Berkshire Healthcare
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Teams)

10:00am on Tuesday 13 May 2025

AGENDA

No	Item	Presenter	Enc.
OPENING BUSINESS			
1.	Chairman's Welcome and Public Questions	Martin Earwicker, Chair	Verbal
2.	Apologies	Martin Earwicker, Chair	Verbal
3.	Declaration of Any Other Business	Martin Earwicker, Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Martin Earwicker, Chair	Verbal
5.1	Minutes of Meeting held on 11 March 2025	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.0	Board Story – Bladder and Bowel (Continence) Services	Debbie Fulton, Director of Nursing and Therapies/Eloise Rimmer, Operational Manager Bladder and Bowel Continence Service	Verbal
6.1	Freedom to Speak Up a) Freedom to Speak Up Guardian's Report b) Freedom to Speak Up Self-Assessment Improvement Programme	Mike Craissati, Freedom to Speak Up Guardian Debbie Fulton, Director of Nursing and Therapies	Enc. Enc.
6.2	Patient Experience Quarterly Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.3	Quality Accounts Report 2024-24	Dr Tolu Olusoga, Medical Director	Enc.
6.4	Six Monthly Safe Staffing Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
EXECUTIVE UPDATE			
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
7.1	National NHS Staff Survey Results Report	Jane Nicholson, Director of People	Enc.
7.2	Gender, Ethnicity and Disability Pay Gap Report	Jane Nicholson, Director of People	Enc.

No	Item	Presenter	Enc.
7.3	Health and Wellbeing Update Report	Jane Nicholson, Director of People	Enc.
7.4	Reducing, Preventing and Managing Violence and Aggression Assurance Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
7.5	Recruitment and Retention Update Report	Jane Nicholson, Director of People	Enc.
PERFORMANCE			
8.0	Month 12 2024/25 Finance Report	Paul Gray, Chief Financial Officer	Enc.
8.1	Month 12 2024/25 Performance Report	Thersea Wyles, Interim Chief Operating Officer	Enc.
8.2	Finance, Investment and Performance Committee meetings on 20 March 2025 and 23 April 2025	Sally Glen, Member of the Finance, Investment and Performance Committee and Meeting Chair	Enc.
STRATEGY			
CORPORATE GOVERNANCE			
9.0	Annual Health and Safety Report	Paul Gray, Chief Financial Officer	Enc.
9.1	Trust's Annual Report 2024-25*	Julian Emms, Chief Executive	Enc.
9.2	Council of Governors Update	Martin Earwicker, Chair	Verbal
9.3	Audit Committee Meeting – 23 April 2025	Rajiv Gatha, Chair of the Audit Committee	Enc.
Closing Business			
10.	Any Other Business	Martin Earwicker, Chair	Verbal
11.	Date of the Next Public Trust Board Meeting – 08 July 2025	Martin Earwicker, Chair	Verbal
12.	**CONFIDENTIAL ISSUES:** To consider a resolution to exclude the press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Martin Earwicker, Chair	Verbal

*****_It is a legal requirement that an NHS Foundation Trust's Annual Report is not published until the Report has been laid before Parliament. The draft Annual Report is therefore excluded from the Public Trust Board papers on the Trust's website._

Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday, 11 March 2025

(Conducted via Microsoft Teams)

Present:	Martin Earwicker	Trust Chair
	Mark Day	Non-Executive Director
	Rebecca Burford	Non-Executive Director
	Naomi Coxwell	Non-Executive Director
	Aileen Feeney	Non-Executive Director
	Rajiv Gatha	Non-Executive Director
	Sally Glen	Non-Executive Director
	Julian Emms OBE	Chief Executive
	Alex Gild	Deputy Chief Executive
	Debbie Fulton	Director of Nursing and Therapies
	Paul Gray	Chief Financial Officer
	Dr Minoo Irani	Medical Director
	Tehmeena Ajmal	Chief Operating Officer
In attendance:	Julie Hill	Company Secretary
	Theresa Wyles	Director Mental Health Service
	Michelle Walton	Advanced Mental Health Practitioner, CAMHS *(present for agenda item 6.0)*
	Justine Alford	Sustainability Lead Manager *(present for agenda item 9.0)*
	Ailsa Leach	Sustainability Manager *(present for agenda 9.0)*
Observer:	Samina Hussain	NHS Frimley Integrated Care Board

25/029	**Welcome and Public Questions** (agenda item 1)
	The Chair welcomed everyone to the meeting. There were no public questions.
25/030	**Apologies** (agenda item 2)
	There were no apologies.
25/031	**Declaration of Any Other Business** (agenda item 3)

	There was no other business.
25/032	**Declarations of Interest** (agenda item 4)
	i. **Amendments to Register –** none.
	ii. **Agenda Items** – none
25/033	**Minutes of the previous meeting held on 14 January 2025** (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday, 14 January 2025 were approved as a correct record.
25/034	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. **The Trust Board:** noted the action log.
25/035	**Paediatric ADHD Board Story – (**agenda item 6.0)
	The Chair welcomed Michelle Walton, Advanced Mental Health Practitioner, CAMHS to the meeting. The Director of Nursing and Therapies said that the Board Story highlighted the Trust's response to a CAMHS complaint. The complaint was about processes and the environment and was not about the patient's clinical care. Michelle Walton presented the Board Story and highlighted the following points: • The complaint was from the parent of a 16-year-old referred for an ADHD assessment • The service had provided an initial response to the complaint. However, the parent was unhappy with the general response and requested a more detailed action plan, leading to a reopened investigation. • The parent highlighted issues with the waiting room at Fir Tree House, including poor decoration, bright lights, and uncomfortable chairs. The Receptionist was also hidden behind a glass screen, which was a concern. • In response to the complaint, a quiet waiting area was introduced immediately after the first appointment. The reception staff now inform families about this option, and the facility was repainted to be more neurodevelopment-friendly. Changes were also made to the room booking system to ensure suitable rooms for neurodivergent children. Clinicians can now alert administrators to book appropriate rooms, and alternative entrances were available to avoid busy waiting areas. The facility was repainted to be more neurodevelopment-friendly, with a more suitable colour scheme • Further improvements were also made, including changing letters to provide clearer information about the point of contact for future appointments. Staff were trained to communicate more effectively with patients, especially if appointments

	were overrunning. Processes and checklists were implemented to ensure all necessary information was recorded. • The team would continue to monitor the changes to ensure they were effective. • The parent who made the complaint was pleased with the comprehensive response and actions taken. Mark Day, Non-Executive Director commented that it was encouraging to hear how the service had responded to the feedback from the parent but asked for more information about why the parent was not happy with the initial response to his complaint. Michelle Walton explained that the Trust had not explained fully about the actions that had been put in place and the parent wanted some additional information, including how the Trust was monitoring the implementation of the actions. The Deputy Chief Executive discussed the importance of feeding the improvements into the Trust's broader Neurodiversity Strategy. This included reviewing the environment and making it suitable for neurodivergent patients across the Trust. Michelle Walton said that buildings across the Trust were being reviewed to identify and create quiet spaces for neurodivergent patients. This was part of the ongoing effort to improve the environment for all patients. The Deputy Chief Executive reported that he would discuss the environmental issues raised in the complaint with the Clinical Director for Universal and Specialist Children's Family and Neurodiversity Services and the Director of Estates and Facilities. **Action: Deputy Chief Executive** The Chief Executive said that waiting rooms should be made suitable for all patients which included patients who were neurodivergent. The Chief Executive said that providing quiet spaces for patients was more challenging given the capital constraints and competing demands. The Chair asked whether patients were offered online appointments. Michelle Walton explained that the service contacted parents to ask if they would prefer face to face or online appointments but pointed out that some assessments required clinicians to undertake physical observations of the patient, and this needed to be done in person. Sally Glen, Non-Executive Director asked about the transition from children to adult services. Michelle Walton confirmed that the Trust had a good transition process in place for young people moving from children to adult services. This included booklets and close collaboration with adult services to ensure a smooth transition. Naomi Coxwell, Non-Executive Director stressed the importance of listening to patients and carers and co-producing solutions based on their feedback. This approach helped in identifying blind spots and improving services. The Chair thanked Michelle Walton, Advanced Mental Health Practitioner, CAMHS for her presentation.

	The presentation slides are attached to the minutes. **The Trust Board**: noted the presentation.
25/036	**Patient Experience Quarterly Report** (agenda item 6.1)
	The Director of Nursing and Therapies presented the report and highlighted the following points: • There was a decrease in the number of formal complaints received and an increase in the number of complaints resolved locally, which was positive because it meant that issues were resolved at a much earlier stage. • There was an increase in the number of I Want Great Care Patient Experience feedback forms received. However, high numbers of primary school children (72,565) had received their seasonal flu vaccination during the quarter which had resulted in an increased number of unique patients receiving care and treatment which meant that despite the increase in the number of forms received, there was a lower percentage response rate for the quarter as children were much less likely to complete a patient experience survey given the way the clinics run and because this was a one-off encounter for a nasal spray. • The report included a snapshot of the demographic data available to services when reviewing patient experience feedback. Sally Glen, Non-Executive Director asked whether continuity of care and smooth transition to other services was an issue and commented that Mental Health patients in particular often complained about having to tell their case history to different Clinicians. The Director Mental Health Service explained that one of the objectives of the One Team approach was to make it easier for patients to transition into other services and for patients' case histories to be automatically available to other clinicians. The Chair reminded the meeting that there had been a previous discussion that there needed to be alternative ways of seeking feedback from those mental health inpatients who were too unwell to complete the I Want Great Care feedback form. The Director of Nursing and Therapies said that NHS England's Culture of Care Programme which the Trust was implementing had patient and staff feedback at its heart. The Trust engaged with people with recent lived experience and also held community meetings at Prospect Park Hospital which ensured that Mental Health inpatients had a voice. The Director of Nursing and Therapies agreed to include more information about ways of gaining feedback from Mental Health inpatients in the next quarterly report. **Action: Director of Nursing and Therapies** The Chief Executive commented that the number of MP enquiries had reduced, which was not unexpected given that there were seven new MPs in the local area following the last General Election. The Chief Executive reported that he had written to all the new MPs to introduce himself and the Trust. **The Trust Board**: noted the report.

25/037	**Quality Assurance Committee Meeting – 25 February 2025** (agenda item 6.2)
	The minutes of the Quality Assurance Committee meeting held on 25 February 2025 had been circulated. **a) Quality Assurance Committee Meeting held on 25 February 2025** Sally Glen, Chair of the Quality Assurance Committee reported that in addition to the Committee's standard reports, the Committee had also received a presentation on the Culture of Care Programme which was funded by NHS England in response to concerns at a national level about mental health inpatient standards of care. Ms Glen said that the Trust was integrating the Culture of Care Programme into its existing workstreams, for example, the Quality Improvement Programme etc. It was noted that the Quality Assurance Committee would receive an update on the implementation of the Culture of Care Programme in six months' time. Ms Glen reported that the meeting had received a report setting out how the Trust was implementing a modified version of Martha's Rule appropriate to Mental Health services which was attracting national attention as the Trust was the first to implement Martha's Rule for Mental Health. Ms Glen said that the Committee had also received a paper setting out the Trust's Quality Impact Assessment process which was to ensure that patient safety was not impacted by efficiency schemes. The Quality Impact Assessment process was an integral part of the financial planning process. **b) Learning from Deaths Quarterly Report** The Medical Director reported that during the quarter, there had been no deaths assessed to have a governance cause for concern. It was noted that there were some instances where the Trust's care was rated as poor, and learning had been identified and disseminated. The report also included ethnicity data which would flag any issues where ethnicity may be a factor. **c) Guardian of Safe Working Hours Quarterly Report** The Medical Director reported that there were only two minor exception reports this quarter. In each case, the Resident Doctors were granted time of in lieu. The Chief Executive noted that the Trust had a very small number of exception reports when compared with other Trusts, particularly the acute hospitals, and asked whether this was due to better rostering or being fully staffed. The Medical Director explained that the Trust's Resident Doctors were rostered mainly for training purposes and the only time individual Doctors breached the Safe Working Hour requirements was when they were involved in an episode of care which had to be completed. **The Trust Board:** a) Noted the minutes of the Quality Assurance Committee meeting held on 27 February 2025

	b) Noted the Learning from Deaths Report c) Noted the Guardian of Safe Working Hours Report.
25/038	**Nottingham Independent Mental Health Homicide Review - Trust Action Plan** (agenda item 6.3)
	The Director Mental Health Service presented the paper and highlighted the following points: • The Nottingham Independent Mental Health Homicide Review was published in February 2025. NHS England wrote to Trusts and Integrated Care Boards that their Boards had had oversight of the report and their organisation's subsequent action plans • Last summer, the Trust had completed a Maturity Matrix which identified 14 areas of best practice for patients with complex psychosis, poor engagement with services and poor compliance with treatment to evaluate the Trust's standing across the 14 domains and submitted the completed Maturity Index to the Trusts' two Integrated Care Boards • An action plan was developed following the self-assessment exercise to address any gaps • In November 2024, the Trust submitted a funding proposal to the Integrated Care Boards to set up an Assertive Outreach Team model. The Trust had expected some dedicated investment, but this was not included in the National Planning Guidance. • The Trust's focus was now on adapting and enhancing its approach to meeting the needs of this patient population within existing resources. • The Independent Homicide Review Report (Nottingham) was published in early February 2025 and NHS England wrote to all Mental Health Trusts detailing specific actions in response. • Key areas of focus included: ○ **Personalised risk assessments across community and inpatient teams** – the Trust was moving away from a RAG rating system to a formulation-based approach, understanding the individual and their context ○ **Joint discharge planning -** involving the person, their family, the inpatient team, and the community team along with other involved agencies for complex discharges ○ **Multi-agency collaboration and information sharing –** the Trust's Lead Nurse Consultant was working with partners in the Probation Service, Forensic Services and Thames Valley Police through formal meetings to manage high-risk individuals ○ **Working closely with families –** this included implementing Martha's Rule to make it easier for families to raise concerns if they were worried about the mental health of their family member ○ **Reducing Out of Area Placements** - in line with the Integrated Care Board's three-year plan. The Chair commented that a common theme in a number of independent inquiries concerning a perpetrator who was mentally ill at the time of the crime was that information about the individual was not shared with the relevant agencies. The Director of Mental Health Service agreed and said that it was not always clear which agencies were involved with a particular patient. It was noted that as part of the One Team approach, the Trust was trying to map which agencies were involved from the outset so that information could be automatically shared.

	The Director Mental Health Service said that high-risk patients were referred to the Criminal Justice Panel so that a multi-agency discussion could take place about how best to mitigate their risk and to share information. Sally Glen, Non-Executive Director asked whether the Trust was making use of Community Treatment Orders. The Director Mental Health Services explained that a Community Treatment Order could only be applied after an individual had been detained under Section 3 of the Mental Health Act. The Director Mental Health Services said that the Action Plan would be updated to include the use of Community Treatment Orders. **Action: Director Mental Health Service** Mark Day, Non-Executive Director said that he used to be one of the Trust's a Mental Health Act Managers and shared that in his view, the Responsible Clinicians used the least restrictive option for the individual patient and that Community Treatment Orders were applied appropriately. The Director Mental Health said that the Trust was currently reviewing how to improve access to Clozapine for appropriate patients. The Chief Executive stressed that the issue was not simply around information sharing but also about the need for absolute clarity around who was responsible for what actions in cases where a patient's mental health was deteriorating especially if their behaviour was becoming violent. The Chief Executive said that there also needed a clear process for family members to raise concerns about their family member through the Martha Rule process to gain a second opinion. The Chief Executive suggested that the Board receive an update at the September 2025 Trust Board meeting to review progress on the action plan. **Action: Chief Operating Officer** **The Trust Board:** noted the report.
25/039	**Executive Report** (agenda item 7.0)
	The Executive Report had been circulated. The following item were discussed further: **a) Local Government Devolution** The Chief Executive reported that the Trust Board would have an opportunity to discuss the implications of local government devolution in the In Committee Trust Board meeting later today. **The Trust Board**: a) Noted the report. b) Approved the Trust's Modern Day Slavery Statement which would be included as part of the Trust's Annual Report 2024-25.

25/040	**Month 10 2024-25 Finance Report** (agenda item 8.0)
	The Chief Financial Officer presented the report and highlighted the following points: • The planned outturn position for the Trust was a £1.9m surplus. This included £0.6m of additional funding for depreciation, agreed System Development Funding slippage (Buckinghamshire, Oxfordshire, and Berkshire West system) of £0.5m and a further £0.8m of Cost Improvement Programme schemes to be identified. • Following receipt of £3.0m funding from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board 2023/2024 elective activity, the Trust was now forecasting a £4.9m surplus. • The Trust had a £13.6m Cost Improvement Plan. The Trust was on track to deliver this year to date, but there were some small variances on individual plans. • Cash was higher than plan due to the receipt of the funding for 2023/2024 elective performance and was expected to increase further once in-year performance had been settled. • The Better Payment Practice Code was achieved for all four targets. • Capital spend was under plan year to date for CDEL schemes, but the forecast outturn was as per the plan. • The Trust was working within NHS England's agency ceiling. Overall temporary staffing costs were lower than the same period last year. • The average number of inappropriate Out of Area Placements was 21 in December 2024 and 29 in January 2025. The high level of placements continued to be driven by demand. The Trust was continuing to spot purchase Psychiatric Intensive Care Unit (PICU) beds where they were clinically required. • The Trust's new outsourced 18 bedded Poppy Ward had opened on a phased basis. The Chair commented that the Trust's finances were well controlled and reminded the meeting that there would be an opportunity to discuss the Trust's draft Financial Plan for 2025-26 at the In Committee meeting later today. **The Trust Board**: noted the report.
25/041	**Month 10 2024-25 "True North" Performance Scorecard Report** (agenda item 8.1)
	The Month 10 2024-25 "True North" Performance Scorecard Report had been circulated. The Chief Operating Officer presented the report and highlighted the following points: • Improving Access to Perinatal Services Assessment performance was a key area of focus for the Trust • The year-to-date variance from the financial control total was £3,000 which was impressive performance • The Community Inpatient occupancy rate was at 93.9% against a target of 85%. The Mental Health Acute occupancy rate (excluding home leave) was at 93.9% against a target of 85%. • I Want Great Care Patient Experience compliance rate was at 5.5% against a 10% target.

