report. The Audit Committee on behalf of the Trust Board approved the full Audited Accounts on 23 June 2023 and the Auditor's opinion on the Financial Statements was unqualified.

The Trust delivered its financial plan for 2022-23 and ended the financial year reporting a surplus £24k. After accounting for the impact of donations and non-operating fixed asset

impairments we have reported a surplus of £2.4m

A summary of our financial performance can be seen in the table below. Full details of our financial statements can be found in the Annual Accounts later in this report.

	Actual £m	Plan £m	Variance £m
Operating Income	339.5	314.8	24.7
COVID Funding	4.0	4.0	0.0
Elective Recovery Fund	4.1	2.0	2.0
Total Income	**347.6**	**320.8**	**26.8**
Staff Costs	261.0	241.9	19.1
Non Pay	62.3	56.7	5.6
PFI Lease	7.5	7.0	0.4
Net Interest	2.7	4.0	(1.3)
Depreciation	10.8	10.8	0.1
Impairments	1.9	0.0	1.9
Disposals	0.0	0.0	0.0
PDC Dividend	1.4	1.3	0.0
Total Expenditure	**347.6**	**321.8**	**25.8**
Operating Surplus	**0.0**	**(1.0)**	**1.0**
Impairments	2.3	0.0	2.3
Donated Income	0.1	0.1	(0.0)
Reported Surplus	**2.4**	**(0.9)**	**3.3**

We now work more closely than ever with system partners. Our Trust's individual financial performance is now aggregated together with our partners across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System and collectively we are responsible for delivery of the system's financial target. This ensures we continue to build a shared responsibility for effective use of our collective resources as we all aim to achieve financial balance across the system. The Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System reported a £30.6m deficit for 2022-23.

The Trust's revenues are predominantly generated from other NHS organisations and we have generated income of £26.6m in excess of planned levels this year. This included a £9.8m funding adjustment for Employer's Pension contributions and an accrual for income of £9.3m for the non-consolidated pay award offer that has been made nationally. Earlier

in the year the Trust received additional funding for the 2022-23 pay award which was higher than the 2% in the plan. We have also benefitted from a higher level of Elective Recovery Funding than was planned.

Pay costs were £19.1m higher than planned, but again this is largely driven by the in-year pay award and the accruals for the Employer's Pension Adjustment and the non-consolidated pay award offer.

Non-pay costs were £6m higher than anticipated, with Mental Health placement costs higher than planned as pressure continued on our Mental Health inpatient services. We used some of the Elective Recovery Funding to invest in additional capacity for physical health and Children and Young People services.

Our level of capital expenditure must now be agreed with our system partners within an overall system allocation. We have continued to invest in technology, improving cyber security, enhancing, and developing on-line services to patients and continuing to allow our workforce to work remotely. Our overall investment in technology was £4.8m this year. In addition to technology, we have continued to ensure our facilities are safe and of good quality. This year we have invested £4.8m in our estate, including £2.2m in new clinical facilities and £1.5m in the Trust's new Head Office.

The Trust finished the year with a closing cash balance of £55.2m, which represents a net cash increase of £1.3m.

The Trust has no overseas operations.

Important Events Since Year End

There are no material events to report since 31 March 2023.

Better Payment Practice Code

The Trust aims to pay suppliers and providers of goods and services promptly and has a target of paying 95% of all invoices within 30 days of receipt. The Trust incurred £1k of charges in respect of interest under the Late Payment of Commercial Debts (Interest) Act 1998 during 2022-23.

The actual performance for the Trust for financial year 2022-23 was as follows:

	Number		Value	
	(count)	% of activity	£'000s	% of value
Non NHS				
Paid within 30 days	23,696	93%	87,355	91%
Paid over 30 days	1,860	7%	8,287	9%
Total	**25,556**	**100%**	**95,642**	**100%**
NHS				
Paid within 30 days	974	90%	11,704	78%
Paid over 30 days	104	10%	3,323	22%
Total	**1,078**	**100%**	**15,027**	**100%**

Joint Forward Plans and Capital Resource Plans

We have jointly prepared the Joint Forward Plans in both the Frimley and Buckinghamshire, Oxfordshire and Berkshire West systems, with specific contribution to community and mental health elements of the plans. This has included a system wide stakeholder workshop, as well as more detailed development of objectives and measures through the mental health provider collaborative, and key workstream groups including children and young people and neurodiversity. We have jointly developed the Year 1 operating plan comprising the start of the Joint Forward Plan whilst our involvement in the Integrated Care Partnership system strategy development can be linked back to the specific health responsibilities and initiatives of the Joint Forward Plan. The plan reflects ambitions to expand care closer to home as part of the development of community-based provision. Our Board endorsed both plans for submission to NHS England.

We work closely with partner across Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Systems to agree our annual proportion of the systems capital allocation, and throughout the year our spend against this allocation is closely monitored and reported to system Chief Financial Officers, ensuring that in year variances to allocation are managed to ensure that the system fully utilised its allocation.

Health Inequalities

The Trust is committed to reducing health inequalities and have had a dedicated

Reducing Health Inequalities Oversight Group in place since 2021. We have a programme of work that has focused on:

- Increasing our level of compliance for physical health checks for people with Severe Mental Illness to 85% (the national target is 60%) from a Trust starting position was 14%
- Improving outcomes for people with neurodiversity and learning disabilities
- Improving outcomes for people with diabetes
- Reducing the variation in the numbers of black males detained under the Mental Health Act

Physical health checks for people with Severe Mental Illness

People with a serious mental illness die on average 17-20 years younger than the general population of mainly preventable or treatable diseases. These individuals are likely to have higher alcohol consumption, are three times more likely to smoke, have double the risk of obesity and diabetes, three times the risk of hypertension and five times the risk of dyslipidaemia. Recognising the severity of this challenge, the Trust designated the improvement in physical health checks as one of our 'break-through' objectives, employing our Quality Improvement methodology to make a real improvement in the number of health checks delivered.

Since January 2021, we have continued to establish physical health teams across Berkshire who attend clinics in multiple locations across the county and undertake a home visiting service. We have developed a reliable data system to identify patients appropriately and have implemented education and awareness training for all mental health staff. As a result of these actions our compliance has increased from 14% to over 80%.

Neurodiversity and Learning disabilities

All of Berkshire Healthcare's services work with autistic people, people with Attention Deficit Hyperactivity Disorder, people with Learning Difficulties or Disabilities and the prevalence of autistic people, and people with Attention Deficit Hyperactivity Disorder within some of our services will be above that of the general population, in particular our mental health services.

Autistic People have been found to have an overall risk of early mortality more than double that of the general population and are at increased risk of dying younger from virtually every cause of death both physical and mental health related. Autistic people with no additional Learning Disability are over 9 times more likely to take their own live. Multiple studies suggest that between 30 and 40% of autistic people have considered suicide. With one study finding that 14% of autistic children considered suicide, compared to 0.5% of typically developing children. People with Attention Deficit Hyperactivity Disorder are at increased risk of developing depression and

anxiety symptoms – girls with Attention Deficit Hyperactivity Disorder are more vulnerable to depression, self-harm and anxiety than boys.

Self-harm, suicidal thoughts, criminal behavior, poorer health outcomes are not a symptom of Autism or Attention Deficit Hyperactivity Disorder but they are risks that are increased due to social pressure, lack of reasonable adjustments, marginalisation and difficulty in accessing appropriate services.

To address this, the Trust launched its dedicated Neurodiversity Strategy and has appointed a Trust Neurodiversity Lead who reports to the monthly steering group. The strategy focuses on the care and treatment of people of all ages who access our physical and mental health services and highlights the need for understanding, knowledge and support. We committed to:

- Co-Production with experts by experience and have an Expert by Experience Advisory Board.
- Improving knowledge and awareness about neurodiversity for all Berkshire Healthcare staff and services and have delivered dedicated staff training as part of the Oliver McGowan Training Pilot, identified training needs for all staff, reviewed and are adapting all current Trust training – for example, risk training and established a Suicide Prevention Group – that has oversight of the Autism and Suicide prevention training
- Improving the quality of, and access to services for neurodivergent people and their families. We have completed a review of our data to identify who is using what services. We have also completed a service user survey on access to and quality of services, and reviewed incidents.
- Workforce – making Berkshire Healthcare a great place for neurodivergent people to work. We have worked to identify our Neurodivergent workforce and understand our barriers to disclosing and making reasonable adjustments and have completed a staff survey.

Learning Disability

We have moved our Campion Learning Disability unit into a new ward based at Prospect Park Hospital. We continue to seek to avoid all but essential admissions by supporting people well in the community.

We continue to work to make staff experience “outstanding for all” and a “safe place to be me” and have continued our development of our partnerships across Systems, Places and Neighbourhoods – using a network approach. We have continued our focus on appropriate use of technology including MS Teams and expanding the use of RiO (electronic patient record system) to reduce duplication, waste and improve efficiency. The Trust continues to develop the use of SHaRON which is a secure and confidential online platform, moderated by clinical staff, to enable parents, carers and young people to support each other and get expert advice.

We have reviewed our Community Team for People with Learning Disabilities and systems of work, referral management, caseloads and pathways. We continue to raise awareness of learning disability, the impact of inequalities, lower life expectancy and use of Standards for Improvement more widely across Trust services. We have widened the awareness of learning disability and reasonable adjustments to reduce inequalities, increased awareness of mental capacity and best interest decisions – to reduce delays and promote involvement and advocacy and update RIO (electronic patient record) system with a protected characteristic flag for Learning Disabilities.

Diabetes

A review of our services revealed inequity of access to specialist Diabetes services across Berkshire for people with Type 1 Diabetes. An inequity in the proportion of people with Type 1 Diabetes achieving HbA1c of <=58mmols (blood glucose level) across Berkshire and inequity in the support that Berkshire Healthcare staff provide to those with Diabetes.

In response, we have increased the numbers of people with Type 1 Diabetes in East Berkshire under the care of the Diabetes Specialist Service and have invested, increasing the numbers of clinics and staff we provide. As a result, we have increased numbers of people in East Berkshire with Type 1 Diabetes achieving a HbA1c of <=58mmols and developed on-going Diabetes Education for all staff employed by the Trust who manage people with Diabetes using a virtual platform and dedicated webpage.

Mental Health Act detentions

We have reviewed Mental Health Act detentions data and compared it against Office of National Statistics data. This has revealed significant variation across Berkshire indicating that depending on which locality a Black individual resides in, they may they be more or less likely to be detained under the Mental Health Act. We have established a dedicated programme of work to address this variation. We are undertaking a case review of Section 2 detentions and have employed research students from the University of Reading to complete a literature review to build the framework within which clinicians complete the case review of appropriate patients.

We are mapping the holistic mental health offerings across Berkshire. We commissioned South Central to build a Geographical Information System map that illustrates the location of all NHS, Local Authority and Voluntary, Community and Social Enterprise Sector low level mental health services. Other layers in the map include ethnicity, deprivation, gender, age, distance to service, appointment type amongst others. We plan to use this analysis to gain a better understanding about the drivers for this variation and will be working with the Race Health Observatory to complete this when the data is available. We are also actively engaging with our community and are working with MIND to support a programme of engagement with

people and their families/carers with lived experience of detentions.

This work reports to the Health Inequalities Oversight Group and the Mental Health Act Governing Body, who receive quarterly reports including detentions by ethnicity, age, outcome, appeals.

Social, Community, Anti-Bribery and Human Rights Issues

The Trust Board conducts its business in an open and transparent way. We are committed to the prevention of bribery as well as combating fraud. To limit our exposure to bribery, we have in place a Standards of Business Conduct Policy, a Freedom to Speak Up: Raising Concerns Policy and our Duty of Candour and Being Open policy.

We hold a register of interest for directors, staff, and governors and ask staff not to accept gifts or hospitality that will compromise them or the Trust. We employ TIAA, our local counter fraud specialists who investigate, as appropriate, any allegations of fraud, bribery or corruption supported by our Counter Fraud policy.

As a public sector body, we are committed to fully meet our obligations under all aspects of Human Rights Act 1998, Mental Health Capacity Act 2005 and the Equality Act 2010 and ensure we have supporting policies in place within the Trust including Mental Capacity Act and Deprivation of Liberty Safeguard policy, Section 132 Detained Patient's Rights policy and Equal Opportunities and Diversity policy. Trust policies are available to all staff and are routinely updated and reviewed.

Equality of Service Delivery

We have a Trust Board approved Equality, Diversity and Inclusion Strategy which includes targeted interventions for both our workforce as well as patients and communities who use our services.

We are clear on our responsibilities under the public sector equality duty, which include:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

We have identified clear areas of focus for our patients and service users and our staff which are available in our Equality, Diversity and Inclusion Strategy.

For our patients, our focus is the collaborative approach to identifying and resourcing work to reduce health inequalities. This work is supported by ensuring the demographics of the people who use our services are captured more consistently so that we can ensure there are no inequalities in access. In the past year, we have focused on changes to our systems and developing a communication kit to help front line staff meet people's communication needs.

For our staff, we are focused on addressing differentials in experience – particularly for our Black, Asian and Minority Ethnic (BAME), disabled and LGBT staff who experience disproportionate levels of bullying and harassment from patients, peers, and managers. We are also working to ensure that there is no differential in career progression and recruitment. This includes reviewing our recruitment processes to ensure they support applications from diverse applicants and that equal opportunities are given for career progression and talent management. We are also reviewing our leadership training offer for managers and leaders to ensure it supports the development of an inclusive culture in the organisation.

All this work has been designed in collaboration with our five staff networks, Race Equality, Purple (Disability), PRIDE (LGBTQ+), COURAGE (Veterans) and Carers (Carers and their families) and these groups are key in supporting our priorities.

There are set key performance indicators for all the work identified in the Equality, Diversity and Inclusion Strategy and these will be monitored regularly via the Diversity Steering Group, Strategic People Group and reported periodically to the Trust Board. Further progress will also be measured through compliance and benchmarking work associated with the Workplace Race Equality Standard (WRES) and Workplace Disability Equality Standard (WDES), Gender Pay Gap (GPG) reports which are published annually, and the Stonewall Workplace Equality Index (WEI) which is submitted annually.

Equality, Diversity and Inclusion

The Trust's Equality, Diversity and Inclusion strategy 2021-2024 has been approved by the Trust Board and sets out the equality objectives that will support both staff and patients across the organisation. The Diversity Steering Group continues to provide leadership, scrutiny and accountability to ensure all Equality, Diversity and Inclusion has been in line with these objectives.

The National NHS Staff Survey results continue to show that we are not making the progress that we want around Equality, Diversity and Inclusion and we have identified the need for sustained improvement in our strategy. We are committed to driving the changes needed to make Berkshire Healthcare NHS Foundation Trust outstanding for everyone.

We have recruited a Deputy Director who will oversee the Equality, Diversity and

Inclusion Team who are dedicated to the essential work of this Strategy. The team is responsible for creating the systems, processes and supporting behaviours that address inequalities and help to create an inclusive culture for both patients and staff. This team will support work aligned to the Strategy priorities and will work with Divisions and Services in the identification of their priorities, ensuring they align with the Strategy. We continue to focus on how we can reduce health inequalities and ensure our services are accessible to everyone in the communities in which we serve.

Equality, Diversity and Inclusion Strategy Priorities

Our 2021-2024 strategy identifies key priorities for our people for our patients and communities with a focus on creating a culture of inclusion and belonging and eliminating differentials in experience:

Our People:

- Address and reduce inequalities and differentials in experience, focusing on bullying and harassment, aligned to workforce retention in the People Strategy
- Embed inclusive and compassionate leadership approaches
- Develop workforce career progression and talent management
- Strengthen and develop our staff networks including making them more inclusive to facilitate allyships
- Refresh and re-develop the "Ready for Change" inclusive programme to deliver and focus on the culture change required based on allyship and a greater appreciation of the different cultural norms that can cause misunderstandings and miscommunication, known as "cultural intelligence".
- Making the intentional effort to create a diverse, equitable, and inclusive environment, which involves acknowledging and addressing bias, privilege, power dynamics that can lead to exclusion. This requires ongoing commitment to actively listen, amplify underrepresented voices and foster a culture of belonging where everyone feels valued and respected, known as "Conscious Inclusion." Finally, creating an "Inclusive Culture" working environment that values and respects all individuals regardless of their differences and promotes collaboration, open communication and a sense of belonging whilst recognising and celebrating diversity.

Our patients:

- Embed the Accessible Information Standard for disabled patients across all services
- Embed reasons for and recording of patient demographics to improve health outcomes
- Identify actions and resources needed to identify health inequalities through community engagement
- Continue to promote LGBTQ+ engagement and support through Stonewall and Reading Pride

- Develop strengths-based inclusive recruitment with services
- Co-produce actions and resources needed for Trans patients' pathways and policies

Public Sector Equality Duty

The Public Sector Equality Duty (PSED) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.

The Trust's Equality, Diversity and Inclusion Strategy supports compliance under the Public Sector Equality objectives, as required by the Equality Act 2010 as follows:

- Reduce bullying and harassment as reported by staff, and in particular, Black, Asian and Minority Ethnic (BAME) and disabled staff, in the annual National NHS Staff Survey. We are working to reduce experiences of bullying and harassment for all our staff and to equalise the experience between BAME/disabled and white/non-disabled staff so that there is no gap or differential in experience. The 2022 National NHS Staff Survey data showed that there is a 10% gap between our BAME and white staff experiencing bullying and harassment from patients and a gap of 9% in relation to bullying and harassment from staff. This gap has been widening in both data sets since the last National NHS Staff Survey
- Increase the diversity of our workforce with particular focus in year two of the strategy on inclusive recruitment and career progression
- Address the difference in perceptions of equal opportunity in career progression between white and BAME staff (as measured by our annual National NHS Staff Survey). The National NHS Staff Survey results from 2021 have shown a 4% decrease from the previous year, with the gap widening to nearly 22% between perceptions of BAME staff in comparison to white colleagues
- Significantly improve the wellbeing of all staff and a reduction in the proportion of staff experiencing stress related illness. The NHS National Staff Survey results for 2022 show that 74.5% of staff feel that the organisation takes positive action on health and wellbeing which is 11% above the average for trusts in our comparison group and only 0.8% below the top score and 18% above the national average. Stress related illness remains the top cause of work-related absence and we now have a dedicated post focusing on wellbeing across the Trust and an outstanding offer of mental health support for our staff in response to their needs during the COVID-19 pandemic. There is also a named Non-Executive Director with the responsibility of a wellbeing guardian
- The wellbeing of our people is at the centre of our organisational culture and we want to make sure that our people feel well and supported at work. One of our key responsibilities is our duty of care to protect the health and safety at work of people and this includes understanding if they are at extra risk from COVID-19. We have done much work already to protect our vulnerable staff groups, including shielding those who are extremely clinically vulnerable and making

adjustments to the working arrangements of everyone who has been identified as high risk in the workplace

- Ensure the roll out and consistent offer of reasonable adjustments for disabled people, in particular, implementation of the NHS Accessible information standard for all disabled patients who use our services. The National NHS Staff Survey results showed there was a 4.3% improvement in staff who have a long-term condition or illness saying their manager has made adequate reasonable adjustments to enable them to carry out their work but there is still more work required to ensure all managers are equipped to support their teams
- Focusing on training and development of our leaders and managers to make sure that they are equipped to support their teams with inclusive behaviours and that they take the necessary action to create an organisational culture that supports inclusion and belonging for all
- We remain committed to continue to make meaningful improvements to the experience of our LGBTQ+ staff and patients. Berkshire Healthcare NHS Foundation Trust is aiming for improved scores in our National NHS Staff Survey. We have identified the need to develop a pathway for our Trans patients with processes for recording data on electronic records
- Engage with diverse groups in our communities, in particular Black, Asian and Minority Ethnic, Lesbian, Gay, Bisexual and Trans and Disabled people to inform our understanding of their priorities regarding health inequalities, with a view to identifying resources needed to address these and put in place the required actions to ensure equity of access in both Mental and Community Health Services

With implementation of a new restructure within operations, we will see named Equality, Diversity and Inclusion Leads for our operational and clinical divisions. This will identify key priorities for the next year that will ensure that Equality, Diversity and Inclusion is central to workforce and service provision, supporting staff and patients, actively addressing health inequalities linking back to divisional workforce data and key strategy priorities.

Staff Networks

The Trust is proud to have five established staff networks These are:

- Race Equality
- Purple (Learning disabilities, Audio and visual impairments, mental illnesses, and other disabilities)
- Pride (Lesbian, Gay, Bisexual , Trans and Queer (LGBTQ+)
- Courage (Veterans)
- Carers (Carers and their families)

The Networks continue to support the progress in addressing the associated inequalities with these protected characteristics. Each of the Staff Networks has an

Executive Director sponsor who is responsible for supporting the development of each Network.

This year, the Network activity included:

- Support focused on staff wellbeing, rolling out of any associated initiatives and promoting shared experiences
- The development of our People Strategy, Equality, Diversity and Inclusion Strategy and supported and informed on our Trust disciplinaries and investigations policy. In addition, we collaborate to improve training and education, career progression for staff with protected characteristics

Workforce Equality, Diversity and Inclusion

As at March 2023, the Trust employed 4,661 (whole time equivalent) members of staff

- 83.3% were female and 16.7% were male
- 28.4% of staff were from Black, Asian and Minority Ethnic backgrounds compared with 28.5% of the Berkshire population being ethnically diverse (based on Census Data)
- 6% were people with a declared disability
- Electronic Staff Record and the National NHS Staff Survey do not record gender identity and therefore we are unable to report the number of Trans staff employed within the Trust.

Equality and Diversity of the workforce is monitored through the people dashboard and data is now available to Divisions via tableau (updated quarterly):

Table 1: Workforce Diversity

	March 2022		**March 2023**	
	%	**Staff**	**%**	**Staff**
Total		***(4,780)***		***(4,968)***
Age				
16 – 25 years	5.9%	283	6.3%	311
26 – 35 years	22.4%	1071	22.0%	1,093
36 – 45 years	25.7%	1,228	26.2%	1,300
46 – 55 years	27.2%	1,298	26.6%	1,320
56 – 65 years	16.7%	797	16.8%	834
66 plus years	2.2%	103	2.2%	110
Ethnicity				
White British	61.5%	2,941	60.1%	2,987
White Other and Irish	7.9%	377	8.7%	433

Mixed	2.8%	134	2.9%	144
Asian or Asian British	12.4%	591	13.8%	688
Black or Black British	10.1%	484	10.0%	495
Other Ethnic Group	2.2%	103	1.7%	84
Not specified	3.1%	150	2.8%	137
Gender				
Women	83.4%	3,986	83.3%	4,136
Men	16.6%	794	16.7 %	832
Not specified	0	0	0	0
Disability				
Disabled staff	5.3%	255	6.4%	318
Religion				
Christian	48.2%	2,302	47.3%	2,351
Atheist	15.9%	758	16.7%	831
Islam	4.5%	214	4.6%	229
Hindu	3.4%	164	3.6%	180
Other	12.0%	574	11.9%	591
Not Stated	16.1%	768	15.8%	786
Sexual Orientation				
LGBTQ+	3.3%	158	3.6%	178
Heterosexual	85.8%	4,009	86.0%	4,273
Not Stated	10.9%	523	10.4%	517

Senior Managers/Leaders As at 31st March 2023	**Gender**		**Ethnicity**		
	Male	**Female**	**White**	**Non-White Minority ethnic**	**Undisclosed**
Non-Executive Board (7)	57.1%	42.9%	42.9%	28.6%	28.6%
Executive Board (6)	66.7%	33.3%	66.7%	33.3%	0.0%
Directors (Locality, Clinical and other)	25.0%	75.0%	75.0%	25.0%	0.0%
Heads of Service	14.3%	85.7%	78.6%	21.4%	0.0%
Senior Managers (8c and above)	29.8%	70.2%	83.7%	13.5%	2.9%
Berkshire Healthcare NHS Foundation Trust staff (total headcount)	832	4136	3420	1411	137

The most significant change in the ethnic diversity of senior management and leadership has been a decrease from 21.1% in 2021 to 11.1% in 2022 in the non-white

minority ethnic workforce in Director roles. An increase of 12.2% in Director undisclosed category.

There has however, been an increase in Agenda for Change band 8C and above postholders in the non-white minority ethnic group that increased from 7.9% in 2021 to 12.3% the past year. The undisclosed category for this group has decreased by nearly 6%.

Equality Impact Assessment

The Trust continues to publish equality impact assessments with corresponding policies. The Trust Board papers also include an equality impact paragraph as part of the cover sheet to ensure that equality is taken into account. The new equality impact assessment is now being used as part of the business case approval process and is featured on our internal staff intranet (called NEXUS) as part of the process.

NHS Equality Delivery System (EDS)

We are awaiting the release of the Equality Delivery System (EDS) 3 and remain in contact with NHS England to track progress, however a decision was made to complete the EDS2 to ensure we continue to track progress in the interim. We completed and published the EDS2 self-assessment, which highlighted areas of significant progress and areas to prioritise aligned to our Strategy. We will be undertaking EDS again by February 2024.

National NHS Staff Survey 2022

The overall engagement score for the 2022 National NHS Staff Survey score is 7.4. This is the highest for all combined Trusts. However, there were no significant changes in the scores compared to the previous year for equality and diversity or safe environment/bullying and harassment. For example, 63.5% (compared with 61.8% in 2020) of our staff feel the organisation acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age (compared to 57.5% of the national average).

We recognise that there is a gap of 17% between BAME and white staff.
The Trust is committed to providing a culture of belonging for every employee within the organisation. The findings from the results of the National NHS Staff Survey have been incorporated in the development of both the overall Trust Strategy and the People Strategy to ensure the golden thread of equality, diversity and inclusion is included in all work across the Trust and remains a significant focus for the organisation in 2022-23.

Stonewall Equality Workplace Index (WEI)

Berkshire Healthcare NHS Foundation Trust has retained membership during 2022. A significant amount of trust-wide work was undertaken to improve the experiences of both our workforce and patients with engagement across all divisions.

Working in partnership with Reading Pride in September 2022 and with the Royal Berkshire Hospital in activities to engage the LGBTQ+ community, which focused on breaking down health inequalities that exist within them. The Trust is proud to have been announced as a Top 100 Diversity champion employer, ranking in at number 68, 22nd in the public sector and 6th in the health and social care sector. We plan to continue to build upon this amazing work and provide support to other Health and Social care partners, our service leads and the PRIDE Staff Network to build LGBTQ+ inclusion, leadership programmes, process, procedures and policies and engagement within the communities.

Rainbow Badge phase 2

Following an application process, we were chosen to participate in the NHS England collaboration with LGBTQ+ Foundation, Stonewall, the LGBTQ+ consortium and GLADD (Association of LGBTQ+ Doctors and Dentists), undergoing an assessment and accreditation model to demonstrate our commitment to reducing barriers to healthcare for LGBTQ+ people. We are proud to have achieved a bronze award and plan to continue to build on our strong track record.

Disability Confident

The Trust is currently the highest level of Disability Confident with Leader status. Work is in place to assure this accreditation is maintained and best practice is built upon and shared. This helps us to improve the pathways for individuals who have a disability, impairment or long-term health condition, to access and retain employment within the Trust. We are launching our Supported Internship Programme in partnership with Ways into Work Community Interest Company to provide an employment pathway for young people with a learning disability or are autistic and remain persistently excluded from the workforce.

Race Equality

The Workforce Race Equality Standard (WRES) action plan was approved in 2022 and is embedded within the Equality, Diversity and Inclusion strategy.

The work to deliver the change needed to support our ethnically diverse staff continues to be a priority within the Trust with a particular focus on reducing bullying and harassment, inclusive recruitment, and ensuring equality of opportunity in career progression. We are embarking on plans to take anti-racist action across our Trust

which will be further developed in 2023 and beyond.

The National NHS Staff Survey (table below) highlighted that the experience of our Black and ethnic minority colleagues is considerably poorer than white colleagues and highlights the continued need for focused and targeted work, a key priority in the Equality, Diversity and Inclusion strategy.

Question		2021	2022
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White	20%	19%
	BAME	29%	29%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	14%	15%
	BAME	23%	21%
Percentage believing that the trust provides equal opportunities for career progression or promotion	White	67%	68%
	BAME	46%	52%
In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / team leader or other colleagues	White	5%	5%
	BAME	14%	13%

The Trust will continue to prioritise equality of opportunity for BAME staff, discrimination from managers, harassment, bullying or abuse from colleagues or patients.

Disability Equality

The Purple Network currently has around 270 members. They have continued to support their members through many activities such as virtual regular 'Coffee House' meetings, 'Purple Peers' – which provides expert peer support offered on a 1:1 basis, contributing their opinion to Trustwide policy reviews, promote and raise awareness of the network through induction and educational events , and have contributed to the wellbeing assessments for all staff.

The Workforce Disability Equality Standard (WDES) came into force in April 2019 and incorporates a set of specific measures that will enable NHS organisations to compare the experience of disabled and non-disabled staff. The action plan for 2022 was developed with the Purple Network and key stakeholders and is embedded within the Equality, Diversity and Inclusion Strategy and related priorities.

The 2022 WDES data as well as the National NHS Staff Survey results (table overleaf) showed the experience of colleagues with disabilities is poorer than those without. Some innovation and process mapping has been highlighted in the provision of reasonable adjustments for staff with medical and physical conditions, disabilities,

learning disabilities, visual and audio impairments. The Equality, Diversity and Inclusion team have planned targeted work around reasonable adjustments to support the candidate attraction, recruitment, selection and retention of our disabled workforce. This has been identified as an immediate priority in this strategy as there was an understandable delay in access over the pandemic. This will support Human Resources Business Partners, Human Resources Managers and all managers to understand their responsibility around making reasonable adjustments which is supported by guidance documents for staff and managers to support the Reasonable Adjustments Policy which was published in April 2021 and should be included in appraisal discussions for all staff.

A review of the Trust's performance against the Accessible Information Standard was undertaken and a set of recommendations have been agreed and prioritised for implementation to ensure consistency across the Trust this year.

The National NHS Staff Survey has shown some encouraging improvements for our disabled staff with a 4% increase in the perception of equal opportunities for career progression. Steady improvement is seen in the scores across all five areas, but we recognise that there is still a gap in the experience of bullying and harassment between our disabled and non-disabled staff that we aim to eliminate through the Equality, Diversity and Inclusion Strategy priorities and associated workstreams.

Question		2021	2022
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Non-disabled	20%	20%
	Disabled	30%	27%
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Non-disabled	11%	12%
	Disabled	19%	18%
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	Non-disabled	64%	65%
	Disabled	53%	61%
Percentage of staff satisfied with the extent to which their organisation values their work	Non-disabled	61%	61%
	Disabled	51%	52%
Percentage of disabled staff saying their employer has made reasonable adjustment(s) to enable them to carry out their work	Disabled	81%	81%

Sexual Orientation and Trans Equality

The Pride network membership has grown significantly, and there are currently 154 members and allies. Our aim is to ensure that the voices of the whole LGBTQ+ community are represented.

The National NHS Staff Survey results are consistent with the previous years: the number of staff preferring not to declare their sexual orientation internally via their NHS Electronic Staff Record (ESR) continues to be lower than on the external National NHS Staff Survey (NSS). We are aware that there is need to continue working towards facilitating a culture that is outstanding for everyone, where all staff feel comfortable and willing to disclose their sexual orientation and gender identity so that everyone can bring their whole self to work.

	ESR	NSS
Staff that identified as heterosexual	85.4%	90.1%
Staff that identified as LGBT+ (On ESR staff could select LGBT+ compared to the NSS where staff selected Lesbian, Gay, Bisexual)	3.3%	3.4%
Other / prefer not to say / not stated	11.3%	5.7%

Reading Pride took place in 2022. The Trust continues to play a key role in developing and sharing best practice internally at the Trust and beyond with partner organisations and with physical presence at events through community engagement activities. Rainbow and Stonewall accreditations give recognition to our activity and drive continual improvement and best practice.

Sustainability and Climate Change

The Trust has ratified and adopted a Green Plan (2022-25) entitled "Net Zero 'n' Green" and a Green Action Plan to fulfil its responsibility to contribute to a sustainable National Health Service by addressing climate change. The Trust has set the ambition to provide healthcare that is sustainable, efficient, flexible and resilient whilst enriching the health and wellbeing of the communities it serves.

The Green Plan has several strategic goals aligned with NHS England's Net Zero two goals. The report below provides an update on the Trust's progress against its Green Plan and Green action plan in a post-Covid-19 environment.

Year on Year Progress (2022-2023)

People and Training

Sustainability has been introduced into the Trust's Corporate Induction Programme for all new employees and the Sustainability Manager now delivers a monthly live broadcast on Day One of the Induction week. Its intention is to raise sustainability awareness at the outset of each employee's employment journey with the Trust and awareness is further encouraged via the e-mail inbox ourgreenplan@berkshire.nhs.uk where staff can ask questions or seek advice on matters pertaining to sustainability.

Matters relating to sustainability that are deemed to be of interest to staff are sent to the Marketing and Communications Team to be published via the appropriate communication channel, examples include Team Brief (electronic staff newsletter), Nexus (staff intranet) and the Trust's website. The Sustainability Manager is collaborating with the Marketing and Communications Team to develop and publicise a quarterly Green Sustainability newsletter.