	Sally Glen, Non-Executive Director referred to Restrictive Intervention in Mental Health inpatient wards performance which had been RAG rated red for three consecutive months and asked whether this was a trend. The Director Mental Health Service reported that the Trust was reviewing the metric with a view to re-focussing the target on the most restrictive interventions rather than looking at restrictive practice across the board. Ms Glen noted that there had been four cases of Clostridium difficile (C. diff) in the reporting period. The Director of Nursing and Therapies commented that the prevalence of C. diff was increasing nationally. The Director of Nursing and Therapies added that the Trust reviewed very case of C. diff and confirmed that the reviews had not highlighted anything which the Trust could or should have done differently which would have prevented the patient from contracting C. diff. **The Trust Board**: noted the report.
25/042	**Finance, Investment and Performance Committee meeting on 22 January 2025** (agenda item 8.2)
	The minutes of the Finance, Investment and Performance Committee meeting held on 22 January 2025 had been circulated. The Trust Board: noted the minutes of the Finance, Investment and Performance Committee held on 22 January 2025.
25/043	**Annual "Green Plan" Update Report (**agenda item 9.0)
	The Chair welcomed Justine Alford, Sustainability Lead Manager and Ailsa Leach Sustainability Manager to the meeting. Justine Alford and Ailsa Leach gave a presentation and highlighted the following points: • The NHS was committed to achieving net zero for its direct emissions by 2040, while the UK target was 2050. Reducing emissions was crucial for improving health outcomes. • The Trust needed to prioritise big ticket items like decarbonising including reducing gas usage, improving transport emissions, and focusing on larger sites like hospitals. • The Trust had undertaken comprehensive energy surveys and decarbonisation plans but unfortunately due to a change in the public sector guidelines for funding, only two of the Trust's sites were eligible for funding to decarbonise. • Solar panels had been installed by Erlegh House and Church Hill House with two further sites progressing plans for solar panels (London Houe and Abell Gardens). A project initiation document had been developed for a Solar Farm at West Berkshire Community Hospital • The Trust had received £2.6m of funding to replace the gas boilers at West Berkshire Community Hospital with clean air source heat pumps. • Overall carbon intensity had decreased since the baseline year of 2018-2019. However, there was a slight year-on-year rise in emissions for 2022-2023 and

	2023-2024. The installation of air source heat pumps and solar panels was expected to reduce yearly emissions. • The Trust was continuing to roll out an electric vehicle charging network across all the larger sites. All Estates fleet vehicles were now electric, potentially reducing carbon emissions from travel by approximately 5%. The Trust's Travel and Transport Review had been completed, and a Sustainable Travel Strategy was in development • The Trust was focusing on improving waste segregation and reducing high-temperature incineration. Initiatives like reusable tourniquets and insulin pen recycling had been implemented. General waste had been decreasing, but confidential waste remained high • The Trust had a network of 33 Net Zero Heroes across 14 sites, who met monthly to discuss sustainability issues. The Trust's The Green Newsletter had a high open rate. 46 staff members had been trained to become carbon literate. • The Trust had planted 65 trees at three sites and installed well-being in nature gardens. Wildlife boxes had been installed at two sites, and a pilot biodiversity survey was being conducted at West Berkshire Community Hospital. • Actions for 2025-26 included: o The development of a new three-year Trust Green Plan aligned with national and statutory guidance o Implementing a Sustainable Estates Strategy o Continuing to use recommendations from decarbonisation plans and energy audits to identify effective measures that could reduce costs, consumption, and carbon emissions o Implementing a Waste Strategy to reduce production, costs, and carbon o Engaging and educating staff on energy saving o Developing a Sustainable Travel and Transport Strategy o Continuing to expand the Elective Vehicle charging infrastructure o Investigating further opportunities for solar panel installation and pursing the Solar Farm at West Berkshire Community Hospital o Developing and implementing a Biodiversity Strategy Mark Day, Non-Executive Director asked whether the Trust's Green ambitions were aligned with the Digital Strategy. Justine Alford confirmed that the Sustainability Team were in discussions with the Digital team. The Chief Executive asked if there was anything more that the Trust could do to contribute to the sustainability agenda if money was no object. Justine Alford said that the priority should be to decarbonise and to reduce the Trust's reliance on gas. Ms Alford added that reducing staff mileage would also be beneficial but explained that this was a complex issue especially for staff who used their cars to visit people in their own homes. It was noted that the Trust was exploring options such as pool cars and pool electric bikes. Naomi Coxwell, Non-Executive Director commented that accurate sustainability reporting in the commercial world was a key issue. Justine Alford agreed and pointed out that the Trust's sustainability reporting involved a number of different data streams including obtaining information from the PFI providers and from NHS Property Services. Ms Alford reported that the Trust was considering using

	an Artificial Intelligence based software solution to make reporting less onerous in terms of staff time. The Chair thanked Justine Alford and Aisla Leach for their presentation. **The Trust Board**: noted the report.
25/044	**Council of Governors Update** (agenda item 10.0)
	The Chair praised the work of the Governors Quality Assurance Committee and said that he welcomed the Governors' involvement in the Trust's patient quality and experience work. The Chair also reported that he and the Company Secretary met regularly with the Recruitment Consultants responsible for sourcing candidates for the Chair of the Finance, Investment and Performance Committee to replace Naomi Coxwell, Non-Executive Director who would be leaving the Trust once her successor had been appointed. It was noted that the Council of Governors Appointments and Remuneration Committee would be interviewing candidates on 14 April 2025.
25/045	**Audit Committee Meeting – 22 January 2025** (agenda item 10.1)
	The minutes of the Audit Committee meeting held on 22 January 2025 had been circulated. Rajiv Gatha, Chair of the Audit Committee reported that in addition to the standard reports, the Committee had also received the Annual Information Governance Report and the Annual Cyber Security Report. **The Trust Board:** noted the minutes of the Audit Committee meeting held on 22 January 2025.
25/046	**Use of Trust Seal Report** (agenda item 10.2)
	The Chief Financial Officer reported that the Trust's Seal had been affixed to a deed of variation to enable the construction of a new Place of Safety at Prospect Park Hospital. **The Trust Board**: noted the report.
25/047	**Any Other Business** (agenda item 11)
	Farewell to Dr Minoo Irani, Medical Director and Tehmeena Ajmal, Chief Operating Officer On behalf of the Board, the Chair paid tribute to Dr Minoo Irani, Medical Director who would be retiring at the end of March 2025. The Chair also paid tribute to Tehmeena Ajmal, Chief Operating Officer who was also leaving the Trust at the end of March 2025 to take up a new role in North Wales.

	The Chair said that both Dr Irani and Ms Ajmal had made a significant contribution to the work of the Trust and wished them both well for the future.
25/048	**Date of Next Public Meeting** (agenda item 12)
	The next Public Trust Board meeting would take place on 13 May 2025.
25/016	**CONFIDENTIAL ISSUES:** (agenda item 13)
	The Board resolved to meet In Committee for the remainder of the business on the basis that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the Trust Board meeting held on 11 March 2025.

Signed……. Date 13 May 2025

NHS
Berkshire Healthcare
NHS Foundation Trust

Children and Young People's Neurodiversity Service: Learning from complaints (ADHD)

Michelle Walton
ADHD Team Lead

Pen Portrait

Berkshire Healthcare
NHS Foundation Trust

16-year-old young person who was referred for an ADHD assessment following referral from school due to concerns about poor focus and concentration.

Initial appointment was for the ADHD assessment.

Has an autism diagnosis.

Complaint: overview

Berkshire Healthcare NHS Foundation Trust

- The environment at Fir Tree House, Upton Hospital, is not neurodivergent friendly. The décor is poor, with hard surfaces, fluorescent lighting and noisy with clinicians and patients talking in loud voices.
- The treatment room itself is all hard noisy surfaces and floors, bright lighting and paint colours, the chairs are uncomfortable.
- The waiting room at Fir Tree House is frankly a disaster for people with autism and sensory issues.
- There is a hospital entertainment system in the room blaring out noisy cartoons.
- Clinicians regularly have loud conversations with their patients in the waiting room.
- After our first visit I fed back this information, with suggestions as to how things could be easily improved (there is a small overflow waiting room that could be designated a quiet room) and was told it would be referred to the neurodiversity lead and heard nothing. After our second visit nothing had changed and she became dysregulated again and had to go and wait in the toilet, so I followed up on the email but again received no reply.
- The receptionist is hidden behind a glass screen.

Complaint overview cont’

- Lack of response from allocated clinician
- Appointments are not being booked into clinician’s diaries for correct time and it’s not clear which contact information can be used to get in touch with the allocated clinician.
- Services do not have digitised prescriptions.
- Difficulty accessing on-line appointment system.
- The length of time, the facilities, the process, and changes to the process have caused x significant distress.
- For the first appointment we were given a time in writing. The clinician had been given a different time, so we ended up waiting in reception for around an hour
- The combination of issues caused x a lot of distress and they had to go and wait in the toilet to regulate.

Each of the points was answered in detail and action plan was included

Actions taken in response to the concerns raised:

Environment:

- A quiet waiting area has been introduced at Fir Tree House and managers have ensured that reception staff make families aware of this.
- Sharing Mr X feedback and suggestions with the project team who are working on improving clinical spaces.
- All staff discussions regarding the importance of ensuring the importance of allocating a suitable room for the appointment with changes to current process agreed and updated room booking system in place

Appointments:

- Ensuring clearer communication in the appointment/assessment letter about the admin point of contact for all future appointments
- Emphasising to all staff how important the appointment experience is for young people and families in terms of starting on time, communication if there is unavoidable delay, and where possible offering options to reduce or prevent distress

Berkshire Healthcare
NHS Foundation Trust

Processes:

- Reminder to the team of the importance of ensuring every appointment is entered into their electronic diary.

- Work with locality administration to ensure all contacts with families are documented in the records and all parent enquiries are responded to in a timely manner
- Locality admin lead is monitoring the voicemail facility at Fir Tree House in a more timely manner
- When an email is forwarded by ADHD admin, the sender is updated to make sure they know this has happened and who their email has been sent to for action or response

Learning:

- Emphasising to all staff how important the appointment experience is for young people and families in terms of starting on time, communication if there is unavoidable delay, and where possible offering options to reduce or prevent distress
- Sharing the learning from this complaint with the ADHD Team in a team meeting

Specific actions taken for this young person:

- Appointments offered flexibly i.e. on-line or in person
- Continuity of treatment even when attending a residential school out of area

Feedback

Berkshire Healthcare NHS Foundation Trust

Thanks for your comprehensive response, which I have read in full, and I feel adequately addresses the concerns I have raised.

It's pleasing to see the actions that have arisen from my complaint, and I hope that things will continue to improve.

I now consider this matter closed.

NHS
Berkshire Healthcare
NHS Foundation Trust

Thank you

Questions…?

Berkshire Healthcare NHS Foundation Trust

BOARD OF DIRECTORS MEETING 13.05.25

Board Meeting Matters Arising Log – 2025 – Public Meetings

Key:

Purple - completed
Green – In progress
Unshaded – not due yet
Red – overdue

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
10.09.24	24/161	WRES Report	The Finance, Investment and Performance Committee to receive a report setting out the outcome of the Trust's Case Work Review.	TBC	**JN**	The timing of the Case Work Review has been postponed because of the additional work required to meet the national requirements of the nursing job evaluation review. The casework review will commence in the	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						Autunm.	
12.11.24	24/193	Health and Wellbeing Update Report	The outcome report of the Wellbeing Review to be presented to a future Board meeting.	May 2025	**JN**	The outcome of the Wellbeing Review is included in the report.	
12.11.24	24/196	Performance Report	The Trust's Bed Team to attend a future Trust Board Discursive meeting to inform the Trust Board how they managed the mental health bed pressure.	April 2025	**TA/JH**	The Bed Management Team gave a presentation at the April 2025 Trust Board Discursive meeting.	
12.01.24	24/198	Estates Strategy Update	The Quality Assurance Committee to have an opportunity to discuss the Prospect Park Hospital Mental Health Survey.	January 2026	**MM**		
14.01.25	25/012	Appointment of a New Senior Independent Director	The Chair to recommend Aileen Feeney as the Trust's new Senior Independent Director to the Council of Governors.	March 2025	**ME**	The March 2025 Council of Governors meeting approved the appointment of Aileen Feeney as the Senior Independent Director.	
11.03.25	25/035	Patient Story	The Deputy Chief Executive to discuss the environmental issues raised in the Board Story with the Clinical Director for Universal and	May 2025	**AG**	Martin Mannix, Director of Estates and Facilities, introduced a	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			Specialist Children's Family and Neurodiversity Services and Director of Estates and Facilities.			neurodiversity checklist for the projects team last year, to ensure adjustment considerations for all projects going forwards. They have also commissioned AccessAble to undertake comprehensive inclusivity surveys of our sites (and involved the purple network in commissioning). Survey findings awaited, which will help further adapt our sites for the benefit of disabled and neurodiverse staff. They also create a complementary accessibility guide to each of our sites, which patients and	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						visitors can use to plan their journeys. Involved comms team to link in with our updated website. Also, there was a review of the environment by people with lived experience, and autism Berkshire, at Prospect Park Hospital which has helped inform their "culture of care" work and the introduction of the sensory trolleys, linking the 15 steps challenge for some locations.	
11.03.25	25/036	Patient Experience Report	More information about ways of gaining feedback from Mental Health Inpatients to be included in the Patient Experience Report	July 2025	**DF**		
11.03.25	25/038	Nottingham Independent Mental	The action plan to be updated to include the use of Community	May 2025	**TW**	Following further discussion, between	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
		Health Homicide Review Report	Treatment Orders.			the Interim Chief Operating Officer and the Director of Nursing and Therapies about the action plan, it agreed and agreed that the issue was broader than Community Treatment Orders (CTOs) and reflected when there is multi-agency working there is a need for clarity about actions and owners being clearly documented. CTO's are only an option when a patient has been detained on a section 3 and not all our patients who require multi agency management would meet this.	
11.03.25	25/038	Nottingham	The Board to receive an update at	September	**TW**		

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
		Independent Mental Health Homicide Review Report	the September 2025 meeting.	2025			

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	Tuesday 13th May 2025
Title	**Freedom to Speak Up Report**
	For noting
Reason for the Report going to the Trust Board	It is mandated by NHS England and the National Guardian's Office that all Freedom to Speak Up Guardians submit a Board report at least every 6 months. The Care Quality Commission also assesses the Trust's Speaking Up Culture as part of its Well-Led Inspection. The Board is asked to note the contents and support the recommendations.
Business Area	Quality
Author	Mike Craissati, Freedom to Speak Up Guardian
Relevant Strategic Objectives	**Workforce** **Ambition:** We will make the Trust a great place to work for everyone To strengthen our highly skilled workforce and provide a safe working environment where staff feel safe to speak out, are listened to and the Trust evidence action taken to deal with issues raised with no detriment suffered by staff.

Highlight Report – Freedom to Speak Up
May 2025

1. Why is this coming to the Board?

This report is written to provide information and assurance to the Board in relation to the activities of the Freedom to Speak Up (FTSU) Guardian, the National Guardian's Office (NGO) and to highlight relevant data of concerns raised and other activity generated during the period.

Both NHS England and the NGO set out guidelines and expectations that the FTSU Guardian works alongside Trust Leadership Teams to support the Organisation in becoming a more open and transparent place to work where all staff are encouraged and enabled to speak up safely. Part of the learning process is that the Guardian reports to Trust Board on, at least, a 6 monthly basis outlining the key activities of the Guardian, giving a fair presentation of data around concerns raised and notifies the Board of points of specific interest for the Board to take note of.

2. What are the key points?

Communication: It is key that the FTSU Guardian is seen as being visible and accessible to all staff groups both to raise awareness but also to be available for staff who wish to make contact. To do that the Guardian uses all forms of communication including, but not restricted to, presence at all Inductions, supporting all staff networks as an ally, membership of all groups or committees that are people focussed and promote an inclusive or just culture. During the period the Guardian has played a keen part in helping to promote the Trust's Anti-Racism stance, working with colleagues to help with Violence Prevention & Reduction and Anti Bullying & Harassment workstreams. The introduction of all staff "Lunch & Learn" webinars help communicate to proactive support for a positive culture change towards greater compassion.

Data on Concerns raised: Numbers of cases raised for FY 2024/25 remain reasonably level with no significant change. Levels of concerns that have an element of Bullying & Harassment have decreased but that is mainly due to the recent introduction of a new category "Inappropriate behaviours". The majority of concerns are raised by non-managerial staff (75%) and mainly from the Nursing staff group (31%). Poor behaviour between staff accounts for 64% of cases raised with 1 case that had an element of patient safety (these cases are always immediately raised to the Director of Nursing & Therapies, the relevant Divisional or Clinical Director as well as patient safety colleagues).

The responses to the 2024 NHS National Staff Survey are being used to provide a "Culture Barometer" for services, thus enabling a targeted approach towards team building and culture improvement. This is a key metric on improvement within the FTSU Vision & Strategy and shows the Trust has scored highest for our trust type (MH & CH), for the SE Region & within the two systems (Frimley & BOB) for 2024 with significant increase in score against the average for the sector. Nationally, our score was 3rd highest (up from 9th for 2023).

Question	2024 scores	Distance from average 2024
We each have a voice that counts		
Would feel secure raising concerns about unsafe clinical practice	82.3%*	**8.20%**
Would feel confident that Organisation would address concerns about unsafe clinical practice	75.1%*	**15.80%**
Feel safe to speak up about anything that concerns me in this Organisation	75.6%*	**10.70%**
Feel Organisation would address any concerns I raised.	67.2%*	**14.70%**
We are compassionate and inclusive		
Colleagues are understanding and kind to one another	80.80%	**5.00%**
Colleagues are polite and treat each other with respect	82.50%	**5.40%**
Relevant questions not linked to people promise		
Staff involved in an error/near miss/incident treated fairly	73.40%	**14.60%**
Encouraged to report errors/near misses/incidents	93.80%	**5.50%**
* = Best in Sector		

Impact on staff:

It is recognised that certain staff groups, such as those with protected characteristics, have barriers to overcome before raising a concern. The Guardian is working closely with the staff networks to understand and try to reduce or eliminate these barriers. 6 of the cases raised during the period involve issues around protected characteristics, however it would appear that more staff with ethnically diverse backgrounds are approaching the Guardian for advice or support (if not actually formally raising a concern).

Culture & Learning: The period has shown a greater number of staff completing the FTSU E-Learning packages. These courses are also a pre-enrolment requirement for all Leaders & Managers attending the Leading for Impact Management training course with the Guardian delivering a module on Civility, Communication & Psychological Safety.

3. Conclusions and Recommendations for consideration by the Board

Whilst numbers of cases raised to the Guardian remain steady and the Guardian's proactive work in raising awareness of FTSU and helping to promote the right behaviours and values within the Trust remains a busy as ever, it seems clear that the staff experience when raising a concern, still needs more effort. Staff are approaching the Guardian at a late stage, when poor behaviours are already embedded, thus making resolution more challenging.

The time taken to deal with concerns and provide an outcome or resolution is something mentioned by staff as being a negative. There is also still a general feeling of not being listened to and not getting appropriate feedback when Managers or Leaders are approached to deal with issues.