The Trust's Nexus staff intranet now has a "Bright Ideas" page section to encourage staff to present sustainability ideas, as well as advising of ongoing sustainability activities being undertaken by the Trust.

To further highlight the position of sustainability within the Trust, we are currently recruiting a graduate from the University of Reading to support in establishing **Green Champions** for advancing the Trust's Green Plan actions.

Travel

Overall business mileage recorded by the Trust for 2022-23 was 2,389,560. This represents an increase of 222,746 miles, when compared with 2021-22 business mileage. This is an increase of just over 10%. Business mileage is a direct reflection of the level and amount of healthcare service the Trust is providing to the communities it serves. In the post covid-19 era, staff are making more journeys between sites and home visits.

The increase in business miles has also resulted in an increase in carbon emissions from 630 tonnes 677 tonnes. This is a 7.5% increase, which is proportionally less than the business mileage increase. The proportional percentage difference between carbon emissions and increased mileage can be accounted for by the greater use of electric and hybrid vehicles by the Trust and its staff. With this increase in mileage, the Trust has seen an increase in business mileage costs of £173,991.

Utilities

Electricity consumption has reduced by 13% when compared with the year 2021-22. This can be attributed to mild weather, a reduction in the Trust's occupied floor area, the advent of hybrid working (office and homeworking) and a concerted effort to use less electricity.

Our electricity suppliers have provided REGO (Renewable Energy Guarantees of Origin) certificates confirming that all electricity consumed by Trust buildings is generated from 100% renewable sources. This certification applies to properties under the direct management of the Trust and those managed by NHS Property Services. With such a significant proportion of the Trust buildings with RGEO certification, this means that the Trust has decarbonised a very large part of its electricity usage (83%). It is envisaged that 100% is achievable in the next financial year.

Gas consumption has also reduced by 29% when compared to 2021-22. Despite this reduction, the Trust incurred a 26% increase in expenditure on the gas supply.

Water consumption has increased by 28% relative to the previous year. This is due to changes in working practices post Covid-19 and increases in service provision. The increase in water usage has also resulted in an increase in water costs.

Estate

Key activities across the Trust estate which are aligned with the Green Plan have resulted in the outcomes listed below:

- Twenty-eight Electric Vehicle chargers have been installed across seven sites
- Sustainable refurbishment of London House (Trust's Head Quarters) with the inclusion of energy efficient LED lighting, energy efficient temperature control and sustainable recycled furniture within the project. Further LED lighting installation will be done at Erlegh House and Churchill House this financial year. There has also been LED lighting installation at Trust properties managed by NHS Property Services
- Where new sites are acquired or old sites are being refurbished, the provision for electric vehicle charging points is a key consideration at the start of the project. This is exemplified by the London House refurbishment with six electric vehicle charging points incorporated into the project**.**
- An application was submitted to the Salix Public Sector Decarbonisation Scheme. Whilst the application passed the technical assessments, it was unsuccessful because the scheme was oversubscribed and the total number of applications exceeded the funding that was available
- The development of a high-level business case for the Solar Farm Capital Project on the five-acre land next to West Berkshire Community Hospital. This project has the potential to reduce the hospital's reliance on grid electricity, whilst also generating revenue by exporting electricity to the national grid
- The development of high-level business cases for two roof top solar projects at West Berkshire Community Hospital and Prospect Park Hospital, if taken up, these behind the meter solutions have the potential to realise significant energy cost savings for the sites.
- Discussions with Reading University and Reading Energy Community to develop a Power Purchase Solar Project at Erlegh House. An outline proposal has been

developed by Reading Energy Community for the Trust to review. This project has the potential to provide the Trust with electricity below market rate

- Improved monitoring and reporting tools are under development for use on buildings directly managed by the Trust
- There have been several sustainability initiatives carried out at West Berkshire Community Hospital including increased tree coverage to provide and shading and flood prevention and the planting of a Tiny Forest

Trust Collaborative Working Partnerships

Collaborative working relationships have been established between the Trust, NHS Property services, and with the PFIs Contract Management Teams. This ensures that the NHS Property Services Estate Teams and PFI contracts work in tandem with the Trust in support of the Trust's Green Plan. To facilitate this process NHS Property Services and the Trust Estates Facilities Management have established a Green Liaison Group.

Other groups in which the Trust have active participants include NHS England's Southeast Regional Estates Delivery Group, Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Systems Net Zero Programme Board, the Southeast Sustainable Procurement Group and the South-East Medicines Working Group.

Waste

Waste management has continued to be a challenge in the post covid-19 era, however Improvement in the monitoring of waste has had a positive impact as set out below:

- The amount of clinical waste produced by the Trust has reduced by 26%
- Overall, there has been a 6% increase in the total waste produced by the Trust when compared with the previous year. This increase is due to the Trust producing more general and recycled waste
- This increase in total waste tonnage has resulted in an increase in costs of 7%
- The Trust has now moved to 100% recycled A4 paper, significantly increasing its waste reduction and recycled credentials.

NHS Property Services are working on improved reporting tools with NHS England. This will improve the flow of data acquisition from the Trust occupied sites managed by NHS Property Services.

Procurement

The Trust's Procurement policy ORG016: *Fighting Climate Change through Procurement* has been submitted for approval. This, along with the adoption of the *Southeast Sustainable Procurement Group Draft Terms of Reference* provide a good foundation to support the Trust in ensuring it maintains its commitment to sustainable

procurement for the future.

Achievements achieved so far include:

- The Trust has now moved to 100% recycled paper
- The Sustainability Manager and Head of Procurement have engaged with EMSOL's (external specialist) to explore opportunities to advise and provide focused sustainable Transport NHS Net Carbon Zero monitoring at Trust locations where it is deemed to be applicable
- Sustainability questions are now included in all Invitations to Tenders to perspective supply chain partners. The Sustainability Manager supports the Procurement Evaluation Team in the evaluating of invitation to tenders responses to sustainability questions
- Implementation of the minimum 10% Social Value (including sustainability) requirement for tender evaluation criteria. This significantly increased the weight given to these criteria.

Non-Financial and Financial Performance

The table overleaf summarises the allotted data for the Trust's sites i.e., their corresponding direct business transport miles, utilities, waste, water as well as the linked carbon emissions (in tonnes of CO_2e).

		2021/22		**2022/23**			**2021/22**	**2022/23**
Area		**Non-financial data (applicable metric)**	**Tonnes CO_2e***	**Non-financial data (applicable metric)**	**Tonnes CO_2e***		**Financial data (£)**	**Financial data (£)**
Waste minimisation & management	General (t)	311	6.64	361	7.68	Total cost of waste disposal	£248,867	£265,602
	Recycling (t)	153	3.27	172	3.66			
	Clinical (t)	128	2.73	95	2.02			
	Total	592	12.64	628	13.36			
Utilities: (Finite Resources)	Water (M^3)	37,771	12.99	48,481	7.22	Water	£122,921	£132,245
	Electricity (GJ)	20,444	246	17,788	172	Electricity	£989,488	£1,226,660
	Gas (GJ)	35,572	1,817	25,299	1,265	Gas	£320,181	£403,826
Business transport	Vehicle miles	2,166,814	630	2,389,560	677	Cost	£1,139,237	£1,313,228
Total CO2e			3,018		2,148			

* Note, all conversion factors used to calculate the tonnes CO_2e were extracted from the UK Government Conversion Factors for greenhouse gas (GHG) reporting (2022, version 2)

Future Priorities and Complementary Activities

The focus of future priorities will be on the 2023-24 actions listed in the Green Plan and a set of complementary Net zero activities. The additional activities, whilst not specifically referenced in the Green Plan, are necessary enablers and complementary drivers to the Trust Net Zero Programme. They also support the overarching objectives, which is to hit the target of net zero and contribute to the wider NHS England Carbon Reduction Programme.

Complementary Net Zero Activities include:

- Solar Farm feasibility study on land next to West Berkshire Community Hospital subject to funding
- Upgrade to the Building Management System at Prospect Park Hospital
- Additional Electric Vehicle Chargers – subject to review and available capacity
- Zone heating controls improvements at West Berkshire Community Hospital
- Promotion and implementation of a Science Day facilitated by Earth Watch at the Tiny Forest at West Berkshire Community Hospital
- Implementation of NHS England's Estates Green Plan Technical Annex requirements
- Develop and implement a Travel Plan
- Develop and implement a Waste Strategy and an Energy Strategy
- A Submetering Strategy to be developed
- Development of Sensory Garden at Wokingham Community Hospital
- Additional Energy and Waste monitoring
- NHS England's Estates 'Net Zero' Carbon delivery Plan Technical Annex requirements
- Develop Decarbonisation Plans for the Trust
- Implementation of Carbon Reduction Awareness training for all staff
- Introduction of waste and energy reduction targets.

Emergency Preparedness, Resilience and Response (EPRR)

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 fora such as the Thames Valley Local Health Resilience Partnership and the Berkshire Resilience Group.

The development and improvement of the Trust's integrated emergency management system is overseen by the EPRR Governance Group. This Group reports to the Non-Clinical Risk Management Committee, chaired by the Chief Financial Officer.

Training

A Training Needs Analysis identifies the EPRR training needs for roles across the Trust. Examples include:

- 'Strategic Leadership in a Crisis' training – undertaken by all members of the on-call director rotas; refresher every three years
- Induction for new starters – includes brief introduction to business continuity and emergency preparedness
- Command and Control training for incident management
- Training for Loggists to support incidents
- Media Training for Executive Directors

Testing and exercising activity

Participation in exercises forms a valuable part of training and learning for our staff. A number of internal exercises were delivered during 2022, including service-specific business continuity exercises. Various regional and national events and incidents have also provided opportunities to test plans. Examples include:

- **Advance Systems Cyber-Attack** (August 2022) – national business continuity incident, affecting Urgent Care, Minor Injuries, Criminal Justice Liaison and Diversion Service and Veterans' services
- **Operation London Bridge** (September 2022) – live event prior to and day of the funeral of Her Majesty, The Queen requiring invocation of the Trust's Operation London Bridge Plan
- **Exercise Apollo** (October 2022) – internal exercise for winter preparedness – test of the Trust's Winter Plan and services' adverse weather arrangements
- **Exercise Arctic Willow** (November/December 2022) – NHS England/UK Health Security Agency-led national exercise based on multiple, concurrent operational issues and winter pressures

Lessons identified and shared learning are cascaded at the EPRR Governance Group and through senior managers.

Assurance

NHS England has published NHS Core Standards for Emergency Preparedness, Resilience and Response. 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 publish in their Annual Report.

For assurance purposes in 2022-23, the Trust remains **substantially compliant** with 50 of the 54 core standards applicable to community and mental health Trusts. Work is ongoing to address the outstanding issues – Business Continuity Management (scope and objectives) and Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) (equipment and training).

NHS England's EPRR Assurance Compliance Levels

To support a standardised approach to assessing an organisation's overall preparedness rating, NHS England have set the following criteria:

Organisational 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

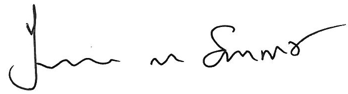
Forward look for 2023-24

Training and exercising activity planning for 2023 includes:

- Chemical, Biological, Radiological, Nuclear and Explosives
- Shelter and evacuation (following on from the 'deep dive' of 2022-23)
- Improved training provision for executive and divisional directors
- Participation in Exercise Oak/Mighty Oak - National (COBR-led) exercise on power outage

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.



Julian Emms
Chief Executive
28 June 2023

OPERATING REVIEW SERVICE DEVELOPMENTS

Improvements in Community Physical Health Services for Adults

The Nutrition and Dietetics Service host the dietetics team in the Royal Berkshire Hospital (RBH), which is funded by the RBH. They have secured funding for an Intensive Care Unit (ICU) at the RBH. This dietitian is a critical part of the ICU Multidisciplinary Team (MDT), and they help facilitate optimal and faster recovery.

Berkshire Community Dental Service (CDS) received additional funding from NHS England in 2021 to reduce waiting lists. By appointing additional staff on a fixed term basis, they have reduced the waiting list from referral to consultation from 1,206 to 489 with a reduction in waiting times from 40 to 16 weeks.

Introducing additional General Anaesthetic (GA) sessions on Saturdays at the Royal Berkshire and Wexham Park hospitals has reduced the paediatric extraction GA waiting list from 491 to 101 with the maximum waiting time reducing from 115 to 18 weeks. The comprehensive treatment GA waiting list has reduced from 171 to 60 with only 5 patients waiting more than 18 weeks.

The Diabetes Service for People with Diabetes Type 1 - has been working to increase the number of people with type 1 diabetes whose HbA1c (blood glucose level) is equal to or less than 58 mmol/mols. Nationally around 30% of people with type 1 diabetes meet this target. The team used quality improvement methodology to address this, resulting in several improvements being made and resulting in an increase, above the national average, of people with Type 1 diabetes managed under the specialist service. Waiting times for follow-up appointments have also been reduced and a pilot project is being carried out with Community Nursing using new diabetes technology to help support people with diabetes who are housebound. A dedicated Diabetes Consultant has now been employed directly by the Trust to provide strong clinical leadership.

The Podiatry Service host the team at the Royal Berkshire Hospital (RBH), which is funded by the RBH. They have used transformation funding to send a community podiatrist to work with the RBH Foot Multi-disciplinary Team (MDT) for 2 days per week for 6 months. This rotational post has allowed the community podiatrists to participate in an educational role within the acute podiatry team and allowed them to expand and develop their practical clinical skills.

Adult Speech and Language Therapy (SLT) have developed a dysphagia training programme with the SLT team at the RBH. Both teams can now train Band 5 staff in their dysphagia competencies internally, thus saving the time and funding required in taking external courses. Staff become dysphagia competent and can manage a dysphagia caseload earlier, thus reducing waiting. The team are also part of the

Parkinson’s Plus outpatients MDT team hosted by Frimley Health at Heatherwood Hospital. Clients attend this “one-stop” clinic for assessment which, in most cases, reduces the need for further referral to our SLT service.

Integrated Services in East Berkshire. A duty triage role has been introduced for the Assessment and Rehabilitation Centre (ARC) and Community Physiotherapy to ensure that referrals are appropriate and assigned to the correct service. ‘Check calls’ have also been introduced to ensure patients waiting are kept informed, and any changes in circumstances are reflected. Urgent referral waiting times in this area have reduced from 24 to 0-1 weeks, with routine waits down from 48 to 8 weeks. Inpatient therapies now provide a 7-day service.

The East Berkshire Heart Function Service. Some staff have completed courses on advanced assessment, cardiology and leadership. They have also held three competency workshops for all Heart Function Nurses in their Integrated Care Board area to help them get their Heart Function nurse competencies signed off. One of the staff members has also co-authored a Heart Failure nurse competency framework that has been published in the British Medical Journal. The Berkshire East Heart Failure team are currently an NHS England accelerator site to pilot Heart Failure patients on remote monitoring. This will help to reduce hospital admissions, recognise early signs of decompensation and promote self-management of heart failure. An intravenous diuretic community lounge has also been put in place to treat patients with decompensating heart failure closer to home and reduce hospital admissions.

The Musculoskeletal Physiotherapy West Service have re-designed and re-launched 7 types of face-to-face patient exercise classes. They have also launched pathways that provide more seamless care for patients with Osteoarthritis and low back pain who are referred from the Integrated Pain and Spinal Service/Community Specialist Services. The team have started a review of the service to identify positive changes for the future.

Community Nursing Teams in East Berkshire have introduced a community nursing forum to allow for clear messaging, better information sharing and to facilitate cross-cover of resources and staff. A triage administrative role has been introduced in each locality. Clinical leads have introduced support drop-in sessions to support staff well-being, and a rolling programme of bite-sized training has been introduced to provide support for less experienced staff.

Urgent Community Response (UCR)/Virtual Wards (VW) in West Berkshire. All South-Central Ambulance Service (SCAS) referrals to the UCR Service are now directed to the appropriate UCR/VW Team Coordinator by the Integrated Health Hub. This has improved the referral process and the quality of information gained at the point of referral.

The Care Home Support Team in West Berkshire have introduced multidisciplinary clinical meetings with care home managers, to review patients with complex needs and/or showing signs of deterioration in their health.

Newbury and the West Berkshire Community Nursing Services have introduced a Community Matron Coordinator role to support the Community Nursing teams. This has resulted in a reduction in Community Nurses' waiting time for prescriptions and authorisations, a more integrated approach to caring for patients in the community and an increase in referrals to the Community Matron service. The team hold fortnightly Complex Case review meetings to discuss the patients they are concerned about.

Reading Community Nursing Service have introduced an Allocation Standard Work Process to support the daily allocation of work and ensure that it is safe and effective. A prioritisation capacity tool was also introduced to provide support with the decision making and reduce the risk of harm to patients. The service also works with the other localities in the West to introduce development workshops for Band 6 Community Nursing Sisters.

Wokingham Community Nursing Service has reviewed its process for reporting missed visits and a caseload management tool was also updated to make it less time-consuming. They have employed a Clinical Development and Quality Lead for the Wokingham District Nursing teams and a Wound Care Nurse Specialist has also been appointed.

Cardiac and Respiratory Specialist Services (CARRS) in West Berkshire. The Respiratory Service have introduced new processes which have led to a reduction in errors and removed duplication of work. They are automating the process of referrals for the oxygen service and a virtual diary has been developed to allocate appointments to healthcare staff in the same postcode. The Heart Function service has implemented a Rapid Titration Clinic for patients that are prescribed Entresto (a treatment for heart failure) in the community.

Improvement in GP Out of Hours Services and Urgent Care Services

WestCall GP Out of Hours Service has enhanced their IT access during the year. They now have increased access to daytime GP EMIS clinical systems and to the Royal Berkshire Hospital electronic patient records. This allows them to visualise the whole patient journey from daytime primary care to acute secondary care, thus giving them greater oversight. A remote laptop upgrade has also enabled clinicians to utilise electronic prescribing on home visits remotely for the first time. It also allows clinicians to access ICE (test results) on home Improvements in Services for Children, Young People and Families (CYPF), including Child and Adolescent Mental Health Services (CAMHS).

SEND (Special Education Needs and Disability). All CYPF services are involved in the provision of care for children with SEND according to the Children and Families Act 2014. Teams have seen an increase in the number of requests for Education and Health Care Needs Assessments (EHCNA). Work undertaken in this area to reduce Occupational Therapy times for this is described in part 2.1.1. above. We have also worked with Local Authorities to promote the “universal offer,” which is available for schools to access. This facilitates early intervention and encourages parents to self-manage and support their child.

The Children in Care Team has seen an increase in the number of unaccompanied asylum-seeking children referred to the team. They have started a series of engagement sessions to support these young people.

The Children and Young People’s Integrated Therapy Service (CYPIT). The three Local Authorities in the east of the county have worked with Frimley Integrated Care System on a joint review of children’s therapy services. We anticipate that new arrangements will be rolled out from April 2023. Additional investment has been given to the Occupational Therapy (OT) team to increase the number of qualified staff and introduce a wider skill mix through the recruitment of OT assistants. CYPIT have also been awarded a contract to deliver their service to patients in the west of Berkshire. Early years training courses are being run virtually for parents and professionals across Berkshire, and the Speech and Language Therapy (SLT) team has developed a training programme for early years settings in partnership with a West Berkshire education practitioner. CYPIT has also continued to strengthen its support for school-aged children. The SLT team continue delivering training across the 3 west Berkshire localities and the physiotherapy team have started developing a series of training videos for school staff. The Occupational Therapy (OT) team have started advice clinics in mainstream schools.

The Health Visiting (HV) and School Nursing (SN) 0-19 years services. Health Visiting services have introduced a ‘Chat health’ service for parents/carers of children 0-5 living in Bracknell, Wokingham, Reading or West Berkshire. This allows parents/carers to contact the Health Visiting team more easily for confidential advice and information. Saturday working has been introduced in Reading as well as a vulnerable holding caseload. Three specialist HV roles have also been introduced for perinatal mental health, SEND and complex needs and health inequalities. In Bracknell, the team have started integrated 2-2.5yrs of age development reviews.

Across Berkshire, the school nursing service have launched ‘Chat Health’ for 11-19-year-olds and parents of 5–19-year-olds. They receive positive feedback for the delivery of their medical awareness sessions for school staff. New weight management and anxiety pathways have also been developed.

The School Aged Immunisation Service received a letter of recognition from NHS England for achieving the highest uptake of the in-schedule Human papillomavirus

(HPV) and school leaver booster vaccines within the NHS England Hampshire & Thames Valley Commissioned area during the 2021-22 academic year.

The Health Bus was also launched to offer catch up clinics and opportunistic appointments. The first offer of flu vaccinations to all children in Reception to year 9 was completed before the end of the Autumn Term 2022. The team also supported the evergreen offer of Covid Vaccinations to children educated within Special Educational Needs schools. A specialist immunisation nurse team has been developed to improve uptake of immunisations in hard-to-reach communities and families. A targeted Pregnancy Disclosure pathway has also been developed in case a young person discloses that they are pregnant during an immunisation session. Finally, a process has been developed to maximise opportunities for parents and young people to consent to and receive immunisations.

Specialist Children's Services. Improvement has continued across the service, including the development of a new East Berkshire Special School Nursing service.

The Community Children's Nursing (CCN) team. The West CCNs have introduced a Rapid Response Service to provide support and advice to the Police in the event of an unexpected child death. They have also finished introducing their commissioned 8-8 service, with the longer hours helping to prevent children being admitted to hospital. Both the East and West CCN teams continue to develop End of Life care and have supported a significant number of children and families with this both at home and in the community. Training has also been developed focusing on mental health for Children and Young People. The Paediatric Early Warning System has also been implemented.

The Special Schools Nursing Team. The West SSN team have reviewed their role across the Special Educational Needs schools to ensure appropriate cover. Clinical competencies have been re-assessed and a training plan in place. The East Berkshire Service continues to develop with the appointment of an SSN at each of the SEN Schools in East Berkshire.

The Community Paediatrician Service have reduced both wait numbers and wait time for autism assessments and have completed a Quality Improvement project to progress a paper lite system.

The CYPF Dietetic Service care for children who have complex health needs and require enteral feeding support at home. They have been working with Royal Berkshire Hospital dietetic team, catering and an external provider to develop ambient temperature blended diet pouches for use at ward level. The service is also involved in the Buckinghamshire Oxfordshire and Berkshire integrated work on avoidant restrictive food intake disorder (ARFID).

The CYPF Neurodiversity, Autism Assessment Team and Attention Deficit Hyperactivity Disorder (ADHD) Team. The service received significant new investment enabling a service expansion and service transformation. This included implementing service efficiencies, outsourcing of some routine assessments and medication initiation and titration to reduce waiting times to below 2 years. The service has also received recruitment support to help address staff turnover and recruit hard-to-fill Clinical Psychology posts. A project on autism assessment is also being carried out in Berkshire, Oxfordshire, Buckinghamshire and Surrey to help improve the autism assessment process.

Two qualified and three trainee Children's Wellbeing Practitioners are now in place to provide support to families whilst they are waiting for autism and/or ADHD assessments via the Neurodiversity Helpline. These practitioners can also provide evidence-based low intensity Cognitive Behavioural Therapy (CBT) informed interventions to children on the autism or ADHD pathways, who are experiencing mild-moderate low mood, anxiety or behavioural difficulties. Quality Improvement (QMIS) methodology is well-embedded across the neurodiversity service. Within the autism assessment team, there have been various initiatives to improve efficiency, resulting in more assessments being concluded in a timely manner. Finally, there are now 3 non-medical prescribers in place in the ADHD team.

Child and Adolescent Mental Health Services (CAMHS) and the Berkshire Eating Disorders Service (BEDS) have historically had long waiting times, with demand and acuity continuing to grow. Several projects are underway to address this. Two new posts have been created to lead on quality improvement and transformation work across the teams. The CAMHS leadership team are developing and implementing updated, evidence-based clinical care pathways across the service.

The CAMHS Common Point of Entry (CPE) team have been using QI methodology to reduce waiting times for initial contact and initial assessment. Several countermeasures were implemented, resulting in a 42% reduction in people waiting and a 56% reduction in those waiting for routine support.

A QI project was also undertaken to look at retention of staff in the CAMHS Rapid Response team - a challenging area with a high risk of burn-out and high staff turnover. The impact of this project is being evaluated.

The CAMHS Getting Help team, who support care through schools-based mental health support, wanted to understand why there had not been the anticipated reduction in the number of referrals to the Common Point of Entry (CPE). Using QI methodology alongside the CPE team and transformation colleagues from the Frimley ICB, they identified waste and inefficiencies in the process and developed a set of countermeasures. The team are hopeful these actions will result in a reduction in the time taken from referral to treatment, a reduction in referrals to CPE, and an increase in referrals to the Getting Help team.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board secured funding to become an early adopter pilot site for the new Key Working Programme. This is a national initiative to support children and young people with a learning disability and/or autism, who are at risk of admission to a Tier 4 mental health unit/hospital. Berkshire Healthcare CAMHS has been commissioned to provide this service in Berkshire West. Core staff have been recruited to the service, which went live in January 2023 and the service will expand through 2023.

Improvements in Services for Adults with Learning Disabilities (LD)

Caring for People with a Personality Disorder and an Intellectual Disability (CaPDID) training – Inpatient & Community Services. Many people with learning disabilities have experienced adverse childhood experiences and/or trauma in their lives. This means that as adults they may have difficulties forming and sustaining relationships and can behave in ways which can be challenging for others. CaPDID training is a three-session training course run over several weeks, which brings professionals and paid carers together to enable discussion of experiences of supporting people who can present in this way. The training shares some key psychological concepts which can help staff formulate and better understand people's experiences and presentations. To date CaPDID training has been run for one group of staff within the Learning Disabilities Service, which has been well received with positive feedback. Two further groups are being run early in 2023, with plans for it to be offered to local care providers, and the possibility of Berkshire being a pilot site for a national research study looking into the outcomes of CaPDID training.

Reducing Inpatient Admissions – Dynamic Support Register pilot. To help support the aim to reduce the use of inpatient services, our Intensive Support Team has been working to develop a local Dynamic Support Register. This has involved researching good practice and piloting tools to help assess the risk of inpatient admission. The outcome from the project will be fed back to our Commissioners to help inform the future development of a system wide Dynamic Support Register.

Community Teams for People with Learning Disabilities have had their work developing an end-of-life care pathway for people with learning disabilities published in the Learning Disability Practice journal. This demonstrated their approach to partnership working and sharing the pathway with others in the wider LD arena. Following on from the publication, the team were invited to apply for the Royal College of Nursing awards and were shortlisted with other finalists.

The team have also held various "Meet the Team" events including an event at a local day centre where the team role-played to demonstrate the roles of different team members. A session on healthy eating and positive mental health was also carried out.

Team members have also introduced an epilepsy clinic at Ravenswood with a

Community Nurse and Neurologist attending. This has proven to be an efficient approach for all involved and helped to ensure the person, their carers and health professionals all contribute to updated epilepsy care plans.

Administration & Medical Secretary Support. EPRO has now been implemented in the LD specialist service to make digital dictation processes easy and more efficient for both the clinicians and the Medical Secretaries who support them.

Improvements in Mental Health Services for Adults, Including Talking Therapies (TT) and Older Peoples Mental Health Team (OPMH)

Talking Therapies

Direct to Digital was launched in May 2022. This provides an innovative solution, allowing Talking Therapies clients immediate access to online support for depression and anxiety. The client is then contacted by a clinician to support them through the programmes and ensure they get the right support at the right time. This has also resulted in a reduction in the time required to process new referrals and has provided a new route into our service.

Offering SilverCloud online treatment to patients on our waiting lists. The service is now offering clients waiting for Cognitive Behavioural Therapy (CBT) access to online treatment (SilverCloud).

Cultural and Ethnic Diversity work. Talking Therapies are committed to addressing ethnic health inequalities and have established permanent Cultural and Ethnic Diversity Lead roles. These leads build, develop and maintain relationships with local communities, grassroots organisations, faith leaders and faith-based organisations. They have also conducted targeted outreach to specific community locations and have provided training to staff around working therapeutically with diverse client groups. The team are also working with GPs and Primary Care Nurses to address specific locality needs.

The Reading Waitlist Project aimed to reduce the Reading Step 3 waitlist and identified several inefficiencies causing delays. The project also identified that post-traumatic stress disorder (PTSD) was over identified as a presenting problem. Countermeasures were put in place to address this.

Wellbeing Strategy and Wellbeing Strategy Action Plan. A joint Improving Access to Psychological Therapies (IAPT) Staff Wellbeing Project has been funded by NHS England for implementation across Thames Valley IAPT Services. It aimed to develop an approach to strategically support good wellbeing of IAPT staff and resulted in the development of a 'Model IAPT Staff Wellbeing Strategy.' Using this strategy as a baseline, our Talking Therapies service held local engagement events and ran a service wide survey to identify areas of potential development and to gather feedback from

staff on actionable changes that would result in greater wellbeing. Actions are being implemented, the outcomes of which will be monitored and reviewed regularly over a 2-year period.

Community-Based Mental Health Services for Adults

The Common Point of Entry (CPE) service have reduced their waiting time for new planned assessments from 12 to 4 weeks.

The Out of Area Placements (OAPs) Team have had success in improving the outcomes for patients placed in Independent hospitals. This has included a reduction in numbers leading to significant savings for the Trust.

The Community Rehabilitation Enhanced Support Team (CREST) helps those with complex mental health needs in the community. The team has been in the initial stage of operation since November 2022 and further recruitment is in progress.

Thames Valley Liaison and Diversion (L&D) Services have started carrying out Speech and Language Therapy assessments in Berkshire for those requiring this. They have also carried out a Listening Into Action event to reduce duplication of work and administration around screenings and assessments. A more clinical and restorative approach to providing supervision to staff was also put in place. A new Prison Healthcare Single Point of Contact process has been developed that allows the L&D Team to make one referral directly to prison healthcare to alert them of a defendant's vulnerabilities or needs. Hampshire L&D team have also implemented fortnightly Restorative Clinical Supervision sessions, facilitated by a Professional Nurse Advocate.

The Psychological Medicine Service maintain a strong relationship with Royal Berkshire and Wexham Park Hospitals. They consistently meet their performance targets with an excellent one-hour response time for patients in Accident and Emergency. They have re-introduced face-to-face teaching in both hospital sites and both services have been re-accredited by the Royal College of Psychiatrists.

The Individual Placement and Support Employment Team supports clients with significant or severe mental health issues to gain, sustain and retain paid employment. The team underwent an extremely thorough external fidelity review towards the end of 2022 and scored the highest possible marks on areas which are vital to the service, including their integration with the clinical teams they work alongside. Monthly peer support groups have also been established.

The Building Resilience and Valuing Emotions after Domestic Abuse (BRAVE) Team have been offering psychological input to East Berkshire residents for the last three years. They have now secured a commissioning contract from the Thames Valley Police and Crime Commissioner to expand their service into west Berkshire localities. An additional service called 'BRAVE Too' has also been developed to focus on

supporting male victims of domestic abuse.

Emotional Minds Bring Reasons and Choices Every day (EMBRACE) is an East Berkshire Therapeutic Community that is part of our recovery services. They offer numerous opportunities to their members for recovery, growth, engagement and co-production on a weekly basis. EMBRACE has been nationally recognised as an example of good practice in co-production and is accredited by The Royal College of Psychiatrists.

Slough Co-Production Pathway enables service users and carers in Slough to contribute to service developments and evaluations, whilst some choose to train as peer mentors, becoming volunteers for our Trust. They also have opportunities to work in an expanding choice of paid roles as Lived Experience Practitioners. They have recently contributed to the Safe Haven, East Berkshire out-of-hours mental health support project.

The 'SPINE' Slough Primary Care Network Mental Health Integrated Community Service (MHICS) was launched in November 2022, with plans for the whole Primary Care Network to be served by the end of Feb 2023.

Alternative Resource Reimbursement Scheme (ARRS) for asylum seekers. ARRS clinicians and their primary care colleagues have seen unprecedented demand in some areas due to the increased asylum seeker population in Slough. Feedback from primary care partners as well as objective measures of output, have been very positive.

The Intensive Management of Personality - Disorder and Clinical Therapies Team (IMPACTT). The Psychologically Informed Consultation and Training (PICT) team is a part of the IMPACTT service. It is a collection of senior psychologists and psychotherapists with specialist knowledge of working with personality disorders. This year they have widened their 'primary care' offer to the West Berkshire/ Buckinghamshire, Oxfordshire and Berkshire (BOB) system. They have also developed and delivered more bite-sized training packages for professionals to help dispel some of the stigma of this diagnosis and improve confidence and skills in working with these difficulties.

The SUN (Service User Network) provides community-based, open access peer support groups across Berkshire to those with personality disorder difficulties who may have found it difficult to engage with other therapy services or are waiting to access these. Members have given very positive feedback about their experiences, and more than 50% of members starting in SUN return to a group on more than 3 occasions.

The Managing Emotions Programme (MEP) has been co-produced in partnership with Surrey and Borders Foundation Trust to meet the needs of people at the mild to moderate end of the continuum of personality disorder. It will be integrated within

the wider Mental Health Integrated Community Service (MHICS) team to boost its development and ensure a more robust staffing structure.

The Assertive Interventions and Stabilisation Team (ASSIST) was initially developed in Slough then adapted and extended across Berkshire. They provide support to people diagnosed with Emotionally Unstable Personality Disorder (EUPD) who may be experiencing such increased levels of distress that they may have been admitted to Prospect Park Hospital or considered for inpatient admission.

The Dialectical Behaviour Therapy (DBT) and Mentalization Based Treatment (MBT) therapy teams now have a 'blended' offer of in-person and remote/online therapy, depending on clinical need and patient preference.

Carers Awareness Tools and Support (CATS).
It is not uncommon for family, friends, and carers to sometimes feel helpless during a crisis or when their loved one is in distress or struggling. To address this, the team have piloted a new Carers group to support the family and friends of people with EUPD who are using services.

The Crisis Resolution and Home Treatment Team (CRHTT) in Berkshire West have trained five Professional Nurse Advocates (PNAs) to provide wellbeing support, restorative supervision, education and career advice. The PNAs also facilitate Space Group reflective sessions which give staff the opportunity to share key messages/learning and talk about challenges in an honest and open space. A wellbeing event has also held this year where incident data was considered. The event also included education workshops on the impact of suicide on health workers. Counter measures have been put in place to increase staff wellbeing and mitigate trauma, moral injury and burn out. A Dual Diagnosis Coordinator has also been introduced to support the team with clinical reasoning and decision making for those with Co-occurring Mental Health, Alcohol and Drugs. The service now has six Non-Medical Prescribers in place and a nurse led non-medical prescribing clinic has been started. Lived experience practitioners have also been introduced to provide advice and support to our teams and to advocate for service users and carers.

Mental Health Inpatient Services at Prospect Park Hospital have implemented a targeted piece of work to improve the communication system between inpatients and community services. A Bed Flow project has led to an improved communication system which provides real-time workflow information to all staff involved in inpatient admissions. A Mental Health Liaison Role has also been introduced to support patient flow between inpatients and community teams.

There is also currently a wide-ranging piece of work being completed at Prospect Park Hospital in relation to reducing restrictive practice. We know that this is a widespread issue, and this needs to be changed in a manner that will be longstanding. Our main focus is around reducing the use of Prevention and Management of Violence and

Aggression (PMVA) restrictive measures and increasing the use of other measures such as safe wards, de-escalation, and holistic and person-centred care plans. Our data suggests that over the years, the reason for which PMVA is used has changed, with self-harm being a top contributor in comparison to some years ago.

To help reduce restrictive practice we have looked at reducing 'blanket restrictions' such as having kitchens locked during certain times, and restrictions on visiting times and access to gardens. We know that such blanket restrictions can be challenging for patients and can be unhelpful when planning and providing holistic and person-centred care. Two wards in particular, Snowdrop and Bluebell have started using countermeasures to reduce the use of PMVA and increase the use of personalised care plans whilst measuring the impact this has on self-harm. The first countermeasure involves 'who's looking after me today,' which provides patients with access to one key person that will be specifically supporting their needs through the day, rather than having to go to several different people. The second countermeasure is the use of safety huddles. These happen every day following the ward handover, to highlight any patients that might become distressed during the day and how the teams will approach, support and engage with that patient to avoid restrictive measures like PMVA. There is also ongoing work around the hospital in trying to understand why a person may self-harm. This understanding will allow teams to develop a care plan that supports the patient and develops their coping strategies.

Work has also been undertaken to improve services for patients admitted with drug or alcohol misuse. This has included:

- Improving the care pathway for patients who are admitted in a mental health crisis but also require a detox from alcohol
- Improving identification of drug use on admission
- Improving access to support for patients who have used substances or alcohol.
- Establishing a Tobacco Dependence service within the hospital - since June 2022
- Improving pre-admission conversations regarding "Smokefree Hospital"
- Very Brief Advice Training essential for all staff to improve confidence in having Smokefree conversations
- Staff Focus group to support staff who smoke and work in the hospital.

Patient Experience

The 'I want Great Care' patient experience tool (iWGC) is now used as our primary patient survey programme and was introduced in December 2021. This is available to patients through online, SMS, paper and electronic tablet options. It is offered to patients following a clinical outpatient contact or, for inpatient wards, on discharge.

The aim of the tool is to measure patient experience in a standardised way across all

teams and services within the organisation and for this data to be available to teams and services in real time, supporting understanding of patient experience and improvement activity. The experience data collated can be viewed not only at organisational and service level, but also by differing demographics meaning that we can see if there is inequality of experience by protected characteristics. As services start to embed the use of this tool, we are seeing an increase in the numbers of responses received, which will support areas for improvement alongside hearing the patient voice both where the experience is good and where improvements could be made.

The tool uses a 5-star scoring system as an overview as well as free text to capture the patients' overall experience alongside their experience around facilities, staff, information, feeling listened to, ease, involvement, and safety. Free text invites the patient to comment on both their experience and suggested improvements. The tool includes the Friends and Family Test questions to enable us to continue to capture and report this.

There were 16,405 responses on iWGC during 2022-23 with a 93.9% positive experience score and an average 4.75-star rating. Our response rate continues to build and we have set a target of an average 10% Trust Wide response rate by March 2024 within our Trust Strategy.

2022/23 Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% Response Rate	0.8	1.1	1.3	2.5	2.3	1.9	2.3	2.6	2.7	2.8	2.3	3.1

The graph below shows how people rated their experience of our services on a scale of 1 to 5 (with 5 being the best score)

Since quarter four 2012-13 compliments have been routinely reported directly by services through the web based Datix system. This is a way of sharing good practice and praise through our localities and across the organisation. The system continues to be developed, following feedback from our staff to capture a variety of compliments, including people verbally saying, “thank you,” as well as gestures such as flowers and cards and with implementation of a batch upload option for multiple compliments. 4,522 compliments were reported during 2022-3, an increase from 3,794 during 2021-22 and compared with 4,177 in 2020-21 and 5,666 in 2019-20. This feedback is in addition to those left on the iWGC feedback tool.

Our online web system to log concerns that have been dealt with at a local level, referred to as local resolution continues to be supported by the Patient Experience Team, with information provided to our Clinical Directors via a real time dashboard. This is an additional tool for measuring quality, before the escalation to a more formal complaint and is driven by our front-line services resolving concerns effectively, with support and training available from the Complaints Office and wider Learning and Development department.

The number of formal complaints received about the Trust has increased to 240 from 231 in 2021-22; from 213 in 2020-21 compared to 231 in 2019-20; 230 in 2018-19; 209 in 2016-17 and 2017-18; 218 in 2015-16; and 244 in 2014-15. The Trust actively promotes feedback as part of ‘Learning from Experience', which within the Complaints Office includes activity such as enquiries, services resolving concerns informally, working with other Trusts on joint complaints, and responding to the office of Members of Parliament who raise concerns on behalf of their constituents. Apart from one case

in May 2022, the Trust achieved a 100% response rate with responding to complainants within an agreed timescale.

Our complaint handling and response writing training which is available to staff continues to be delivered online over MS Teams and continues to take place on a regular basis (with a waiting list) across the different localities, in addition to bespoke, tailored training for specific teams which has taken place to staff groups and teams.

Our complaints process works alongside our Serious Incidents processes and Mortality Review Group having a direct link to ensure that any complaint involving a patient death is reviewed. Weekly and monthly meetings with the Patient Safety Team take place to ensure that we are working effectively and identifying any themes or emerging patterns.

The Patient Experience Team continue to provide the 'Message to a Loved One' service that was set up as a response to the pandemic in April 2021, enabling friends and family to forward messages, which are then sent on to patients on the ward. There has been positive feedback about this facility, which has been embedded and will continue moving forward.

The Patient Advice and Liaison Service changed to a hybrid way of working as a result of the pandemic with a mixture of remote and office-based working and this continues to work well with people contacting the Patient Advice and Liaison Service (PALS) about a variety of services.

Stakeholder relations

Berkshire Healthcare continues to be a key partner in two Integrated Care Systems, Buckinghamshire, Oxfordshire and Berkshire West (BOB) and Frimley Health and Care. Both systems have a strong emphasis on place-based partnerships which the Trust actively supports. The purpose of these partnerships is to:

- Improve the health and wellbeing of the population served by the organisations within the Integrated Care System. For the Trust, we have a particular focus on the Berkshire East and West places as a provider of community and mental health services in both. But we also play a strategic leadership role for the health and wellbeing across Buckinghamshire, Oxfordshire and Frimley
- Deliver a dedicated Reducing Health Inequalities Strategy and implementation plan which is supported by Public Health input from East and West Berkshire Local Authorities, the University of Reading and the local Voluntary, Community and Social Enterprises
- Focus on reducing unwarranted variations in health outcomes, the experience of people accessing our services and experience whilst in our services, improving the outcomes of care and treatment; and

- Improve the use of our collective resources as Integrated Care Systems.

We have successfully delivered in partnership:

- Integrated Health and Social Care Teams, known as Multidisciplinary Team (MDTs), delivering care and treatment in a more joined up way both in community settings and in Care Homes
- A Community Health Urgent Crisis Response services that provides a rapid (within 2 hours) response to a patient in crisis and a 2-week reablement response for patients that need care to prevent them moving into crisis
- Working with Primary Care Networks (PCNs) and other partners, including the voluntary and community sector to deliver Mental Health Integrated Care Services (MHICS), community based mental health services providing a stronger focus on prevention and maintaining well health
- Improving services for people in crisis; and enabling more children and young people to access mental health services
- Continuing the development of our electronic Shared Care record, known as Connected Care to support proactive population health management approaches and provide the data for our developing provider collaboratives
- Continuing joint planning about our use of our buildings, a shared approach to workforce planning and development of our support workforce.

We work closely with our six Unitary Authority partners and have links with community and voluntary sector organisations at neighbourhood level. This includes building on the work we have started to reach out to groups of people who may not readily access services, but who have specific health needs. We participate in and have constructive relationships with the six Health and Wellbeing Boards, Local Integration Groups and Unitary Authority Health Scrutiny arrangements.

We have restarted the regular meetings with representatives from all six Health Watch Groups in Berkshire - which is coordinated by our Patient Experience Team.

ACCOUNTABILITY REPORT

Directors' Report

The Trust Board comprises five Executive Directors and six Non-Executive Directors, plus the Chair and Chief Executive of the Trust. The Chair and the Non-Executive Directors are appointed for three-year terms of office by the Council of Governors. To ensure a strong shortlist of candidates for Non-Executive Director appointments, the Trust engages the support of External Recruitment Consultants. At the end of the first three-year term of office, the Council of Governors can re-appoint the Chair and the Non-Executive Directors for a further three-year term of office. The Council of Governors can also remove the Chair and Non-Executive Directors.

Up until December 2016, formal meetings of the Trust Board were held every month (except August). Following the Trust Board's evaluation of its effectiveness in October 2016, it was agreed that the Trust Board needed more time to discuss strategic issues and therefore from January 2017, the formal public Trust Board meets seven times a year and holds four private discursive meetings. An additional meeting is scheduled in August if required. At the formal public Trust Board meetings, no business can be conducted unless at least one third of Directors are present, including at least one Executive Director and one Non-Executive Director. From May 2020, our public Trust Board meetings have been recorded and the recording of the full meeting has been published on the Trust's website along with the Trust Board agenda and papers. Members of the Public are also invited to submit questions to the Trust Board in advance of the meetings. The questions are answered by the relevant Executive Director at the meeting and the full responses are included as part of the meeting minutes.

The Trust Board is responsible for:

- the exercise of the powers and the performance of the NHS Foundation Trust
- setting strategy, following discussion with the Council of Governors
- ensuring the provision of safe, high quality services
- ensuring the highest level of corporate governance
- ensuring that the Trust operates an effective process for the management and mitigation of risk.

The Non-Executive Directors are 'held to account' for the performance of the Trust Board by the Council of Governors. The Trust Board meets formally with the Council twice a year and Governors normally meet Non-Executive Directors on a further two occasions each year. Executive Directors routinely attend Council of Governor meetings and the Chief Executive presents to Council a quarterly performance report covering key aspects of the Trust's performance, both financial and service related.

The Council of Governors was mindful that the NHS was moving into a period of significant legislative change when the Integrated Care Systems were put on a legal footing. As the Trust was split between two different Integrated Care Systems, the need for a strong chair and stable board was even more important during the next couple of years. The Council of Governors therefore agreed in September 2021 to extend the term of office of the Trust Chair for a further three years upon the expiry of his current term of office, subject to the outcome of satisfactory annual appraisals.

The Council of Governors in March 2022 agreed to extend the term of office of Mark Day, Non-Executive Director for a further one year upon the expiry of his current term of office.

Directors in post during 2022-23 are shown in the following table:

Name	Position	From	To
Martin Earwicker	Chair (Non-Executive Director)	01.12.16	30.11.25
Naomi Coxwell	Non-Executive Director	13.12.17	12.12.23
David Buckle	Non-Executive Director	01.06.15	31.05.22
Mark Day	Non-Executive Director	01.09.16	31.08.24
Aileen Feeney	Non-Executive Director	01.11.19	31.10.25
Rajiv Gatha	Non-Executive Director	01.10.21	30.10.24
Sally Glen	Non-Executive Director	01.06.22	31.05.25
Mehmuda Mian	Non-Executive Director	01.06.15	31.06.23
Julian Emms	Chief Executive	01.03.05	N/A
Debbie Fulton	Director of Nursing and Therapies	01.12.18	N/A
Paul Gray	Chief Financial Officer	01.11.21	N/A
Alex Gild	Deputy Chief Executive and Chief Financial Officer Deputy Chief Executive	01.04.11 07.06.21	06.06.21 N/A
Minoo Irani	Medical Director	19.07.16	N/A
David Townsend	Chief Operating Officer	01.01.13	13.05.22
Tehmeena Ajmal	Chief Operating Officer	14.05.22	N/A

Board assessment and review

The Trust Board commissioned an independent consultancy firm, DCO Partners, to conduct an external Well-Led Governance Review. The review commenced in January 2023 and consisted of one-to-one interviews with members of the Trust Board, Board and Sub-Committee observations, a focus group with the governors and a desk top review of documentation. The outcome of the review is expected in April 2023 and will be reported in the Annual Report 2023-24.

The Trust Board undertook its annual review of effectiveness in the summer of 2022. Overall, the results were very positive. The Trust Board acknowledged that holding virtual meetings via Microsoft Teams worked well for the formal Trust Board meetings, but Trust Board members welcomed the opportunity to meet face-to-face for the Trust Board Discursive meetings which focussed on more strategic issues.

Trust Board and Sub-Committee Annual Review of Effectiveness

The Trust Board and Board Sub-Committees conduct annual reviews of effectiveness via a self- assessment survey. The results of the surveys are reported to the respective Board and Sub- Committees. In addition, the Audit Committee receives the self-assessments of the other Sub-Committees as part of its corporate governance assurance work.

Members of the Trust Board – Annual Appraisals

The Chief Executive is responsible for conducting the annual appraisals for each of the Executive Directors. The Chair undertakes the Chief Executive's annual appraisal. The Senior Independent Director undertakes the Chair's annual appraisal which is overseen by the Council of Governors' Appointments and Remuneration Committee. The Trust Chair undertakes the annual appraisals of the Non-Executive Directors and provides a summary of the outcome of each appraisal to the Council of Governors' Appointments and Remuneration Committee.

Register of Interests

The Trust maintains a Register of Interests for all members of the Trust Board providing details of any Company Directorships and any other relevant significant business interests held that may conflict with any management responsibilities. This Register is published on the Trust's website at:
https://www.berkshirehealthcare.nhs.uk/about-us/key-documents/reports-policies-and-procedures/ or may be obtained upon request to the Trust's Company Secretary.

Focus on Quality

The Trust's latest comprehensive inspection by the Care Quality Commission took place in November and December 2019. The Trust received an overall rating of "Outstanding."

The Care Quality Commission's ratings in respect of the five quality domains in set out below:

CQC Domains	Rating	
Are Services Safe?	Good	
Are Services Effective?	Good	
Are Services Caring?	Good	
Are Services Responsive?	Outstanding	
Are Services Well-Led?	Outstanding	
Overall Rating	**Outstanding**	

In April 2017, the Trust launched its Quality Improvement Programme with the aim of enabling the organisation to apply a consistent approach to continuous improvement by developing the ability of each and every staff member to become problem solvers and make improvements to the way we deliver care for our patients. Quality of service and patient experience remain top priorities for the Trust Board with quality being set at the top of the Trust Board's agenda each month. Non-Executive Directors and Governors make visits to services. The Trust also has a programme of 15 Step Visits.

One of the principles of Quality Improvement is to increase the Executive Directors' value adding activity, with value being defined by the customer. The ultimate customer in healthcare is the patient/service user, but for some services this could be another team or partner organisation. One of the things we have introduced to support our goal of increasing Executive Director value is through Gemba visits/walks. Gemba is a Japanese word defined as "the actual place" and in Quality Improvement terminology this is "where value is added." Gemba is the place where real value is created or delivered for the customer – so this is normally where care givers are directly helping patients/service users, as that is what they value.

The purpose of a Gemba visit is to take time to observe and interact with people at the Gemba, to learn and understand what is really happening.

There are a number of benefits from this:

- People going to Gemba can see and understand how things are really done to help them with their own "value adding" work.
- Leaders can support front line staff by seeing and hearing about the improvement work and identify things which can be escalated and supported.
- People can see how our Quality Management Improvement System is

operating at the Gemba to help with their Quality Improvement training, learning and the development of Quality Improvement in our Trust.

- It provides an opportunity to practice Quality Improvement skills and Quality Improvement leadership behaviours

The Trust Board agenda includes a patient story at the start of the meeting.

The Quality and Performance Executive Group, chaired by the Chief Executive meets monthly to review quality related issues, such as serious incidents, quality concerns and the minutes of the locality and service monthly Patient, Safety and Quality meetings. The meeting also reviews performance and waiting times. The Quality Assurance Committee (Trust Board Sub-Committee), which meets quarterly, continues to provide an opportunity for Non-Executive and Executive Directors to debate and scrutinise the Trust's quality strategy, processes and performance in greater depth and to provide a forward-looking perspective on the quality agenda.

NHS Foundation Trust Code of Governance Compliance

Berkshire Healthcare NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014 is based on the principles of the UK Corporate Governance Code issued in 2012.

As a Trust we are committed to high standards of corporate governance. For the year ended 31 March 2023, the Board considers that it was, throughout the year, fully compliant with the provisions of the NHS Foundation Trust Code of Governance.

Code Reference	Annual Report Section	Page(s)
A.1.1	Governance Framework and Council of Governors Council of Governors and Trust board Dispute Resolution Process	P63, P104, P107
A.1.2	Attendance at Board meetings and Committee	P67
A.5.3	Council of Governors – Membership of the Council	P104
Additional Requirement – Governor Attendance	Council of Governors – Membership of the Council	P104
B.1.1	Trust Board Members – Independence of Non-Executive Directors	P69
B.1.4	Trust Board Members and Trust Board Composition	P69 ,P65
Additional Requirement - NED Appointment and Removal	Directors' Report and Council of Governors	P57/P104
B.2.10	Appointments and Remuneration Committee	P67

Code Reference	Annual Report Section	Page(s)
Additional Requirement – External Recruitment Consultants	Directors Report	P57
B.3.1	Trust Board Members - Chair's Biography	P69
B.5.6	Working Relationship – Council and Trust Board	P106
Additional Requirement – Exercise of Duty to Require Director(s) to attend Council	The Council of Governors did not exercise this duty in 2022-23	
B.6.1/B6.2	Trust Board and Sub-Committee Annual Review of Effectiveness and Trust Board Member's Appraisals	P59, P58
C1.1	Statement of Accounting Officer's Responsibilities	See Annual Accounts
C.2.1	Annual Governance Statement	See Annual Accounts
C.2.2	Performance Overview and Audit Committee	P3, P59
C.3.5	Not applicable	
C.3.9	Audit Committee	P65
D.1.3	Not applicable	
E.1.4	Contacting the Board/Contacting the Governors	P106
E.1.5	Council and Board Working Relationships	P106
E.1.6	Membership	P109
Additional Requirement – membership breakdown	Membership	P109
Additional Requirement – Directors Interests	Register of Directors/Governors Interests	P64, P108

NHS System 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:

- objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes

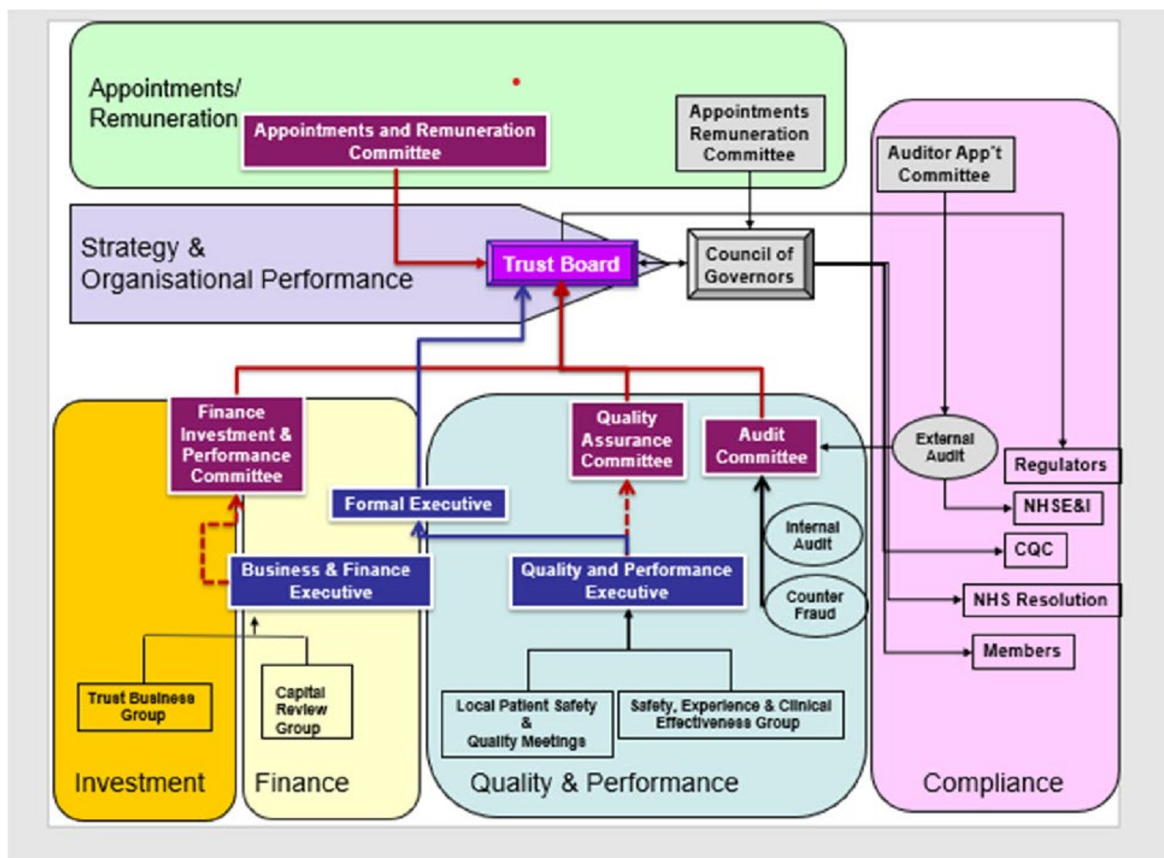
are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)

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

Throughout the year, the Trust has operated in compliance with our NHS Provider Licence and continue to be in segment 1.

Governance Framework

The Trust operates a comprehensive structure and reporting arrangements which facilitate robust governance throughout the organisation involving the Council of Governors, the Trust Board and various committees. The diagram below provides a view of the high-level governance and reporting arrangements that were in place during 2022-3 to provide appropriate governance and assurance.



The Trust Board, led by the Trust Chair, sets the strategic direction of the Trust and is responsible for the organisation's decision-making and performance to ensure the delivery of high quality, safe and efficient services.

The effectiveness of the Trust's governance arrangements is regularly assessed, including through internal and external audit. The Trust Board places great emphasis on the achievement of high-quality services and uses several different sources of information to monitor and triangulate performance and to provide robust assurance. The Trust Board receives a detailed True North Performance Scorecard report at each meeting which presents information across the whole spectrum of the Trust's activity with reference to quality measures. This report is scrutinised further on behalf of the Trust Board by the Finance, Investment and Performance Committee.

Streams of assurance on quality include internal and external audit activity, patient and staff satisfaction surveys, quarterly patient experience reports to the Trust Board and virtual and physical or virtual visits to clinical services conducted by members of the Trust Board.

Reports are also received on subjects such as compliments and complaints, learning from deaths, serious incidents requiring investigations (including details of any lessons learned), infection prevention and control and compliance with Care Quality Commission regulations. These and other information sources are used to provide assurance to the Trust Board in relation to its duty to provide regular declarations on quality to NHS England.

Clinical Directors are responsible for maintaining a focus on local quality issues and for ensuring that best practice is identified and shared across the organisation. This is supported by the corporate governance arrangements in place and by the patient safety function which undertakes activity to monitor the Trust's compliance with the Care Quality Commission's regulations.

The Trust operates fully in compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit & Proper Persons and all Directors are required to meet these requirements and to declare such annually. In addition, in the case of all new Directors, appropriate checks are made in accordance with the fit and proper person regulations before an appointment can be confirmed. In addition, members of the Trust Board are required to abide by the Board's Code of Conduct which reflects the high standards of probity and responsibility which is required of all Board members.

In line with constitutional requirements, the Trust maintains a register of interests for Directors which is available on the Trust's website or from the Company Secretary. The Company Secretary attends the Trust Board and its Sub-Committee meetings and produces detailed minutes of the discussions. Any individual concerns about a proposed course of action would be recorded in the minutes in line with requirements of the NHS Foundation Trust Code of Governance.

Trust Board Committees

During 2022-23 the Trust Board had five standing committees that helped it discharge its duties.

Audit Committee

The Audit Committee, comprising only Non–Executive Directors is responsible for making sure the Trust governs itself well by concluding on the adequacy of the Trust's systems of internal control and its assurance framework. The main role and responsibilities are set out in the terms of reference approved by the full Trust Board, which are consistent with national guidance.

These responsibilities include:

- monitoring the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance and reviewing significant financial reporting judgements contained in them
- reviewing the Trust's internal financial controls and the internal control and risk-management systems
- monitoring and reviewing the effectiveness of the Trust's internal audit function
- reviewing and monitoring the external auditor's independence and objectivity, and the effectiveness of the audit process, taking into consideration relevant requirements
- monitoring progress and output from the Trust's clinical audit activity; and
- Reviewing the annual clinical audit plan.

The Audit Committee has met these responsibilities by:

- Overseeing internal audit, counter fraud, and external audit services by:
    - reviewing the audit and counter fraud strategies and annual plans
    - receiving progress reports
    - considering the major audit findings and management's responses
    - holding discussions with internal and external audit
    - ensuring co-ordination between external and internal auditors
    - reviewing the external audit management letter; and
    - reviewing clinical audit summary reports
- Reviewing and monitoring compliance with the Trust's Standing Orders and standing financial instructions
- Monitoring and advising the Trust Board on the Trust's Board Assurance

Framework and Corporate Risk Register
  - Reviewing schedules of losses and special payments
  - Reviewing the annual accounts of the Trust before submission to the Trust Board and Charitable Funds Trustees, focusing particularly on:
    - changes in and compliance with accounting policies and practices
    - major judgmental areas
    - significant adjustments resulting from the audit
- Receiving and reviewing minutes from the Finance, Investment and Performance Committee and the Quality Assurance Committee
- Ensuring that both internal and external auditors have full, unrestricted access to all the Trust's records, personnel, and the Audit Committee members.

The Audit Committee reviewed financial and operating performance and compliance against national and regulatory standards. The Committee's review was supported by reporting from the Chair of the Finance, Investment and Performance Committee.

In-depth reviews of strategic and operational risks have further supported the Committee's understanding and review of the key issues facing the Trust.

The continuing effectiveness of both the internal and external auditors is monitored by the Committee, as is the Committee's own effectiveness through self-assessment against best practice standards.

The Audit Committee also considers the key risks identified by the External Auditor and uses its resources and the internal audit programme to provide assurance around the following key areas: management override, property valuations and completeness of accruals.

Auditor's Independence

The Trust requires its Auditors to demonstrate the policies and procedures they use to ensure they remain independent while carrying out their duty.

During the year, the only work appointed by the Trust has been the audit, and the independent examination of the charity (which is non-audit but clearly audit related assurance services).

Finance, Investment and Performance Committee

The Finance, Investment and Performance Committee, comprising both Non-Executive and Executive Directors is responsible for reviewing financial and operational performance and for reviewing and providing expert comment on all significant financial investment and disinvestment decisions. They also scrutinise reporting on

safe staffing and business development activity.

Quality Assurance Committee

This Committee provides a forum for detailed scrutiny and consideration of the Trust's quality agenda. Comprising both Non-Executive and Executive Director membership, the Committee obtains assurance on behalf of the Board on the quality of clinical services. This includes reviewing the quarterly reports on the Learning from Deaths and receiving the Guardians of Safe Working Hours of Doctors and Dentists in Training reports.

Appointments and Remuneration Committee

The Appointments and Remuneration Committee is comprised of all Non-Executive Directors and is chaired by Mark Day, Non-Executive Director. The Committee is responsible for ensuring that there is a robust process in place for appointing Executive Directors and Very Senior Managers and for determining Executive Director and Very Senior Managers remuneration.

The Chief Executive attends meetings but is not present for discussions relating to his own remuneration or terms and conditions. The Committee is supported by the Director of People and the Company Secretary.

More information about Non-Executive and Executive Director remuneration can be found in the Remuneration Report later in this report.

The Appointments and Remuneration Committee should not be confused with the Council of Governors Appointments and Remuneration Committee, which considers the appointment and conditions of Non-Executive Directors.

Attendance at Board meetings and Committees 2022-23

Board Meetings

Name	**Position**	**Meetings attended/possible***
Martin Earwicker	Chair	10/11
David Buckle	Non-Executive Director (until 31.05.22)	03/03
Sally Glen	Non-Executive Director (from 01.06.22)	08/08
Naomi Coxwell	Non-Executive Director, *Senior Independent Director*	10/11
Mark Day	Non-Executive Director	09/11
Aileen Feeney	Non-Executive Director	11/11

Name	Position	Meetings attended/possible*
Rajiv Gatha	Non-Executive Director	09/11
Mehmuda Mian	Non-Executive Director, *Vice Chair*	09/11
Julian Emms	Chief Executive	09/11
Debbie Fulton	Director of Nursing and Therapies	11/11
Alex Gild	Deputy Chief Executive	11/11
Paul Gray	Chief Financial Officer	11/11
Minoo Irani	Medical Director	10/11
David Townsend	Chief Operating Officer	02/02
Tehmeena Ajmal	Chief Operating Officer	07/09

**Includes attendance at both the Public Trust Board meetings and four private discursive meetings.*

Audit Committee Meetings

Name	Position	Meetings attended/possible
Rajiv Gatha (Chair)	Non-Executive Director	5/5
Naomi Coxwell	Non-Executive Director	4/5
Mehmuda Mian	Non-Executive Director	5/5

Finance, Investment and Performance Committee Meetings

Name	Position	Meetings attended/possible
Naomi Coxwell (Chair)	Non-Executive Director	5/5
Mark Day	Non-Executive Director	4/5
David Buckle	Non-Executive Director (until 31.05.22)	0/1
Aileen Feeney	Non-Executive Director (from 01.06.22)	3/4
Sally Glen	Non-Executive Director (deputising for Aileen Feeney, Non-Executive Director)	1/1
Julian Emms	Chief Executive	3/5
Paul Gray	Chief Financial Officer	4/5
David Townsend	Chief Operating Officer (until 13.05.22)	0/1
Tehmeena Ajmal	Chief Operating Officer (from 14.05.22)	3/4
Debbie Fulton	Director of Nursing and Therapies	4/5

Appointments and Remuneration Committee Meetings

Name	Position	Meetings attended/possible
Mark Day (Chair)	Non-Executive Director	2/2
Martin Earwicker	Trust Chair	1/2
David Buckle	Non-Executive Director (until 31.05.22)	0/0

Sally Glen	Non-Executive Director (from 01.06.22)	2/2
Naomi Coxwell	Non-Executive Director	2/2
Aileen Feeney	Non-Executive Director	2/2
Rajiv Gatha	Non-Executive Director	1/2
Mehmuda Mian	Non-Executive Director	2/2
Julian Emms	Chief Executive	2/2

Quality Assurance Committee

Name	Position	Meetings attended/possible
David Buckle (Chair)	Non-Executive Director (until 31.05.22)	0/0
Sally Glen (Chair)	Non-Executive Director (from 01.06.22)	4/4
Mehmuda Mian	Non-Executive Director	2/4
Aileen Feeney	Non-Executive Director	2/4
Naomi Coxwell	Non-Executive Director (deputising for Aileen Feeney, Non-Executive Director)	1/1
Mark Day	Non-Executive Director (deputising for Mehmuda Mian, Non-Executive Director)	2/2
Julian Emms	Chief Executive	3/4
Minoo Irani	Medical Director	4/4
Debbie Fulton	Director of Nursing and Therapies	4/4
David Townsend	Chief Operating Officer (until 13.05.22)	0/0
Tehmeena Ajmal	Chief Operating Officer (from 14.05.22	2/4

All Board Committees are supported by the Company Secretary and such other senior personnel as required.