In light of the above, the Board is asked to support the following:

- Support and encourage initiatives to address subjective “Staff Experience” concerns, specifically those that include an element of bullying & harassment and/or microaggressions.
- Support and encourage initiatives to minimise the risk of detriment.
- Support and encourage initiatives to improve a Listening Up culture.
    - The Board are specifically asked to concentrate on supporting this initiative. An effective gauge is for the Board to ask, *“Do you feel you can use your voice?”* and *“Did you feel heard?”*, this can be done as part of the various ways the Board communicates with staff but also when visiting services. This is especially important for those staff groups whose voices are seldom heard such as those on night or weekend shifts, those without easy access to computers, staff network members. If staff feel heard, then that takes into account potential barriers such as Neurodiversity & Cultural differences. It is also just as relevant when getting feedback from our Communities or service users.

Mike Craissati - Freedom to Speak Up Guardian

May 2025

Report to the Meeting of the

Berkshire Healthcare NHS Foundation Trust
Board of Directors

Freedom to Speak up Report for

May 2025

Background

A Freedom to Speak up Guardian (FTSUG) within every Trust was a key recommendation made by Sir Robert Francis QC in the Freedom to Speak Up review 2015. FTSU has also become part of the CQC Well Led inspection component since October 2016.

A standard integrated FTSU policy for the NHS issued in April 2016 is the basis of the Trust's Raising Concerns policy. This national policy has been reviewed with an update published in Q2 22/23.

In line with the above and as part of our regular policy review process, the Berkshire Healthcare FTSU policy was reviewed and updated in September 2023.

The FTSU Strategy 2023-26 was also published in June 2023.

The National Guardian's office (NGO) was established in October 2016 at the same time as it became a contractual obligation for every NHS Provider Organisation to have appointed a FTSU Guardian.

The Role of the Freedom to Speak Up Guardian

"The Freedom to Speak Up Guardian will work alongside Trust leadership teams to support the organisation in becoming a more open and transparent place to work, where all are actively encouraged and enabled to speak up safely." (NGO 2018)

The FTSUG is independent and impartial. The Guardian reports directly to the Chief Executive and has access to anyone in the organisation. There are two main elements to the role.

- To give independent, confidential advice and support to members of staff who wish to speak up that have an impact on patient and staff safety or issues around malpractice,

wrongdoing and fraud. This is not exclusive to permanent members of staff but extends to temporary or agency staff, trainees or students, volunteers and trust governors.

- To promote a culture where members of staff feel safe to raise concerns and do not fear adverse repercussions or detriment as a consequence of doing so.

Debbie Fulton, Director Nursing and Therapies is Executive Lead for Freedom to Speak Up and Mark Day, Non-Executive Director, is nominated Non-Executive Director for Freedom to Speak Up.

Communication

It is crucial that the FTSU role is visible and accessible to all staff. The communications plan outlines how this is achieved.

The plan includes the following (Showing progress on plans and relevant target dates):

- Raising Concerns presence on Nexus
- Presentations and attendance at management/team meetings (ongoing)
- Production and dissemination of posters, leaflets and cards etc (ongoing)
- Virtual or F2F presence at Corporate Induction, Resident Doctor's Induction, International Nurses Induction & Student's Induction
- Supporting all EDI/Staff Networks as an Ally.
- Membership of the Safety Culture Steering Group, Strategic People Group, Diversity Steering Group, Anti-Racism Taskforce, Violence Prevention & Reduction Working Group amongst others
- Chair of Bullying & Harassment Reduction Task & Finish Group
- Managing a cohort of 28 FTSU Champions. The role of the Champions is to support the Guardian by raising awareness of the FTSU process locally and to signpost to the Guardian should any staff member wish to raise a concern. The Champions cover a wide range of pay bands with representation within all Divisions. 37% of Champions are declared staff network members and 30% have also raised concerns to the Guardian prior to becoming a Champion. It is hoped that the cohort fairly represent the diversity of the Organisation.
- During the period the Guardian has delivered an ongoing series of "Lunch & Learn" webinars which are available for all staff
- The Guardian is using the 2024 NHS National Staff Survey to develop a "Culture Barometer" which can be applied to services at Locality 5 where sub-scores can be rated against an average sub-score of the Trust, thus allowing for a targeted approach for service support and culture improvement. This can also be done for responses sorted by protected characteristics. This barometer is based on the 8 questions within the National Staff Survey that are used as a progress metric within the Freedom to Speak Up Vision & Strategy 2023-26

Contribution to the Regional and National Agenda

The Guardian is Chair of the Southeast Regional FTSU Guardian Network consisting of all NHS Trusts and private providers (including Primary Care) this numbers 257 Guardians representing 146 Organisations and provides input to quarterly meetings between the NGO & regional Chairs.

The Guardian is a member of both a Frimley and a Berkshire West, Oxfordshire & Buckinghamshire (BOB) Guardian ICB Network, members include Guardians from the ICB's and all Provider Trusts within the two systems including SECAMB & SCAS.

The Guardian supports a pan-sector networking group which includes Whistleblowing & Speak Up Leads from non-healthcare Organisations such as Berkshire Fire & Rescue, John Lewis Partnership, NatWest Group, ACAS, Compass Group & the Nuclear Decommissioning Authority. This group allows for shared learning outside of the Healthcare model of Speaking Up.

Quarterly submissions to the National Guardian's Office (NGO)

The NGO requests and publishes national quarterly speaking up data.

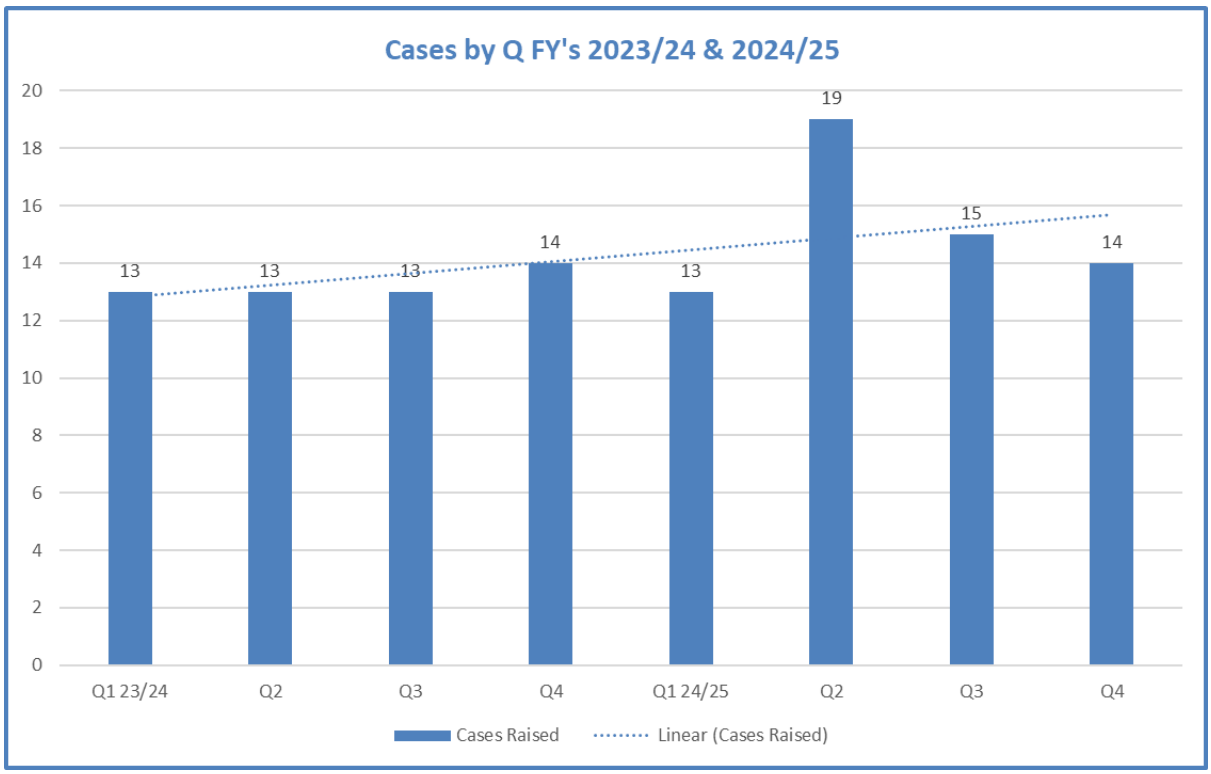
Contacts are described as "enquiries from colleagues that do not require any further support from the FTSUG".

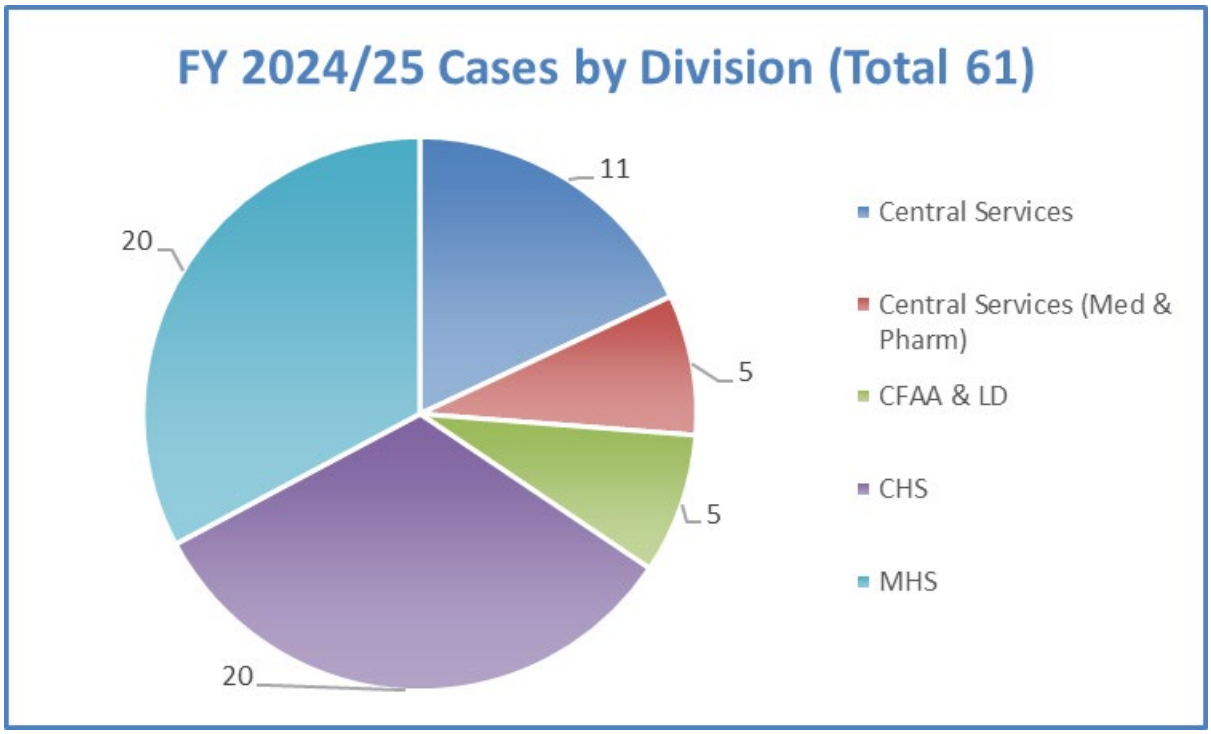
Cases are described as "those concerns raised which require action from the FTSUG".

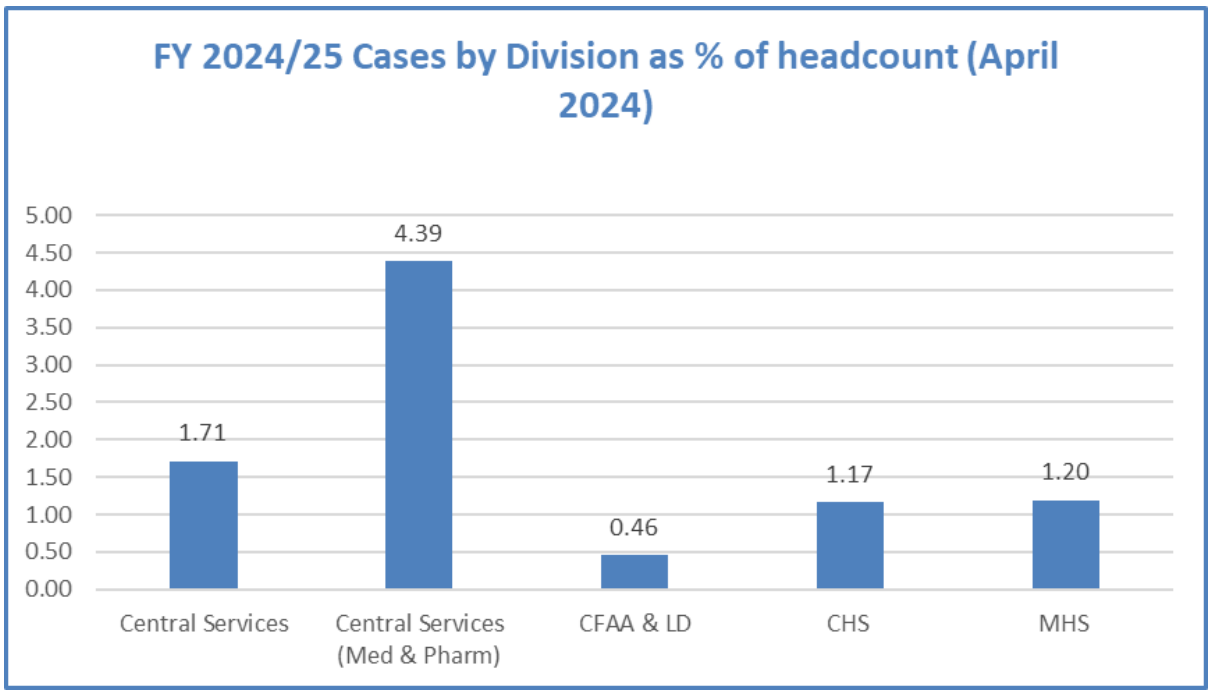
During 2024 the National Guardian's Office changed their guidance and Guardians are now required to report both contacts and cases as part of their quarterly submissions.

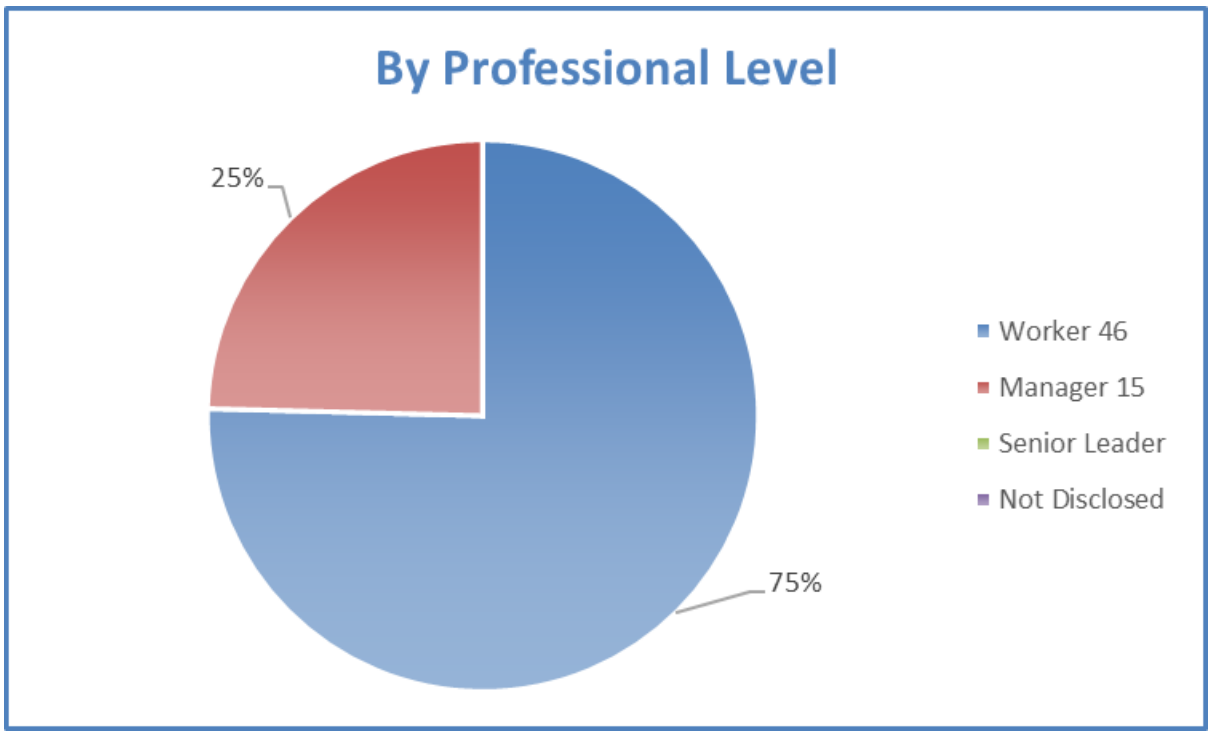
Outlined below are Berkshire Healthcare's submissions to the NGO for FY 2024/25

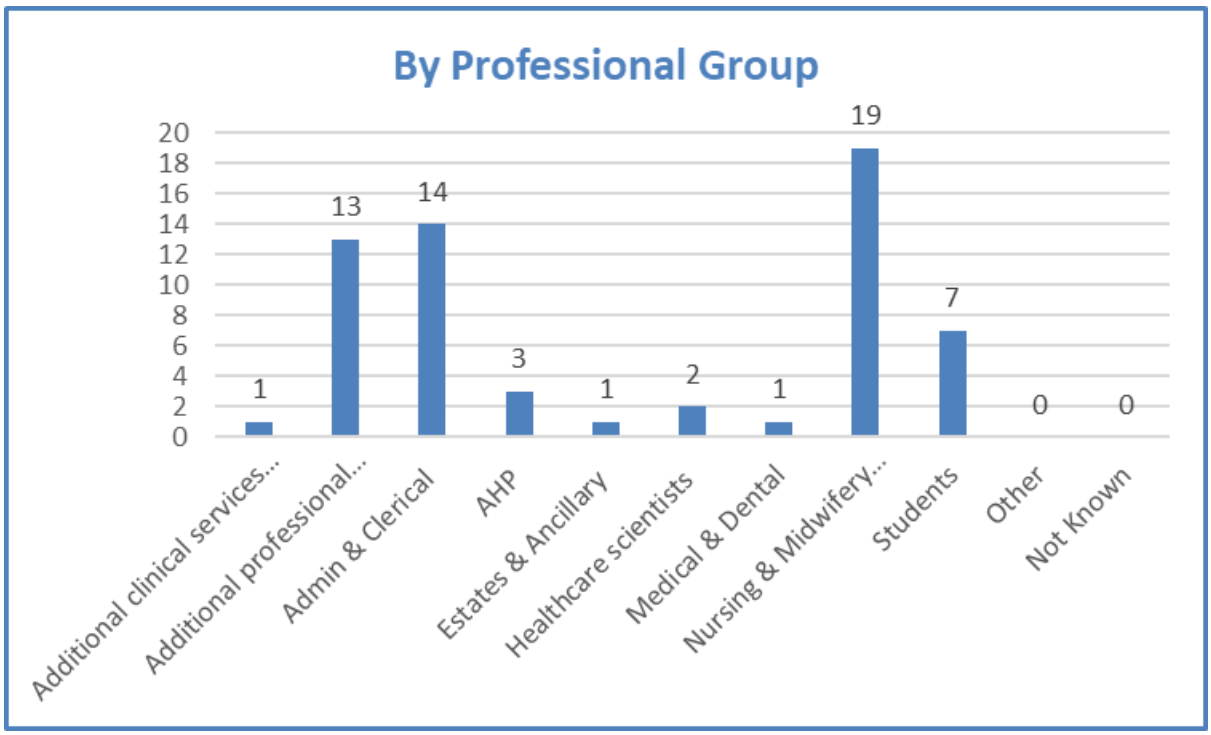
It's difficult to make comparisons with other similar organisations as the data does not provide a narrative regarding how many guardians or champions there are, how many days a week they work and if they have recorded both cases and contacts.