Trust Board Members

Martin Earwicker – Chair

Martin Earwicker became Chair of Berkshire Healthcare NHS Foundation Trust in December 2016, prior to this he was Vice Chair of Dorset County Hospital NHS Foundation Trust. He retired from being Vice Chancellor of London South Bank University in 2013. Before this he was Director and Chief Executive of the Science Museum Group. However, his main career was in scientific research working for the Ministry of Defence interspersed with senior appointments in Whitehall; for the last five years of which he was Chief Executive of the Ministry of Defence's Research Laboratories, the Defence Science and Technology Laboratory.

In addition to his interest in health, he is a keen supporter of Further Education colleges, and was chair for more than six years of Tower Hamlets College in the east

end of London serving a particularly disadvantaged community, and for some 14 years as chair of Farnborough College of Technology, which he still chairs. He has also been a Trustee of his local Citizens Advice Bureau.

He read Physics at Surrey University, graduating in 1970. He was appointed a Fellow of the Royal Academy of Engineering in 2000 and has been a vice president of the Academy and was awarded an Honorary Doctorate of Surrey University in 2009. He is an Emeritus Professor of London South Bank University.

Naomi Coxwell – Non-Executive Director, Chair of the Finance, Investment and Performance Committee and Senior Independent Director

Naomi Coxwell joined Berkshire Healthcare as a Non-Executive Director on 13 December 2017. She lives in Farnham, Surrey and is also a Non-Executive Director for Arco - a safety specialist company, James Walker Group Ltd - a global manufacturing and engineering firm, and Citizens Advice Hart - providing free, impartial and confidential advice for the benefit of the Hart community.

Naomi is a former Vice President of BP and worked in the oil and gas industry for over 30 years. She is a graduate of Exeter University where she received a bachelor's degree in Geology in 1984, and has studied at The Warton School, University of Pennsylvania, where she received BP's Chief Financial Officer Excellence certificate in 2012. In August 2021 Naomi completed a course in Business Sustainability Management run by the University of Cambridge.

Naomi started her career in 1984 with Petrofina and was one of the first women to work as a Geologist on offshore rigs in the United Kingdom. She joined BP in 2000 and spent the following 16 years working overseas in increasingly senior positions. She has led diverse, multicultural teams in the development of strategy, management of risk, and in driving continuous improvement across six continents.

Naomi believes that that the physical and psychological health of individuals is the single biggest contributor to societal strength and productivity and sees Berkshire Healthcare as being a major contributor to that cause.

Dr David Buckle – Non-Executive Director

David worked as a GP in Woodley, Berkshire for 30 years. In 1995 he was awarded Fellowship of the Royal College of General Practitioners. He later became senior partner and was a GP trainer for many years. In 2000 he joined the local Primary Care Trust (PCT) Board and later became the clinical chair for Berkshire PCT. That decision started a long career of clinical leadership and then medical management.

Having been a Medical Director for an NHS Primary Care Trust and then a Commissioning Support Unit, David was appointed Medical Director to Herts Valleys Clinical Commissioning Group in spring 2015.

David was appointed a Non-Executive Director for Berkshire Healthcare Foundation NHS Trust in 2015. Having enjoyed this role, it encouraged David to expand his Non-Executive roles and in September 2018 he became an Associate Non-Executive Director for East and North NHS Hertfordshire Hospital Trust. In November 2019 David accepted a third non-executive role for Salisbury Hospital NHS Trust.

David has been a member of the Society for the Assistance of Medical Families for nearly 30 years and in 2019 he was voted president of the charity. He has also been appointed vice chair for the Stroke Association which is a large national charity.

David believes that his clinical knowledge, his understanding of primary care and the wider NHS will help strengthen BHFT for the benefit of patients.

Mark Day – Non-Executive Director and Chair of the Appointments and Remuneration Committee

Mark Day joined Berkshire Healthcare as a Non-Executive Director on 1 September 2016. Mark until recently was the Chairman of Haven West Berkshire Homeless Charity. Haven operates a Soup Kitchen in Newbury for the homeless and vulnerable in West Berkshire.

Mark started his career with Crookes Healthcare (subsequently Boots Pharmaceuticals) and then moved to the Automobile Association where he embarked on his Human Resources career path. A number of different Human Resources related roles were undertaken until the organisation was acquired by the Centrica Group. Feeling that the time was right for a move into a different industry sector Mark joined the Board of the Hospital Saving Association as Director of Human Resources.

Shortly after joining the Hospital Saving Association (subsequently becoming Simplyhealth) Mark assumed Director responsibility for the customer service operation and focussed on improving the personal service provided by the organisation. In addition to achieving consistent years of being in the Sunday Times 100 Best Companies to Work For, many industry awards were achieved for the exceptional service provided to both corporate clients and individual customers.

Mark firmly believes that people can be the only true differentiator in organisations and is keen to see Berkshire Healthcare continue to provide support across our communities based on this principle.

Aileen Feeney, Non-Executive Director

Aileen Feeney joined Berkshire Healthcare NHS Foundation Trust as a Non-Executive Director in November 2019. Her career spanned both the commercial and charity

sectors, most recently as Chief Executive for a UK-wide patient support charity.

Aileen spent most of her career in the Energy industry, in senior leadership roles that focussed on strategic business and technology transformation both in the UK and overseas.

Aileen holds several voluntary positions including being Lay Member for NHS Blood & Transplant, Trustee of a mental health support charity and a Member of Wokingham School's Circle Trust

Aileen has lived with her family in Berkshire for over 30 years. She has an Honours Degree in Biomedical Electronics, is a Chartered Engineer and an Associate of the London College of Music.

Rajiv Gatha, Non-Executive Director and Chair of the Audit Committee

Rajiv Gatha joined Berkshire Healthcare as a Non-Executive Director on 1 October 2021. He lives in Finchampstead with his wife and two sons, having spent most of his life in the local area.

He is a graduate of the London School of Economics where he received a bachelor's degree in 1992, following which he qualified as a Chartered Accountant within the audit practice at Deloitte. He is now a Fellow of the Institute of Chartered Accountants in England and Wales.

After his six years at Deloitte, Rajiv has spent the rest of his career working for multinational IT companies in a variety of Finance roles. He has been working at Cisco since 2008, where amongst other roles, he has been on the Cisco UK Pension Plan Governance Committee and a Trustee of their UK Healthcare Trust. Currently he is Vice President of Finance, supporting the Cisco Customer Experience organisation and manages a large team across the Americas, Europe, Middle East, Africa and Asia.

Mehmuda Mian – Non-Executive Director (Vice-Chair)

Mehmuda Mian practised as a solicitor specialising in commercial and professional indemnity litigation. Her commitment to rigorous, high standards in public life led her to take on a regulatory function at the Law Society, investigating complaints against solicitors, and also chairing independent review panels for the NHS. She left to take up an appointment at the Police Complaints Authority. Mehmuda was subsequently appointed as one of the first Commissioners to the Independent Police Complaints Commission and is a former BBC Trustee, Non-Executive Director of the Independent Safeguarding Authority, and of the Disclosure and Barring Service.

Mehmuda is currently a lay member of the Committee on Standards of the House of Commons.

Julian Emms – Chief Executive

Julian was appointed Chief Executive in July 2012, following a nine-month period during which he was the acting Chief Executive. Julian started his career in the Probation Service as a Support Worker and went on to undertake a variety of roles in the service over a 10-year period before joining the NHS in 1997.

An NHS Executive Director since 2004 Julian has wide ranging experience in organisational leadership and service improvement. Julian was part of the Trust's successful NHS foundation trust application in 2007 and was the project director who oversaw the integration of community health services into the Trust in 2011.

Julian's senior management roles prior to becoming a director were all joint posts with social care and focused on providing better integrated care for local people.

Julian is also the chair of the NHS Benchmarking mental Health Reference Group, a position he has held since January 2016.

Debbie Fulton - Director Nursing and Therapies

Debbie qualified as a nurse in 1989. She has enjoyed a varied career having held a variety of nursing as well as clinical and operational management positions across Berkshire since 1998 and prior to that as a nurse and ward manager at Frimley Park Hospital.

Debbie has worked within Berkshire Healthcare in since the merger with East and West Community organisations in 2011 and undertook clinical and locality Director roles as well as the roles of Deputy Director Nursing prior to taking up her current position in December 2018.

Alex Gild – Deputy Chief Executive

Alex joined the Trust in September 2006. A business graduate and a qualified accountant, he started his NHS finance career as a trainee finance assistant in 1996 with spells working in the acute trusts in Oxford, before latterly joining South Central Strategic Health Authority.

Alex was Deputy Director of Finance at Berkshire Healthcare NHS Foundation Trust and was appointed Executive Director of Finance in April 2011 (his title changed to Chief Financial Officer in March 2017) and was appointed Deputy Chief Executive in April 2019.

In June 2021, Alex’s portfolio changed and he ceased being the Chief Financial Officer. Alex stepped into a broader Deputy Chief Executive portfolio, responsible for strategy,

partnerships, human resources, diversity and inclusion, transformation, quality improvement, IM&T and communications.

Alex is a provider partner member of the Frimley ICS Integrated Care Board, representing community services.

Alex was President of the Healthcare Financial Management Association in 2018 and stepped down from the Board of Trustees in December 2022 at the end of his last term. In September 2020 Alex joined the national customer board for NHS Procurement and Supply (NHS Supply Chain) and was appointed Chair of the southern region board.

Dr Minoo Irani – Medical Director

Minoo has been working in Berkshire as Consultant Community Paediatrician since 2001 and has held positions as Lead Paediatrician, Clinical Director, Lead Clinical Director and Acting Medical Director in the Trust before being appointed as Medical Director in July 2016. Minoo has a Master's in health management from Imperial College, London and professional qualifications from the United Kingdom, India and the United States.

Paul Gray – Chief Financial Officer

Paul joined the Trust in 2018 as Director of Finance and was appointed as Chief Financial Officer in November 2021. Paul started his NHS career in 1999 on the National Graduate Financial Management Training scheme. He was previously Associate Director of Finance at Hampshire Hospitals, and prior to that has held a number of senior roles at both acute and specialist providers.

David Townsend – Chief Operating Officer (until 13.05.22)

David started working for the NHS in 2004 having worked in senior roles for leading private sector, customer focused businesses. These included BP, MacDonalds, Initial and major international food producer Geest Plc. In addition to his commercial responsibilities, he led a number of transformational projects and spent 10 years in senior leadership positions.

His first role with the NHS was to set up a new collaborative organisation for the South-Central region to which he was appointed Managing Director. In 2010, David was appointed Director of Operations for Berkshire Healthcare and Chief Operating Officer in 2013.

Tehmeena Ajmal – Chief Operating Officer (from 14.05.22)

Tehmeena started working for the NHS in 1994, having previously worked in the charitable and local authority sectors. Her roles have included service improvement, programme delivery, governance and risk, and operational management and leadership. She has worked across acute, ambulance, commissioning and community and mental health services.

Most recently she led the covid vaccination programme across BOB and was appointed to the role of Chief Operating Officer in Berkshire Health in 2022. Tehmeena is also a Deputy Lieutenant in Oxfordshire, a trustee of Age UK and a school governor.

Independence of Non-Executive Directors

None of the Directors have any declared political activities and all are considered independent.

Directors Expenses

Directors are entitled to claim expenses in accordance with their terms and conditions of appointment. Expenses primarily relate to travel and car parking charges and for 2022-23, 8 Directors (out of 13) claimed expenses with an aggregate value of £6,757.42

Remuneration Report

Chair and Non-Executive Director Remuneration

The remuneration and expenses of the Chair and Non-Executive Directors are determined by the Council of Governors on the recommendation of the Council of Governors' Appointments and Remuneration Committee. The Committee takes account of relevant market data, including the NHS Providers' Chairs and Non-Executive Directors Annual Remuneration Survey. The Council of Governors' Appointments and Remuneration Committee comprises of four Governors and is chaired by the Trust Chair. When the Committee is reviewing issues pertaining to the Chair, the Lead Governor chairs the meeting, and the Trust Chair is not present.

The remuneration of Non-Executive Directors is comprised solely of their annual fee.

The Council of Governors' Appointment and Remuneration met in July 2019 and compared the current level of Non-Executive Director remuneration with other local NHS foundation trusts and with the benchmarking data provided by NHS Providers. The Committee agreed to remove the special responsibility allowances for the Vice Chair, the Senior Independent Director, and the Chair of the Audit Committee and to increase Non-Executive Director remuneration to £15,000 per annum.

The Council of Governors' Appointments and Remuneration Committee met in December 2022 and reviewed the Chair and Non-Executive Directors' remuneration. The Committee took account of national benchmarking data and the current rate of inflation and agreed to recommend that the Council of Governors that the Chair and the Non-Executive Directors receive a 3% inflationary uplift backdated to 1 April 2022. The Council of Governors approved the recommendation at its meeting on 8 March 2023.

Senior Managers Remuneration

Remuneration of the Trust's 'senior managers' (the Chief Executive, Executive Directors and Very Senior Managers (VSMs) is determined by the Trust Board's Appointments and Remuneration Committee. The Trust Board's Appointments and Remuneration Committee comprises all the Non-Executive Directors and is chaired by Mark Day, Non-Executive Director. The Chief Executive attends the meetings except when the Committee is discussing his terms and conditions and remuneration. The meeting is supported by the Director of People and the Company Secretary.

The Committee does not routinely apply inflationary uplifts or increases and only applies uplifts of any kind where this is thought justified by the context. The primary aim of the Committee is to ensure that Executive and Very Senior Manager remuneration is set at an appropriate level to ensure good value for money, whilst enabling the Trust to attract and retain high quality Directors. Executive Directors and Very Senior Manager remuneration does not currently include a specific performance related element.

Senior Managers Remuneration Policy

The Committee reviewed the Trust's remuneration policy for Executive Directors and Very Senior Managers in April 2019. In developing a new remuneration policy, the Committee was mindful of NHS Improvement's (now NHS England) guidance on Very Senior Managers Pay and the remuneration section of the United Kingdom Corporate Governance Code 2018 which identified the following as best practice:

- **Clarity** – the remuneration arrangements should be transparent
- **Simplicity** – remuneration structures should avoid complexity and should be easy to understand
- **Risk** – remuneration arrangements should ensure reputational and other risks from excessive rewards and behavioural risks that can arise from target-based incentive plans
- **Predictability** – the range of possible values and rewards to individual directors should be identified and explained at the time of approving the policy

The Committee also identified the following key considerations for the new remuneration policy:

- **Trust's Values and Behaviours** - to reflect the values of the organisation and ensure the setting of salaries and the annual awards are fair, consistent and recognise not only the contribution of the individual but also the overall performance of the Trust.
- **Trust's Equalities and Diversity Strategy** - The Committee should ensure any changes to senior salaries consider any gender or unconscious bias that may occur. Pay decisions must always consider experience, competence, skills, responsibility, accountability and performance.
- **Hays Directors Pay and Reward Review December 2018** - Following the independent review, it was agreed that the role of the Chief Operating Officer and the Director of Nursing and Therapies are comparable in terms of accountabilities and responsibilities and this should be reflected when setting the remuneration for the Director of Nursing and Therapies.

New Executives

The Chair and the Chief Executive would determine the salaries for new starters. This would take account of:

- NHS England's and other external salary benchmarking data
- Market conditions, for example, reviewing the number of quality candidates applying and the salary expectations
- Review of experience at Very Senior Manager or equivalent level
- Consideration of the gender pay gap and any unconscious bias

Annual Pay Review of Executives

The Committee agreed that the annual pay review for Executive Directors and Very Senior Managers would take account of:

- The Trust's performance against targets set at the start of the annual performance cycle; the outcome of the Care Quality Commission's Well Led assessment; financial stability; and an assessment against national agreed contracts and performance benchmark data for comparable organisations
- NHS England and NHS Provider's national salary benchmark data
- Local recruitment markets (for example, local NHS Trusts' ability to recruit and staff turnover etc)
- The annual award for all Agenda for Change staff
- A review performance of the individual:
    - If performance is not satisfactory, the individual will not be considered for

either a consolidated or non-consolidated pay award
  - Base pay position against the NHS England's benchmark will take place, if performance is 'good' then consideration of a consolidated or a non-consolidated award would take place
  - If the individual is in the upper quartile of the pay range of NHS England's benchmarks, consideration would be given to awarding a non-consolidated pay increase in line with the Agenda for Change award
  - If the individual's salary is below the upper quartile pay range, the Committee will consider awarding consolidated pay awards until the individual reaches the upper quartile (subject to satisfactory performance)
- In addition, for individuals to be eligible for a pay award:
  - They must have had a satisfactory appraisal in the last 12 months
  - Their performance and/or capability is not being formally managed
  - They do not have a live formal disciplinary sanction on their record
  - They must be up to date with all their statutory and mandatory training
  - If they are a line manager, the appraisals for all their team are completed
  - If there is something beyond their control which has stopped them from achieving any of the above, then this will be taken into consideration
- Review of exceptional performance:
  - If the performance of the individual has been exceptional, the Committee will determine whether an additional non-consolidated payment should be awarded
  - If the individual earns above the Prime Minister's salary, the Chair will refer the case to NHS England for review and comment prior to submission to the Department of Health and Social Care for the Secretary of State's opinion
  - Gender pay gap and unconscious bias consideration – the Committee will assure itself that no pay discrimination occurs when determining base pay or performance awards. The Committee will use evidence and test the reliability of that evidence when making decisions. Pay decisions will be based on evidence, experience, competence, skills, responsibility, accountability, and performance.
- The Committee recognises that salary uplifts are not automatic and are dependent on the performance of the Trust and on the performance of the individual being satisfactory
- The Committee retains the right not to award any salary uplifts.

Where any senior manager is paid above the Prime Minister's salary (£159,584 per annum in 2022-23), the Appointments and Remuneration Committee will have satisfied itself that the actual level of remuneration paid is reflective of the individual post holder's level of responsibility and performance and that the remuneration has been considered against appropriate benchmark information, local recruitment market conditions and the need to provide a reward package that ensure the

recruitment and retention of high calibre senior executives.

Executive and Very Senior Manager contracts provide for a period of notice of six months on the part of the Trust as agreed by the Appointments and Remuneration Committee. A senior manager may suffer loss of office in a number of situations and in such cases the six-month notice period normally applies, however, the Trust can, at its discretion, choose to make payment in lieu of all or part of the notice period. Where loss of office is due to circumstances where summary dismissal applies, such as gross misconduct or serious performance failure for example, no notice period would apply. If loss of office was due to redundancy, then the notice period would apply, as would any redundancy provisions applying generally in the NHS at the point in time; the principle being that very senior managers would be treated neither no less nor no more favourably than other Trust staff.

Annual Statement on Remuneration

In December 2018, the Trust commissioned Hays Executive to undertake a review of Executive pay and rewards to provide an independent external view of the current relevant market pay and reward data, taking into consideration of the health sector and direct peer organisations. The review concluded that the remuneration of Executives and Very Senior Managers was broadly in line with other comparable organisations.

The Hays review identified a small gender pay gap in relation to the Director of Nursing role which was traditionally a female role and therefore there was a risk that any national benchmarking data perpetuated the gender pay gap.

The Committee addressed the gender pay gap as part of the Director of Nursing and Therapies recruitment process which concluded in June 2019.

Gender pay reporting occurs each March. Further information about the Trust's gender pay gap can be obtained from Trust's website at:
https://www.berkshirehealthcare.nhs.uk/about-us/equality-diversity-and-inclusion/

The Committee considers the pay and conditions of other employees, for example, the Agenda for Change pay settlement and the current pay settlement for senior civil servants when considering remuneration policy but does not actively consult with employees.

During 2022-23, the Trust did not operate a performance related element to very senior managers' remuneration.
The Appointment and Remuneration Committee met on 8 November 2022 to review

Executive and Very Senior Managers' remuneration. After considering NHS England's guidance on very senior managers' pay, the Appointments and Remuneration Committee agreed the following salary uplifts in line with the Trust's remuneration policy:

- Chief Executive: 3% non-consolidated pay uplift on 2021-22 total salary
- Deputy Chief Executive: 3% non-consolidated pay uplift on 2021-22 total salary
- Chief Finance Officer: 3% consolidated pay uplift on 2021-22 total salary
- Medical Director: 3% non-consolidated pay uplift on 2021-22 total salary
- Director of Nursing and Therapies: 3% non-consolidated pay uplift on 2021-22 total salary

The Chief Operating Officer took up her role in May 2022 and therefore was excluded from the remuneration review.

The other staff on very senior manager contracts received the following salary uplifts:

- Chief Information Officer: 3% consolidated salary uplift
- Director of People: 3% consolidated salary uplift
- Director of Finance: 3% consolidated salary uplift

The only non-cash element of the most senior managers' remuneration packages is pension- related benefits accrued under the NHS Pension Scheme. Contributions are made by both the employer and employee in accordance with the rules of the Scheme.

All of the senior managers are employed on contracts of service and are substantive employees of the Trust. Their contracts are open-ended employment contracts which can be terminated by the Trust with six months' notice. Other Trust staff are covered by the terms and conditions of the national NHS 'Agenda for Change' provisions.

All other Trust staff are covered by the national NHS Agenda for Change and Medical and Dental pay and conditions.

The Trust Board sets the organisation's corporate objectives annually and these are used as the basis for developing personal objectives for the Chief Executive and Executive Directors. Performance is closely monitored throughout the year and in the context of annual appraisal.

Mark Day, Chair, Appointments and Remuneration Committee

Details of remuneration and pension benefits for Directors and senior managers are set out in the tables below:

Salaries and Allowances (*the following information is subject to audit)*

				2022/23						2021/22					
				Salary and fees (in bands of £5,000) *	Taxable benefits (total to the nearest £100)	Annual performance related bonuses (in bands of £5,000)	Long-term performance related bonuses (in bands of £5,000)	Pension related benefits (in bands of £2,500)**	Total (in bands of £5,000)	Salary and fees (in bands of £5,000) *	Taxable benefits (total to the nearest £100)	Annual performance related bonuses (in bands of £5,000)	Long-term performance related bonuses (in bands of £5,000)	Pension related benefits (in bands of £2,500)**	Total (in bands of £5,000)
Name	**Title**	**From**	**To**	**£000s**	**£00s**	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**	**£00s**	**£000s**	**£000s**	**£000s**	**£000s**
Executive Directors															
Tehmeena Ajmal[1]	Chief Operating Officer	14/05/2022	31/03/2023	115 - 120	0	0	0	180.0 - 182.5	295 - 300	-	-	-	-	-	-
Julian Emms	Chief Executive	01/04/2022	31/03/2023	220 - 225	0	0	0	67.5 - 70.0	285 - 290	210 - 215	0	0	0	150.0 - 152.5	365 - 370
Deborah Fulton	Director of Nursing & Therapies	01/04/2022	31/03/2023	160 - 165	0	0	0	-	160 - 165	150 - 155	0	0	0	75.0 - 77.5	225 - 230
Alex Gild	Deputy Chief Executive	01/04/2022	31/03/2023	175 - 180	0	0	0	32.5 - 35.0	205 - 210	160 - 165	0	0	0	72.5 - 75.0	235 - 240
Paul Gray	Chief Financial Officer	01/04/2022	31/03/2023	145 - 150	0	0	0	-	145 - 150	105 - 110	0	0	0	45.0 - 47.5	155 - 160
Dr Minocher Irani	Medical Director	01/04/2022	31/03/2023	195 - 200	0	0	0	117.5 - 120.0	315 - 320	190 - 195	0	0	0	132.5 - 135.0	325 - 330
Kathryn MacDermott	Acting Director of Strategy	01/04/2021	06/06/2021	-	-	-	-	-	-	25 - 30	0	0	0	75 - 77.5	100 - 105
David Townsend[2]	Chief Operating Officer	01/04/2021	13/05/2022	15 - 20	0	0	0	-	15 - 20	150 - 155	0	0	0	15.0 - 17.5	170 - 175
Non Executive Directors															
David Buckle[3]	Non Executive Director	01/04/2017	31/05/2022	0 - 5	0	0	0	0	0 - 5	10 - 15	0	0	0	0	15 - 15
Naomi Coxwell	Non Executive Director	13/12/2017	31/03/2023	15 - 20	0	0	0	0	15 - 20	10 - 15	0	0	0	0	15 - 15
Mark Day	Non Executive Director	01/04/2017	31/03/2023	15 - 20	0	0	0	0	15 - 20	15 - 20	0	0	0	0	15 - 15
Martin Earwicker	Chair	01/04/2017	31/03/2023	45 - 50	0	0	0	0	45 - 50	45 - 50	0	0	0	0	45 - 50
Aileen Feeney	Non Executive Director	01/11/2019	31/03/2023	15 - 20	0	0	0	0	15 - 20	10 - 15	0	0	0	0	15 - 15
Christopher Fisher	Non Executive Director	01/04/2017	30/09/2021	-	-	-	-	-	-	5 - 10	0	0	0	0	5 - 10
Rajiv Gatha	Non Executive Director	01/10/2021	31/03/2023	15 - 20	0	0	0	0	15 - 20	5 - 10	0	0	0	0	5 - 10
Sally Glenn[4]	Non Executive Director	01/06/2022	31/03/2023	10 - 15	0	0	0	0	10 - 15	-	-	-	-	-	-
Nighat Mian	Non Executive Director	01/06/2015	31/03/2023	15 - 20	0	0	0	0	15 - 20	10 - 15	0	0	0	0	15 - 15

(1) Tehmeena Ajmal commenced employment with the Trust on the 19th April 2022, becoming Chief Operating Officer from the 14th May 2022 on retirement of David Townsend[2]. The salary and pension information relates only to the period from 14th May 2022
(2) David Townsend retired as Chief Operating Officer on the 13th May 2022
(3) David Buckle's appointment as Non Executive Director ceased on the 31st May 2022
(4) Sally Glenn was appointed as Non Executive Director with effect from 1st June 2022

No members of the Trust Board received an annual or long-term performance related bonus in 2022/23 (2021/22 £nil)

Pension Related Benefits are caclulated in accordance with the Finance Act 2004. This is commonly referred to as the "HMRC method". The amount included is based on the increase in the director's accrued pension in the year. This will generally take into account an additional year of service together with any increases in pensionable pay. This amount is then multiplied by 20 to calculate the amount to be included in the Remuneration Report.

Name	Title	From	To	Real increase / (decrease) in pension at pensionable age (bands of £2,500) £,000s	Real increase / (decrease) in pension lump sum at aged 60 (bands of £2,500) £,000s	Total accrued pension at pensionable age at 31 March 2023 (bands of £5,000) £,000s	Lump sum at pensionable age related to accrued pension at 31 March 2023 (bands of £5,000) £,000s	Cash Equivalent Transfer Value at 1 April 2022 £,000s	Real increase / (decrease) in Cash Equivalent Transfer Value £,000s	Cash Equivalent Transfer Value at 31 March 2023 £,000s	Employer's contribution to stakeholder pension £,000s
Executive Directors											
Tehmeena Ajmal(1)	Chief Operating Officer	01/04/2022	31/03/2023	5.0 - 7.5	12.5 - 15.0	45 - 50	95 - 100	811	145	994	0
Julian Emms	Chief Executive	01/04/2022	31/03/2023	2.5 - 5.0	(2.5) - 0.0	80 - 85	165 - 170	1,545	31	1,651	0
Deborah Fulton(2)	Director of Nursing & Therapies	01/04/2022	31/03/2023	(7.5) - (5.0)	(12.5) - (10.0)	40 - 45	35 - 40	736	(109)	661	0
Alex Gild(3)	Deputy Chief Executive	01/04/2022	31/03/2023	0.0 - 2.5	(5.0) - (2.5)	55 - 60	105 - 110	900	10	952	0
Paul Gray(4)	Chief Financial Officer	01/04/2022	31/03/2023	-	-	-	-	-	-	-	0
Dr Minocher Irani	Medical Director	01/04/2022	31/03/2023	2.5 - 5.0	0.0 - 2.5	80 - 85	160 - 165	1,582	73	1,731	0
David Townsend(5)	Chief Operating Officer	01/04/2022	14/05/2022	(7.5) - (5.0)	70.0 - 72.5	25 - 30	165 - 170	0	3	5	0

(1) Tehmeena Ajmal was appointed Chief Operating Officer on the 14th May 2022. Pension information relates to the whole of 2022/23
(2) Deborah Fulton opted out of the NHS Pension Scheme on the 1st September 2022
(3) Alex Gild opted out of the NHS Pension Scheme on the 1st December 2022
(4) Paul Gray opted out of the NHS Pension Scheme on the 1st October 2021 (financial year 2021/22) and was not a member of the scheme for the whole of 2022/23
(5) David Townsend retired as Chief Operating Officer on the 13th May 2022, and took pension benefits with effect from 14th May 2022. The increase / (decrease) in pension benefits and lump sum are as at 14th May 2022.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Following the government's announcement that all public sector pension schemes will be required to provide the same indexation on the Guaranteed Minimum Pension (GMP) as on the remainder of the pension, the NHSPS has revised its method to calculate the CETV values. The real increase in CETV will therefore be impacted as it will include any increase in CETV due to the change in GMP methodology

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. Where a member has a CETV of £0 the member has reached Normal Retirement Age.

McCloud Judgement

The 'McCloud judgment' was a Supreme Court case in which the Court ruled that the additional final salary protections that were given to certain older members of public service pension schemes were age discriminatory. The judgement applies to all public service pension schemes, including the Local Government Pension Scheme ('LGPS'), and the inequalities identified must be remedied.

Fair Pay Disclosures

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 remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2022/23 was £220K-£225K (2021/22, £210K-£215K). This is a change between years of 3.41%.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions. For employees of the Trust as a whole, the range of remuneration in 2022/23 was from £0 - 5K to £265K - £270K (2021/22, £0 - 5K to £305K - £310K).

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 years is 7.10%.

Three (3) employees received remuneration more than the highest-paid director in 2022/23 (2021/22, 2)

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. 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.

2022/23	**25th Percentile**	**Median**	**75th Percentile**
Salary Component of Pay	£220K - £225K	£220K - £225K	£220K - £225K
Total pay and benefits excluding pension benefits	£27,565	£37,793	£49,105
Pay and benefits excluding pension: pay ratio for highest paid director	7.99: 1	5.89: 1	4.49: 1

2021/2022	**25th Percentile**	**Median**	**75th Percentile**
Salary Component of Pay	£210K - £215K	£210K - £215K	£210K - £215K

2021/2022	25th Percentile	Median	75th Percentile
Total pay and benefits excluding pension benefits	£26,006	£35,289	£46,964
Pay and benefits excluding pension: pay ratio for highest paid director	8.19: 1	6.04: 1	4.54: 1

The change in the Median ratio from 6.04:1 to 5.83:1 is arising from the following factors:

- The composition of the general workforce has changed, with an increase in temporary staffing (Bank and Agency) to £31.1m in 2022/23 (2021/22: £26.4m). Bank and agency costs as a percentage of total pay was 13.5% in 2022/23 compared to 11.5% in 2021/22.

- The median national pay award for NHS staff in 2022/23 was 4%, however, those at the lower Agenda for Change bandings received a pay award of 9.3% increase on 2021/22. The uplift in annual salary for the highest paid Executive Director from 2021/22 to 2022/23 was 3.41% against basic salary.

- Some staff will have been entitled to receive an increment for progression through the Agenda for Change pay band which would increase their basic salary beyond the 3% national pay award.

The Trust believes the median pay ratio for the relevant financial year is consistent with the pay, reward and progression policies for the entity's employees taken as a whole.

Julian Emms
Chief Executive
28 June 2023

Staff Report

This again has been a difficult year for our staff who are still feeling the effects of the pandemic three years on. Despite this, we are delighted that Berkshire Healthcare for the second year running still has the highest staff engagement score for any combined community and mental health trust at 7.4 and was named as the top ranked community and mental health trust for staff recommending us as a place to work.

This score reflects the hard work and dedication of our supervisors and managers who care for their staff every day. Whilst this is a score to be proud of, we do recognise that too many of our staff, particularly those with protected characteristics, still have a poorer experience at work. This is not acceptable, and we continue to actively understand where that is happening and to proactively address issues that come to our attention.

In addition, we are proud to have been named as a Stonewall Top 100 employer for the second year running and a Disability Confident Leader.

Progress Against our People Strategy

Our 2021-24 People Strategy was created having listened to our people through the National Staff Survey and other forums to understand what matters to them. By listening to what they had to say, our 2021/22 Supporting our Staff Priorities were developed, with the following areas of focus:

1. We will improve the mental and physical health and wellbeing of our people, reducing Musculoskeletal disorders and other sickness absences
2. We will have a zero tolerance to bullying and harassment, and racism, taking action wherever we see or hear poor experience for our people
3. We will support the growth and development of our people through high quality appraisal, supervision, and training
4. We will actively support our people to work flexibly, including remote working where appropriate, as part of our new offer
5. We will act on feedback from the staff survey in order to further improve satisfaction and address any identified inequalities
6. We will provide opportunities for our people to show initiative and make improvements for their colleagues and patients through great team working, Quality Improvement and Bright Ideas

The priorities detailed above were translated into our People Strategy 2021-24. This strategy has the aim of making the Trust Outstanding for Everyone. The key priorities of this strategy are detailed below.

Growing and Retaining for the future Recruitment and Attraction

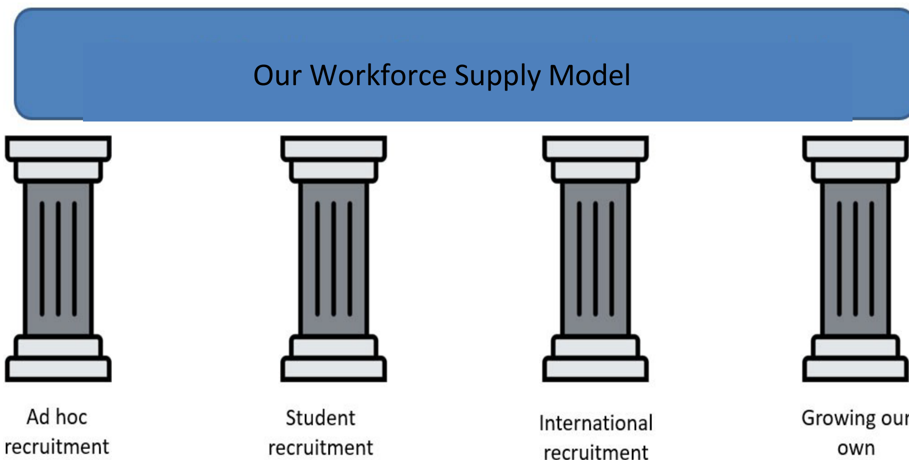
People Strategy Key Priorities

We want Berkshire Healthcare to be a place where people want to work and stay. It is a Trust priority to reduce staff turnover and improve our staff retention rate. One of the key measures is to reduce our voluntary staff turnover. Turnover over the last twelve months increased, as did turnover across the NHS, and has been above the Trust target of 16%, peaking as high as 17.02% in August 2022.

The increase in turnover has largely been due to staff movements being suppressed during Covid-19. Post pandemic, more NHS roles are being advertised, which has led to a higher percentage of staff moving roles for career development or promotion. Additionally, we are operating in an environment of specific workforce shortages in key clinical areas and increased competition for staff, including from trusts in areas where higher cost of living premiums are available which can be attractive to our staff. Over the last year, we have also seen a number of leavers moving to non-NHS roles due to the general increase in vacancies being advertised across the economy.

We are starting to see turnover reduce again with figures currently running at 15.71% in February 2023 and, for the first time this year, below our trust target. Student numbers are declining in physical health nursing and whilst we have seen an increase in registrations for Mental Health nursing degrees, nationally, the student numbers still do not match the number of leavers from these roles.

Despite the challenges in recruiting to staff groups such as nursing and midwifery the Trust has increased its clinical and, to a lesser extent, non-clinical staff in post from 4,522 in March 2019 to 4,898 in February 2022. This is an increase of 376 staff or 8% of our workforce.



To continue to ensure that we have a sustainable workforce to meet the future needs of our patients and service users, we have developed a workforce supply strategy based on four pillars of workforce growth: continuing recruitment to ad hoc vacancies that arise; increasing student placement numbers; international recruitment and growing our own staff through apprenticeships. In addition, we continue to look at new models of care and new ways of working and, specifically, to free up clinical time to care via business process transformation and rebalancing the burden of administration on our clinical staff.

International Recruitment

International recruitment helps us to fill gaps in the supply of local nurses and allied health professionals that we face in the NHS. To develop our international recruitment pipeline, we exceeded our 2022 target and have welcomed eighteen international nurses and following a successful Health Education England bid three international Occupational Therapists and one Podiatrist have also joined the Trust in 2022/23. We are expecting another 8 international nurses and 7 international applied health professionals to join Berkshire Healthcare in the new financial year.

Training and Clinical Education

The Trust ensures that all its staff have the appropriate skills, training, and support for their roles through our recruitment and training programmes and we have launched a new online Learning Platform to support this.

To ensure the continued safety of our patients and service users. we have undertaken a complete review of our clinical education programme, to ensure there is sufficient training and clinical education provision to meet the needs of our workforce now and in the future, and to make sure these programmes are equally and easily accessible to all staff. As part of this review, we undertook a full Mental Health and Physical Health

training gap analysis and identified where more or new training focus was required.

We have also developed and executed a strategy to increase our recruitment pipeline through clinical student placements, staff conversion programmes, apprenticeships, meeting our target to take 50 extra clinical placement or international candidates in the Trust.

We are in the process of creating a training matrix for essential skills training for our clinical workforce which will enable us to monitor their essential skills training status and support career development conversations. The Essential Skills Tab will be launched on the Nexus (staff intranet) Learning Platform from 17 April 2023.

Looking after our People

Improving the mental and physical health and wellbeing of our people

Over the last year, we have continued to work at pace to deliver support for our people in all aspects of health and wellbeing. We have developed support for financial wellbeing, introduced a wellbeing newsletter and toured sites to reach our frontline staff. This year we launched Health Assured, our new Employee Assistance Programme supplier, who deliver an enhanced package of support for staff. Our in-house Wellbeing Matters service has continued to support Berkshire Healthcare staff with both team and individual support, along with health and social care throughout the Berkshire area.

We are proud to note that, overall, our score for whether the organisation takes positive action on health and wellbeing and was at 74.3%. This score remains consistent with last year (74.5%) and puts Berkshire Healthcare as top within the Mental and Community Health cohort and second across all NHS Trusts. In the People Strategy, our ambition was to increase this score from 33% in 2019 to at least 55% by 2022. The measurement of the question responses changed in 2021 so the results are not directly comparable but given the increase to 47% in 2020 and our movement to the top of the comparator group, it is clear that we have achieved this ambition. This is a positive indication that we continue to maintain and grow an excellent level of wellbeing support to our staff.

We will continue to develop this work, with priorities over the next year around musculoskeletal sickness absence, financial wellbeing and getting the basics right (for example, access to rest areas, working environments, access to hydration and good nutrition at work).

Work Pressures

Work pressure is a clear theme that continues to emerge as one of our lowest scoring questions for the Trust. This is a challenging theme to address whilst the NHS continues to face regional and national staffing shortages creating consequent

workforce pressures on people. This year, COVID-19 has continued to increase our workforce absences and therefore pressures on staff who have to cover increased absences.

Divisional and operational teams continue to look at local working hours and pressures as a priority area. We have a dedicated project team looking at how to reduce excess hours worked by staff and an increased focus on both the recruitment and retention of staff in key areas leading to sustained reductions in staff turnover and vacancy gaps and will help to relieve some work pressures.

We are also looking at where we can eliminate waste through ineffective processes and use automation to reduce some of the administrative burden on our staff, starting with recruitment processes.

Rewards

Rewarding and recognising people for their contributions is important as it helps people feel valued and improves morale and wellbeing. This year we have responded to requests to introduce a long service recognition scheme. We have been able to secure funding for a Berkshire Healthcare milestone recognition scheme which will recognise our people at the following milestones: joining Berkshire Healthcare, their one year Berkshire anniversary, retirement and long service milestones at 5, 10, 15, 20, 30 and 40 years at Berkshire Healthcare and 5, 10, 25 and 40 years in the NHS. Each milestone will be celebrated differently, and some will include a pin badge and voucher. This will be launched in April 2023. It is lovely to hear the positive feedback from staff and now see our staff wearing their badges at work with pride.

Additionally, a £50 voucher was sent to all staff in November 2022 to recognise their hard work over the year, funded by our charity. This was sent out earlier in the year as an option to support our people with the typically higher costs experienced in December and the festive season. There was a lot of positive feedback with many staff reaching out to the Executives or on social media to express their gratitude.

We have continued to enhance our reward and recognition work this year. During its first year of implementation, over 150 people took the opportunity to buy or sell up to five days annual leave, and in a 'You Said, We Did' action from one of our monthly staff engagement events, we have moved the times of year when this option is available to people in the 2023/24 annual leave year.

Just and Learning Culture

We are proud of our Just and Learning Culture approach to our employee relations work, and the successful impact it has had for managers and staff. During this year we were fortunate to win a national award for this work and the culture change it has introduced when dealing with disciplinary and grievance matters.

We have continued to see a reduction in the number of full investigations required as part of the learning culture, and the number of staff suspensions this year has remained very low (less than 10). There has been a reduction in the number of disciplinary cases that involve BAME colleagues, which was one of our targets for this year. This sits alongside and is closely aligned to the zero tolerance of bullying work, particularly at Prospect Park Hospital, where there is a higher proportion of BAME staff compared to the overall trust figure.

We have continued to embed and strengthen our Just Culture work this year, by coaching our managers on a case-by-case basis, to help learn from issues at work. Our learning approach to case management continues to be monitored and reviewed and minor amendments and refinements have been made, as we have learnt by the experiences of managers and staff using our polices and processes for employee relations case work.

With continued funding from Frimley Health and Care Integrated Care System (Frimley ICS), we have increased the number of our independent casework investigators, who between them undertake most of the initial fact finding work and further investigations where needed. The use of this model of has meant that our clinical and operational managers have not been called upon for this work – which this year has been in excess of 1,600 hours. On behalf of the Frimley ICS, we have begun to manage this pool of investigators, who have begun to undertake similar investigations for some of our ICS partners.

Belonging to the Trust

National NHS Staff Survey 2022

For the last several years, staff engagement has been a strategic organisational development objective for Berkshire Healthcare. We recognise the importance of high levels of staff engagement as a direct contributor to, not only patient care, the patient experience and high-quality outcomes, but also to our ability to attract and retain our workforce.

Berkshire Healthcare achieved the highest staff engagement score for any combined community and mental health trust at 7.4 for the second year running and was named as the top ranked community and mental health trust for staff recommending us as a place to work.

High levels of engagement depend on staff feeling motivated, that they advocate for the organisation and they feel involved and able to contribute at work. Our scores have generally increased or remained steady in comparison with 2021 and we have achieved top scores in two of the questions with our comparator group. Motivation and advocacy are our strongest elements of staff engagement, and we remain the top scoring trust within our peer group for recommending the organisation as a place to work for the

third year in a row.

NHS national staff survey			Berkshire Healthcare		
EEI	Qs	Statement	2020	2021	2022
Motivation	2a	Often/always look forward to going to work	66	61.4	63.8
	2b	Often/always enthusiastic about my job	78.3	74	75.2
	2c	Time often/always passes quickly when I am working	82.8	79.6	80.5
Advocacy	18a	Care of patients/service users is organisations top priority	87.7	86.4	86.5
	18c	Would recommend organisation as a place to work	77.8	73.5	73
	18d	If friends or relatives needed treatment would be happy with the standard of care provided by organisation	80.1	77	76.5
Involvement	4a	Opportunities to show initiative in my role	78.6	77.1	79.9
	4b	Able to make suggestions to improve the work of my team/dept	81.9	80	79.9
	4d	Able to make improvements happen in my area of work	66.5	65	65.1
Response rate	%		60	60	65

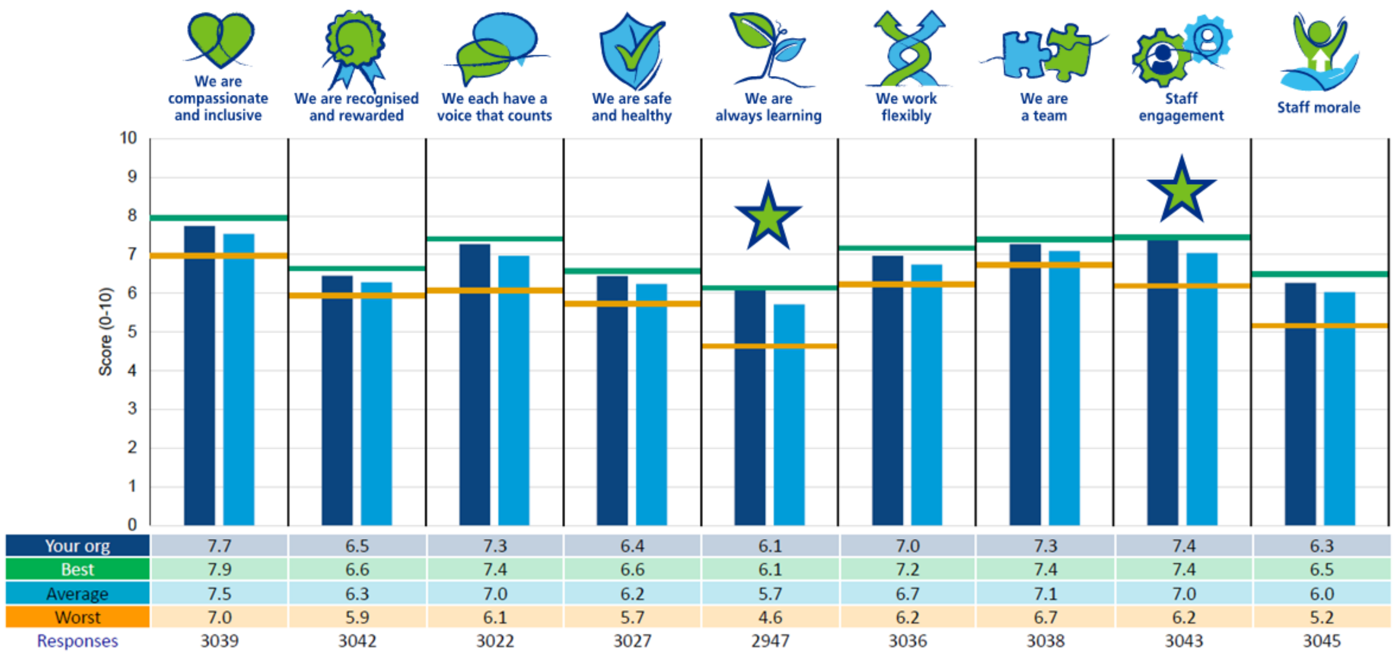
Participation Rates

The number of staff participating in the National NHS Staff Survey has seen an excellent increase this year, bringing us up to 65%, which is over 3,000 of our people sharing their voice with us. This is well above the average for community and mental health trusts which is currently around 50% participation.

The diversity of our respondents broadly reflects the diversity of our workforce. However, we do note that a greater percentage of our staff report as being LGBTQ+ and disabled in the Staff Survey than on our workforce systems. We need to continue to encourage our LGBTQ+ and disabled staff to feel safe to disclose this information.

Themes

The table below gives a high-level overview of the results where questions grouped in



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Staff morale
Your org	7.7	6.5	7.3	6.4	6.1	7.0	7.3	7.4	6.3
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Worst	7.0	5.9	6.1	5.7	4.6	6.2	6.7	6.2	5.2
Responses	3039	3042	3022	3027	2947	3036	3038	3043	3045

themes reflecting the People Promise, Staff Engagement and Morale. We are two years into the new format survey this year and our scores have had no significant changes. We continue to be above average for Mental Health/Learning Disability and Community combined Trusts in all themes and once again, top scoring in both ‘We are always learning’ and ‘Staff engagement.’

When we look at the trend in the people promise elements, themes and sub scores, we have increased or maintained in every single area over the last year. When we look at the question level data, we can also see positive trends over the last five years with 39 out of 60 questions showing at least a 1% increase over the last 5 years.

The two areas of focus that came from the National NHS Staff Survey were work pressures and equality, diversity and inclusion; these have been covered under their independent sections.

Talent and Leadership

We are pleased to have scored well under the leadership theme of the staff survey. 7.5 for the 'compassionate leadership' sub score versus a top score in our comparison group of 7.8 and 7.4 for 'line management' sub-score versus a top score of 7.7. Both of these scores have maintained since last year.

Whilst maintaining our focus on the values of compassionate and inclusive behaviours, we are undertaking a complete review of our approach to talent development and leadership, with our new approach being launched in 2023. We strongly believe that everyone has a unique set of talents to bring to the Trust, and we need a set of leaders who demonstrate those values and have the skills, training and behaviours to help everyone to flourish and be their best at work.

Equality, Diversity and Inclusion

At Berkshire Healthcare, we are proud of the wide diversity of our staff and want everyone to feel valued and that they belong. We aspire to be an outstanding organisation for everyone: our people, our patients, their families, and their carers. For the people who work here that means we want Berkshire Healthcare to be a great place to work where everyone can bring their true self to work and can thrive and grow.

We are proud to have been recognised in Stonewall's Top 100 best employers for LGBTQ+ people in 2022, achieving a ranking of 68th place. We are also recognised as a Disability Confident Becoming a Disability Confident Leader and taking part in the Disability Confident Award, undertaking a pilot with the Shaw Trust and Indeed.

Our work around supporting reasonable adjustments won us a national award last year. This work included the establishment of a centre of expertise within our Equality, Diversity and Inclusion team and a centralised trust-wide budget to support staff requiring reasonable adjustments. This work has enabled us to increase the National NHS Staff Survey score for support for reasonable adjustments from 77% to 81.3%

.

However, our National NHS Staff Survey scores continue to show that we have unacceptable inequalities and differentials in the experience of our staff with protected

characteristics. Equality, Diversity and Inclusion remains, therefore, an area of focus and we continue to address the issues of inequality through our Equality, Diversity and Inclusion Strategy, as well as support the development of allies of this culture change. We know that it may take time to make these changes translate into results but are committed to seeing these results and work closely with our staff networks to understand the issues that our staff and patients face and to develop targeted action plans to address these issues proactively.

In the past year, we have launched a Neurodiversity Strategy and action plan to raise the profile of and to better support neurodivergent staff, patients and service users. We also launched our anti-racism action plan which will be implemented in the coming year. Some of the other actions to support diversity and inclusion in the workplace include: the review of the recruitment processes and introduction of inclusive recruitment training; the development of a conscious inclusion training offer and have started a review of our leadership development offer to ensure we continue to have compassionate and inclusive leaders who support our diverse workforce to grow and develop.

Gender Pay Gap

Gender Pay Gap reporting is a requirement under the Equality Act 2010 and is based on data from the previous year. The Gender Pay Gap is not the same as unequal pay. The Gender Pay Gap is the difference between the average pay of men and women in an organisation.

The Trust's Median Gender Pay Gap in 2022-2023 was 16.46%**.** This represents a decrease of 0.55% from 17.01% from 2021-2022, moving in the right direction. The Trust's Mean Gender Pay Gap in 2022-23 was 16.96%, this represents a 3.49% decrease from 2021-2022 moving in the right direction.

The reasons for the Gender Pay Gap can be varied and complex. One of the major reasons for the pay gap is that there is a higher proportion of males in more senior bands within the Trust. Females represent 83.25% of our workforce yet only represent 74.19% of the workforce in the upper quartile; males represent 16.75% of our workforce but are overrepresented in the upper quartile (25.81%) and underrepresented in the lower quartiles. This means that females are underrepresented by 9.06%% in the senior bands and males overrepresented by 9.06%.

The proportion of females in the lowest quartile of pay (87.05%) represents a slight increase from 86.8% in the previous year: a higher figure than the proportion of females employed in the Trust (83.25%).

The Trust is committed to continuously reviewing our systems, practices and processes to ensure we are reducing our Gender Pay Gap where practically possible

and will work closely with our Diversity Steering Group, staff networks, Trade Unions and other stakeholders to develop an effective action plan. This action plan will sit within the Trust's overall Equality, Diversity and Inclusion action plan and agreed priorities.

New Ways of Working

Remote Working and Digital Transformation

The Trust has embarked on a programme to streamline and speed up our recruitment processes for candidates, our Trust, and the recruitment team. Whilst the focus is on improving processes, removing duplication and unnecessary work, and introducing automation, at the same time it is important that we ensure our processes are accessible and inclusive to all candidates. We are therefore working closely with Equality, Diversity and Inclusion colleagues to make sure any changes will support this ambition.

We have already seen the benefit of some automation (such as the automatic booking of interviews) that has reduced duplication and waste in our processes for the recruitment team, our managers and our candidates.

Analysis of Staff Costs

Analysis of staff costs between permanently employed and other staff. Permanently employed staff are those with a permanent (UK) employment contract with the Trust. Other staff include those who do not have a permanent (UK) employment contract and includes bank, agency staff and other temporarily employed staff.

Staff numbers (the following information is subject to audit)

Average number of employees (whole time equivalent basis)

Employee Benefits

	Permanent £000	Other £000	2022/23 Total £000	2021/22 Total £000
Salaries and wages	177,716	-	**177,716**	**156,917**
Social security costs	19,590	-	**19,590**	**16,055**
Apprenticeship levy	883	-	**883**	**775**
Employer's contributions to NHS pensions	32,093	-	**32,093**	**29,559**
Pension cost - other (NEST)	73	-	**73**	**67**
Other employment benefits	(131)	-	**(131)**	**(927)**
Termination benefits	-	-	**-**	**16**
External Bank Staff	-	23,152	**23,152**	**20,407**
Agency/contract staff	-	7,928	**7,928**	**6,006**
Total staff costs	**230,224**	**31,080**	**261,304**	**228,875**
Included within:				
Costs capitalised as part of assets	410	-	**410**	**623**

Average number of employees (WTE basis)

	Permanent Number	Other Number	2022/23 Total Number	2021/22 Total Number
Medical and dental	184	21	**205**	**201**
Ambulance staff	3	-	**3**	**3**
Administration and estates	611	41	**652**	**658**
Healthcare assistants and other support staff	1,322	298	**1,620**	**1,469**
Nursing, midwifery and health visiting staff	1,101	144	**1,245**	**1,200**
Nursing, midwifery and health visiting learners	19	-	**19**	**20**
Scientific, therapeutic and technical staff	863	45	**908**	**875**
Healthcare science staff	9	-	**9**	**13**
Total average numbers	**4,112**	**549**	**4,661**	**4,439**
Of which:				
Number of employees (WTE) engaged on capital projects	5	-	**5**	**5**

Payments and Trade Union Time

Total number of employees who were relevant Trade Union officials during 2022-23

Number of employees who were relevant Trade Union officials during 2022-23	Full-time equivalent employee number
21	18.25

Table 2 - Percentage of time spent on facility time

Percentage of time relevant Trade Union officials employed by the Trust during 2022/2023 spent working on facility time:

Percentage of time	Number of employees
0%	0
1-50%	21
51-99%	0
100%	0

Table 3 - Percentage of pay bill spent on facility time

The percentage of the total pay bill spent on paying employees who were relevant Trade Union officials for facility time during 2022/2023:

First Column in Table 2 above	Figures
Total cost of facility time	£24,648
Total pay bill	£260,894,000 (per annum)
The percentage of the total pay bill spent on facility time.	<0.01%

The Trust does not allow Trade Union representatives to attend meetings during work time which are defined by ACAS as: "time for which there is no specific right to be paid including meeting full-time officers, attending regional or branch meetings."

The following is subject to audit

Reporting of Compensation Schemes - Exit Packages 2022/23

	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
Exit package cost band (including any special payment element)			
<£10,000	1	1	**2**
£10,001 - £25,000	1	-	**1**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**

Total number of exit packages by type	**2**	**1**	**3**
Total resource cost (£)	24,000	4,000	**28,000**

Reporting of Compensation Schemes - Exit Packages 2020/21

Exit package cost band (including any special payment element)	Number of compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages Number
<£10,000	-	8	**8**
£10,001 - £25,000	-	2	**2**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
Total number of exit packages by type	**-**	**8**	**8**
Total resource cost (£)	0	76,000	**76,000**

Exit packages: other (non-compulsory) departure payments

	2022/23		2021/22	
	Payments agreed Number	**Total value of agreements £000**	**Payments agreed Number**	**Total value of agreements £000**
Voluntary redundancies including early retirement contractual costs	-	-	1	10
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	1	4	5	16
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	2	25
Total	**1**	**4**	**8**	**51**

Off Payroll Arrangements Disclosure

The Trust reports arrangements whereby individuals are paid through their own companies (and so are responsible for their own tax and national insurance arrangements, not being

classed as Trust employees). The costs of these off-payroll engagements are recorded in the expenditure of the Trust, within consultancy costs. The Trust made zero “off payroll” payments from 1 April 2022 to 31 March 2023. The Trust’s disclosure is below:

Highly paid off-payroll worker engagements as at 31 March 2023 earning £245 per day or greater

Number of existing engagements as of 31 March 2023	**0**
Of which...	
Number that have existed for less than one year at time of reporting.	0
Number that have existed for between one and two years at time of reporting.	0
Number that have existed for between two and three years at time of reporting.	0
Number that have existed for between three and four years at time of reporting.	0
Number that have existed for four or more years at time of reporting.	0

Table 2: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2023 earning £245 per day or greater

Number of off-payroll workers engaged during the year ended 31 March 2023	**0**
Of which:	
Not subject to off-payroll legislation *	0
Subject to off-payroll legislation and determined as in-scope of IR35 *	0

Number of off-payroll workers engaged during the year ended 31 March 2023	**0**
Subject to off-payroll legislation and determined as out-of-scope of IR35 *	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: number of engagements that saw a change to IR35 status following review	0

*A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Trust must undertake an assessment to determine whether that worker is in scope of Intermediaries

legislation (IR35) or out- of-scope for tax purposes

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2021 and 31 March 2022

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 must include both off-payroll and on-payroll engagements.	**0**

Sickness Absence Figures

The Trust's Sickness Absence Figures are published on the NHS Digital website at: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Modern Day Slavery Statement

This statement is made pursuant to Section 54 of the Modern Slavery Act 2015 and sets out the steps that Berkshire Healthcare NHS Foundation Trust has taken, and is continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain during the year ending 31 March 2023.

Modern slavery encompasses slavery, servitude, human trafficking and forced labour. Berkshire Healthcare has a zero-tolerance approach to any form of modern slavery. We are committed to acting ethically and with integrity and transparency in all business dealings and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the Trust or our supply chain.

Our Policies on Slavery and Human Trafficking

Berkshire Healthcare is aware of our responsibilities towards patients, service users, employees and the local community and expects all suppliers to the Trust to adhere to the same ethical principles. We are committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our business. Our internal policies replicate our commitment to acting ethically and with integrity in all our business relationships.

Standard NHS Contracts and the Trust's contract specifications contain a provision around Good Industry Practice to ensure each supplier's commitment to anti-slavery

and human trafficking in their supply chains; and that they conduct their businesses in a manner that is consistent with Berkshire Healthcare's anti-slavery policy. In addition, an increasing number of suppliers are implementing the Labour Standards Assurance System (LSAS) as a condition of contract for tenders within high risk sectors and product categories and indeed this has been referenced in the Government's Modern Slavery Strategy. Many aspects of the LSAS align to the seven reporting areas that the Government has outlined and should appear within any slavery and human trafficking statement.

We operate a number of internal policies which ensure that we are conducting business in an ethical and transparent manner. These include:

- **Recruitment** - We operate a robust recruitment policy, including conducting eligibility to work in the United Kingdom checks for all directly employed staff. Agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will
- **Equal Opportunities** - We have a range of controls to protect staff from poor treatment and/or exploitation, which complies with all respective laws and regulations. These include provision of fair pay rates, fair terms and conditions of employment, and fair access to training and development opportunities
- **Safeguarding** - We adhere to the principles inherent within both our safeguarding children and adults' policies. These are compliant with the Berkshire multiagency agreements and provide clear guidance so that our employees are clear on how to raise safeguarding concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain
- **Whistleblowing** - We operate a whistleblowing/raising concerns policy so that everyone in our employment knows that they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals, and the various ways in which they can raise their concerns
- **Standards of business conduct** - This code explains the manner in which we behave as an organisation and how we expect our employees and suppliers to act

Our approach to procurement and our supply chain includes:

- Ensuring that our suppliers are carefully selected through our robust supplier selection criteria/processes
- Requiring that the main contractor provides details of its sub-contractor(s) to enable the Trust to check their credentials
- Ensuring invitation to tender documents contain a clause on human rights issues

- Ensuring invitation to tender documents also contains clauses giving the Trust the right to terminate a contract for failure to comply with labour laws
- Using the standard Supplier Selection Questionnaire that has been introduced (which includes a section on Modern Day Slavery) Trust staff must contact and work with the Procurement department when looking to work with new suppliers so appropriate checks can be undertaken
- Supplier adherence to our values. We are zero tolerant to slavery and human trafficking and thereby expect all our direct and indirect suppliers/contractors to follow suit
- Where it is verified that a subcontractor has breached the child labour laws or human trafficking, then this subcontractor will be excluded in accordance with Regulation 57 of the Public Contracts Regulations 2015. The Trust will require that the main contractor substitute a new subcontractor.

Training

Advice and training about modern slavery and human trafficking is available to staff through our mandatory safeguarding children and adults training programmes, our safeguarding policies and procedures, and our safeguarding leads. It is also discussed at our corporate induction training which is mandatory for all our new starters. We are looking at ways to continuously increase awareness within our organisation, and to ensure a high level of understanding of the risks involved with modern slavery and human trafficking in our supply chains and in our business.

Our Performance Indicators

We will know the effectiveness of the steps that we are taking to ensure that slavery and/or human trafficking is not taking place within our business or supply chain if there are no reports received from our staff, the public, or law enforcement agencies to indicate that modern slavery practices have been identified.

Anti-Crime Activity

The Trust operates a robust arrangement for minimising the risk of fraud and meets the requirements of the Secretary of State that each health body nominate an officer to act as its Local Counter Fraud Specialist. As well as handling suspected cases of fraud, the service provides awareness and education support to help embed an 'anti-fraud' culture throughout the organisation. There is a clear policy on counter fraud together with other provisions to support staff in raising concerns about possible fraudulent activity.

Health and Safety

The Trust's arrangements for the health and safety of staff, patients, visitors and others are set out in a clear organisational policy that emphasises the organisation's

commitment to providing a safe place to work and a healthy environment for all. A comprehensive suite of policies and procedures are in place to ensure that risks to the health and safety of all are minimised and these policies and procedures are reviewed regularly to ensure the effectiveness of the Trust's health and safety management system. The Trust produces an annual Health and Safety report, which reviews the Trust's performance on a range of categories, comparing results to the previous year and national figures. Key points of note include:

- The Trust received no Enforcement Notices from the Health and Safety Executive or from the Local Authorities in 2022.

- There were four incidents reported under the RIDDOR regulations in the year 2022, showing a decrease of four incidents compared to 2021. Manual Handling, Assaults, Struck by a Moving Object and Slips, Trips & Falls were the four reportable incident category types

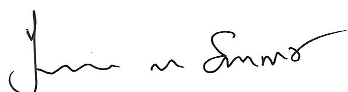
- During 2022, the Trust reported 930 physical assaults against staff. This is an increase of 69 (8%) compared to 2021. The Trust also reported 1,077 non-physical assaults against staff, an increase of 110 (11%) on the previous year

- During 2022, the Royal Berkshire Fire and Rescue Service undertook eight fire safety visits to ensure the Trust is compliant with the Regulatory Reform (Fire Safety) Order 2005

- There was one case of arson reported for 2022, and ten cases of "a risk of fire being identified". Five out of ten of the incidents were community based with the remainder being on Trust property. Three of the eleven incidents reported occurred at Prospect Park Hospital which is a 50% reduction in Prospect Park Hospital incidents on the previous year

- Compliancy in statutory training: Fire Awareness – The number of staff trained throughout 2022 has averaged 91.67%. This is a 2.5% increase from last year (2021 average = 89.15%). This falls short of the Trust's target of 95% compliance.

- Compliancy in statutory training: Health and Safety - The number of staff trained throughout 2022 has averaged 95.78 % (1.25% increase). This is above the Trust's target of 90% compliance.



Julian Emms
Chief Executive
28 June 2023

COUNCIL OF GOVERNORS

The Trust's Council of Governors plays a crucial role in the governance of the Trust providing a forum through which the Trust Board is accountable to the local community. The Council discharge a number of key responsibilities including:

- Representing the interests of the Trust's members and stakeholder organisations in the governance of the Trust
- Appointing or removing the Chair and other Non-Executive Directors
- Approving the appointment (by the Non-Executive Directors) of the Chief Executive
- Deciding the remuneration, allowances and other terms and conditions of office of the Non-Executive Directors
- Holding the Non-Executive Directors to account for the performance of the Board
- Considering the annual accounts, plus any report of the external auditor on them, and the annual report
- Appointing the External Auditors
- Developing and approving the Trust's membership strategy
- Providing views to the Trust Board on the Trust's forward planning
- Undertaking functions requested from time to time by the Trust Board
- Attending events in order to engage with members and the public
- Attendance at the Annual Members Meeting.

Membership of Council

During 2022-23 there were 32 positions on the Council of Governors:

- 23 elected from the public and staff constituencies
- 9 appointed from local authorities, universities and voluntary organisations

The elected governors were drawn from the following constituencies:

- Public constituency – total of 19
- Staff constituency – total of 4

The following table shows the attendance record of Governors at Council meetings during the year.

The meetings were held virtually.