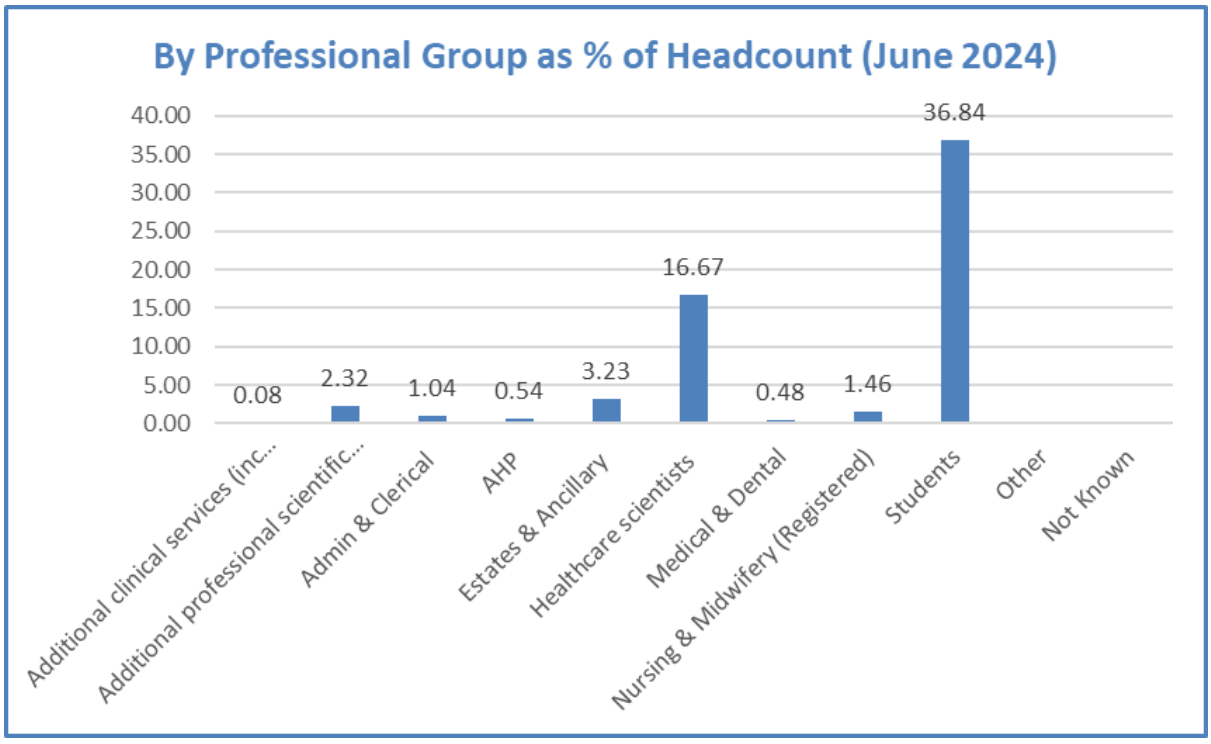

Cases by Q FY's 2023/24 & 2024/25
20
18
16
14
12
10
8
6
4
2
0
13
13
13
14
13
19
15
14
Q1 23/24
Q2
Q3
Q4
Q1 24/25
Q2
Q3
Q4
Cases Raised
Linear (Cases Raised)

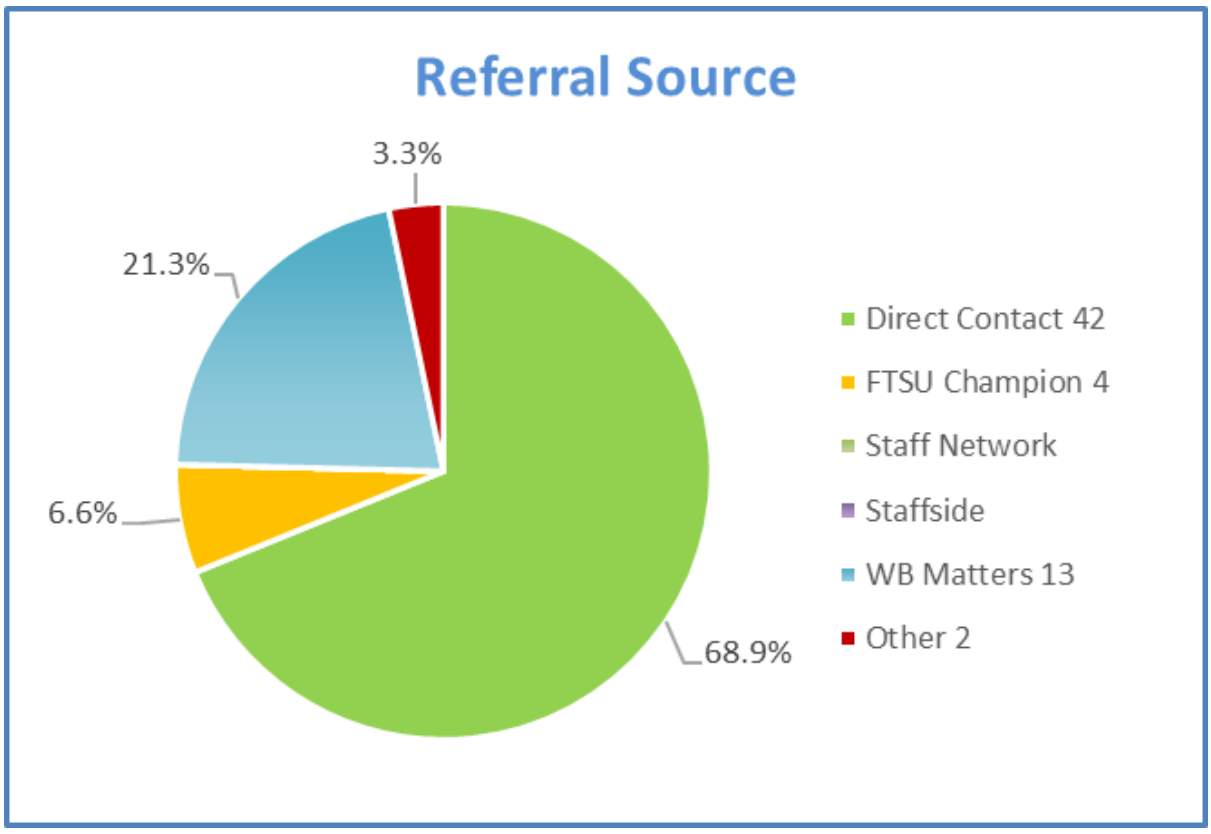

FY 2024/25 Cases by Division (Total 61)
11
5
5
20
20
Central Services
Central Services (Med & Pharm)
CFAA & LD
CHS
MHS


FY 2024/25 Cases by Division as % of headcount (April 2024)
5.00
4.50
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
1.71
4.39
0.46
1.17
1.20
Central Services
Central Services (Med & Pharm)
CFAA & LD
CHS
MHS

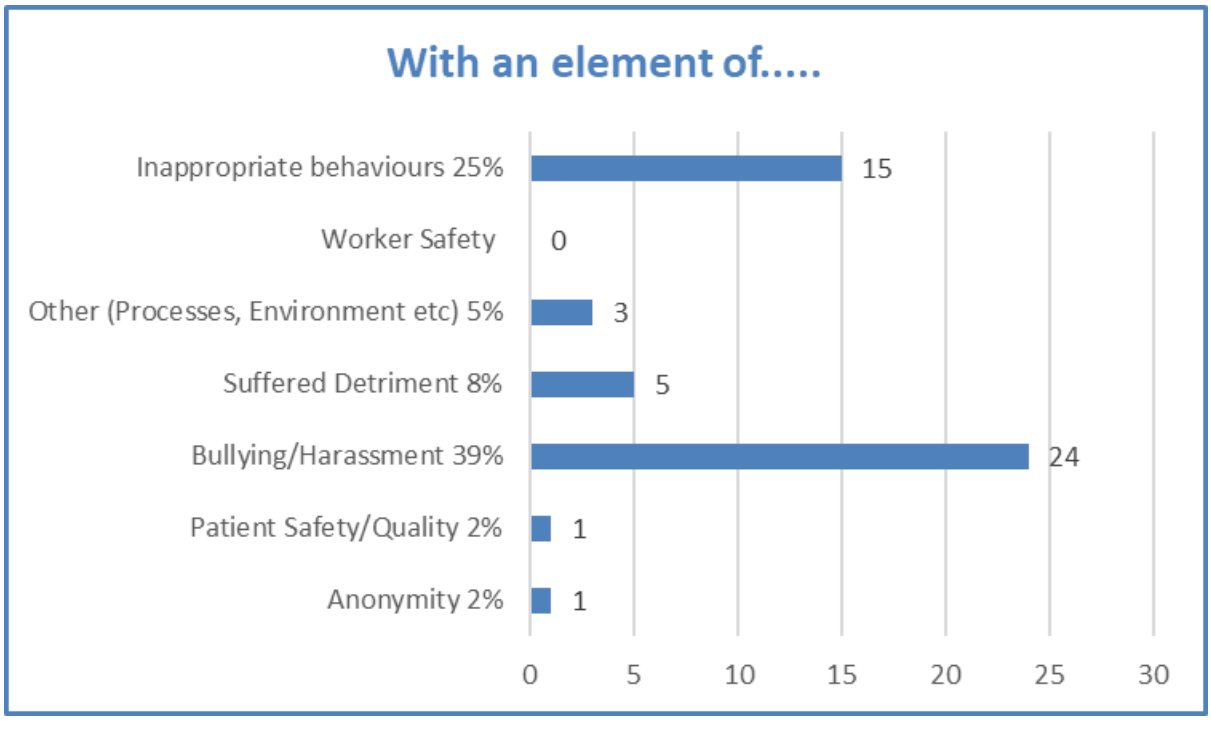

By Professional Level
25%
75%
Worker 46
Manager 15
Senior Leader
Not Disclosed


By Professional Group
20
18
16
14
12
10
8
6
4
2
0
1
13
14
3
1
2
1
19
7
0
0
Additional clinical services...
Additional professional...
Admin & Clerical
AHP
Estates & Ancillary
Healthcare scientists
Medical & Dental
Nursing & Midwifery...
Students
Other
Not Known


By Professional Group as % of Headcount (June 2024)
40.00
35.00
30.00
25.00
20.00
15.00
10.00
5.00
0.00
0.08
2.32
1.04
0.54
3.23
16.67
0.48
1.46
36.84
Additional clinical services (inc...
Additional professional scientific...
Admin & Clerical
AHP
Estates & Ancillary
Healthcare scientists
Medical & Dental
Nursing & Midwifery (Registered)
Students
Other
Not Known



For Q's 2 & 3, 7% of WB Matters assessments resulted in a direct referral to FTSU



Inappropriate behaviours – "Any attitude or behaviour that doesn't constitute bullying or harassment e.g. incivility, actions contrary to an organisation's values, microaggressions" NGO

Patient Safety concerns – Any such concerns are forwarded on receipt to the Exec Lead, Deputy Director of Nursing & Deputy Director of Patient Safety & Quality for awareness and oversight.

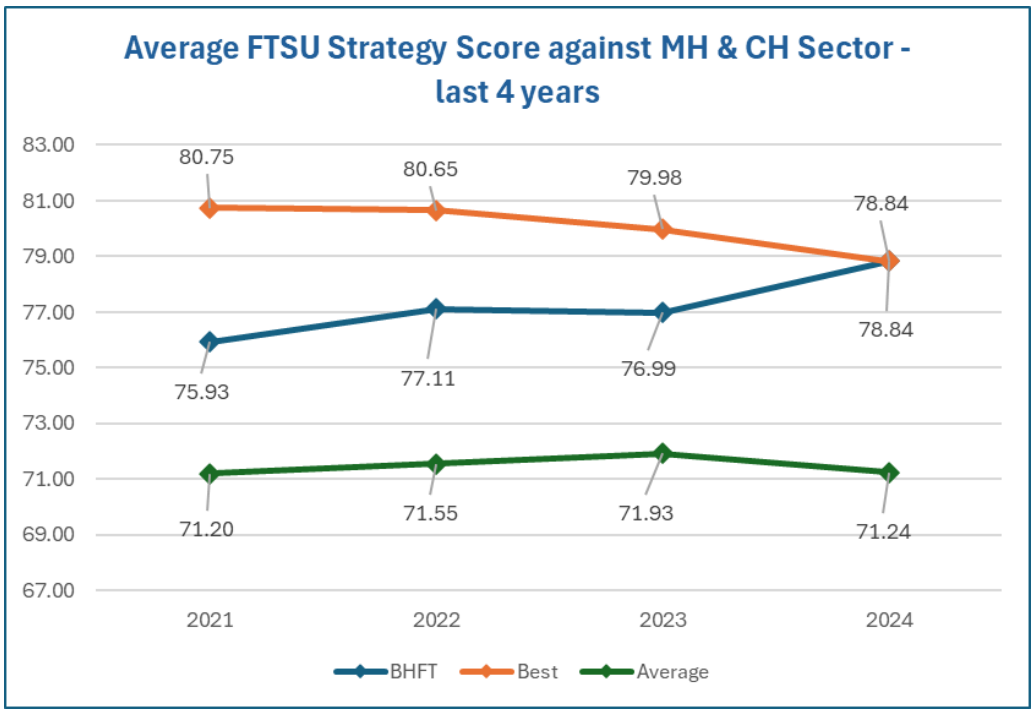
2024 National Staff Survey results and FTSU Vision & Strategy

As mentioned, the Organisation monitors progress around the Raising Concerns culture by reviewing responses to 8 key questions within the survey. Progress can be shown as follows:

FTSU Strategy - Relevant questions						
Question	**2018 scores**	**2022 scores**	**Distance from average 2022****	**2024 scores**	**Distance from average 2024****	**Distance from Best 2024****
We each have a voice that counts						
Would feel secure raising concerns about unsafe clinical practice	76.10%	80.20%	**3.50%**	82.30%	**8.20%**	0.00%
Would feel confident that Organisation would address concerns about unsafe clinical practice	67.90%	73%	**5.10%**	75.10%	**15.80%**	0.00%
Feel safe to speak up about anything that concerns me in this Organisation	74.8%*	74.90%	**7.90%**	75.60%	**10.70%**	0.00%
Feel Organisation would address any concerns I raised.	65.8%*	65.70%	**10.70%**	67.20%	**14.70%**	0.00%
We are compassionate and inclusive						
Colleagues are understanding and kind to one another	79.8%*	79.60%	**1.20%**	80.80%	**5.00%**	-1.48%
Colleagues are polite and treat each other with respect	80.2%*	82.30%	**2.60%**	82.50%	**5.40%**	-1.26%
Relevant questions not linked to people promise						
Staff involved in an error/near miss/incident treated fairly	Not asked	68.90%	**9.00%**	73.40%	**14.60%**	-2.59%
Encouraged to report errors/near misses/incidents	Not asked	92.00%	**3.70%**	93.80%	**5.50%**	-0.67%

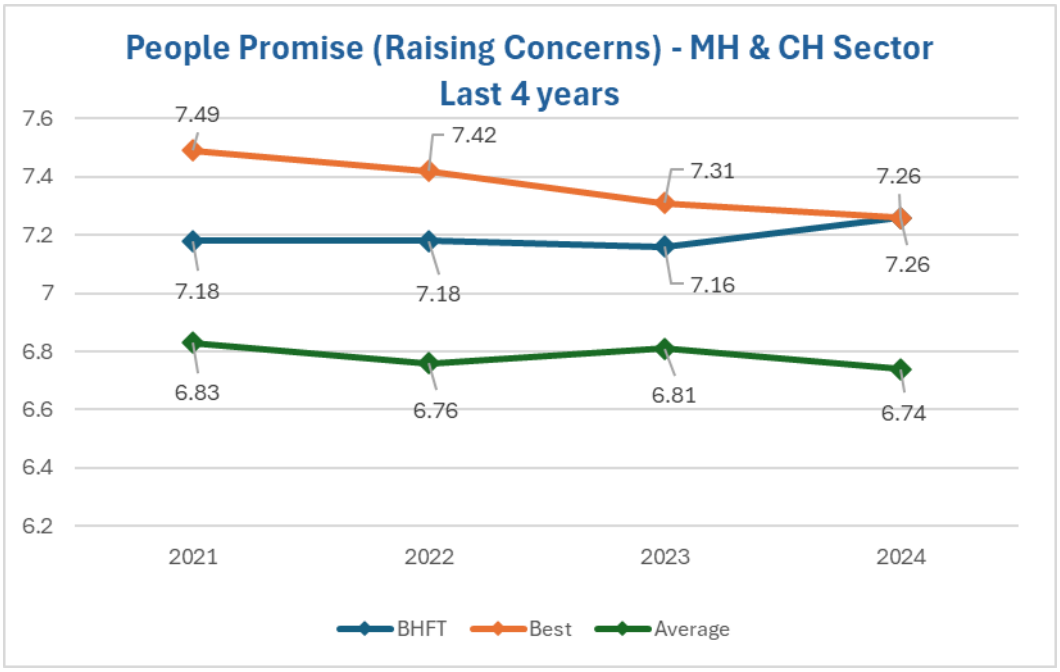
*= first year asked ** = Trust type (MH & CH sector)

"We have a voice that counts" best score for Trust type/sector



The Organisation bucks the trend within the sector with a 1.85% increase in score 2023 to 2024

The People Promise sub-theme “Raising Concerns” is based on 4 of the 8 questions monitored within the strategy and gives us the following data and allows a comparison against other Organisations:



Trust Type (MH & Comm)	2024	2023	Change
Berkshire Healthcare NHS Foundation Trust	7.26	7.16	0.10
Solent NHS Trust	7.25	7.31	-0.06
Midlands Partnership University NHS Foundation Trust	7.19	7.23	-0.04
Mersey Care NHS Foundation Trust	7.02	6.88	0.14
Northamptonshire Healthcare NHS Foundation Trust	7.02	7.05	-0.03
Lincolnshire Partnership NHS Foundation Trust	7.01	7.05	-0.04
Humber Teaching NHS Foundation Trust	7.00	6.92	0.08
Oxford Health NHS Foundation Trust	6.99	6.94	0.05
Leicestershire Partnership NHS Trust	6.95	6.88	0.07
Hertfordshire Partnership University NHS Foundation Trust	6.95	7.01	-0.06

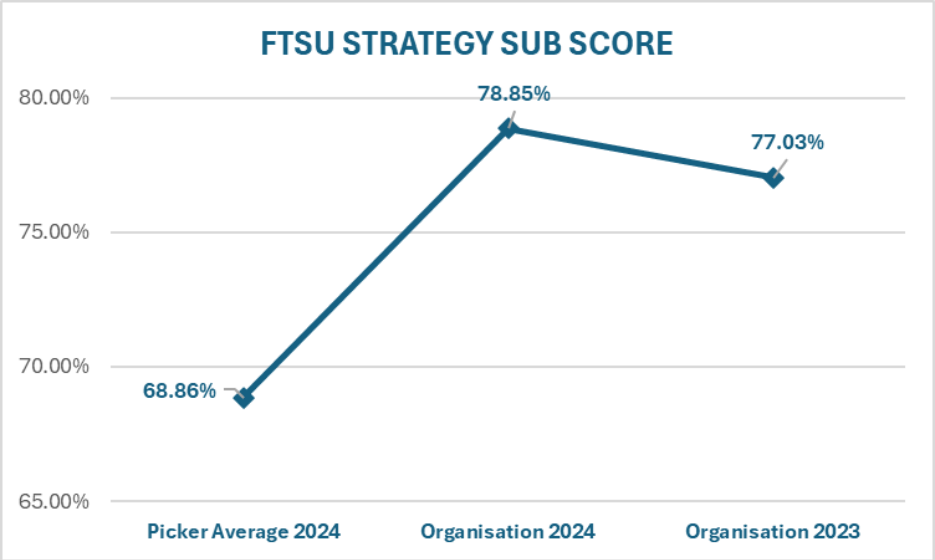
SE Region	2024	2023	Change
Berkshire Healthcare NHS Foundation Trust	7.26	7.16	0.10
Solent NHS Trust	7.25	7.31	-0.06
Kent Community Health NHS Foundation Trust	7.22	7.25	-0.03
Oxford Health NHS Foundation Trust	6.99	6.94	0.05
Sussex Community NHS Foundation Trust	6.98	7.14	-0.16
Royal Berkshire NHS Foundation Trust	6.91	6.92	-0.01
Queen Victoria Hospital NHS Foundation Trust	6.80	7.03	-0.23
Surrey and Borders Partnership NHS Foundation Trust	6.78	6.99	-0.21
Royal Surrey County Hospital NHS Foundation Trust	6.77	6.68	0.09
Southern Health NHS Foundation Trust	6.77	6.75	0.02

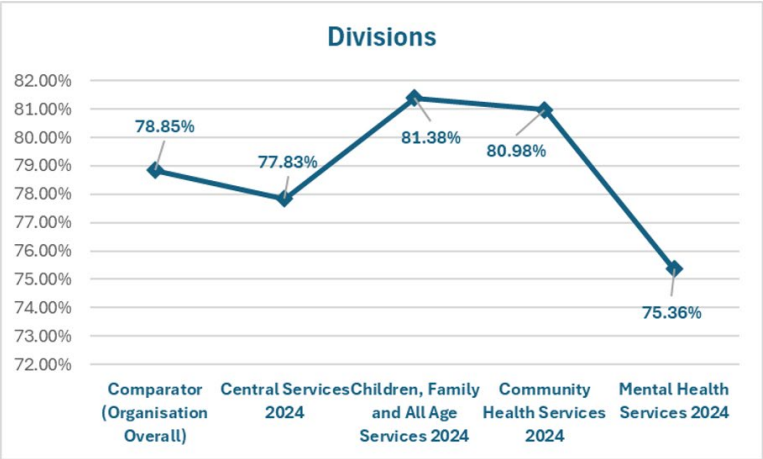
ICS (BOB & Frimley)	2024	2023	Change
Berkshire Healthcare NHS Foundation Trust	7.26	7.16	0.10
Oxford Health NHS Foundation Trust	6.99	6.94	0.05
Royal Berkshire NHS Foundation Trust	6.91	6.92	-0.01
Surrey and Borders Partnership NHS Foundation Trust	6.78	6.99	-0.21
Frimley Health NHS Foundation Trust	6.63	6.59	0.04
Buckinghamshire Healthcare NHS Trust	6.59	6.59	0.00
Oxford University Hospitals NHS Foundation Trust	6.46	6.53	-0.07

Organisation (National)	2023 Sub Score	2024 Sub Score	2023 ranking	2024 ranking	Change in score	Change in ranking
Liverpool Heart and Chest Hospital NHS Foundation Trust	7.51	7.51	1	1	**0.00**	**0**
Cambridgeshire Community Services NHS Trust	7.41	7.43	2	2	**0.02**	**0**
Derbyshire Community Health Services NHS Foundation Trust	7.31	7.20	3	7	**-0.11**	**-4**
Solent NHS Trust	7.31	7.25	4	4	**-0.06**	**0**
Kent Community Health NHS Foundation Trust	7.25	7.22	5	6	**-0.03**	**-1**
Midlands Partnership NHS Foundation Trust	7.23	7.19	6	8	**-0.04**	**-2**
Leeds Community Healthcare NHS Trust	7.20	7.05	7	13	**-0.15**	**-6**
Norfolk Community Health and Care NHS Trust	7.19	7.12	8	10	**-0.07**	**-2**
Berkshire Healthcare NHS Foundation Trust	**7.16**	**7.26**	**9**	**3**	**0.10**	**6**
The Clatterbridge Cancer Centre NHS Foundation Trust	7.16	7.23	10	5	**0.07**	**5**
Hertfordshire Community NHS Trust	7.15	7.18	11	9	**0.03**	**2**
Sussex Community NHS Foundation Trust	7.14	6.98	12	21	**-0.16**	**-9**
Northumbria Healthcare NHS Foundation Trust	7.12	7.00	13	19	**-0.12**	**-6**
Bridgewater Community Healthcare NHS Foundation Trust	7.10	7.11	14	12	**0.01**	**2**

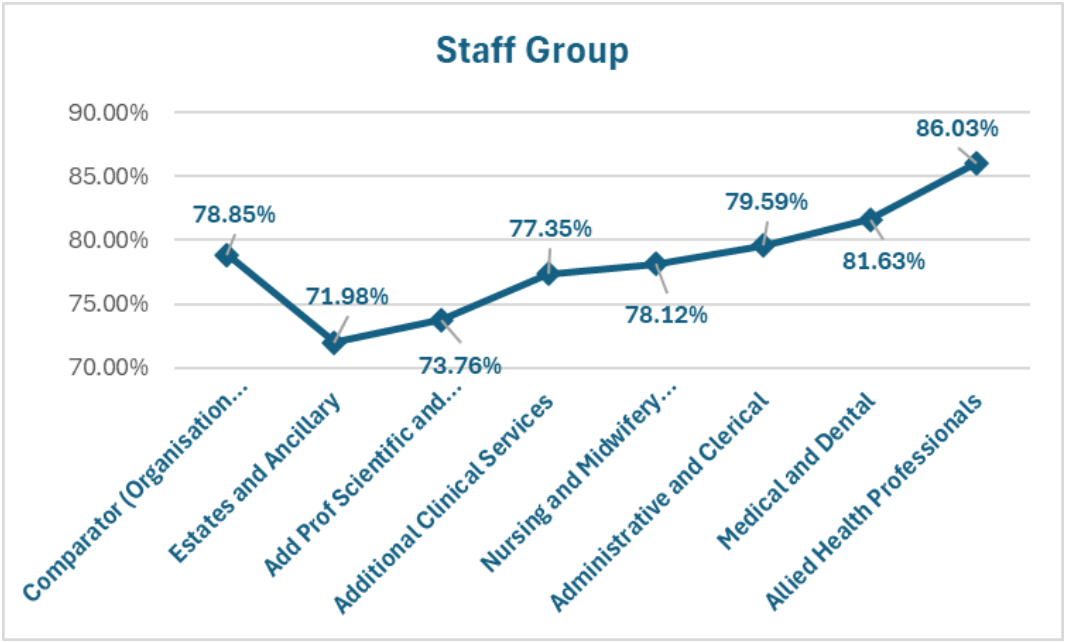
Berkshire Healthcare shows the biggest increase in national ranking and the largest positive change in People Promise sub-score.

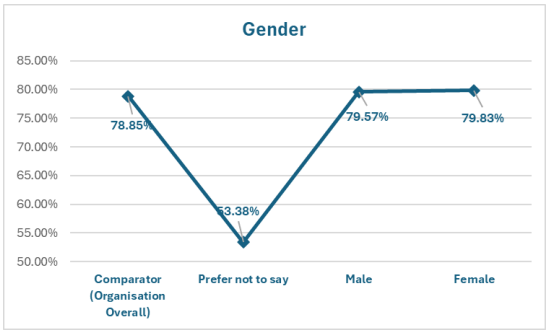
The FTSU Strategy sub score (average score of the 8 questions monitored) can be used within the Organisation and shows the following:

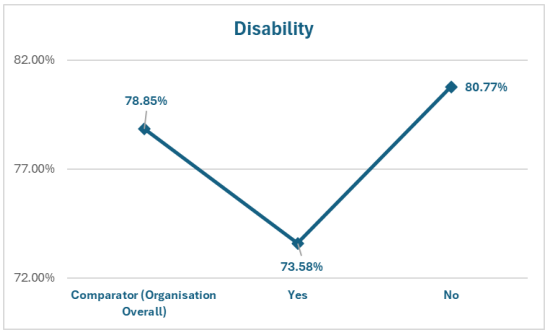


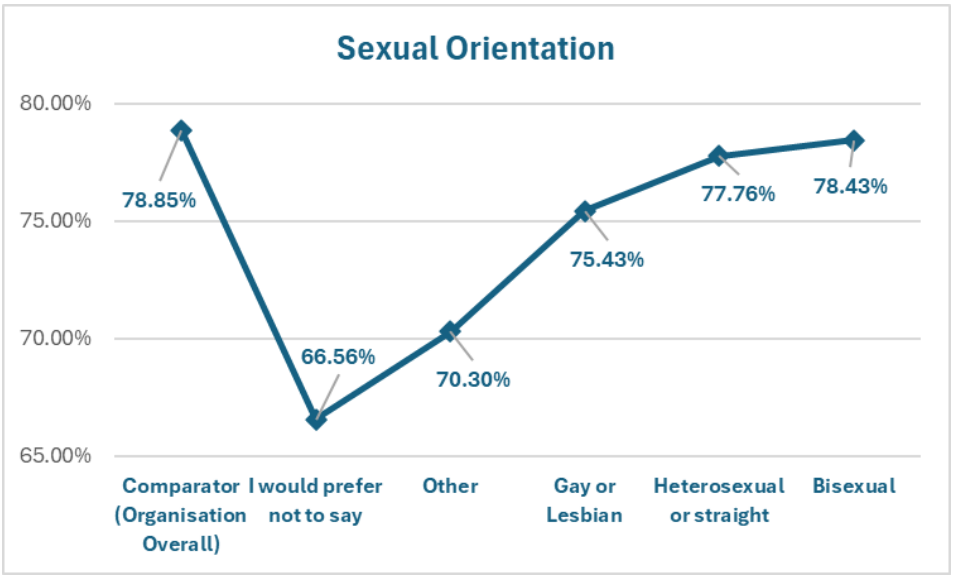


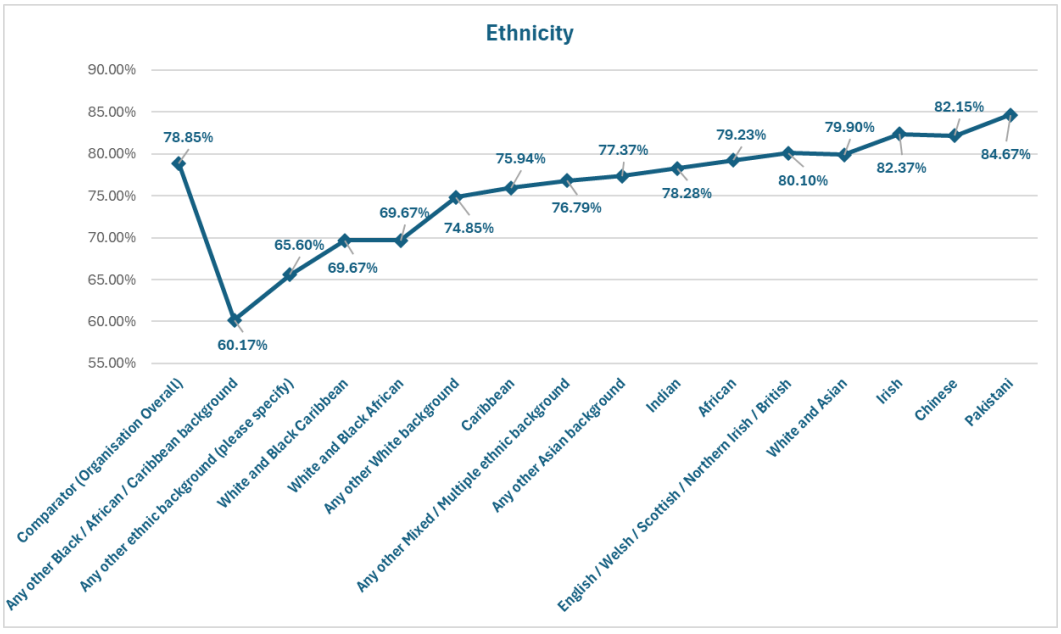
Division	2023	2024	% Change
Central Services	75.90	78.40	2.50
CFAA	79.90	81.20	1.30
CHS	77.30	81.00	3.70
MHS	76.20	75.90	-0.30




Gender
85.00%
80.00%
75.00%
70.00%
65.00%
60.00%
55.00%
50.00%
78.85%
53.38%
79.57%
79.83%
Comparator (Organisation Overall)
Prefer not to say
Male
Female


Disability
82.00%
77.00%
72.00%
78.85%
73.58%
80.77%
Comparator (Organisation Overall)
Yes
No


Sexual Orientation
80.00%
75.00%
70.00%
65.00%
78.85%
66.56%
70.30%
75.43%
77.76%
78.43%
Comparator (Organisation Overall)
I would prefer not to say
Other
Gay or Lesbian
Heterosexual or straight
Bisexual


Ethnicity
90.00%
85.00%
80.00%
75.00%
70.00%
65.00%
60.00%
55.00%
78.85%
60.17%
65.60%
69.67%
69.67%
74.85%
75.94%
76.79%
77.37%
78.28%
79.23%
80.10%
79.90%
82.37%
82.15%
84.67%
Comparator (Organisation Overall)
Any other Black / African / Caribbean background
Any other ethnic background (please specify)
White and Black Caribbean
White and Black African
Any other White background
Caribbean
Any other Mixed / Multiple ethnic background
Any other Asian background
Indian
African
English / Welsh / Scottish / Northern Irish / British
White and Asian
Irish
Chinese
Pakistani

National Education & Training Survey (NETS) Results 2024

The NETS survey has a similar set of questions around Raising Concerns

Berkshire Healthcare scores:

Do you feel comfortable raising concerns	90.38%
Do you know how to access support from your FTSUG	84.60%
Do you know how to raise concerns	94.23%
TOTAL SUB SCORE	**89.74%**

Southeast Region

Queen Victoria Hospital	95.24%	SCAS	84.66%
Berkshire Healthcare	89.74%	Solent	83.97%
Oxford Health	87.88%	East Kent	83.92%
Surrey and Borders	87.50%	Portsmouth Hospitals	82.99%
Hampshire and IOW	86.72%	Surrey and Sussex	82.87%
Sussex Community	86.67%	Oxford University	82.46%
Sussex Partnership	86.57%	Kent Community	81.82%
Royal Surrey	85.59%	Hampshire Hospitals	81.46%
Isle of Wight	84.98%	Buckinghamshire Healthcare	81.31%
SECAM	84.98%	Dartford and Gravesham	81.27%
Kent and Medway	84.95%	East Sussex Healthcare	81.04%
Ashford and St Peter's	84.74%	Royal Berkshire Hospital	79.11%
Medway	84.67%	Frimley Health	77.73%

Assessment of Issues

- The number and type of cases raised fit into the general pattern of cases from previous periods and could be considered the norm.
- Returns show that 1 case raised via FTSU contains an element of patient safety, the Board can be assured that any other patient safety issues are raised via other routes, handovers etc.
- A high proportion of cases raised are done so where the person raising the concern wishes some form of anonymity or confidentiality having spoken to the Guardian. In such circumstances the Guardian acts as a “go-between” between those raising a concern and the service concerned. Generally, a Commissioning Manager and Investigating Officer will know the identity of the person to aid progress of the case.
- During the period the Guardian received no anonymous concerns.
- A significantly high proportion of cases are around the “staff experience” and specifically from staff who are stating the cause is bullying & harassment (B&H) from fellow staff members (no cases have been received where B&H has been reported as coming from patients or from the public at large – this would normally be highlighted via Datix).

- Turnover of staff who have raised concerns still remains higher than the Trust average but is decreasing year on year. It is difficult to try and determine the reason for this without the benefit of strong exit interview data. General feedback is that those raising concerns via FTSU are happy with the FTSU process and support/advice from the Guardian. It may be that since most of the cases involve poor behaviour of individuals or teams and staff seek advice or support late on when these behaviours are embedded when there is a smaller chance of a positive change in culture then staff feel obliged to leave the service or Organisation.

Quarters 1-3	Turnover
2024/25	35%
2023/24	48%
2022/23	52%
2021/22	57%

Improving FTSU Culture

Creating a culture where all staff feel able to speak up and feel valued for doing so is dependent on the organisation showing it is listening and taking their concerns seriously. Giving feedback is one important way the Trust can demonstrate it values staff that speak up. The importance of this stage of the process is not always recognised by managers. Staff who speak up to the FTSUG fear suffering detriment as a result and this can present a barrier.

From personal observations and feedback from those who have spoken up, the following is highlighted:

- To achieve an open culture around speaking up, all elements of good, effective communication need to be included in the process. Speaking Up is only part of this and is relatively easy to address.
- An effective process is only achievable if the other elements are addressed, namely improving the Listening Up Culture, and removing barriers to communication.
- Part of the Listening Up process should include improved feedback to those who raise concerns, including timescales, expectations around outcomes.

Learning and Improvement

The FTSU Status Exchange between the Guardian, Chief Executive, Director of Nursing and Therapies and Deputy Director of People continues to provide a good forum for a structured information exchange, triangulation of information, and ensuring action is completed regarding concerns raised.

A regular meeting between the FTSUG and the Deputy Director of People & Senior HR Managers continues as a standard piece of work to enable direct communication about case work in a confidential manner.

The Guardian meets on a six-monthly basis with the nominated Non-Executive Director lead.