Name	Constituency	Meetings attended/possible
Raymond Buckland	Public – West Berkshire	1/2
Ros Crowder	Public – West Berkshire	3/4
VACANCY	Public – West Berkshire	
Madeline Diver	Public – Bracknell	4/4
Rosemary Stent	Public – Bracknell	2/4
Brian Wilson	Public – Bracknell	4/4
VACANCY	Public – Windsor, Ascot & Maidenhead	
Tom O'Kane	Public – Windsor, Ascot & Maidenhead	3/4
VACANCY	Public – Windsor, Ascot & Maidenhead	
Natasha Afful	Public – Slough	0/0
Ruffat Ali-Noor	Public - Slough	0/0
Steven Gillingwater	Public – Slough	3/4
Debra Allcock-Tyler	Public – Wokingham	3/4
Baldev Sian	Public – Wokingham	4/4
John Jarvis	Public - Wokingham	2/4
Jon Wellum	Public - Reading	4/4
Paul Myerscough	Public – Reading	3/4
Tom Lake	Public – Reading	4/4
Amran Hussain	Rest of England	0/0
Tina Donne	Staff – Clinical	4/4
Guy Dakin	Staff – Non-Clinical	1/2
June Carmichael	Staff - Non-Clinical	4/4
Natasha Berthollier	Staff – Clinical	2/4
Isabel Mattick	LA – Bracknell	¾
Deborah Edwards	LA - Reading	4/4
Graham Bridgman	LA – West Berkshire	2/4
Natasa Pantelic	LA – Slough	0/4
Julian Shape	LA – Windsor and Maidenhead	0/4
Tahir Maher	LA – Wokingham	2/4
Arlene Astell	Reading University	2/4
Suzanna Rose (until November 2022)	British Red Cross	½
Elaine Walsh (from November 2022)	British Red Cross	0/2
Charlie Draper	Young People with Dementia	0/4

LA = Local Authority

During 2022-23 there were four formal meetings of the Council which were conducted virtually. Publicity was given through the Trust's website. From September 2020, the

recording of the full Council meetings has been published on the Trust's website along with the agenda and meeting papers.

In September 2022, the Trust held an In Person Annual Members Meeting where the Trust's Annual Report and Accounts were presented.

The annual election of Lead and Deputy Lead Governor also took place in September 2022 with Governors appointing Brian Wilson as Lead Governor and appointing Jon Wellum as Deputy Lead Governor. The Council has also put in place a structure of committees and steering groups to help fulfil its duties and each Committee reports back to the full Council at each Council meeting. The Committees/Working Groups are:

- Membership and Engagement Group
- Living Life to the Full Group
- Appointments and Remuneration Committee
- Quality Assurance Group

Working Relations between the Council and the Trust Board

Strong working relationships continue between the Council and Trust Board with regular engagement, involving Executive and Non-Executive Director attendance at virtual Council meetings, joint meetings between Council and the Board, including two meetings a year specifically with Non-Executive Directors. The Joint Trust Board and Council of Governors meeting held in November each year focusses on the Trust's forward plan and provides an opportunity for governors to input into the forward plan and to feedback any views from their local communities.

The Chief Executive attends all meetings of the full Council and other Executive Directors attend as and when required. The meetings held with Non-Executive Directors have been useful in supporting Governors to discharge their duty to hold the Non-Executive Directors to account for the performance of the Board and for seeking assurance on service quality and financial sustainability. For new Governors joining the Trust during the year induction training was provided involving the Trust Chair and Company Secretary.

Governors have an opportunity to submit written questions in advance of the informal Joint meetings with the Trust Board and Council of Governors. The Chief Executive and other Executive Directors provide written answers to the questions at the meetings. The Chair holds regular informal virtual "Coffee Morning" sessions which are open to all governors. This provides an opportunity for governors to raise issues with the Chair and to discuss relevant issues in between the formal meetings.

Council of Governors and Trust Board Dispute Process

In the event of any dispute between the Council of Governors and the Trust Board, the Chair on the advice of the Company Secretary, and such other advice as the Chair may see fit to obtain, shall seek to resolve the dispute. if the Chair is unable to resolve the dispute, he or she shall appoint a special committee comprising equal numbers of Directors and Governors to consider the circumstances and to make recommendations to the Council of Governors and the Trust Board with a view to resolving the dispute. If the recommendations (if any) of the special committee are unsuccessful in resolving the dispute, the Chair may refer the dispute back to the Trust Board who shall make the final decision.

The Trust's Constitution sets out the process for the Council of Governors to remove the Trust's Chair and Non-Executive Directors in the event that all other means of engaging with the Trust Board have been exhausted.

Farewell and welcome

In 2022-23 a number of Governors left, and we welcomed others. Whilst it is always disappointing to lose experienced Governors, the Council benefits immensely from the injection of different perspectives and ideas that new Governors bring. Our thanks go to our departing Governors: John Barrett, Public Governor, Ray Buckland, Public Governor, Gillian Mohamed, Public Governor, Rosalind Joan Moles, Public Governor, Verity Murricane, Public Governor, Julia Prince, Staff Governor, Jenny Cheng, Partnership Governor, Wokingham Borough Council and Suzanna Rose, Red Cross and Tahir Maher, Partnership Governor.

We warmly welcomed: Debra Tyler-Allcock, Public Governor, Baldev Sian, Public Governor, Steven Gillingwater, Public Governor, Elaine Williams, British Red Cross and Tina Donne, Staff Governor.

Governor Expenses

The role of Governor is unpaid; however, they are entitled to claim reimbursement of expenses, such as travel and subsistence costs. During 2022-23 2 governors claimed expenses with an aggregate value of £114.50.

Elections

Public and Staff Governors are elected by the membership of the relevant constituency and they serve for a period of three years. They can be re-elected and can serve for a maximum of nine consecutive years. The following table provides information on the results of Governor Elections held during the year:

Date of Election	Constituency	Election turnout %
June 2022	**Slough**	**5.6%**
June 2022	**Staff – Clinical**	**10.9%**
June 2022	**West Berkshire**	**No candidates**
June 2022	**Winsor, Ascot and Maidenhead**	**1 seat Uncontested** **2 seats No candidates**
June 2022	**Wokingham**	**2 candidates uncontested**

All elections were completed and supervised by Civica Election Services and were conducted in accordance with the Trust's Constitution.
Partnership Governors are appointed by the relevant organisation.

Register of interests

A register of interests is maintained for Governors. It is available by contacting the Trust's Company Secretary.

MEMBERSHIP

Berkshire Healthcare became an NHS Foundation Trust in 2007. Foundation Trust status is only awarded to NHS Trusts which consistently demonstrate the highest standards of leadership and patient care.

As an NHS Foundation Trust, we are required to maintain a membership which is representative of the communities we serve. Our members and governors help us shape our plans for the future and make sure that the services we provide reflect what is needed locally.

Anyone over the age of 12 can become a member of our Trust, although we do not actively look to recruit anyone under the age of 16. The Marketing and Communications Team is currently responsible for recruiting and engaging with our membership. Between April 2022 to March 2023 our total membership numbers have remained consistent at 12,813.

During this period, our focus has been on maintaining membership numbers. However, we have been working toward incorporating more social media to promote membership, hoping to encourage a younger demographic to join our Trust as members.

Engagement with our members

Over the last year, engagement with our members has included an invitation to attend our Annual General Meeting, quarterly digital newsletters updating members on health topics and news from the Trust, and Reading Pride, which is a key member recruitment event. Our Marketing and Communications colleagues were in attendance, and signed up new members, as well as signposting visitors to health checks, a variety of relevant services available to them and career opportunities. Our current membership numbers in each local authority are shown below.

Current public membership by local authority area on 5 April 2023

Locality	Public	% of membership	Base	% of locality
Bracknell	911	11.90	125,551	13.59
Reading	1,964	25.66	160,377	17.35
Slough	686	8.96	150,389	16.27
West Berkshire	733	9.58	158,413	17.14
Windsor and Maidenhead	644	8.41	151,993	16.45
Wokingham	992	12.96	177,423	19.20
Rest of England	1,417	18.51	0	0.00
Out of Trust Area	308	4.02	0	0.00
Total	**7,655**	**100.00**	**924,146**	**100.00**

Most of our members live in Berkshire, however a few live further away and have an interest in our organisation. They may be:

- carers who look after or are responsible for someone who uses our services.
- members of staff
- someone who has moved away from the county and wishes to maintain links with us.

These members are part of our 'Rest of England' constituency. The 'Out of Trust Area' category refers to members whose postcode is not recognised. Our database provider, CIVICA Group, use the Royal Mail Postcode Address File for UK addresses. The table below shows the size of our current membership and the movement in numbers of members compared to 2021-2022.

Public constituency	2021/2022	2022/2023	Percentage change
At year start (1 April)	7,703	7,683	-0.26%
New members	100	86	-14%
Members leaving	84	133	58.3%
At year end (31 March)	7,687	7,660	+0.35%
Staff constituency	2021/2022	2022/2023	Percentage change
At year start (1 April)	4,809	4,971	3.37%
New members	884	936	5.88%
Members leaving	1,920	657	-65.8%
At year end (31 March)	4,749	5,152	8.48%

Public membership analysis

The following table shows our public membership by age, ethnicity, socio-economic background, and gender. Membership population figures have been provided by CIVICA Group, our database provider and are taken from the Census. The index column displays how on target we are with representing the communities we serve. A score under 100 means there is an under representation and a score above 100 indicates an over representation.

However, not all members have provided full details to allow for accurate classification and in areas such as ethnicity, many members have stated 'other' as their ethnicity if they do not fall into the White, Black, Asian, or Mixed categories given.

Analysis of our public membership on 5 April 2022

Red indicates under representation in the particular membership category.
Green indicates over representation in the particular membership category.

Age	No. of public members	Population	Index
0-16	10	209,874	1
17-21	81	51,085	19
22+	6,181	663,189	113
Not stated*	1,383	0	0
Gender	**No. of public members**	**Population**	**Index**
Unspecified*	822	0	0
Male	2,483	461,427	65
Female	4,343	462,719	113
Other	7	0	0
Prefer not to say	0	0	0
Ethnicity	**No. of public members**	**Population**	**Index**
Asian	644	111,616	65
Black	253	29,968	95
Mixed	147	22,158	75
Other	1,235	8,250	1,685
White	5,372	689,878	88
ONS/Monitor Classifications	**No. of public members**	**Population**	**Index**
AB	2,129	115,832	88
C1	2,198	113,519	93
C2	1,395	67,644	99
DE	1,547	71,320	104
Wellbeing Acorn Group	**No. of public members**	**Population**	**Index**
Health Challenges	590	61,703	115
At Risk	1,339	151,222	107
4Caution	2,306	251,328	111
Healthy	2,838	450,292	76
Not Private Households	0	9,601	0
Not available	582	0	0
Total membership	**7,655**	**924,148**	

Our plans for 2023 – 2024

As we are comfortably over the 10,000 member threshold, we will focus on recruiting new members from demographics which are underrepresented in our current membership, for example young people and those living outside of Reading.

To do this, we will use our social media channels and e-newsletter to maintain levels of engagement and communicate key information to all our members. We will be tailoring our social media posts, highlighting topics, for example, our Mental Health services and 'good news stories' such as our Therapy Gardens, Health Bus, celebrating the Trust's strengths and successes. We will also attend Reading Pride again this year to encourage more members to sign up. Reading Pride always has a diverse attendance which allows us to tap into Berkshire's demographics where we have smaller membership numbers.

Contacting our Governors or Directors

Details of our Governors, as well as our Executive Directors and Non-Executive Board members, can be found in the 'About us' section of our website: www.berkshirehealthcare.nhs.uk

PUBLIC DISCLOSURES

Accounts note

NHS England has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Trust Financial Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2022-23 NHS Foundation Trust Annual Reporting Manual issued by NHS England. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Cost allocation

Berkshire Healthcare NHS Foundation Trust has complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

Berkshire Healthcare NHS Foundation Trust

Annual accounts for the year ended 31 March 2023

Foreword to the accounts

Berkshire Healthcare NHS Foundation Trust

These accounts, for the year ended 31 March 2023, have been prepared by Berkshire Healthcare NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006

Signed ……………………………………………….

Name **Julian Emms**
Job title **Chief Executive Officer**
Date **28th June 2023**

Statement of accounting officer's responsibilities

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, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Berkshire Healthcare NHS Foundation Trust 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 Berkshire Healthcare 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 Officer Memorandum.*

Julian Emms, Chief Executive Officer
Date: 28th June 2023

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 NHS foundation 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 NHS foundation 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 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 Berkshire Healthcare 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 Berkshire Healthcare NHS Foundation Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The existing comprehensive Risk Management Strategy has been reviewed and approved by the Executive and the Board. It has been disseminated through the Trust. The Chief Financial Officer and Director of Nursing and Therapies provide overall leadership for integrated governance at Board level. The Medical Director is the Caldecott Guardian. The Deputy Chief Executive is the Senior Information Risk Owner.

The Chief Executive chairs the monthly Executive Business and Finance Committee and the Executive Quality and Performance Committee. Both these committees include the Chief Financial Officer who is Chair of the Non-Clinical Risk Management Committee, and the Director of Nursing and Therapies who is Chair of the Safety, Experience & Clinical Effectiveness Group together with the rest of the Executive Directors and senior management representatives. The Board Assurance Framework (BAF) and Corporate Risk Register (CRR) is reviewed at the Executive Business and Finance Committee bi-monthly.

The Executive routinely oversees the effectiveness of all other Committees within the governance structure through the receipt of minutes and reports via each of the two Formal Executive Committees (Business & Finance, Quality and Performance).

The Trust operates in a complex environment with many services dispersed around the county. Each service has its own Risk Register regularly reviewed through line management arrangements. The Trust's Operational Leadership Team (chaired by Chief Operating Officer) has responsibility for ensuring that all locality Risk Registers are up to date and show a true reflection of the risks that may face that service. Directors leading corporate services have the responsibility for ensuring similar Risk Registers are in place for support services. Escalation of appropriate local service level risks to the CRR is undertaken if necessary following review by the relevant Executive Director.

Risk Management training is part of the corporate induction for all new staff. In addition, all existing staff are required to undertake all mandatory training in the year, to comply with the CQC's Essential Standards of Care; this training includes Fire, Lifting and Handling and Health and Safety. Clinical staff undertake additional clinical mandatory training, which includes an update on clinical risk management.

All Policies and Procedures are published on the Trust intranet and are available to all staff. Relevant Policies include as example, Serious Untoward Incidents, Health and Safety, Infection Control, Information Governance and Freedom to Speak Up: Raising Concerns (Whistle Blowing) policy.

The Trust Audit Committee as the senior Board Sub Committee responsible for corporate governance assurance continues to review risk reporting and risk management and has done so during 2022/23. The Audit Committee continues to seek best practice guidance and received further assurance from recent internal audit review of the Trust's Risks Management procedures.

The risk and control framework

The Trust's Risk Management Strategy seeks to minimise risk to the Trust's stakeholders through a comprehensive system of internal controls, risk management and assurance processes, whilst maximising the potential for flexibility, innovation, and best practice in the delivery of its strategic objectives. It seeks to deliver high quality, safe services for service users and secure the health, safety, and welfare at work of all employees and others on the Trust premises.

The Trust uses a standardised risk assessment tool that enables risks to be graded and scored. The tool requires the individual reporting the risk to determine the risk level at the time of detection and to forecast the risk level that will be achieved following implementation of a risk mitigation plan. The risks to delivery of corporate objectives on the BAF and relevant risks on CRR have been reviewed in detail by the Board, Audit Committee and Finance, Performance, and Investment board sub-committees during the year.

The Trust recognises that it is not possible or always desirable to eliminate all risks and that systems should not stifle innovation. When all reasonable control mechanisms have been put in place some residual risk will inevitably remain in many Trust processes and this level of risk must be accepted. Risk acceptance within the Trust is systematic, explicit, and transparent. Where residual risk remains, the risk will remain on the BAF, CRR or local risk register. This ensures that it is reviewed through the control systems rather than having been removed from the register and therefore out of sight.

The Safety, Experience & Clinical Effectiveness Group chaired by the Executive Director of Nursing & Therapies provides the oversight of trust-wide strategic quality and safety related meetings such as Safeguarding Adults/Children, Drug and Therapeutic committees. The Group reports to the Quality and Performance Executive Committee chaired by the CEO and is the lead Executive committee for assuring the quality and safety of services through to the Board Quality Assurance Committee and the Audit Committee, with the Audit Committee providing overall governance assurance and scrutiny.

The Non-Clinical Risk Committee chaired by the Chief Financial Officer group provides the oversight of risk relating to Information Governance, Health & Safety, Fire and Medical Devices amongst others. The Group reports to the Business and Finance Executive Committee chaired by the CEO and reports through to Finance, Investment & Performance Committee, and the Audit Committee, with the Audit Committee providing overall governance assurance and scrutiny.

Routine assurance of compliance with CQC registration requirements and fundamental standards of care is undertaken by the Divisional Patient Safety and Quality Groups. Clinical services review their compliance with CQC standards as part of ongoing monitoring reported into Patient Safety and Quality Groups and through supportive internal inspections coordinated by the Trust Patient Safety Team. Where recommendations for improvement arise from the internal inspections, service level action plans are developed and followed up to ensure continuous improvement. Quality Improvement methodology is used to support ongoing improvements at both Trust and local level.

The Trust was subject to core services and well led inspections by the CQC in November and December 2019, which in March 2020 resulted in an "Outstanding" overall rating for the organisation and its services. The Trust achieved "Good" ratings across inspection domains for Safety, Effectiveness and Caring. The Trust was rated 'Outstanding' in the Responsive and Well-led[1] domains, confirming the leadership and governance arrangements within the Trust are of a high quality and robust. This was the second year running the Trust has been rated "Outstanding" in the well led domain.

Performance information related to quality and patient safety metrics are reviewed and cross referenced with other intelligence available to the governance team prior to inclusion in Trust performance and quality reporting. The metrics are regularly reviewed with the governance and performance team. Governance of data quality in relation to quality metrics is overseen by the Audit Committee through review of the Trust's Information Assurance Framework.

The Trust completes the Data Security and Protection Toolkit each year and, in this year, has achieved a "standards exceeded" green rating, supported by over 95% of staff completing annual information governance training.

Ultimate responsibility for Information Security rests with the Chief Executive of the Trust. This responsibility is delegated to the Deputy Chief Executive as SIRO. Responsibility is further delegated to all staff developing, introducing, managing, and using information and information technology systems through the medium of the Information Governance policy.

The Trust IT Compliance & Audit Manager is responsible for the co-ordination of all aspects of computer security and for ensuring that the Trust Information Governance Policy and practice is consistent with those defined and published by the NHS.

Service managers are responsible for the protection of all information and information technology assets within their department.

Line Managers are responsible for ensuring that their permanent and temporary staff and contractors are aware of the following:

- The information security policies applicable in their work areas.
- Their personal responsibilities for information security.
- How to access advice on information security matters.

All staff must comply with Information Governance security procedures including the maintenance of data confidentiality and data integrity. Failure to do so may result in disciplinary action. The Information Security Policy is maintained, reviewed, and updated by the Trust. This review takes place annually.

Contracts with external contractors that allow access to the Trust's information systems must always be in operation before access is allowed. These contracts will ensure that the staff or sub-contractors of the external organisation will comply with all appropriate security and confidentiality policies.

NHS England's Well-led framework is published at https://www.england.nhs.uk/well-led-framework/

The Trust is ever conscious of cyber security risk and is performing strongly against NHS England's cyber security standards and retained cyber essentials plus re-accreditation in 2022/23. The Trust also welcomed the ICO during 2020/21 to review cyber security and information governance arrangements, receiving a high assurance audit rating from the ICO team in both domains. The Executive Committee, Audit Committee and Board receive regular updates on risks and mitigations in this area.

The BAF contains the following key current and future business and operating risks:

Key Risk	How they are managed / mitigated
Due to national workforce shortage and increasing scarce supply, pressure driven by new funding to meet demand and service development, there is a risk of failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost which could impact on our ability to meet our commitment to providing safe, compassionate, high quality care and a good patient experience for our service users	• Deliver People and EDI Strategies Using a QI approach and working with Ops colleagues to address turnover and retention. • Continued focus on key element of our People Plan to include: o Growing & Retaining our People: Attraction & Retention o Training & Clinical Education o Engagement, Wellbeing & Rewards o Just Culture o Talent & Leadership o Remote working & digital transformation • Strategic People Group and Diversity Steering Group provides oversight of this work monthly.
Failure to achieve system defined target efficiency and cost base benchmarks lead to an impact on funding flows to the Trust, and underlying cost base exceeding funding. Risk is described in the context of system funding allocations being allocated and controlled at ICS level, flowing to providers on a risk share and/or relative efficiency basis.	• The Trust has delivered better than plan in 2022/23. • Effective financial planning process, management of expenditure within agreed within system funding allocations. • Regular reporting and discussion at Trust Business Group/Business & Finance Executive Committee, Finance, Investment and Performance Committee and Board oversight

There is a risk that the ICBs fail to develop into fully integrated care systems resulting in an uncoordinated approach to service delivery leading to inefficient and fragmented services for patients	• Strong Trust representation on committees across both BOB and Frimley. Deputy CEO on Frimley ICS Board • Executive and senior leadership leading/engaged in key system transformation and provider collaborative programmes. • Development of formal ICS provider collaboratives across mental and physical health services.
There is a risk of a rise in demand for community and mental health services and a lack of available capacity will have a significant adverse impact on some services. Services have been impacted by the pandemic which has led to an increase in the number of services with demand challenges and the need for response to unmet and increased activity.	• Systems and process are in place to identify potential areas of risk and escalate specific needs to Executive Directors for resolution. • Mobile working programmes have enabled teams to increase productivity and implement skill opportunities to maintain quality. • Mental Health bed occupancy and Average Length of Stay review to increase inpatient capacity and address Out of Area Placements numbers. • Dedicated work undertaken to address waiting list across range of service.
Trust network and infrastructure at risk of malware attack which could compromise systems leading to unavailability of clinical systems, loss of data, ransom demands for data and mass disruption.	• Latest Anti-malware software is installed on all computers and servers and networks protected by firewalls. • Range of tools deployed, incoming email scanning, website filtering, critical security patch deployment. • Information security policy in place which details acceptable use of IT. • Network access for all windows end-point devices, digital patient records, digital staff records apps and devices protected via multi-factor authentication

The above BAF risks can also be deemed to be "principal" risks to maintaining the NHS Foundation Trust licence condition 4 (FT governance). Further risk control and mitigation assurance is described throughout this Annual Governance Statement in terms of the governance structures and processes (Board and Executive and local level) that the Trust operates to minimise risk against this operating licence condition.

Risk management is embedded in the organisation through, for example, a locality represented Health & Safety Committee reporting into the Executive Non-Clinical Risk Committee, chaired by the Chief Financial Officer. Local risk registers are directly managed at service level with local risks and mitigation overseen by and reported up through the Operational and Senior Leadership Teams for escalation through to an Executive Director and the BAF / Corporate Risk Register. Local risk registers are used as a key business planning tool supporting service delivery.

Incident reporting enables the Trust to understand and manage risks associated with patients and staff. Incidents, investigation outcomes and trends are reviewed and discussed at service level and reported to the Quality and Performance Executive Committee with Board level scrutiny undertaken by the Finance, Investment and Performance, Audit and Quality Assurance Committees. Reporting trends are monitored to ensure all services in the Trust are reporting and if concerns are raised staff are reminded of their responsibility to report. As learning outcomes are shared across the organisation staff can see the value of reporting and the resulting change.

As a Trust the Board of Directors is accountable to the Council of Governors. The Trust's Council comprises a mix of appointed and publicly elected Governors. The Board provides the Council with information on key strategic risks and performance at each Council meeting. In addition, the Trust reports all Serious Incidents to our commissioners as part of the contractual arrangements and works with Local Authority Health

Overview and Scrutiny Committees and Health and Wellbeing Boards to address issues raised by the public and/or local councillors.

The Trust has mechanisms in place to assure the Trust Board that workforce issues are a focus and priority.

Each month key workforce data including turnover, vacancies, sickness, appraisals, and training are reported to the Executive Quality and Performance committee and the reports from this meeting are reviewed at the Finance, Investment & Performance sub-committee of the Board. The Board also receives a six-monthly report on formal HR processes including disciplinary and grievance activity.

Alongside workforce metrics, committees also review the monthly ward Safe Staffing report, which outlines our safer staffing requirements and workforce deployed against that requirement, as well as a declaration from the Director of Nursing and Therapies. An incident reporting system is used to report risks from reduced ward staffing and processes are in place to support escalation and actions to mitigate risk. Any changes to staffing and skill-mix in any services are supported by a QIA. Every six months a detailed safe staffing report is presented to the Quality and Performance Executive Committee and the Board, this report details use of evidence-based tools (where they exist), professional judgement, outcomes alongside other staff and workforce data to provide a triangulated view of safe staffing on the wards.

The Finance, Investment and Performance board sub-committee receives updates on progress against the Trust's People Strategy and further to this a biannual report is submitted to the Trust Board covering key elements of the People Strategy, and progress on actions. The Deputy Chief Executive and Director of People attend the Board to present the report and take any questions, feedback, and respond to concerns. The People Strategy covers all aspects of the workforce, and the report explains what we are doing today to resolve current issues, and what the plans are for managing longer term issues and those priority areas identified in the NHS Long term Plan and the workforce risk on the Board Assurance Framework.

The Board Assurance Framework captures the risks associated with the workforce and currently identifies the recruitment and retention of the workforce as a key priority. This risk is discussed at the monthly Strategic People Group, attended by Divisional Directors and some Service Leads. The risks are discussed, and mitigations are agreed and reported back through Executive Committee to the Trust Board.

The Trust has a dedicated Workforce Planning and Temporary Staffing Lead whose role is to ensure that we have safe levels of staffing; that we respond to planned and unplanned workforce challenges and can deploy fixed and temporary staffing effectively and to work with services to continue to monitor and review roles and skills mix to ensure the most effective use of available resources. The Trust has a new balanced workforce model which aims to reduce our workforce gaps and the associated risk this presents to the organisation. In addition to this, we are using the workforce projections in our business plan and known workforce movement, this year, we are developing a 12-month trust recruitment plan to proactively identify possible workforce gaps and better support safe staffing.

Safe Staffing reports are routinely presented to the Trusts Quality Executive and the Finance, Investment and Performance Board Subcommittees as well as the Board. As part of our balanced workforce model, the trust has invested an additional £1.5m into growing our own clinical workforce through apprenticeships for hard to fill roles. We have introduced "temp to perm" health care support worker staff in key areas so that we have a consistent supply of trained bank staff ready to step into permanent roles when they become available.

Following the workforce deep dives, we conducted last year with key services to ensure that our staffing processes are safe, sustainable, and effective in the short and long-term, we will be looking at how we can model workforce plans against potential longer-term service demand. The Trust is also acting as the BOB ICS lead for the Reservist Workforce Project and trialling new ways to respond to planned and unplanned workforce demands. This includes working with NHSP, our temporary staffing provider, to develop a bank of reserve workers who will commit to a minimum of 30 days' work per year.

The Board has appointed a Non-Executive Wellbeing Guardian to provide scrutiny and assurance to the work of the Trust in support of our staff and the requirements of the NHS People plan.

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

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months as required by the *Managing Conflicts of Interest in the NHS* guidance.

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 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.

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

The Board of Directors receives a report on key driver and tracker metrics at its formal public meetings. These metrics cover service activity, quality, patient safety, workforce, and cost as well as the patient experience.

The Finance, Investment & Performance sub-committee of the Board scrutinises this financial and performance information in detail on a regular basis, providing further assurance to the Board of Directors.

The Quality Executive committee reviews and scrutinises monthly non-financial performance and signals where further work needs to be undertaken to understand the data and/or improve performance. Whilst the monthly Business & Finance Executive Committee performs the same for financial performance. The Operational Leadership Team's divisional performance review meetings chaired by the Chief Operating Officer, review service performance routinely and drill down to individual service lines.

The above system ensures that the Trust performs within the agreed parameters of economy, efficiency and effectiveness and should those parameters be breached, is able to quickly identify issues and put in place plans to improve performance.

Through the audit programme internal and external audit provide further external assurance to the Board on economy, efficiency, and effectiveness of use of resources.

Information Governance

The Trust had one incident in the 2022/23 period which was reportable to the ICO based on the impact.

The incident involved a member of staff who inappropriately accessed the record of a Trust client on multiple occasions over many months. The member of staff had only a personal relationship with the client and accessed the record without a legitimate professional reason. Due to the circumstances of the case and vulnerabilities of the client the investigation was managed through HR policies and process and proceeded to a hearing at which the member of staff was dismissed.

The Trust continues to support services reporting breaches of all severity levels, the Information Governance Team review and grade all breaches and for those which are not notifiable to the ICO the local teams manage review, actions and learning from these with the IG Team monitoring any reoccurring breach types as teams and individuals making repeat breaches to take appropriate supportive action as required.

Data quality and governance

The Trust takes a number of steps to assure the board that there are appropriate controls in place to ensure the accuracy of its data:

- The Chief Financial Officer is responsible for data quality processes and assurance.
- The Board and Executive level integrated performance report is underpinned by data recording and monitoring systems.

- The governance of data quality is overseen by the Audit Committee and Business and Finance Executive Committee, which reviews improvement progress in the Trust's Information Assurance Framework.

- The Information Assurance Framework identifies the critical local and national performance indicators across safety, quality, and finance that governance committees of the Trust require data quality assurance of.

- The framework oversees a quarterly process of data source assurance and in-depth data quality audits undertaken by our internal data quality team, with feedback and improvement action followed up to improve completeness and accuracy of data.

- Internal team reviews are supplemented by internal and external audit reviews of data quality.

- The Trust is very high scoring on the national data quality maturity index for Trusts collected and returned data via national minimum datasets.

- Staff using Trust information systems to record data are trained and supervised in the use of systems and accurate and timely recording, supported by policies and operating procedures.

The Board and senior management team gains further assurance on service quality via visits to divisions to review delivery of the quality agenda and reviewing feedback from patient and staff surveys, safety, and outcome reports to Trust board.

Waiting times are a national and organisational priority that are included in the annual plan. The Trust has an assurance process in place which focuses on the national and mandated targets and standards. These feature in the Trust Performance Report and are part of an audit schedule. This comprises of one of two levels of assurance validated calculation based on the data and record level audit to assess compliance. The Quality and Performance Executive Group receives and reviewed the monthly waiting times report which highlights services with longer waits and links to the quality concerns register. There are a number of services that do not have either local (commissioner or internally allocated) targets and work is underway with these services to improve reporting and data quality issues.

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 foundation 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, the Audit Committee and Quality Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Assurance is informed by established processes to ensure the effectiveness of the systems of internal control supported by:

- Regular review of strategic-level risks and the BAF by the Executive, Audit Committee, Finance and Investment board sub-committee and the Board of Directors, strengthen by positive assurance rating provided by Internal Audit on arrangements for risk management and our BAF.

- Audit Committee, chaired by a Non-Executive Director, meeting regularly, and delivering its agreed Audit plan, and maintaining a senior oversight of the activity of Board sub committees within the Trust's governance structure.

- Quality Assurance Committee, chaired by a non-executive director, meeting regularly, and ensuring monitoring and ongoing compliance with its fundamental standards for quality and safety and clinical outcomes and effectiveness.

- The Executive Business and Finance Committee and Executive oversight of the Governance structure.

- Executive responsibility for the delivery of effectiveness, efficiency, and economy.
- Detailed processes undertaken by the Executive to verify compliance with CQC registration and NHS Foundation Trust Licence Conditions.
- Review of feedback from Staff and Patient Surveys
- Reviews of serious incidents requiring investigation and whistleblowing investigations and the outcome of the investigations.
- Assessment of key findings of external enquiries

I am further assured by the external assessment of our organisation, reflected in the attainment of 'Outstanding' overall core services rating from the November 2019 CQC inspection, and 'Outstanding' for Well Led and our NHS England's NHS Oversight Framework Segmentation of '1'.

The Trust's internal auditors, RSM have provided the following positive Head of Internal Audit Opinion for the 12 months ended 31st March 2023:

"The organisation has an adequate and effective framework for risk management, governance, and internal control. However, our work has identified further enhancements to the framework of risk management, governance, and internal control to ensure that it remains adequate and effective".

In providing this positive opinion RSM did not highlight any issues that needed to be reported in this governance statement.

The Trust and RSM have undertaken a range of reviews of financial, clinical, and operational issues during the year including board assurance framework & corporate risk register and mandatory Information governance audits.

Audit recommendations are reviewed by the Audit Committee and are implemented according to an agreed timescale. Regular reviews are undertaken by the internal auditors to ensure any actions have been delivered as agreed.

Conclusion

No significant internal control issues have been identified by the Trust in 2022/23 and the Trust's Annual Governance Statement is a balanced reflection of the management position throughout the year.

Julian Emms, Chief Executive Officer
28th June 2023

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of Berkshire Healthcare NHS Foundation Trust for the year ended 31 March 2023 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and the related notes 1 to 23, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by the 2022/23 HM Treasury's Financial Reporting Manual (the 2022/23 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2022 to 2023 and the Accounts Direction issued by NHS England with the approval of the Secretary of State as relevant to the National Health Service in England.

In our opinion the financial statements:

- give a true and fair view of the financial position of Berkshire Healthcare NHS Foundation Trust as at 31 March 2023 and of the Foundation Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022 to 2023; and
- have been properly prepared in accordance with the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) 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 Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 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 Foundation Trust's ability to continue as a going concern for a period of 12 months to 30 June 2024.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Foundation Trust's ability to continue as a going concern.

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 this 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 there is 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 the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and

- the parts of the Remuneration Report and Staff Report identified as subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2022/23.