The Guardian ensures that any learning from cases raised is communicated to the Organisation through this status exchange, through regular 1:1's with the Executive lead for Freedom to Speak Up. All cases are audited on a quarterly basis to ensure any learning is taken into account and actioned.

Those who raise concerns are offered continual feedback on any investigation work undertaken as a result of speaking up and are supported throughout the whole process, the Guardian also obtains feedback from those who raise concerns on their views of the process and this learning is reviewed and considered by the Guardian.

In the majority of cases, feedback from those who have raised concerns to the Guardian on the process and level of support and advice offered by the Guardian is very positive.

On occasions where reports of case reviews undertaken by the National Guardian's Office are published, the Guardian will review these reports and communicate recommendations to the Organisation.

The National Guardian's Office have released a series of E-Learning packages, there are 3 packages aimed at various levels within the Organisation.

All three modules are available for staff on the Trust Nexus e-learning platform.

- **Speak Up** – Core training for all workers, volunteers, students and trainees, aimed at giving all staff an understanding what speaking up is, how to do so and what to expect when they do so.
- **Listen Up** – Aimed at all line managers, raising awareness of the barriers that can exist when staff wish to speak up and how to minimise them.
- **Follow Up** – For Senior Management groups and Trust Executives, ensuring the Organisation acts on concerns raised, learns from them and uses feedback to help create an open & just culture where all workers are actively encouraged to use their voices to suggest improvements or raise concerns. For ease, this is set at AFC 8A and above.

Completion of these E-Learning packages has been determined as essential training for the following staff groups:

- Board, Executive & SLT
- Elements of the People Directorate (Business Partners, OD/ EDI, L&D)
- Elements of the Nursing & Governance Directorate (Patient Safety & Quality, Safeguarding, Patient Experience)
- All FTSU Champions
- All Leading for Impact Management & Leadership course delegates
- The training has been introduced as a requirement for all staff attending Corporate Induction with guidance given re which level(s) are appropriate.

Statistics for course completions for the year are as follows:

Speak Up Core training (E-Learning)	Speak Up Core training (Corp Induction)	Speak Up Core training (TOTAL)	Listen Up Managers	Follow Up Leaders	TOTAL
48	789	837	22	10	869

The Guardian and all Champions continually promote the E-Learning packages as well as a link for staff to request Speak Up Awareness sessions for their Teams or Service via their email signatures. This is also available on the Raising Concerns pages on Nexus.

The Guardian now presents a module as part of the Leaders & Managers training course, Leading for Impact. The module deals with the following subjects, Civility, Communications skills, Difficult Conversations & Psychological Safety. These topics align with many of the proactive activities attributed to Freedom to Speak Up principles.

Feedback from Corporate Induction

Independent feedback is collated from those attending Corporate Induction, responses to the following question is shown by quarter

Q. How would you rate the following in terms of usefulness/relevance?

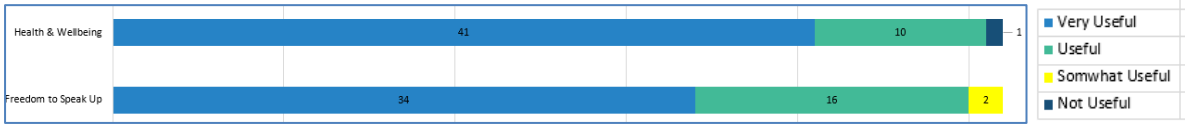
April – June 2024

July – September 2024

October – December

	Ranking	Very Useful	Useful	Somewhat Useful	Not Useful
Freedom to Speak Up	3	75%	22.20%	1.40%	1.40%
Staff Health & Wellbeing	1	80.60%	16.70%	-	2.80%

January – March



Learning – Some follow up actions from cases raised.

- All cases are audited on a quarterly basis to ensure any learning is actioned.
- Where appropriate Services now have the support of an MDT/Organisational Development team. This includes representatives from HR, OD, Psychological Services, FTSU, Patient Safety, EDI leads. Concerns raised from staff within these services have helped to highlight some dysfunctionality or friction within the service. The aim of the MDT is to assist Heads of Service with improving morale, behaviours and efficiency of the service.
- In several cases where the standard of management may be in question, support will be given on a more individual basis to improve management techniques.

It has been highlighted that with larger more complex cases where there may have been a collective concern or group of concerns that, due to the time taken to investigate these concerns, that staff concerned should get better and more frequent feedback. This is being addressed with HR colleagues to align the FTSU process with HR processes.

Examples of non-implementation of learning from concerns raised:

During the period there were no examples where learning from concerns raised (from cases that have been closed) had not been fully implemented.

Recommendations from the FTSU Guardian

The Trust Board is asked to support the following:

- Support and encourage initiatives to address subjective “Staff Experience” concerns, specifically those that include an element of bullying & harassment and/or microaggressions.
- Support and encourage initiatives to minimise the risk of detriment.
- Support and encourage initiatives to improve a Listening Up culture.
    - The Board are specifically asked to concentrate on supporting this initiative. An effective gauge is for the Board to ask, *“Do you feel you can use your voice?”* and *“Did you feel heard?”*, this can be done as part of the various ways the Board communicates with staff but also when visiting services. This is especially important for those staff groups whose voices are seldom heard such as those on night or weekend shifts, those without easy access to computers, staff network members. If staff feel heard, then that takes into account potential barriers such as Neurodiversity & Cultural differences. It is also just as relevant when getting feedback from our Communities or service users.

Mike Craissati - Freedom to Speak Up Guardian

May 2025

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper Meeting Paper

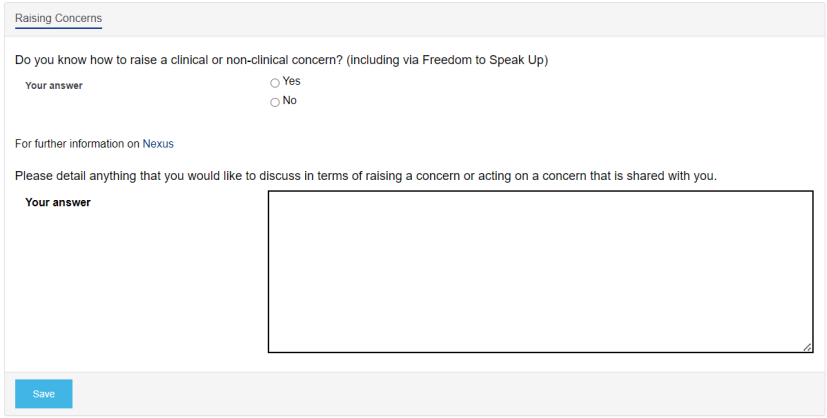
Board Meeting Date	13th May 2025
Title	**Freedom To Speak Up - Self Assessment Improvement Plan**
	for Noting
Reason for the Report going to the Trust Board	It is good practice, as detailed by NHS England for the freedom to speak up, self-reflection tool to be reviewed by organisations at least every 2 years, the aim being to identify gaps and areas for improvement as well as areas of good practice on a regular basis. The latest version of our self-reflection and planning tool was approved at Board in March 2024; within the tool areas for ongoing improvement were identified areas. It was agreed that progress against these would be presented to the Board on a six-monthly basis, with timing to be such that the plan is available to the Board for the same meetings as the Freedom to Speak Up Guardians Report.
Business Area	Organisational
Author	Debbie Fulton Director Nursing and Therapies
Relevant Strategic Objectives	The Plan is relevant to all strategic objectives, **Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients **Health inequalities** **Ambition:** We will reduce health inequalities for our most vulnerable patients and communities **Workforce** **Ambition:** We will make the Trust a great place to work for everyone
Summary	Since this self-assessment improvement plan was last presented to the board the following has been completed: 1. Positive story included in team brief and now on nexus – there will be ongoing work to increase our repository of positive stories. During Q1 2025/26 our internal auditors will undertake an audit of case work, this will support a review later in the year.

Freedom to Speak Up self-assessment action Plan

The latest self-assessment action plan was signed off by the board in March 2024. The action plan below details the actions agreed to support further improvement of out speak up/ listen up / follow up culture.

Action agreed	Action Owner / Lead	Progress	Date completed
Recorded process for decisions on external v internal investigation.	Tracey Slegg	To be completed by end May , to include explanation of decision making around use of internal staff, external staff from People pool or contracting of a separate agency (TIAA / Beachcroft etc) for HR related investigations.	May 2024
Staff crib sheet around detriment what it means (what is detriment) and how to escalate if you feel you have suffered detriment.	Mike Craissati	Documents and presentation around Detriment co-authored by SE Regional Guardians has been reviewed and will be adapted for local use within Organisation and inserted into Raising Concerns Policy (and possibly Early Resolution Policy). **November update:** NGO are finalising their documentation to provide clarity around definitions of detriment; this is anticipated to be released by end December 24- we will review this when published and ensure that it meets need for us. **March Update:** NGO Detriment guidance published - Crib sheet for staff can now be produced based on this. **May 2025 update:** Part of FTSU Comms plan for the year, crib sheet to be published and cascaded via MSN, Nexus etc by end of Q1 25/26.	
Consideration of mandating of training for certain groups • Board	Debbie Fulton / Jane Nicholson	The directorates detailed have been made aware of this ask and completion can be monitored each quarter	October 2024

• Governance teams • Networks • SLT • People Directorate • Staff who manage people • Staff in teams that have had an OD intervention/support relating to poor culture. All staff to complete FTSU e-learning module as part of induction - following this MS teams' questionnaire for staff to ensure understand process.		To address 'staff who manage people' undertaking the modules, it is suggested that this form part of the Leading for Impact Course; this has raised with learning and development and will be considered as part of a general review of this course. Induction has been reviewed, the online FTSU session continues as part of that with feedback form last 3 quarters rating this as highly valued. 1. L&D include a link to training as part of inductee's resource pack 2. Slide included in FTSUG induction presentation to remind re the online training 3. Link to e-learning in FTSUG follow up email to inductees 3 months after their induction.	
Add question to Appraisal paperwork in relation to 'do you know how to speak up'?	Tracey Slegg	A question has been added to the mid-year appraisal review for all staff as below **Freedom to Speak Up** It is important that we raise any concern we have about risk, malpractice or wrongdoing at work. We can do this via one of the routes set out in the Freedom to Speak Up policy.	September 25

		Raising Concerns  	
Mike participating in regional group looking at detriment and developing a tool kit for providers, explore how we can understand what detriment looks like for staff and what we can do to mitigate against this.	Mike Craissati	Documents and presentation around Detriment co-authored by SE Regional Guardians has been reviewed and will be adapted for local use within Organisation and inserting into Raising Concerns Policy (and possibly Early Resolution Policy). **November update:** NGO are finalising clarity around definitions of detriment anticipated to be released by end December 24- we will review this when published and ensure that it meets need. **March update:** Detriment guidance now published by NGO, work to review in progress. **May 2025 Update:** Part of FTSU Comms plan for the year, crib sheet to be published and cascaded via Managers Support Network, Information to be part of review of Early Resolution Policy and Raising Concerns policy is currently being updated. Actions to be completed by end of Q1.	

Improve circulation of positive speak up stories and learning from speak up.	Mike Craissati / Marcomms	Positive aspects of FTSU are currently promoted via Lunch & Learn Webinars, FTSU awareness sessions, Leading for Impact module & general proactive work. Promoting stories via Team Brief, Nexus etc to be started during Q1 **November update:** These will be included in the all staff newsletter (Team brief) as part of Freedom to speak up month and are now on the trust intranet (nexus) - review of further showcasing to be agreed **May 2025 Update:** initial inclusion in team brief and on nexus and will be an ongoing piece of work.	May 2024
Internal Re-Audit of Freedom to Speak up processes (2024/25)	Debbie Fulton	Included in 2024/25 internal audit plan **November Update:** finalised report demonstrated substantial assurance, it was shared at the October Audit Committee and will be shared to November safety culture group. 2 low actions identified 1. A timescale will be put into place from when the Freedom to Speak Up Guardian / Leadership Associate gains all information and then passing the information to the right teams/ personnel to address the concern. Agreed to have in place for end December. 2 The Trust will continue to raise awareness of FTSU through a variety of means.	September 2024
Consider how we encourage staff to raise concerns at an earlier stage and support appropriate response to reduce escalation of concerns and possible detriment.	Mike Craissati	To be discussed at Safety Culture Group Engage staff during Gemba and face to face opportunities with FTSU gain learning and insights that can be used to support. Use of national staff survey data to understand areas for focus where confidence in raising concerns appears lower.	

		Visibility of FTSUG and champions across staff networks and key trust events promote Psychological Safety via Webinars, Leadership course, management training/awareness. Engagement with People Directorate (HR/OD) to support this by reviewing policy and casework to encourage early raising of concerns FTSU Culture barometer (based on NSS) to be presented at May 25 Safety Culture meeting, regular meetings with OD, HR, WBM colleagues to triage & target hotspots	
Review investigatory processes to ensure that they are as timely as possible and that those involved are kept updated appropriately	Tracey Slegg	Short term – Deputy Director People has weekly call with team to enable oversight of case work and timeliness. An employee relations casework is joining the team to review current processes and have oversight of progress/ timeliness. Medium Term - Case work review to be undertaken using QI processes to commence in Jan 25, this is part of 3 programmes work agreed across organisation. This programme of work will include trust wide representation and agreement of countermeasures to enable improvement of processes. **May 2025 Update:** Internal auditors undertaking casework audit Q1 2025/26. Case work review to commence September 2025	

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13th May 2025
Title	**Patient Experience Report -Quarter 4 (January – March 2025)**
	Paper for noting
Reason for the Report going to the Trust Board	This report is written to provide information to the Board in relation to a range of patient experience data available to us. It also provides assurance in relation to the Trust handling of formal complaints as set out within The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and by the CQC through the Health and Social Care Act 2008 (regulated activities) Regulations 2014: Regulation 16 receiving and acting on complaints.
Business Area	Trust Wide
Author	Elizabeth Chapman, Head of Patient Experience (full report) Debbie Fulton; Director Nursing and Therapies (Highlight Report)
Relevant Strategic Objectives	Understanding the experience of our patients, how we respond to this, capture and learn from all forms of feedback is fundamental to the provision of safe, caring and effective services. **Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients **Patient experience and voice** **Ambition:** We will leverage our patient experience and voice to inform improvement **Health inequalities** **Ambition:** We will reduce health inequalities for our most vulnerable patients and communities

Highlight Patient Experience Report - Quarter Three 2024/25

1. Why is this coming to the Board?

This report is written to provide information and assurance to the Board in relation to the Trust's handling of formal complaints and to provide information and learning around broader patient experience data available to us.

The handling of Complaints is set out in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.Both the CQC and Parliamentary Health Service Ombudsman (PHSO) set out expectations in relation to the handling of complaints; these are based on the principles that complaints are a valuable insight for organisations and should be seen as a learning opportunity to improve services. There is a requirement for complaints to be reviewed robustly in a timely manner that is fair, open, and honest.

Complaints are only one element of understanding the overall experience of those accessing our services, we therefore analyse data gathered through a variety of means including the 'I want great care' (iWGC) tool now used as our primary patient experience tool, to support understanding of patient experience and areas for improvement.

2. What are the key points?

The iWGC tool enables patients to provide a review of their experience using a 5-star rating for several areas (facilities, staff, ease, safety, information, involvement and whether the person felt listened to) as well as making suggested improvements. The trust has an ambition as part of the Trust strategy to increase the volume of feedback received and to increase the use of the information received to support improvement. All divisions have a performance metric that they are monitoring to improve levels of feedback.

The table below provides the overall Trust metrics in relation to patient experience. The full report provides more detailed information by division. A target is added where there is one. There is not a metric for number of complaints/ MP enquiries, all feedback should be viewed as an opportunity for learning, however where there are not metrics per say last year's total are included to provide some context.

Patient Experience – overall Trust Summary		Target	Q1	Q2	Q3	Q4	Year end
Patient numbers (inc discharges from wards)	Number		151,330	169,235	221,601	167,704	**709,870**
Number of iWGC responses received	Number	**61,000 year**	9,149	9,041	9,921	11,660	**39,771**
iWGC Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	**10%** by Mar '25	6.04%	5.34%	4.48%	7%	**5.6%**
iWGC 5-star score	Number	**4.75**	4.78	4.80	4.8	4.81	**4.79**
iWGC Experience score – FFT (good or very good experience)	%	**95%**	94.1%	94.5%	94.7%	95.5%	**94.7%**
Compliments received directly by services	Number	23/24 **4522**	1237	1012	1289	1366	**4904**
Formal Complaints received	Number/ %	23/24 **281 0.030%**	68	64	50	48	**230**
Formal Complaints Closed	Number	23/24 **257**	41	59	57	41	**198**
Formal complaints responded to within agreed timescale	%	**100%**	100%	100%	100%	100%	**100%**
Formal Complaints Upheld/Partially Upheld	%	50%	51.7%	55%	50%	39%	**49%**
Local resolution concerns/ informal complaints Rec	Number	2023/24 **149**	28	42	53	66	**189**
MP Enquiries Rec	Number	2023/24 **73**	5	6	6	10	**27**
Complaints upheld/ partially by PHSO	Number	2023/24 **0**	1	0	1	0	**2**

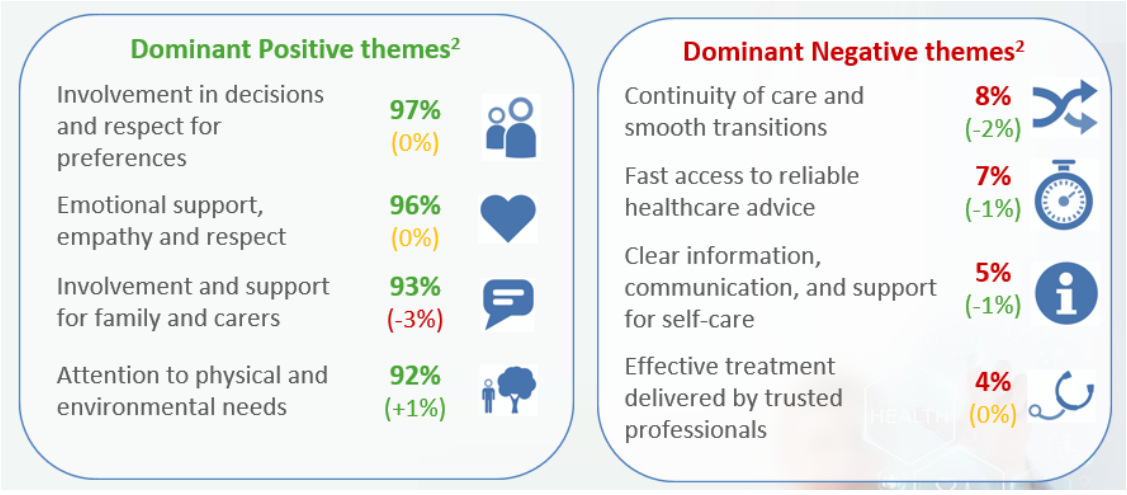
The data continues to show only small variations each quarter although we have continued to see a significantly lower number of MP enquires compared to previous years. We have also continued to see fewer formal complaints and a continued increase in the number of concerns able to be resolved locally.

During this quarter we have continued to see an increase in the number of feedback forms received with services focusing on achievement of this, and whilst we have not achieved our aim of 10% patients providing feedback by year end, for March we achieved our highest percentage to date at 7.8% (March 24 was 3.2%).

We are continuing to see more focus on 'you said we did,' with more examples of how feedback has been used to make changes and improvements to services being reported; Examples are included within the main report.

The lowest sub scores across all divisions remain within the mental health inpatient services, where feeling informed, involved and listened to remaining lower in terms of star rating than other services. The wards all have ongoing work to support improvement, and 3 of our wards participating in NHS England Culture of Care programme which was offered to all Mental Health Trusts as part of their transformation programme. This programme aims to improve the culture of inpatient mental health and learning disability wards for patients and staff so that they are safe, therapeutic, and equitable places to be cared for, and fulfilling places to work. The full report provides some detail on pages 10 and 11 of feedback received through this programme, areas of focus and how the service is addressing the themes.

Overall feedback remains overwhelmingly positive with questions around our staff and involvement continuing to be dominant positive themes. There is very little movement from the last quarter in terms of these themes.



*Number in brackets shows change from previous quarter

What are the implications for EDI and the Environment?

We aim to receive feedback that is representative of the diversity across the population. The below table shows the split of both complaint and survey responses by ethnicity.

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
Asian/Asian British	4.84%	9.80%	9.94%
Black/Black British	4.84%	3.10%	3.31%
Mixed	1.61%	3.00%	3.40%
Not stated	9.68%	15.10%	8.46%
Other Ethnic Group	4.84%	5.40%	2.08%
White	74.19%	63.60%	72.80%

The data indicates for this quarter that Asian/Asian British people continue to be less likely to complain, there has been a shift in terms of Black / Black British who historically have also been less likely to complain or complete the survey, for this quarter completion of the survey is representative of attendance and there are slightly more complaints compared to percentage attendance. Historically we have also observed Asian / Asian British to be less likely to complete the survey, for this quarter the survey responses were representative of attendance which is positive to see. Whilst the survey is provided in easy read and several differing languages it is important for services to ensure that they are explaining about the survey when having contact with patients, their families, and interpreters to enable the opportunity for all patients to provide feedback.

In terms of gender, as in most previous quarters we see a slightly higher percentage of males making formal complaints compared with attendance and we have continued to see a lower percentage of people stating that they are male completing the survey than either females or those identifying as non-binary/ other. We continue to see around 20% percentage of people completing the survey who are not completing some of the demographic questions including gender.

In terms of age the data would indicate that those over 60 years of age are more likely to complete the survey and less likely to make a formal complaint than those in younger age brackets, this is also unchanged from previous quarters.

During Quarter 2, we introduced further filters into the patient survey dashboard, which means that services can now drill down into the feedback given by people by characteristics. This not only helps services to ensure that they are being as inclusive and accessible as possible but also supports wider pieces of work such as the Neurodiversity Strategy and Patient and Carer Race Equality Framework (PCREF).

Below are some of the themes that emerge when reviewing our survey data over the last quarter.

Age
19-50 year olds are least likely to rate their experience positively, with the lowest score at 4.43 for 19-30 year old age group, this age group (19-30) are also most likely to score lower for ease of accessing services, information, feeling involved or listened to. They also score lowest in terms of staff, with a score of 4.6 /5-star rating compared to all other ages scoring 4.8 and above. This age group accounts for 3.5% of total surveys completed (around 400). Those over 70 years of age (34% total responses) and those scoring for their children under 5 (5.3% total responses) are the most satisfied across all questions.

Disability
Those declaring as having a disability (25.5% total respondents) score slightly less positively across all questions than those not declaring a disability, this is true for those with a recorded physical or mental health related condition, although those declaring a mental health condition (10% of total completed questionnaires reporting a disability) score lower than other disabilities across all main questions with the exception of ease of access where those reporting neurodivergence score slightly lower.

Ethnicity
Bangladeshi, Indian and White British report most positively in terms of overall experience (with scores ranging from 4.80-4.85 / 5-star rating); whilst Chinese, African and Gypsy/ travellers report the lowest overall experience (4.58-4.69/ 5-star rating). In terms of a patient's experience of staff white British, Pakistani, and Indian patients report the most positive (4.88 - 4.91) whilst African report the least positive scores (4.67).

Indian, Pakistani and White British are most likely to feel that they receive adequate and appropriate information and feel most listened to (Indian 4.85, Pakistani 4.85, white British 4.84) along with White Irish (4.86).

Gender
There is very little difference in ratings across the questions between men and women, except for the question related to facilities where men rate this higher, they also rate their overall experience slightly higher at 4.80 (women 4.77). Non-binary patients have slightly lower scores across all questions except for facilities where they rate higher than women at 4.79.

Sexual orientation
Heterosexual patients report higher levels of satisfaction across all questions compared to Bi, Gay or lesbian patients. Those reporting a mental health disability who are Gay, lesbian or Bi record lower levels of overall experience than those with a physical illness.

The 15 steps programme has continued with several visits undertaken during the quarter as detailed in appendix 3.

3. Conclusions and Recommendations for consideration by the Board

It is the view of the Director of Nursing and Therapies that there are no specific new themes or trends identified within this patient experience report. For areas where there is concern or identified needs for improvement there are service and quality improvement programmes of work in place. There is also an on-going programme of work involving staff, service users and those with lived experience that is reviewing the service delivery model of our community mental health services, this aims to provide clarity around care and treatment as well as improved access to the right services and therefore a better patient experience.

We continue to work to increase the number of responses received through the patient experience tool and we are seeing the use feedback to inform improvement across services. Board members should continue, as part of their contact with services to explore how patient feedback is being used for improvement.

Berkshire Healthcare
NHS Foundation Trust

Patient Experience Report Quarter 4 2024/25

Introduction

This report is written for the board and contains patient experience information for Berkshire Healthcare (The Trust) incorporating feedback from complaints, compliments, PALS, our patient survey programme, and feedback collated from other sources during the Quarter.

The below table shows information related to the overall Trust position in terms of patient experience feedback.

The iWCG tool is used as our primary patient survey programme and is offered to patients following a clinical outpatient contact or, for inpatient wards, on discharge via a variety of platforms. The tool uses a 5-star rating which is comparable across all services within the organisation and is based on questions in relation to experience, facilities, staff, ease, safety, information, involvement and whether the person felt listened to.

From April 2024, the response rate has been calculated using the number of unique/distinct clients rather than the total number of contacts. Patients will continue to be offered the opportunity to give feedback at each appointment.

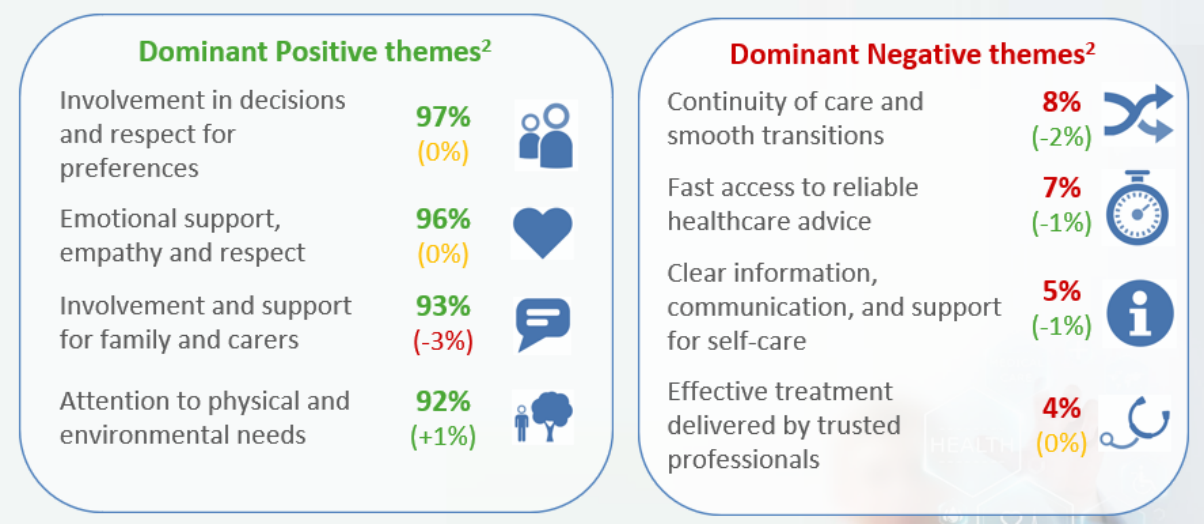
Table 1

Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Year end
Distinct patient numbers (inc patient discharges)	Number	151,330	169,235	221,601	167,704	709,870
Number of iWGC responses received	Number	9,149	9,041	9,921	11,660	39,771
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	6.04%	5.34%	4.48%	7%	5.6%
iWGC 5-star score	Number	4.78	4.80	4.80	4.81	4.79
iWGC Experience score – FFT	%	94.1%	94.5%	94.7%	95.5%	94.7%
Compliments received directly by services	Number	1237	1012	1289	1366	4,904
Formal Complaints Rec	Number	68	64	50	48	230
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	3	13	12	8	36
Formal Complaints Closed	Number	41	59	57	41	198
Formal complaints responded to within agreed timescale	%	100%	100%	100%	100%	100%
Formal Complaints Upheld/Partially Upheld	%	51%	55%	50%	39%	49%
Local resolution concerns/ informal complaints Rec	Number	28	42	53	66	189
MP Enquiries Rec	Number	5	6	6	10	27
Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	7	4	6	5	

There was a very slight decrease during this quarter of the number of formal complaints received although an increase in the number of complaints that were able to be dealt with locally or were informally resolved. There has also been an increase in number of MP enquires received, this is to levels more consistent with previous years.

The PHSO concluded one investigation during this quarter which was not upheld.

Overall feedback remains overwhelmingly positive; the below show the most positive and negative themes based on free text responses within the iWGC experience tool that patients have documented to explain their experience.



The brackets () in the picture above shows the comparison to the report for Quarter 3. (+) means that there has been an increase since the last report, (-) means a decrease since the last report.

Appendices 1 and 2 contain our PALS and Complaints information for Quarter 4.

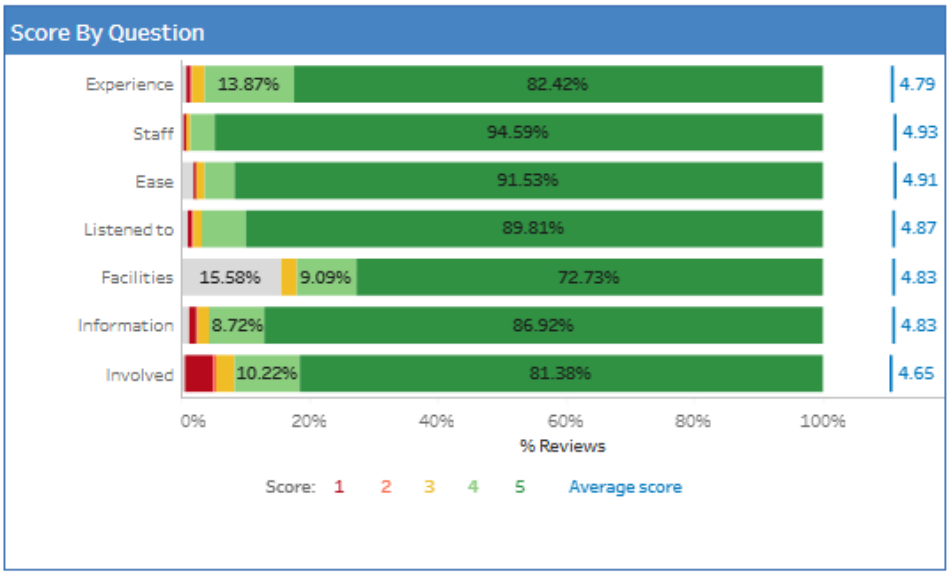
What the data is telling us

Below is a summary and triangulation of the patient feedback we have received for the divisions.

Children, Families and All Age Pathways including Learning Disability services.

Table 2: Summary of patient experience data.

Patient Experience - Division CFAA and LD		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	1,530	1,313	1,557	3,533
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3.9%	2.7%	1.5%	7.1%
iWGC 5-star score	Number	4.9	4.88	4.83	4.82
iWGC Experience score – FFT	%	95.3%	94.1%	94.7%	96.3%
Compliments received directly by services	Number	98	70	90	83
Formal Complaints Rec	Number	17	17	8	9
Formal Complaints Closed	Number	6	14	15	7
Formal Complaints Upheld/Partially Upheld	%	33.33%	35.2%	46.6%	43%
Local resolution concerns/ informal complaints Rec	Number	6	1	18	8
MP Enquiries Rec	Number	3	3	4	4



For children's services further work has been undertaken with the services, young people and parents/carers to promote increasing the number of responses, this has included the design and layout of the new posters that will now be used across CFAA services. The Vaccination team has now started to collect feedback through paper forms, and the response rate has increased significantly.

Of the 3533 responses, 3452 responses related to the children's services within the division; these received 96.5% positivity score, with positive comments about staff being friendly and kind and a few suggestions for further improvement, this included 4 reviews for Phoenix House. Thirty-six of the responses related to learning disability services and 28 to eating disorder services.

From the feedback that was received, feeling involved were the most frequent reasons for responses being scored below 4. Areas with the highest positive responses were about staff attitude, feeling listened to and ease of access.

Children's Physical Health Services

There were no formal complaints for children's physical health services received this quarter.

3075 of the 3533 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Immunisation and Health Visiting Bracknell; the Immunisation Team received 2048 (10% response rate) of these responses which scored positively receiving a rating of 4.74 and feedback included they were kind; injection was quick, and nurses were friendly. "*They were very nice and kind and understanding so as I was very nervous they helped me to understand. Overall, it was an amazing experience. Thank you so much.*" health visiting services also receive very positive feedback with positivity score of 97.56%- and 5-star rating of 4.95.

Child and Adolescent Mental Health Services (CAMHS)

For Child and Adolescent Mental Health Services there were 5 complaints received, two related to wating times but there were no other discernible themes.

There have been 363 responses for CAMHS services received through our patient survey for this Quarter. These include 239 received from those attending our neurodiversity services (positive score 96.65% and star rating of 4.90 with lots of positive comments about staff and the experience).

Learning disability

There were no complaints received for the Community Team for People with a Learning Disability.

Overall, there were 36 responses for all Learning Disability services; responses were for the Community Teams for People with a Learning Disability, Learning Disability Inpatient Unit and Learning Disability Intensive Support Team. These received an 86.1% positive score; feedback included that staff listened, "*We enjoyed meeting [name removed] at the university and at home. He listened and was very interested in all I was doing at day services. Gave support wrist trying to use a knife and open my hand."* there were comments for improvements including bigger assessment rooms, more time, and more visits, write things down for patients to read and staff to be consistent in information given to patients. The 6 responses that received with a score below 5 left comments in the free text boxes, comments included wanting to be listened to and felt they didn't know who to trust.

Eating disorders

There was 1 complaint received for the Eating Disorder Services. This related being unhappy as treatment offered was already completed at previous Trust and the extended wait times now for treatment.

Of the 28 feedback responses received, 26 scored a 5 with comments such as "*The two facilitators were knowledgeable, patient, kind and empathetic. They gave us space to talk as a group and share experiences. The material used and information given was very relevant and a great basis to start the journey of recovery. I enjoyed the workbook and will continue to use it and carry out the work*," *"[name removed] has always been kind and supportive to me. She always provided me with time to express how I was feeling and never judged me. I am incredibly appreciative of the care that I received from [name removed]. My experience with the BEDS team overall has been fantastic. I have learned a lot about my disorder, and I am not equipped with the tools/techniques to practise managing on my own. For that I will always be grateful." "I have always been treated with great care from my therapist. I feel listened to, given time to think about questions or responses. Despite some very low points my therapist has been more than understanding. My therapist also has so many different tools and approaches to ensure I get the most out of therapy as possible."* Areas for improvement included make sure patients have team's links for meetings and less reminders as they feel overwhelming.

Mental Health Division

Mental Health East division (Slough, Windsor, Ascot & Maidenhead, Bracknell)

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	**Number**	365	382	365	347
Response rate (calculated on number contacts)	**%**	4.5%	4.1%	4.3%	3.8%
iWGC 5-star score	**Number**	4.70	4.65	4.60	4.55
iWGC Experience score – FFT	**%**	93.7%	92.9%	91.7%	89.3%
Compliments received directly by services	**Number**	34	25	28	28
Formal Complaints Rec	**Number**	12	11	8	11
Formal Complaints Closed	**Number**	10	10	8	7
Formal Complaints Upheld/Partially Upheld	**%**	70%	60%	62.5%	43%
Local resolution concerns/ informal complaints Rec	**Number**	1	2	2	13
MP Enquiries Rec	**Number**	0	1	0	1

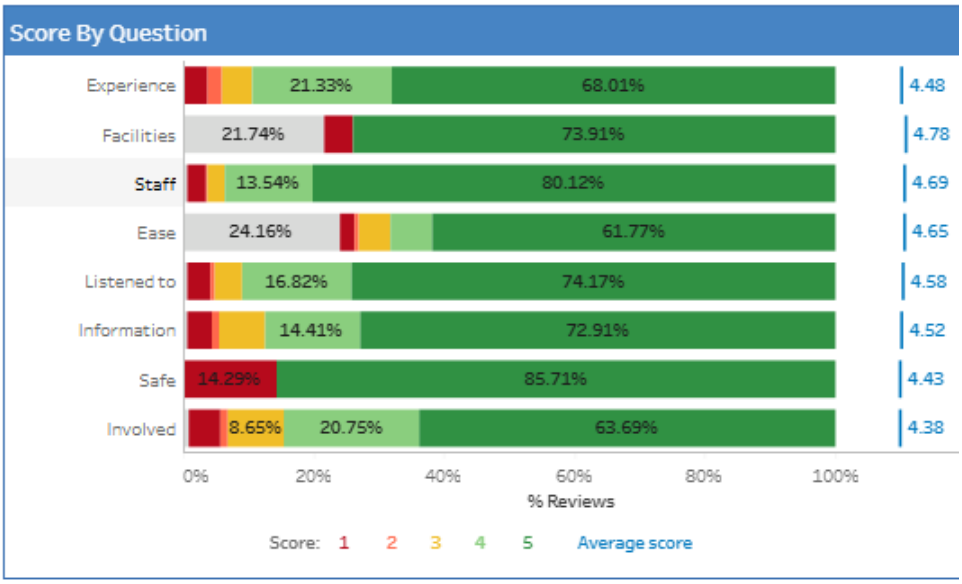


Table 3: Summary of patient experience data.

11 Formal Complaints were received into the division; in addition, there were 13 informal/locally resolved complaints. None of the Formal Complaints were Secondary Complaints. 7 complaints were closed during the Quarter. 3 of these were either fully or partially upheld.