Matters on which we are required to report by exception

The Code of Audit Practice requires us to report to you if:

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;

- We refer the matter to the regulator 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 are not satisfied that the Foundation Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources;

- We have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2022/23 and is not misleading or inconsistent with other information forthcoming from the audit; or

- We have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

Responsibilities of the Accounting Officer

As explained more fully in the 'Statement of accounting officer's responsibilities as the accounting officer of Berkshire Healthcare NHS Foundation Trust' set out on page109 the chief executive is the accounting officer of Berkshire Healthcare NHS Foundation Trust. 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 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 the Council of Governors intend to cease operations of the Foundation Trust, or have no realistic alternative but to do so.

As explained in the Governance Statement, the accounting officer is responsible for the arrangements to secure economy, efficiency, and effectiveness in the use of the Foundation Trust's resources.

Auditor’s responsibility 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006, the Health and Social Care Act 2012 and the Health and Care Act 2022, as well as relevant employment laws of the United Kingdom. In addition, the Foundation Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.

- We understood how Berkshire Healthcare NHS Foundation Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-complian**ce,** including inquiring of management, head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Foundation Trust’s board minutes, through enquiry of employees to verify Foundation Trust policies, and through the inspection of other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.

- We assessed the susceptibility of the Foundation Trust’s financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance (through improper recognition of revenue) and management override of controls to be our fraud risks.

- To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we reviewed the Foundation Trust’s manual year end income and expenditure accruals, challenging assumptions and corroborating the income and expenditure to appropriate evidence.

- To address the presumed fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

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

Scope of the review of arrangements for securing economy, efficiency, and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in January 2023, as to whether the Foundation Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency, and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency, and effectiveness in its use of resources for the year ended 31 March 2023.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Foundation Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are reuired under schedule 10(1)(d) of the National Health Service Act 2006 to be satisfied that the Foundation Trust has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources. Under the Code of Audit Practice, we are required to report to you if the Foundation Trust has not made proper arrangement for securing economy, efficiency, and effectiveness in the 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.

Certificate

We certify that we have completed the audit of the accounts of Berkshire Healthcare NHS Foundation Trust in accordance with the requirements of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office on behalf of the Comptroller and Auditor General.

Use of our report

This report is made solely to the Council of Governors of Berkshire Healthcare NHS Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006 and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Maria Grindley (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Reading
28 June 2023

Statement of Comprehensive Income
For the Year ended 31 March 2023

	Note	2022/23	2021/22
		£000	**£000**
Operating income from patient care activities	3	332,152	300,536
Other operating income	4	15,439	18,114
Total operating income from continuing operations		**347,591**	**318,650**
Operating expenses	5.1, 7	(343,508)	(313,493)
Operating surplus from continuing operations		**4,083**	**5,157**
Finance income	8	1,502	30
Finance expenses	8.1	(4,190)	(4,021)
PDC dividends payable		(1,364)	(911)
Net finance costs		**(4,052)**	**(4,902)**
Gains / (Losses) of disposal of non-current assets	9	(7)	1,425
Surplus / (Deficit) for the year		**24**	**1,680**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(236)	(3,488)
Revaluations		5,650	9,029
Other reserve movements		(1)	3
Total other comprehensive income		**5,413**	**5,543**
Total comprehensive income for the period		**5,437**	**7,223**

Statement of Financial Position as at 31 March 2023

	Note	31 March 2023	31 March 2022
		£000	£000
Non-current assets			
Intangible assets	10	3,960	4,180
Property, plant and equipment	11	117,721	112,718
Right of Use assets	12	15,488	
Trade and other receivables	14	225	214
Total non-current assets		**137,394**	**117,112**
Current assets			
Inventories	13	288	173
Trade and other receivables	14	18,900	8,880
Cash and cash equivalents	15.1	55,196	53,865
Total current assets		**74,384**	**62,918**
Current liabilities			
Trade and other payables	16.1	(48,160)	(35,277)
Other liabilities	16.2	(10,642)	(10,752)
Borrowings	17	(4,192)	(1,679)
Provisions	18	(1,196)	(1,766)
Total current liabilities		**(64,190)**	**(49,474)**
Total assets less current liabilities		**147,588**	**130,556**
Non-current liabilities			
Borrowings	17	(34,779)	(23,786)
Provisions	18	(2,026)	(1,821)
Total non-current liabilities		**(36,805)**	**(25,607)**
Total assets employed		**110,783**	**104,949**
Financed by			
Public dividend capital		21,136	20,740
Revaluation reserve		58,020	51,979
Income and expenditure reserve		31,627	32,230
Total taxpayers' equity		**110,783**	**104,949**

The notes on pages 127 to 174 form part of these accounts.

Name Julian Emms
Position Chief Executive Officer
Date 28th June 2023

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2023

	Note	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2022 - brought forward		**20,740**	**51,978**	**32,230**	**104,949**
Comprehensive Income					
Surplus for the year				24	**24**
Other transfers between reserves			649	(649)	**-**
- Impairments	6	-	(236)	-	**(236)**
- Revaluations		-	5,650	-	**5,650**
Total Comprehensive Income		**-**	**6,063**	**(625)**	**5,439**
Public dividend capital received		396	-	-	**396**
Other reserve movements		-	(22)	22	**-**
Taxpayers' and others' equity at 31 March 2023		**21,136**	**58,020**	**31,627**	**110,783**

Statement of Changes in Equity for the year ended 31 March 2022 as restated *

	Note	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2021 - brought forward		**20,021**	**31,962**	**29,998**	**81,981**
Prior period adjustment *		-	15,053	(26)	**15,027**
Taxpayers' and others' equity at 1 April 2021 - brought forward as restated		**20,021**	**47,015**	**29,972**	**97,008**
Comprehensive Income					
Surplus for the year				1,680	**1,680**
- Impairments	6	-	(3,488)	-	**(3,488)**
- Revaluations		-	9,029	-	**9,029**
Total Comprehensive Income		**-**	**5,541**	**1,680**	**7,222**
Transfer to retained earnings on disposal of assets		-	(578)	578	**-**
Public dividend capital received		719	-	-	**719**
Other reserve movements		-	-	-	**-**
Taxpayers' and others' equity at 31 March 2022 as restated		**20,740**	**51,978**	**32,230**	**104,949**

Restatement relates to prior period adjustments relating to Property, Plant and Equipment valuation.

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 trust. Additional PDC may also be issued to NHS foundation trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the Department of Health and Social Care 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 NHS foundation trust.

Statement of Cash Flows

For the Year ended 31 March 2023

	Note	2022/23	2021/22
		£000	£000
Cash flows from operating activities			
Operating surplus		4,082	5,157
Non-cash income and expense:			
Depreciation and amortisation	5.1	10,843	8,691
Net impairments	6	1,889	668
Income recognised in respect of capital donations	4	-	(14)
(Increase)/Decrease in receivables and other assets		(9,763)	167
(Increase) in inventories		(115)	(13)
Increase in trade and other payables		12,222	6,483
Increase in other liabilities		(110)	4,537
Increase/(Decrease) in provisions		(1,181)	462
Net cash used in operating activities		17,867	26,138
Cash flows used in investing activities			
Interest received		1,502	30
Purchase of intangible assets		(1,648)	(1,050)
Purchase of property, plant, equipment and investment property		(6,815)	(7,002)
Sales of property, plant, equipment and investment property		-	2,175
Receipt of cash donations to purchase capital assets		-	14
Net cash used in investing activities		(6,961)	(5,833)
Cash flows from financing activities			
Public dividend capital received		396	719
Capital element of finance lease rental payments		(2,561)	-
Capital element of PFI, LIFT and other service concession payments		(1,679)	(1,569)
Other interest (e.g. overdrafts)		(1)	-
Interest paid on finance lease liabilities		(137)	-
Interest paid on PFI, LIFT and other service concession obligations		(3,926)	(3,900)
PDC dividend paid		(1,667)	(787)
Net cash used in financing activities		**(9,575)**	**(5,537)**
Increase in cash and cash equivalents		**1,331**	**14,768**
Cash and cash equivalents at 1 April		**53,865**	**39,097**
Cash and cash equivalents at 31 March	15.1	**55,196**	**53,865**

NOTES TO THE ACCOUNTS

Note 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 2022/23 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 Standards, amendments and interpretations in issue but not yet effective or adopted

Accounting standards that have been issued but have not yet been adopted.

The Department of Health Government Accounting Manual (GAM) does not require the following Standards and Interpretations to be applied in 2022/23. These standards are still subject to HM Treasury FReM adoption, and are therefore not applicable to DH group accounts in 2022/23

- **IFRS 17 Insurance Contracts** – The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 is yet to be adopted by the FReM, therefore early adoption is not permitted

The Foundation Trust will assess the impact of these standards after issue of the Annual Reporting Manual 2023/24 by NHS England.

1.2.1 Early adoption of standards, amendments and interpretations.

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

1.2.2 Prior Period Adjustments

In accordance with IAS 8 the Foundation Trust will record a prior period adjustment where there have been omissions from, and misstatements in, the Foundation Trust's financial statements for one or more prior periods arising information that:

- Was available when financial statements for those periods were authorised for issue and;
- Could reasonably be expected to have been obtained and taken into account in the preparation and presentation of those financial statements.

1.3 Critical accounting estimates and judgements

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Critical accounting judgements

- Income is derived by block contract from Clinical Commissioning Groups and NHS England and the Unitary Authorities of Berkshire. All these contracts are subject to variations which may result in judgements being made by management on the timing and amount of income to be allocated to the correct financial reporting year. Other income is received for Education & Training and Research & Development, where the level of income recognised is subject to judgement made by management on the terms and conditions of those contracts and the expenditure which may not be evenly distributed through the financial year.

Key Sources of Estimation Uncertainty

The judgements and key sources of estimation uncertainty that have a significant effect on the material amounts recognised in the financial statements in the current or next financial year are detailed below:

- Assets valuations are provided on annual basis. Valuations are subject to general price changes in the property values across the UK. Asset values might vary from the real market value when assets are disposed. Total asset valuations as at 31st March 2023 was £102.5m (2021/22: £97.6m). The current valuation is net of fixed asset additions, less depreciation, less impairments, less disposals, plus any revaluation surplus.
- Determination of useful lives for property, plant and equipment - estimated useful lives for Trust's assets are based on common, widely used assumptions for each asset type except where specialist information is available from professional bodies. The Trust reviews these lives on a regular basis as part of the process to assess whether assets have been impaired. The range of useful lives ranges from 3 years for IT software, up to 90 years for Land and Buildings.
- Accruals are based on estimates and judgements of historical trends and anticipated outcomes. At the end of each accounting period, management review items that are outstanding and estimate the amount to be accrued in the closing financial statements of the Trust. Any variation between the estimate and the actual is recorded under the relevant heading within the accounts in the subsequent financial period. The total value of contract receivable accruals in respect of at the year end 31st March 2023 is £10.5m (2021/22: £1.5m); whilst payable accruals were £27.1m (2021/22: £17.4m) which includes an accrual for untaken annual leave of £1.2m (2021/22: £1.4m).
- Provisions for pension and legal liabilities including dilapidation estimates on property leases, are based on the information provided from NHS Pension Agency, NHS Resolution and the Trust's own sources. Pension provision is based on the estimated life expectancy of the individual pensioner as stated in the UK Actuarial Department most recent life tables which change annually. All provisions are estimates of the actual costs of future cash flows and are dependent on future events. Any differences between expectations and the actual future liability will be accounted for in the period when such determination is made. The total value of provisions at the year end 31st March 2023 is £3.2m (2021/22: £3.6m).

1.4 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, 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.

After making enquiries, the directors have a reasonable expectation that the services provided by the Trust will continue to be provided by the public sector for the foreseeable future and until 30 June 2024 i.e. 12 months after the publication of the annual report and accounts for 2022/23. Management’s enquiries covered planning, allocations, capital planning, policy on NHS structures and Trust strategy. The following points support the adoption of the going concern basis:

* There are no local or national policy decisions that are likely to affect that continued funding and provision of services by the Trust;

* The Trust's financial position in 2022/23 was a £0.02m surplus. This is adjusted to £2.4m for the purposes of assessing the Trust's performance. Adjusted performance is consistent with 2021/22 and 2020/21 where surpluses were also delivered.
* In 2022/23 the Trust has continued to benefit from the block contract arrangements which were put in place during the pandemic, including specific funding for COVID19 costs and Elective Recovery. These arrangements have provided certainty on income and improved liquidity and cash flow;
* The Trust Board has approved a plan for 2023/24 and this has been submitted to NHS England by the Trust and as part of the submission made by Buckinghamshire, Oxfordshire and Berkshire West ICB, of which the Trust is a member. The plan is for a £1.3m surplus. The plan assumes income as agreed with the Trust's main NHS and non-NHS commissioners and is based on planning guidance assumptions. The plan includes a requirement to delivery a £14.1m efficiency programme which equates to 4% of the Trust's turnover. The efficiency programme is fully identified. The Trust's 2023/24 plan covers revenue, capital, cash, workforce and activity;
* The Trust has a rolling cash flow forecast based on expectations for funding and this extends to the end of July 2024. This indicates that the Trust would be able to continue to operate with good levels of liquidity for revenue and capital purposes, with no requirement to undertake borrowing and with a cash balance of £46.0m at the end of July 2024.

Based on management enquiries and the points made above, the directors have concluded that the going concern basis should be adopted in preparation of these accounts and in following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

1.5 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 those 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.

The Trust receives the majority of its income from customers on a block contract arrangement which means that payments against the contract are received equally in twelfths across the financial year and which is not directly linked to specific satisfaction of performance obligations.

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 income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

2022/23

The main source of income for the Trust is contracts with commissioners for health care services. In 2022/23, the majority of the Trust’s income from NHS commissioners was in the form of block contract arrangements. In the first quarter of 2022/23, the Trust received block funding from Clinical Commissioning Groups where the block contracts were agreed at an Integrated Care System level. For the remainder of 2022/23, from quarter two onwards, the block contract funding was received from the Integrated Care Boards, that were established from the 1st July 2022. The Trust's entitlement to the consideration under the block contract did not vary regardless of the activity performed and the performance obligation continued to be the delivery of healthcare and related services.

Comparative period 2021/22

The main source of income for the Trust is contracts with commissioners for health care services. In 2021/22, the majority of the Trust’s income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the Trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a Integrated Care System level. The related performance obligation is the delivery of healthcare and related services during the period, with the Trust’s entitlement to consideration not varying based on the levels of activity performed.

The Trust received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income was accounted for as variable consideration.

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

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 Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Other Operating Income

The Trust receives income from other sources which is not directly related to the delivery of healthcare services. This includes income to support training and development of staff; managed estates services; property rental; and crèche services. Income is also recognised in respect of donations received for the purchase of capital assets or contributions to expenditure. Other operating income is recognised on an accruals basis when the delivery of the activity has occurred.

1.6 Expenditure on Employee Benefits

Short-term Employee Benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees.

Annual Leave Entitlement

The cost of annual leave entitlement 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. The permitted carry forward is five days except in exceptional circumstances where an employee is on maternity or long-term sickness absence.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two 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 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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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 report of the scheme actuary, which forms part of the annual NHS Pension Scheme 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 (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HM Treasury published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

National Employment Savings Trust ('NEST')

In 2014/15, the Trust implemented auto-enrolment for eligible employees in the National Employment Savings Trust ('NEST'), which is a scheme set up under the Pensions Act 2008. NEST is regulated by The Pensions Regulator the UK regulator of workplace pension schemes.

NEST is a defined contribution, off Statement of Financial Position scheme. The value of employer contributions in 2022/23 was £73K (2021/22: £67K).

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 be provided to, the Trust;
- it is expected to be used for more than one financial year; and
- the cost of the item can be measured reliably.

In addition, for Property, Plant and Equipment to be capitalised must:

- individually have a cost of at least £5,000; or
- form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial setting-up cost of a new building or refurbishment, 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 e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic 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 (i.e. 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.

As land and buildings are reported separately in the notes to the Statement of Financial Position (SoFP), impairments are revaluations need to be analysised between land and buildings, based on the valuer's analysis of the overall valution of the property and upwards revaluations or impairments need to be recognised seperately on land and buildings.

The review of valuations for land and buildings including two PFI properties is performed by the Carter Jonas, which is a independent commercial valuation provider.

Valuations are reviewed on the 31st March of each calendar year, with a full physical inspection every five years, an interim physical verification at three years and a desktop review in all other years. The last full physical inspection for all land and buildings including the PFIs was performed during 2022/23 in preparation for the year on 31st March 2023.

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:

Current values in existing use are:

- Land and non-specialised buildings – market value for existing use; and
- 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 meeting the 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. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

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.

Revaluation surpluses and impairments due to changes in valuations are reflected in Other Comprehensive Income in the Statement of Comprehensive Income, the Statement of Changes in Taxpayers Equity and Notes 6 Impairments and 11.1 Property, Plant and Equipment.

The value of land for existing use purposes is assessed at existing use value. For non-operational properties including surplus land, the valuations are carried out at open market value.

An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

For all categories of non-property assets, the Trust considers that depreciated historical cost is an acceptable proxy for current value in existing use, as the useful economic lives used are considered to be a realistic reflection of the lives of assets and the depreciation methods used reflect the consumption of the asset.

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.

Revaluation and impairment

Land and buildings are fully revalued every five years with an interim revaluation every financial year. All revaluations are performed by a professional qualified valuer who is a member of the Royal Institute of Chartered Surveyors.

Further revaluations may be done at any other time particularly where there have been additions, dilapidation or part disposal of an asset or on the occurrence of an event likely to cause impairment.

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse an impairment previously recognised in operating expenses, in which case they are recognised in operating income.

Decreases in asset values and impairments 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'.

In accordance with the 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 is 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.

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.

The standard useful life for Property, Plant and Equipment held by the NHS foundation trust is:

- Buildings (excluding dwellings): 35 years
- Furniture & Fittings: 7 years
- Transport Equipment: 7 years
- Plant & Machinery: 5 years
- Information Technology: 4 years
- Software and Licenses: 3 years

Where there is a valid and reasonable expectation of the Trust that the economic useful life of Property Plant or Equipment is different to the standard, this will be assessed on a case by case basis taking into account the materiality of the initial investment and expected timing for replacement. The useful life will then be adjusted accordingly.

Property, Plant and Equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

De-recognition

Assets intended for disposal is reclassified as 'Held for Sale' once all of the following criteria are met:

- The asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e. management are committed to a plan to sell the asset;
- a programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;
- the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and,
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

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.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the assets on the revaluation reserve is transferred to Income and Expenditure reserve. For donated assets, a transfer is made to or from the relevant reserve to the profit/loss on disposal amount so that no profit or loss is recognised in income and expenses. The remaining surplus or deficit in the donated asset reserve is then transferred to Income and Expenditure reserve.

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 economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.9 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.

1.10 Government grants

Government grants are grants from government bodies other than revenue from NHS bodies for the provision of services. Revenue grants are treated as deferred income initially and credited to income to match the expenditure to which they relate. Capital grants are treated as income and the receipt credited to the Statement of Comprehensive Income, The associated asset is treated in a manner consistent with the depreciation and impairment charges for that asset. Assets purchased from government grants are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations and impairments are taken to the revaluation reserve and, each year, an amount equal to the depreciation charge on the asset charged to the Statement of Comprehensive Income.

A grant for an asset may be received subject to a condition that it is to be returned to the grantor if a specified future event does or does not occur. For example, a grant may need to be returned if the foundation trust ceases to use the asset purchased with that grant for a purpose specified by the grantor. In these cases, a return obligation does not arise until such time as it is expected that the condition will be breached and a liability is not recognised until that time. Such a condition would not therefore require the grant to be treated as deferred.

1.11 Private Finance Initiative (PFI) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

Payment for the fair value of services received;
Payment for the PFI asset, including finance costs; and

Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

The PFI assets are recognised as a property, plant and equipment when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacements

Components of the assets replaced by the operator during the contract are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme:

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator:

Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.12 Intangible Assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights They 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.

Expenditure on research is not capitalised.

Expenditure on internally generated assets is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset:
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

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.

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 under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

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

For all categories of intangible assets, the Trust considers that depreciated historical cost is an acceptable proxy for current value in existing use, as the useful economic lives used are considered to be a realistic reflection of the lives of assets and the depreciation methods used reflect the consumption of the asset.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. The expected useful life for software is 3 years.

1.13 Inventories

Inventories are valued at the lower of cost and net realisable value using the weighted average cost formula. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.14 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.

1.15 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 as a 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 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

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

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 or other systematic basis. 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 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.

In applying the HM Treasury interpretation, the Trust has considered that the cost model is appropriate as the underlying asset is held for only a small proportion of the overall asset economic useful life and at the end the lease, the asset is returned to the lessor. For property leases there are terms that require the lease payments to be updated for market conditions.

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.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on the 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

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

2021/22 comparatives

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to expenditure on a straight line or other systematic basis.

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 from 31 March 2023:

		Nominal rate	**Prior year rate**
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

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 from 31 March 2023:

	Inflation rate	**Prior year rate**
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.7% (2021/22 minus 1.3%) in real terms.

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 18.1 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 18.2 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 18.2, 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

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 Corporation Tax

The Trust is a Health Service body within the meaning of s519A Income and Corporation Taxes Act (ICTA) 1988 and accordingly is exempt from taxation in respect of income and capital gains within the categories covered by this. There is a power for the Treasury to dis-apply the exemption in relation to specified activities of a Foundation trust (s519A (3) to (8) ICTA 1988). Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities which are not related to the provision of health care. Where trading activities are undertaken that are commercial in nature the profits per activity are below the £50,000 corporation tax threshold as per the HMRC 'Guidance on the Tax Treatment of Non-Core Healthcare Commercial Activities of NHS Foundation Trusts.

1.20 Value Added Tax

Most of the activities of the Trust are outside the scope of 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 fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.21 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS foundation trust has no beneficial interest in them. However, they are disclosed in note 15.2 in accordance with the requirements of HM Treasury's *FReM* .

1.22 Financial assets and financial liabilities

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018. IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

1.22a Financial Assets

Recognition

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are de-recognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

For all financial assets measured at amortised cost or at fair value through other comprehensive income, lease receivables and contract assets, the Trust will recognise a loss allowance, previously classified as impairment or bad debt provisions, representing expected credit losses on the financial instrument.

Financial assets measured at amortised cost are those held whose objective is to hold financial assets in order to collect contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most financial assets at amortised costs and other simple debt instruments. After initial recognition, these financial assets are measured at amortised cost using the effective interest method, less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

Financial assets at amortised costs are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets. The Trust's financial assets at amortised cost comprise current investments, cash and cash equivalents, NHS receivables, accrued income and 'other receivables'.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract 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).

For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 1), and otherwise at an amount equal to 12-month expected credit losses (stage 2).

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 estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

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.

1.22b Financial Liabilities

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished — that is, the obligation has been discharged or cancelled or has expired. Loans from the Department of Health are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value plus or minus directly attributable transaction costs for financial liabilities not measured at fair value through profit or loss.

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from the Department of Health, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability.

1.23 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 NHS trusts not been bearing their 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.

1.24 Charitable Funds

Under the provisions of IFRS 10 Consolidated Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entity's financial statements. In accordance with IAS 1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact. As the charitable income during the financial year 2022/23 was £92K, compared to the Trust's revenue of £348,849K, the funds are not considered sufficiently material for consolidated account to be prepared. The position is reviewed annually, to confirm whether or not the charity's funds are material enough for consolidation to be appropriate. Separate accounts for the NHS charity will be produced. An outline of the charity is as follows:

The Berkshire Healthcare Charity is registered with the Charity Commission under reference number 1049733. Trustees of the charity are also employees of the NHS foundation trust. Details of the charity can be obtained from www.charitycommission.gov.uk.

Note 2 Operating Segments

IFRS 8 'Operating Segments' requires disclosure of the results of the significant operating segments. A business or operating segment is a group of assets and operations engaged in providing core or non-core services that are subject to risks and returns that are different from those of other business or operating segments. In line with the standard, based on the internally reported activities, the foundation trust identifies that all activity is healthcare related and a large majority of the foundation trust's revenue is received from within UK government departments.

The Trust operates as a single operating segment. The Board of Directors, led by the Chief Executive is the Chief Operating Decision Maker within the Trust. It is only at this level that revenues are fully reported and the overall financial and operational performance of the Trust is assessed. As all decisions affecting the foundation trust's future direction and viability are made based on the overall total presented to the board, the foundation trust is satisfied that the single segment of healthcare is appropriate and consistent with the principles of IFRS 8.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2022/23	2021/22
	£000	£000
Mental health services		
Aligned payment & incentive (API) contract income / system block income	151,751	143,715
Services delivered as part of a mental health collaborative	2,871	1,970
Other clinical income from mandatory services	1,948	949
Community services		
Community services income from CCGs and NHS England	139,830	127,887
Community services income from other commissioners	12,581	15,345
All services		
Elective Recovery Fund	4,067	1,677
Agenda for change pay offer central funding	9,348	-
Additional pension contribution central funding	9,756	8,993
Total income from activities	**332,152**	**300,536**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2022/23	2021/22
	£000	£000
NHS England (including central funding for AfC pay offer)	33,697	25,739
Clinical commissioning groups	64,898	252,933
Integrated care boards	209,429	-
Local Authorities	13,966	14,433
Other NHS foundation trusts	6,148	5,570
NHS Trusts	901	949
NHS injury scheme (was RTA)	1	14
Non-NHS: other	3,112	898
Total income from activities	**332,152**	**300,536**
Of which:		
Related to continuing operations	332,152	300,536
Related to discontinued operations	-	-

*Clinicial Commissioning Groups ('CCGs') demised on the 30th June 2022, and were replaced by the new Integrated Care Boards ('ICBs') on the 1st July 2022.

Note 4 Other operating income

	2022/23	2021/22
	£000	£000
Other operating income from contracts with customers:		
Research and development	899	737
Education and training	5,747	5,922
Staff accommodation rental	51	-
Car Parking	76	113
Catering	-	29
Non-clinical services recharged to other bodies	629	4,070
Reimbursement and top up funding	-	527
Creche Services	2,042	1,826
Property Rental	3,406	3,162
Other income	2,148	1,335
Other non-contract operating income		
Contributions to expenditure - consumables (inventory) donated from DHSC group bodies for COVID response	197	377
Receipt of capital grants and donations	-	14
Charitable and other contributions to expenditure	244	2
Total other operating income	**15,439**	**18,114**
Of which:		
Related to continuing operations	15,439	18,114
Related to discontinued operations	-	-

4.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2022/23	2021/22
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	3,598	4,868
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	504	4,984

4.2 Transaction price allocated to remaining performance obligations

	2022/23	2021/22
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000	£000
- within one year	10,642	10,752
- after one year, not later than five years	-	-
- after five years	-	-
Total revenue allocated to remaining performance obligations	**10,642**	**10,752**

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.

Note 4.3 Income from activities arising from commissioner requested services

Under the terms of its Provider License, 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 license 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:

	2022/23	2021/22
	£000	£000
Income from services designated (or grandfathered) as commissioner requested services	313,048	291,543
Income from services not designated as commissioner requested services	34,543	27,107
Total	**347,591**	**318,650**

	2022/23	2021/22
Note 4.4 Total benefits obtained from the apprenticeship fund	£000	£000
Cash income received from the apprenticeship levy scheme where the Trust is accredited training provider	158	169
Total benefit obtained from the apprenticeship levy	**158**	**169**

Note 5.1 Operating expenses	2022/23	2021/22
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	3,602	3,093
Purchase of healthcare from non-NHS bodies	18,696	18,887
Employee expenses - executive directors	1,364	1,215
Employee expenses - non-executive directors	150	146
Employee expenses - staff	259,530	227,287
Supplies and services - clinical	6,150	5,315
Supplies and services - clinical: utilisation of consumables donated from DHSC group bodies for COVID response*	197	377
Supplies and services - general	808	987
Establishment	2,907	2,979
Research and development	317	207
Transport	2,081	2,082
Premises	14,368	19,063
Movement in credit loss allowance: contract receivables/assets	-	(23)
Increase/(Descrease) in other provisions	(94)	(204)
Change in provisions discount rate(s)	(160)	7
Drug costs	5,280	5,495
Rentals under operating leases (short term leases less than 12 months)	1,335	3,042
Depreciation on property, plant and equipment	9,004	6,459
Amortisation on intangible assets	1,839	2,232
Net Impairments	1,889	668
Audit fees payable to the external auditor:		
- audit services - statutory audit	101	99
- audit related assurance services	-	-
Internal Audit Fees	63	67
Clinical negligence premiums paid to NHS Resolution	1,422	1,436
Legal fees	777	607
Consultancy costs	572	862
Training, courses and conferences	1,432	1,103
Service Element of PFI Unitary Payments	7,452	6,380
Redundancy	24	10
Early retirements	-	2
Hospitality	3	8
Other services (external Payroll Services)	53	49
Losses, ex gratia & special payments	(13)	819
Other	2,359	2,739
Total	**343,508**	**313,493**
Of which:		
Related to continuing operations	343,508	313,493
Related to discontinued operations	-	-

Clinical supplies and services of £197K (2021/22 £377K) relates to centrally procured Personal Protective Equipment.

Note 5.2 Other auditor remuneration

The cost of other remuneration paid to the auditor, which included audit related assurance services were £0K (2021/22 £0K). Any fees are disclosed VAT exclusive.

The external auditor is also appointed by the Berkshire Healthcare Charitable Fund, the results of which are not consolidated into these financial statements. Details are included in the Charitable Fund's financial statements which are available on the Charity Commission website. The independent examination fee paid in 2021/22 was £3,750 excluding VAT.

Note 5.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2.0m (2021/22: £2.0m).

Note 6 Impairment of assets

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Over specification of assets	(421)	595
Changes in market price	158	-
Other**	2,152	73
Total net impairments charged to operating surplus / deficit	**1,889**	**668**
Impairments charged to the revaluation reserve	236	3,488
Total net impairments	**2,125**	**4,156**

Over specification of assets of £421K (net credit) includes a reversal of a £450K impairment relating to leasehold property that was previously impaired in 2021/22. These works were previously valued on the basis of the potential increase in market rental of the property. As the potential market rental increase did not reflect the value of the expenditure, the difference resulted in the impairment. For 2022/23 the independent valuer has reviewed all cumulative improvements performed on the leasehold property and has consolidated them under a single valuation which has resulted in a net increase in the valuation of the asset, which resulted in a reversal of the prior year impairment.

Impairments arising from change in market price are reductions in an asset valuation and where there is no revaluation reserve to offset the reduction in value, resulting in the impairment being charged to the Statement of Comprehensive Income.

** The ‘Other’ impairment of £2,152K is in respect of leasehold improvements in respect of three new individual property's acquired under a lease contract where the independent valuer has valued them against the market rentable value, and determined that the works do not add sufficient value to retain the amount charged to capital. On that basis, the leasehold improvements have been impaired.

Note 7 Employee benefits

	Permanent £000	Other £000	2022/23 Total £000	2021/22 Total £000
Salaries and wages	177,716	-	**177,716**	**156,917**
Social security costs	19,590	-	**19,590**	**16,055**
Apprenticeship levy	883	-	**883**	**775**
Employer's contributions to NHS pensions	32,093	-	**32,093**	**29,559**
Pension cost - other (NEST)	73	-	**73**	**67**
Other employment benefits	(131)	-	**(131)**	**(927)**
Termination benefits	-	-	**-**	**16**
External Bank Staff	-	23,152	**23,152**	**20,407**
Agency/contract staff	-	7,928	**7,928**	**6,006**
Total staff costs	**230,224**	**31,080**	**261,304**	**228,875**
Included within:				
Costs capitalised as part of assets	410	-	**410**	**623**
Total employee benefits excl. capitalised costs*	**229,814**	**31,080**	**260,894**	**228,252**

* Total employee benefits relates to employees and Executive Directors, but excludes Non-Executive Directors

Note 7.1 Average number of employees (WTE basis)

	Permanent Number	Other Number	2022/23 Total Number	2021/22 Total Number
Medical and dental	184	21	**205**	**201**
Ambulance staff	3	-	**3**	**3**
Administration and estates	611	41	**652**	**658**
Healthcare assistants and other support staff	1,322	298	**1,620**	**1,469**
Nursing, midwifery and health visiting staff	1,101	144	**1,245**	**1,200**
Nursing, midwifery and health visiting learners	19	-	**19**	**20**
Scientific, therapeutic and technical staff	863	45	**908**	**875**
Healthcare science staff	9	-	**9**	**13**
Total average numbers	**4,112**	**549**	**4,661**	**4,439**
Of which:				
Number of employees (WTE) engaged on capital projects	5	-	**5**	**5**

Note 7.2 Retirements due to ill-health

The number of ill-health retirements in 2022/23 was 2 (2021/22: 0), with the value of early retirements on the grounds of ill-health being £202K (2021/22: £0).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 7.3 Directors' remuneration

The aggregate amounts payable to directors were:

	2022/23 £000	2021/22 £000
Salary	1,181	1,259
Taxable benefits	0	0
Performance related bonuses	0	0
Employer's pension contributions	97	122
Total	**1,278**	**1,381**

The amounts shown reflect the cumulative salaries and employer pension contributions to directors, and excludes employer national insurance contributions

Further details of directors' remuneration can be found in the Remuneration Report.

Note 8 Finance income

	2022/23	2021/22
	£000	£000
Interest on bank accounts	1,502	30
Total	**1,502**	**30**

Note 8.1 Finance expenditure

	2022/23	2021/22
	£000	£000
Interest expense:		
Finance leases	137	-
Interest on late payment of commercial debt	1	-
Main finance costs on PFI	1,771	1,881
Contingent finance costs on PFI	2,155	2,020
Total interest expense	**4,064**	**3,901**
Other finance costs	126	120
Total	**4,190**	**4,021**

Note 9 Other gains or (losses)

	2022/23	2021/22
	£000	£000
Gains on disposal of assets	-	1,425
Losses on disposal of assets*	(7)	-
	(7)	**1,425**

* The loss relates to termination of lease early in respect of vehicle and equipment leases

Note 10.1 Intangible assets - 2022/23

	Software licences £000	Total £000
Valuation/gross cost at 1 April 2022 - brought forward	**10,571**	**10,571**
Additions	1,648	**1,648**
Impairments	(29)	**(29)**
Gross cost at 31 March 2023	**12,190**	**12,190**
Amortisation at 1 April 2022 - brought forward	**6,391**	**6,391**
Provided during the year	1,839	**1,839**
Amortisation at 31 March 2023	**8,230**	**8,230**
Net book value at 31 March 2023	**3,960**	**3,960**
Net book value at 1 April 2022	**4,180**	**4,180**

Note 10.2 Intangible assets - 2021/22

	Software licences £000	Total £000
Valuation/gross cost at 1 April 2021 - as previously stated	**15,420**	**15,420**
Additions	1,050	**1,050**
Impairments	(6)	**(6)**
Reclassifications	(4)	**(4)**
Disposals / derecognition	(5,889)	**(5,889)**
Valuation/gross cost at 31 March 2022	**10,571**	**10,571**
Amortisation at 1 April 2021 - as previously stated	**10,048**	**10,048**
Provided during the year	2,232	**2,232**
Disposals / derecognition	(5,889)	**(5,889)**
Amortisation at 31 March 2022	**6,391**	**6,391**
Net book value at 31 March 2022	**4,180**	**4,180**
Net book value at 1 April 2021	**5,372**	**5,372**

Note 10.3 Intangible assets financing 2022/23

	Software licences	Total
	£000	£000
Net book value at 31 March 2023		
Purchased	3,960	**3,960**
NBV total at 31 March 2023	**3,960**	**3,960**

Note 10.4 Intangible assets financing 2021/22

	Software licences	Total
	£000	£000
Net book value 31 March 2022		
Purchased	4,180	**4,180**
NBV total at 31 March 2022	**4,180**	**4,180**

Note 11.1 Property, plant and equipment - 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 brought forward	**22,556**	**81,243**	**-**	**991**	**30**	**13,081**	**2,583**	**120,484**
Additions - purchased	-	4,120	634	31	121	2,884	125	**7,915**
Impairments	(147)	(2,399)	-	-	-	-	-	**(2,546)**
Reversal of impairments	-	450	-	-	-	-	-	**450**
Reclassifications	-	457	-	-	-	-	(457)	**-**
Revaluations*	636	3,851	-	-	-	-	-	**4,487**
Valuation/gross cost at 31 March 2023	**23,045**	**87,722**	**634**	**1,022**	**151**	**15,965**	**2,251**	**130,790**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**-**	**-**	**423**	**-**	**6,451**	**891**	**7,765**
Provided during the year	-	2,949	-	159	6	3,059	293	**6,466**
Revaluations*	-	(1,163)	-	-	-	-	-	**(1,163)**
Accumulated depreciation at 31 March 2023	**0**	**1,786**	**0**	**582**	**6**	**9,510**	**1,184**	**13,068**
Net book value at 31 March 2023	**23,045**	**85,936**	**634**	**440**	**145**	**6,455**	**1,067**	**117,721**
Net book value at 1 April 2022	**22,556**	**81,243**	**-**	**568**	**30**	**6,630**	**1,692**	**112,719**

* Revaluations were performed on the 31st March 2023

As a result of an accounting correction around cumulative depreciation for non-revalued assets, there has been a reclassification of £1,085k between Valuation/Gross Cost Revaluations and Accumulated Depreciation Revaluations. Non-revalued assets relate to improvements or enhancements on leasehold property held under lease contract that are relatively low value and short lease term/asset life of up to 10 years. There has been no impact to the movements in the revaluation reserve balance and overall Net Book Value for Buildings as a result of this correction.

Note 11.2 Property, plant and equipment - 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2021 - as previously stated	**21,064**	**76,283**	**2,693**	**2,706**	**65**	**28,127**	**3,500**	**134,438**
Additions - purchased	-	2,649	8	171	30	3,105	162	**6,125**
Additions - assets purchased from cash donations / grants	-	-	-	-	-	14	-	**14**
Impairments	(182)	(3,831)	(37)	(2)	-	(88)	(10)	**(4,150)**
Reclassifications	-	2,223	(2,664)	21	-	4	420	**4**
Revaluations**	1,939	4,404	-	-	-	-	-	**6,343**
Disposals / derecognition	(265)	(485)	-	(1,905)	(65)	(18,081)	(1,489)	**(22,290)**
Valuation/gross cost at 31 March 2022	**22,556**	**81,243**	**-**	**991**	**30**	**13,081**	**2,583**	**120,484**
Accumulated depreciation at 1 April 2021 - as previously stated	**-**	**-**	**-**	**2,171**	**65**	**21,292**	**2,004**	**25,532**
Provided during the year	-	2,686	-	157	-	3,240	376	**6,459**
Revaluations	-	(2,686)	-	-	-	-	-	**(2,686)**
Disposals / derecognition	-	-	-	(1,905)	(65)	(18,081)	(1,489)	**(21,540)**
Accumulated depreciation at 31 March 2022	**0**	**0**	**0**	**423**	**0**	**6,451**	**891**	**7,765**
Net book value at 31 March 2022	**22,556**	**81,243**	**-**	**568**	**30**	**6,630**	**1,692**	**112,719**
Net book value at 1 April 2021	**21,064**	**76,283**	**2,693**	**535**	**-**	**6,835**	**1,496**	**108,906**

**Revaluations were performed on the 31st March 2022

Note 11.3 Property, plant and equipment financing - 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2023								
Owned	23,045	10,476	634	440	145	6,443	1,066	**42,249**
On-SoFP PFI contracts and other service concession arrangements	-	72,128	-	-	-	-	-	**72,128**
Donated	-	3,331	-	-	-	12	1	**3,344**
NBV total at 31 March 2023	**23,045**	**85,935**	**634**	**440**	**145**	**6,455**	**1,067**	**117,721**

Note 11.4 Property, plant and equipment financing - 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2022								
Owned restated	22,556	7,868	-	566	30	6,612	1,691	**39,322**
On-SoFP PFI contracts and other service concession arrangements	-	70,163	-	-	-	-	-	**70,163**
Donated	-	3,211	-	2	-	18	2	**3,233**
NBV total at 31 March 2022 as restated	**22,556**	**81,242**	**-**	**568**	**30**	**6,630**	**1,693**	**112,718**

Note 11.5 Property plant and equipment assets subject to an operating lease (Trust as a lessor) - 31 March 2023

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Subject to an operating lease	-	11,949	-	-	-	-	-	11,949
Not subject to an operating lease	23,045	73,986	634	440	145	6,455	1,067	105,772
Total net book value at 31 March 2023	**23,045**	**85,935**	**634**	**440**	**145**	**6,455**	**1,067**	**117,721**

Note 11.6 Valuation methods for land and buildings - 2022/23

	Land	Buildings excluding dwellings
	£000	£000
DRC - Modern Equivalent asset basis (no alternative site)*	19,268	75,814
Market Value in existing use **	3,777	10,121
	23,045	**85,935**

* DRC - Modern Equivalent Asset is used for specialist land and buidings including the two PFIs at Prospect Park Hospital in Reading, West Berkshire Community Hospital in Newbury and Greenham Trust Wing located at West Berkshire Community Hospital.

** Depreciated historical cost is used as proxy for current value in existing use for certain leasehold improvement properties. The Net Book Value of these assets is £2,945K

Note 12 Leases - Berkshire Healthcare NHS Foundation Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust's main leases relate to:

- property for providing accommodation to both clinical and administrative services. This includes properties leased from NHS Property Services.
- transport equipment including employee and pool lease cars, and the Health Bus
- information technology in the form of data lines or network to link the Trust's remote clinical and admin locations and create a single IT infrastructure

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

	Property (land and buildings)	Transport equipment	Information technology	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward					
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2022	13,199	130	573	**13,902**	6,956
Additions - lease liability	2,827	324	334	**3,485**	-
Dilapidation provisions arising (capitalised in RoU asset)	620	-	-	**620**	-
Dilapidation provisions - change in discount rate	71	-	-	**71**	-
Disposals/derecognition - lease termination	-	(22)	(38)	**(60)**	-
Valuation/gross cost at 31 March 2023	**16,717**	**432**	**869**	**18,018**	**6,956**
Accumulated depreciation at 1 April 2022 - brought forward	-	-	-	**-**	
Provided during the year	2,214	229	95	**2,538**	1,391
Impairments				**-**	-
Reversal of impairments				**-**	-
Revaluations				**-**	-
Reclassifications				**-**	-
Disposals / derecognition	-	(2)	(6)	**(8)**	-
Accumulated depreciation at 31 March 2023	**2,214**	**227**	**89**	**2,530**	**1,391**
Net book value at 31 March 2023	**14,503**	**205**	**780**	**15,488**	**5,565**
Net book value of right of use assets leased from other NHS providers	-	-	-	**-**	
Net book value of right of use assets leased from other DHSC group bodies*	5,565	-	-	**5,565**	

*Right of Use Assets leased from other DHSC group bodies includes property on lease with NHS Property Services Ltd, and include the Trust's hub sites of Upton Hospital in Slough, King Edward VII Hospital in Windsor, Wokingham Hospital in Wokingham, and St Mark's Hospital in Maidenhead. It also includes several other smaller sites in Berkshire and Hampshre, where the Trust provides healthcare services.

Note 12.1 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 18 Borrowings

	2022/23
	£000
Carrying value at 31 March 2022	
IFRS 16 implementation - adjustments for existing operating leases	14,306
Lease additions	3,485
Interest charge arising in year	137
Early terminations	(45)
Lease payments (cash outflows)	(2,698)
Carrying value at 31 March 2023	**15,185**

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 Note 5.1 Operating Expenditure.

Note 12.2 Maturity analysis of future lease payments at 31 March 2023

	Total 31 March 2023	Of which leased from DHSC group bodies: 31 March 2023
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	2,603	1,423
- later than one year and not later than five years;	7,924	4,268
- later than five years.	5,314	-
Total gross future lease payments	**15,841**	**5,691**
Finance charges allocated to future periods	(656)	(100)
Net lease liabilities at 31 March 2023	**15,185**	**5,591**
Of which:		
- Current	2,471	1,378
- Non-Current	12,714	4,213

Note 12.3 Commitments in respect of operating leases at 31 March 2022 (IAS 17 basis)

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the Trust previously determined to be operating leases under IAS 17.

	2021/22 £000
Operating lease expense	
Minimum lease payments	3,042
Total	**3,042**

	31 March 2022
	£000
Future minimum lease payments due:	
- not later than one year;	2,504
- later than one year and not later than five years;	8,284
- later than five years.	4,319
Total	**15,107**

Note 12.4 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 15.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022
	£000
Operating lease commitments under IAS 17 at 31 March 2022	**15,107**
Impact of discounting at the incremental borrowing rate	
IAS 17 operating lease commitment discounted at incremental borrowing rate	**14,422**
Less:	
Commitments for short term leases	(57)
Other adjustments:	
Differences in the assessment of the lease term	(59)
Total lease liabilities under IFRS 16 as at 1 April 2022	**14,306**

Note 13 Inventories

	31 March 2023	31 March 2022
	£000	£000
Drugs	288	173
Total inventories	**288**	**173**

Drug inventories recognised in expenses for the year were £1,557K (2021/22: £1,134K). Write-down of inventories recognised as expenses for the year were £0K (2021/22: £0K).

As part of the COVID response, the Trust continued to receive personal protective equipment ('PPE') inventories from Department of Health and Social Care. These consumable items were centrally procured by DHSC and donated to Trust. The value of these items have been treated as a donation with the total amount of the items being purchased for the Trust being recognised as a contribution to expenditure within Note 4 Other Operating Income. Due to the low value of consumable stock items being held, the Trust has historically treated all personal protective equipment as being fully consumed in the period in which it is purchased, and as a result of this, the Trust records £nil balance of inventory for PPE as at year end 31st March 2022. The value of stock donated to the Trust is recorded as fully utilised within Note 5.1 Expenditure: Supplies and services - clinical. The value of the PPE received in 2022/23 was £197K (2021/22: £377K).

Note 14.1 Trade receivables and other receivables

	31 March 2023 £000	31 March 2022 £000
Current		
Contract receivables - NHS*	11,234	2,318
Contract receivables - non NHS	2,478	2,042
Allowance for other impaired receivables	(52)	(52)
Prepayments (non-PFI)	2,659	3,362
PDC dividend receivable	643	340
VAT receivable	1,765	852
Clinician pension tax provision	5	3
Other receivables	168	15
Total current trade and other receivables	**18,900**	**8,880**
Non-current		
Clinician pension tax provision	225	214
Total non-current trade and other receivables	**225**	**214**

* The increase in Contract receivables - NHS relates primarily to the income anticipated from NHS England for funding the staff pay award offer arrears for 2022/23, details of which are available from here: https://www.nhsemployers.org/offer-in-principle.

Note 14.2 Allowances for Credit Losses - 2022/23

	Contract receivables and contract assets	All other receivables
	£000	£000
Allowances as at 1 Apr 2022 - brought forward		**52**
Changes in existing allowances	-	-
Allowances as at 31 Mar 2023	**-**	**52**

Note 14.3 Allowances for Credit Losses - 2021/22

	Contract receivables and contract assets	All other receivables
	£000	£000
Allowances as at 1 Apr 2021 - brought forward	**-**	**75**
Changes in existing allowances		(23)
Allowances as at 31 Mar 2021	**-**	**52**

The Trust considers debt over 90 days and not under a payment plan or arrangement to be impaired.

Note 15.1 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.

	2022/23	2021/22
	£000	£000
At 1 April	**53,865**	**39,097**
Net change in year	1,331	14,769
At 31 March	**55,196**	**53,865**
Broken down into:		
Cash at commercial banks and in hand	8	8
Cash with the Government Banking Service	55,188	53,857
Total cash and cash equivalents as in SoFP	**55,196**	**53,865**
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	**55,196**	**53,865**

Note 15.2 Third party assets held by the NHS foundation trust

Berkshire Healthcare NHS Foundation Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2023	31 March 2022
	£000	£000
Bank balances	6	196
Total third party assets	**6**	**196**

Note 16.1 Trade and other payables

	31 March 2023 £000	31 March 2022 £000
Current		
Trade payables - NHS	1,511	225
Trade payables - Non NHS	7,719	7,563
Capital payables	2,149	1,049
Social security costs	3,773	2,353
VAT payable	260	1,599
Other taxes payable	1,905	1,678
Pension contributions payable	3,149	2,927
Other payables	596	500
Accruals - NHS	1,216	1,675
Accruals - Non NHS*	25,882	15,708
Total current trade and other payables	**48,160**	**35,277**

*The increase in Accruals - Non NHS is due primarily to the estimated impact arising from the pay award offer to staff that is expected to be paid in June 2023. Details of the offer is available here: https://www.nhsemployers.org/offer-in-principle

Note 16.2 Other liabilities

	31 March 2023 £000	31 March 2022 £000
Current		
Deferred income: contract liabilities	10,642	10,752
Total other current liabilities	**10,642**	**10,752**

Note 17 Borrowings

	31 March 2023 £000	31 March 2022 £000
Current		
Lease liabilities	2,471	-
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	1,721	1,679
Total current borrowings	**4,192**	**1,679**
Non-current		
Lease liabilities	12,714	-
Obligations under PFI, LIFT or other service concession contracts (excl. lifecycle)	22,065	23,786
Total non-current borrowings	**34,779**	**23,786**

Note 17.1 Reconciliation of liabilities arising from financing activities - 2022/23

	Lease liabilities* £000	PFI schemes £000	Total £000
Carrying value at 1 April 2022	-	25,465	25,465
Cash movements:			
Financing cash flows - payments and receipts of principal	(2,561)	(1,679)	(4,240)
Financing cash flows - payments of interest	(137)	(1,771)	(1,908)
Non-cash movements:			
Impact of implementing IFRS 16 on 1 April 2022	14,306	-	14,306
Additions	3,485	-	3,485
Application of effective interest rate	137	1,771	1,908
Early terminations	(45)	-	(45)
Carrying value at 31 March 2023	**15,185**	**23,786**	**38,971**

Note 17.2 Reconciliation of liabilities arising from financing activities - 2021/22

	PFI schemes £000	Total £000
Carrying value at 1 April 2021	27,034	27,034
Cash movements:		
Financing cash flows - payments and receipts of principal	(1,569)	(1,569)
Financing cash flows - payments of interest	(1,881)	(1,881)
Non-cash movements:		
Application of effective interest rate	1,881	1,881
Carrying value at 31 March 2022	**25,465**	**25,465**

* Lease Liabilities for 2022/23 relates to operating leases that transitioned to finance leases under implementation and application of IFRS 16 Leases from 1st April 2022. For 2021/22 the Trust reported under IAS 17 Leases and therefore did not record liabilities against leases. The Trust opted for modified retrospective approach and therefore there are no comparatives for financial year 2021/22.

Note 18 Provisions for liabilities and charges analysis

	Pensions - other staff	Injury Benefits	Legal claims	Re-structur-ings	Lease Dilapidations charged to Revenue	Capitalised Lease Dilapidations	Clinicians' pension reimburse-ment	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2022	**758**	**384**	**1,367**	**-**	**777**	**-**	**217**	**84**	**3,587**
Change in the discount rate	(82)	(89)	-	-	11	71	(201)	-	**(290)**
Arising during the year	3	-	448	93	54	620	209	29	**1,456**
Utilised during the year	(94)	(21)	(140)	-	-	-	-	-	**(255)**
Reversed unused	(80)	(29)	(1,228)	-	-	-	-	(69)	**(1,406)**
Unwinding of discount	110	37	-	-	2	(23)	5	-	**131**
At 31 March 2023	**615**	**282**	**447**	**93**	**844**	**668**	**230**	**44**	**3,223**
Expected timing of cash flows:									
- not later than one year;	94	21	447	93	454	37	5	45	**1,196**
- later than one year and not later than five years;	376	84	-		246	28	12	-	**746**
- later than five years.	144	176	-		144	603	213	-	**1,280**
Total	**614**	**281**	**447**	**93**	**844**	**668**	**230**	**45**	**3,222**

Pensions - Other Staff

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. Where the pension is no longer payable, then this is reversed unused.

Timing and expectation of the provision and future cashflows is based on historical payments to the NHS Pension Agency for pensions currently paid up to the end of each financial year.

Injury Benefits

This relates to injury benefits arising to individuals as a result of an accident at work, which is paid by the NHS Pensions Agency and then reimbursed by the Trust.

Timing and expectation of the provision and future cashflows is based on historical payments to the NHS Pension Agency for pensions currently paid up to the end of each financial year.

Legal Claims

This relates to claims made against the Trust but which are not covered by NHS Resolution, and can include employment related cases.

Restructuring

This relates to anticiapted costs in respect of a restructure in the Trust that is being performed under a change management process.

Dilpaidations (Capital and Revenue)

This is for the risks associated with commercial leasehold properties where at the end of the lease there is a requirement to return the property to landlord in the same condition as it was prior to occupation.

Dilapidations are now split between capital and revenue. Capital dilapidations relate to asset held under a lease liability where the risk is capitalised against the Right of Use asset. Revenue dilapidations include the brought forward balance of dilapidations prior to IFRS 16 Leases being implemented, and any change in dilapidation risk for leasehold property that are outside of IFRS 16 - including short term leases of less than one year or where the lease had already ceased but the liability for the dilapidation is still be negotiated.

Other

Realtes to provisions in respect of Liability to Third Party ('LTPS') scheme claims against the Trust handled by NHS Resolution where the foundation trusts maximum exposure is £10,000 per claim.

Note 18.1 Clinical negligence liabilities

At 31 March 2023, £18,902K was included in provisions of the NHS Resolution in respect of clinical negligence liabilities of Berkshire Healthcare NHS Foundation Trust (31 March 2022: £22,946K).

Note 18.2 Contingent assets and liabilities

	31 March 2023 £000	31 March 2022 £000
Value of contingent liabilities		
NHS Resolution legal claims	(11)	(25)
Gross value of contingent liabilities	**(11)**	**(25)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(11)**	**(25)**

Note 19 Contractual capital commitments

	31 March 2023 £000	31 March 2022 £000
Property, plant and equipment	-	-
Intangible assets	-	-
Total	**-**	**-**

Note 20 On-SoFP PFI, LIFT or other service concession arrangements

The foundation trust operates two PFI schemes:

Prospect Park Hospital, Reading Berkshire

This PFI scheme is to design, build, maintain and operate (through facilities management and related services) a 120 bed mental health inpatient hospital facility. The hospital became operational in March 2003. At the end of the contract the hospital buildings will revert to the Trust's ownership.

The contract has a 32 year term, ending in 2033, and sees the Trust making a minimum unitary base payment that totals £4.02m annually. It is charged monthly and adjusted for RPI and according to any adverse performance against output measures describing all relevant aspects of the contract. Rates and utilities are borne separately by the Trust.

West Berkshire Community Hospital, Newbury, Berkshire

This PFI was originally managed by the former Berkshire West PCT prior to its dissolution on the 31st March 2013, when the PFI contract was transferred to the Trust. This facility operates services such as day case surgery and outpatient facilities. There are also a number of inpatient wards At the end of the PFI contract the hospital building will revert to the Trust's ownership.

The contract has a 32 year term, ending in 2033. The Trust makes a minimum unitary base payment that totals £1.46m annual. It is charged monthly adjusted for RPI, and according to any adverse performance against output measures describing all relevant aspects of the contracts. Rates and utilities are borne separately by the Trust.

Both PFI contracts were deemed as off-balance sheet when the Full Business Cases were approved prior to their design and construction. Following adoption of IFRS the Trust considers the contracts under IFRIC 4 Determining Whether an Arrangement Contains a Lease and IFRIC 12 Service Concession Arrangements and recognised the schemes as 'on-Statement of Financial Position'.

The substance of the two contracts is that the Trust has a finance lease and annual payments comprise three elements - finance lease rental, service charges and replacements of the asset components (lifecycle replacements). The element of annual finance lease rental is further split into three components: repayment of the finance lease principal, a finance cost and contingent rental representing the inflation increases. An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period. The implicit rate of interest for Prospect Park Hospital is 7.31%, whilst for West Berkshire Community Hospital it is 6.61%.

Total obligations for on-statement of financial position PFI contracts due:

Note 20.1 Imputed finance lease obligations

	31 March 2023	**31 March 2022**
	£000	**£000**
Gross PFI, LIFT or other service concession liabilities	**62,901**	**68,506**
Of which liabilities are due		
- not later than one year;	5,621	5,605
- later than one year and not later than five years;	23,607	22,945
- later than five years.	33,673	39,956
Finance charges allocated to future periods	(39,115)	(43,041)
Net PFI, LIFT or other service concession arrangement obligation	**23,786**	**25,465**
- not later than one year;	1,721	1,679
- later than one year and not later than five years;	7,954	7,394
- later than five years.	14,111	16,392

Note 20.2 Total On-SoFP PFI, LIFT and other service concession arrangement commitments

	31 March 2023	31 March 2022
Total future payments committed in respect of PFI, LIFT or other service concession arrangements	**£000**	**£000**
	153,355	**155,112**
of which due:		
- not later than one year;	13,384	12,146
- later than one year and not later than five years;	58,389	52,990
- later than five years.	81,582	89,976
	153,355	**155,112**

Note 20.3 Payments committed in respect of the service element

	31 March 2023	31 March 2022
	£000	**£000**
Charge in respect of the service element of the PFI, LIFT or other service concession arrangement for the period	**87,521**	**83,516**
Commitments in respect of the service element of the PFI, LIFT or other service concession arrangement:		
- not later than one year;	7,638	6,540
- later than one year and not later than five years;	33,323	28,531
- later than five years.	46,560	48,445
Total	**87,521**	**83,516**

Note 20.4 Analysis of amounts payable to service concession operator

	31 March 2023	31 March 2022
	£000	**£000**
Unitary payment payable to service concession operator (total of all schemes)	**13,057**	**11,850**
Consisting of:		
- Interest charge	1,771	1,881
- Repayment of finance lease liability	1,679	1,569
- Service element	7,452	6,380
- Contingent rent	2,155	2,020
Total amount paid to service concession operator	**13,057**	**11,850**

Note 21 Financial instruments

Note 21.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS trust has with clinical commissioning groups and the way those clinical commissioning groups are financed, the NHS foundation trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS foundation trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS trust in undertaking its activities.

The Foundation Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Foundation Trust’s Standing Financial Instructions and policies agreed by the Board of Directors. Foundation Trust treasury activity is subject to review by the Trust’s internal auditor.

The Foundation Trust’s financial instruments, other than those used for treasury risk management purposes, comprise cash and liquid resources and various items such as trade debtors and creditors that arise directly from its operations. The Trust does not undertake speculative treasury transactions.

Liquidity risk

The Foundation Trust’s net operating costs are mainly incurred under legally binding contracts with local Clinical Commissioning Groups, NHS England and local authorities, which are financed from resources voted annually by Parliament. Under Payment by Results, the Foundation Trust is paid for activity on the basis of nationally set tariffs. For contracted activity, the Foundation Trust is paid in 12 monthly instalments throughout the year, which significantly reduces the Foundation Trust’s liquidity risk. Performance in excess of contracted levels is paid in accordance with the terms of the legally binding contracts. The Foundation Trust finances its capital programme through internally generated resources and external borrowing where appropriate.

Foreign currency risk

The Foundation Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The Trust has no overseas operations therefore the exposure to currency rate fluctuations is low.

Interest-Rate Risk

None of the Foundation Trust's financial assets or liabilities carries any real exposure to interest-rate risk. The Foundation Trust's owned assets are funded by public dividend capital, which is non-interest bearing and of unlimited term. The PFI assets, are funded by way of a Finance Lease which are at a fixed rate of interest over the full remaining term of the PFI contracts.

Credit Risk

Due to the fact that the majority of the Trust’s income comes from legally binding contracts with other government departments and other NHS Bodies the Trust does not believe that it is exposed to significant credit risk. The maximum exposures as at 31st March 2022 are in receivables from customers, as disclosed in the Note 14.1 Trade and other receivables.

Note 21.2 Carrying values of financial assets

	Loans and receivables £000	Total £000
March 2023		
Trade and other receivables excluding non-financial assets	13,660	**13,660**
Cash and cash equivalents at bank and in hand	55,196	**55,196**
Total at 31 March 2023	**68,856**	**68,856**

	Loans and receivables £000	Total £000
March 2022		
Trade and other receivables excluding non-financial assets	4,308	**4,308**
Cash and cash equivalents at bank and in hand	53,865	**53,865**
Total at 31 March 2022	**58,173**	**58,173**

Note 21.3 Financial liabilities

	Other financial liabilities £000	Total £000
Liabilities as per SoFP as at 31 March 2023		
Embedded derivatives	-	**-**
Borrowings excluding finance lease and PFI liabilities	-	**-**
Obligations under leases	15,185	**15,185**
Obligations under PFI, LIFT and other service concession contracts	23,786	**23,786**
Trade and other payables excluding non-financial liabilities	37,230	**37,230**
Other financial liabilities		**-**
IAS 37 provisions which are financial liabilities	1,336	**1,336**
Total at 31 March 2023	**77,537**	**77,537**

	Other financial liabilities £000	Total £000
Liabilities as per SoFP as at 31 March 2022		
Obligations under PFI, LIFT and other service concession contracts	25,465	**25,465**
Trade and other payables excluding non-financial liabilities	28,269	**28,269**
IAS 37 provisions which are financial liabilities	2,228	**2,228**
Total at 31 March 2022	**55,962**	**55,962**

Note 21.4 Maturity of financial liabilities

	31 March 2023	31 March 2022
	£000	£000
In one year or less	46,050	35,521
In more than one year but not more than five years	31,777	23,388
In more than five years	39,131	40,071
Total	**116,958**	**98,980**

This table replaces the previous maturity analysis for financial liabilities. Previously this analysis has been performed on book values. However IFRS 7 (para B11D) requires this analysis to be based on undiscounted future contractual cash flow (ie gross liabilities including finance charges). Prior Year has been restated.

Note 21.1 Fair values of financial assets at 31 March 2023

	Book value	Fair value
	£000	£000
Cash and cash equivalents at bank and in hand	55,196	55,196
Total	**55,196**	**55,196**

Note 21.2 Fair values of financial liabilities at 31 March 2023

	Book value	Fair value
	£000	£000
Non-current trade and other payables excluding non-financial liabilities	-	-
IAS 37 provisions which are financial liabilities	1,336	1,336
Obligations under leases	15,185	15,185
Obligations under PFI, LIFT and other service concession contracts	23,786	23,786
Other	37,230	37,230
Total	**77,537**	**77,537**

Note 22 Losses and special payments

	2022/23		2021/22	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses			1	-
Fruitless payments	1	-	7	1
Bad debts and claims abandoned	1	-	102	68
Stores losses and damage to property	3	6	2	2
Total losses	**5**	**6**	**112**	**71**
Special payments				
Extra contractual to contractors			2	56
Losses of Personal Effects	18	4	14	4
Personal Injury with Advice	2	9	5	34
Other negligence and injury	4	8	1	5
Other Employment	1	2	2	31
Overtime corrective payments - nationally funded	-	-	1	181
Overtime corrective payments - locally funded	-	-	1	5
Other Ex-gratia Payments	2	5	8	26
Special severance payments			-	-
Total special payments	**27**	**28**	**34**	**342**
Total losses and special payments	**32**	**34**	**146**	**413**

Note 23 Related parties

Berkshire Healthcare NHS Foundation Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Berkshire Healthcare NHS Foundation Trust.

The foundation trust considers material transactions as those being where the income or expenditure is over £250,000 per annum.

The Department of Health is regarded as a related party. During the year Berkshire Healthcare NHS Foundation Trust had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

	Income		Expenditure		Receivables		Payables	
	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22	2022/23	2021/22
	£000	£000	£000	£000	£000	£000	£000	£000
NHS Foundation Trusts								
Frimley Health NHS Foundation Trust	854	674	2,363	1,657	653	96	1,322	1,150
Oxford Health NHS Foundation Trust	2,231	1,994	33	263	236	232	130	154
Oxford University Hospitals NHS Foundation Trust	563	533	69	67	1	1	3	1
Royal Berkshire NHS Foundation Trust	5,512	4,982	2,797	2,461	100	258	201	136
South Central Ambulance Service NHS Foundation Trust	1,049	1,028	154	212	-	58	-	80
Central and North West London NHS Foundation Trust	-	-	297	309	-	-	-	24
NHS Trusts								
Avon and Wiltshire Mental Health Partnership NHS Trust	696	716	630	607	-	55	157	-
Clinical Commissioning Groups (up to 30th June 2023)								
NHS Berkshire West CCG	38,002	150,972	-	139	-	72	-	2,005
NHS Buckinghamshire CCG	509	1,960	-	-	-	-	-	4
NHS Frimley CCG	26,427	97,197	-	217	-	654	-	3,695
NHS Oxfordshire CCG	27	18	-	-	-	-	-	158
Integrated Care Boards (from 1st July 2023)								
NHS Frimley ICB	82,134	-	-	-	26	-	1,846	-
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	126,381	-	-	-	341	-	3,636	-
NHS England and other associated organisations								
NHS England - Core	10,771	9,204	-	341	9,592	515	1,310	1,063
South West Regional Office	2,108	1,595	-	-	-	-	-	-
South East Regional Office	11,369	14,462	-	-	-	-	-	-
Other NHS Bodies								
Health Education England	5,526	4,587	-	-	12	190	2,208	1,720
NHS Resolution	-	-	1,543	1,564	-	-	-	-
NHS Property Services Ltd	206	3,753	5,861	5,423	130	94	-	-
Department of Health and Social Care	359	268	-	-	1	27	8	-
Local and Unitary Authorities								
Bracknell Forest Borough Council	3,882	3,683	164	12	49	331	78	22
Reading Borough Council	6,375	2,956	58	117	571	260	446	146
Slough Borough Council	950	1,105	177	207	131	114	27	58
West Berkshire Council	772	2,486	6	68	126	207	151	174
Windsor and Maidenhead (Royal Borough of)	342	368	36	85	38	10	113	69
Wokingham Borough Council	1,669	3,679	163	315	256	413	435	522
Other Whole of Government Account Organisations								
HM Revenue & Customs - VAT	-	-	-	-	1,765	852	260	1,599
HM Revenue & Customs - Other taxes and duties and NI contributions	-	-	20,473	16,830	-	-	5,678	4,031
NHS Pension Scheme	-	-	32,093	29,587	-	-	3,178	2,963
NHS Professionals	-	-	-	-	-	-	1,754	1,170
Berkshire Health Charitable Fund	15	15	-	-	-	-	-	-
Total	328,729	308,235	66,917	60,481	14,028	4,439	22,941	20,944