Feedback through IWGC indicates that the opportunity for most improvement is in relation to the feeling of being involved in your care and treatment (although it appears that safe also scored lower the total number responding to this question was a small sample of the total respondents, with a total 12 of the 347 scoring this and of these 2 answering negatively)

The services receiving the majority of iWGC responses were Crisis Response Home treatment Team (CRHTT) East with 120 responses, CMHT Bracknell with 35 responses and IPS Employment Service with 20 responses.

Across the CRHTT East survey, the average 5-star score was 4.30 with 88.3% positive feedback, a decrease in the 5-star score and a decrease in the percentage positive feedback from last Quarter. 106 of the overall number of responses received (120) scored a 4 or 5-star rating with many comments about staff being helpful, listened, kind and supportive; "*[name removed] was awesome. She really helped me so much. If it wasn't for her I don't think I would've made it through. She didn't make me feel judged. She made me realise that I wasn't the enabler even though I kept being told I was.*
[name removed] made me feel like a human being. Not only did she support me with my mental health help, but she also made sure I was put in touch with DASH. I can't thank her enough." This Quarter, questions relating to listening and feeling safe were least likely to be positive with areas for improvement and dissatisfaction with the service about feeling like there was poor communication, staff didn't listen and were not told about discharge.

The IPS Employment Service received 100% positive score (4.87-star rating) and received positive feedback about staff being supportive, helpful cand friendly. "*Both [name removed] and [name removed] who I saw were fantastic. They were very friendly and approachable. Every session ended with them telling me that if I needed anything between appointments to get in touch with them straight away. They found me my first job and continued to support me after I had started. Every appointment we had was well worth attending."*

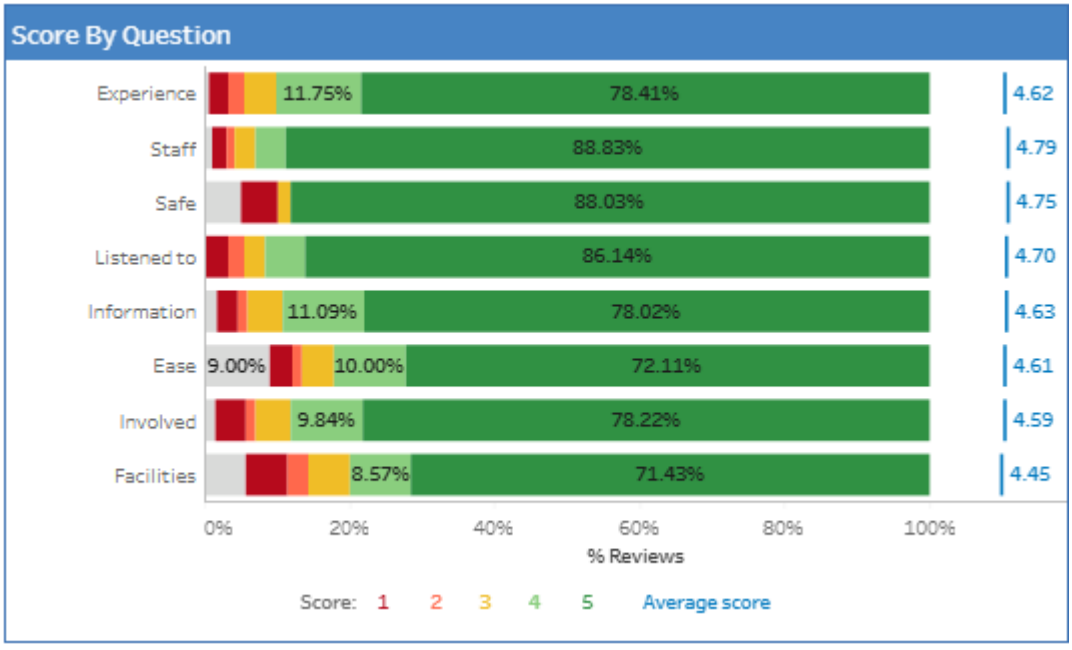
CMHT received 71 responses (Bracknell 35, WAM 18 and Slough 18) with 87.3% positive score and 4.59 star with 9 of the total responses scoring less than a rating of 4; comments

included "*I think mostly it couldn't have been much better given that I am not seen as a priority so was ultimately on a hiding to nothing. The only thing I really didn't like was that the lady told me that you don't help with benefits which I knew, when in reality my benefit struggles were a major trigger making my depression and anxiety worse which in theory you could help me with. I don't like telling tales so this review itself has increased my anxiety, but you did ask and hopefully my response will help somebody else. I repeat the lady was perfectly pleasant and I'm certain she was just following policy.*" There were several positive comments that staff were caring, kind, understanding and listened. Some of the suggestions for improvement included higher chairs in waiting area and read patients record. Further work is being carried out with Mental Health services to improve uptake as part of the wider patient experience improvement plan.

Mental Health West Division (Reading, Wokingham, and West Berks)

Table 4: Summary of patient experience data.

Patient Experience - Division MHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	**Number**	1281	1218	1237	1047
Response rate (calculated on number contacts)	**%**	6.06%	6.01%	5.66%	4.90%
iWGC 5-star score	**Number**	4.51	4.62	4.63	4.66
iWGC Experience score – FFT	**%**	84.8%	89.5%	90.1%	90.2%
Compliments received directly by services	**Number**	435	375	339	390
Formal Complaints Rec	**Number**	12	12	5	16
Formal Complaints Closed	**Number**	6	3	4	9
Formal Complaints Upheld/Partially Upheld	**%**	33.32%	27.2%	75%	44.4%
Local resolution concerns/ informal complaints Rec	**Number**	1	1	4	7
MP Enquiries Rec	**Number**	0	1	2	2



The Mental Health West division has a wide variety of services reporting into it, including the Talking Therapies service and Court Justice Liaison and Division service (CJLD), as well as secondary mental health services. Of these complaints the CMHT received 8 including older adult CMHT, CRHTT received 5 and Mental Health integrated community service (MHICS) had 1. The 3 services with the most feedback through the patient survey were Talking

Therapies Step 2 with 207 responses, Talking Therapies – Step 3 with 130 responses and CRHTT West with 92 responses.

There was a reduction in the number of iWGC responses for this Division, the services seeing the greatest numbers being (Court Justice Liaison and Diversion) CJLD (6 compared with 34 last quarter) and Talking Therapies (51 compared with 213 last quarter).

Questions relating to ease, involvement and facilities have the least number of positive responses. Examples of feedback include waiting times were long for people accessing Talking Therapies, CRHTT, Community Mental Health psychological Therapies (CMHPT) and Common Point of Entry (CPE).

For CRHTT West there was an 83.7% positivity score and 4.43-star rating. There were lots of positive comments about staff being supportive, listening, and caring, "*Service was excellent. felt really well supported, as someone that was hesitant to ask for support, my care was managed really well, with meetings being scheduled for me but with my knowledge at all times to just help progress through."* Some of the areas for improvement included more information around discharge process, wait times when referred to another service are too long and would have liked to have written information given as a lot of information to take in.

The Older Adult Mental Health Service and Memory Clinic combined have received a 93.6% positivity rating (4.89-star rating) some of the feedback included *"Both [name removed] [name removed] and [name removed] [name removed] were highly professional, caring and kind to me and my husband. I felt they listened and understood my situation and the letter from [name removed] [name removed] to our GP reflected this. They gave us as much time as we needed. The psychometric assessment was certainly testing but it was done with consideration and encouragement. [name removed] [name removed] and [name removed] [name removed] spent considerable time getting to the bottom of my situation. I am grateful to them. I feel much more settled about my situation now. The staff in the office at the Memory Clinic were highly helpful and kind."*

There were 75 responses received for West CMHT teams with 94.7% positivity score and 4.66-star rating, 71 of these were positive with comments received that staff listened and were understanding, there were 3 negative responses with reviews stating that patients felt like staff didn't listen and felt like questions were repeated.

Most comments were still very positive about the staff, including that they listened, were helpful and supportive. Several of the comments/areas for improvement were that the rooms felt bare and need some decoration and wait to be seen was long. For example, *"Have a warmer feeling in colour to the rooms. The walls are very bare. You could have some positive quotes on the walls and also some sensory gadgets for calming experience."*

For Talking Therapies, the overall scores were 91.92% positivity and 4.71 star rating with the Step 3 pathway getting the highest scores. Many of the comments were positive about staff having listened, and that they were kind and understanding.

Examples of positive feedback about Talking Therapies included, "*The therapist was very responsive to my particular needs and the speed at which I wanted to get stuck into helping me find solutions. She was very sensitive to my emotional state and to my previous experience and therapy I had already received. She was quick to 'get down to businesses and patient with me when I didn't quite understand what she needed from me. I particularly appreciated the follow up email summarising what we had done, giving me advice and techniques to practice and resources to study before we meet again. These were exactly what I needed, and it was good to have them to refer back to and learn from. I really appreciated and benefitted from our first session."* "*[name removed] was an amazing counsellor, really providing care, support, and expertise to help me in my journey and making the process easy to follow and leaves me feeling in a much better place having ended my care. Massive thanks to [name removed], I'm so appreciative of his guidance and would recommend him to anyone requiring the help I've needed."* and *"[name removed] was always very kind and helpful during the sessions, I enjoyed talking to her and really liked the*

positive attitude/vibes and understanding during the call. I believe it helped me a lot because I felt like I can be honest with her without judgment so I could open up fully and made me to want it more to achieve my goals." Patients reported that they felt "*I felt that I was listened to, I felt that I could express my concerns and after the phone call I felt that there was someone there to help me."*

Op Courage

Op COURAGE is an NHS mental health specialist service designed to help serving personnel due to leave the military, reservists, armed forces veterans and their families. During this Quarter, the Trust did not receive any complaints about this service.

Further work is being carried out with Mental Health West services to improve uptake as part of the wider patient experience improvement plan.

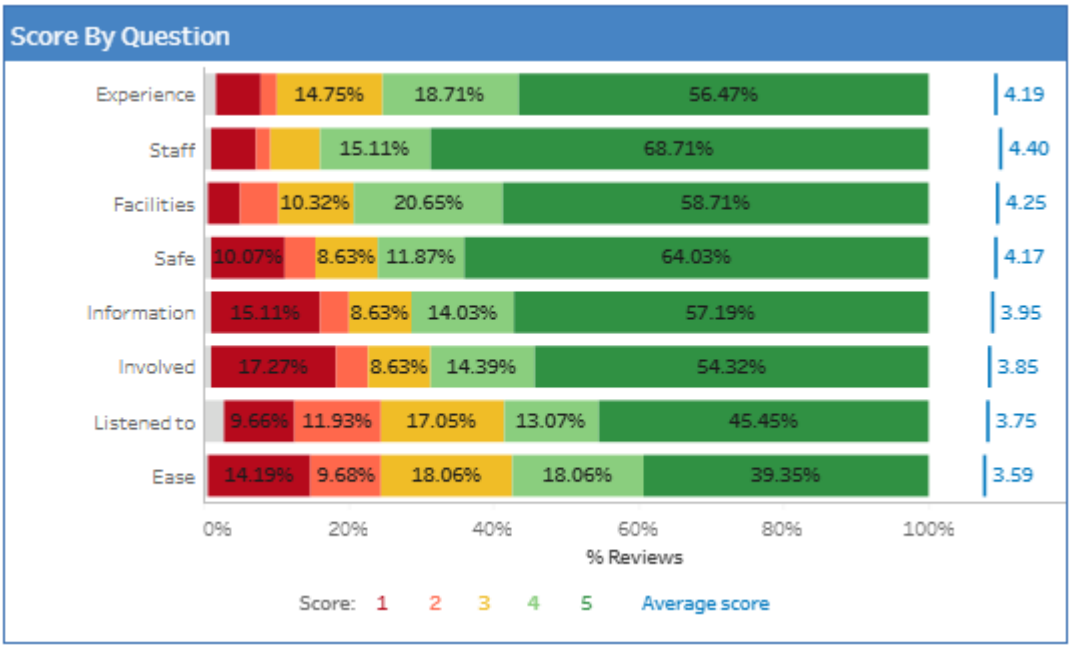
Op COURAGE received 52 responses during the Quarter, their patient survey responses gave a positivity score of 96.2% (4.81-star rating), 2 of the reviews scored less than 4.

Mental Health Inpatient Division

Table 5: Summary of patient experience data.

Patient Experience - Division MH Inpatients (wards)		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received*	**Number**	229	300	318	278
Response rate	**%**	111.3%	180.7%	163.1%	143.3%
iWGC 5-star score	**Number**	4.07	4.17	4.24	4.06
iWGC Experience score – FFT	**%**	71.7%	73%	73%	75.2%
Compliments	**Number**	12	20	19	7
Formal Complaints Rec	**Number**	11	11	9	8
Formal Complaints Closed	**Number**	8	11	12	4
Formal Complaints Upheld/Partially upheld	**%**	37.5%	63.6%	33.3%	75%
Local resolution concerns/ informal complaints Rec	**Number**	1	0	2	4
MP Enquiries Rec	**Number**	1	0	0	0

- This excludes the number of surveys completed for Place of Safety, as whilst we collect feedback on people's experience, it is not an inpatient ward.



Although there has been a decrease in the number of IWGC responses received, we continue to see patients complete this during their ward stay as well as on discharge which is why we have over 100% response rate. The Activity Co-ordinators and PALS Volunteer have been on the wards encouraging patients to share their feedback, which has a positive impact in the response rate.

The satisfaction rate was 75.2% with 64 of the 278 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to ease received the least positive scores with overall 5-star rating for this question being 3.59 and 65 of the 155 giving a score of 3 or less to this question. The Ease question asks whether the place they received their care, assessment and/or treatment is suitable for their needs, comments relating to feeling listened to and feeling involved in terms of needs also received lower scores with some comments relating to staff needing to listen to their needs, wards are too noisy and would like more activities. Some of the wards are currently participating in a national culture of care programme which focuses on safety and involvement of patients (this is detailed alongside actions being undertaken further down in this section); there is also ongoing work in relation to improving communication and the involvement of patients making decisions about their care, particularly around managing risk. Feeling listened to and involved in care are also lower scores for the inpatient wards, People with lived experience are supporting ongoing work to support improvements.

There were 8 Formal Complaints received for mental health inpatient wards during the quarter across all wards. They were regarding Individual care and treatment and discharge planning/arrangements.

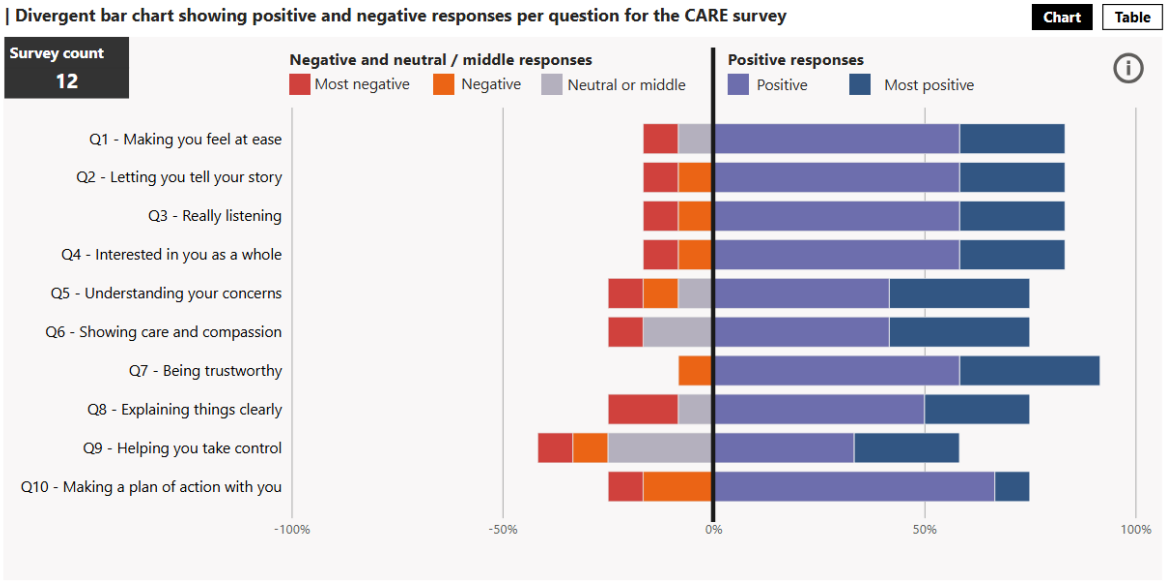
There were 4 Formal Complaints closed during the quarter and of these 3 were partially upheld and 1 found to be not upheld.

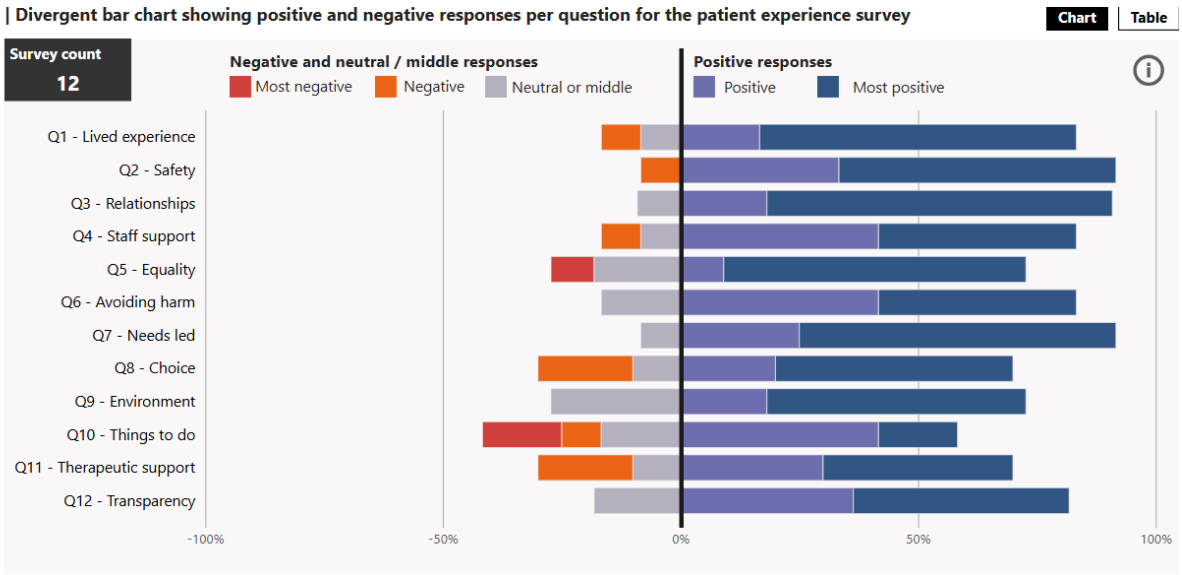
There were many positive comments received in the feedback including comments such as staff were friendly, caring, understanding and helpful. There were some comments for improvement about more information, better communication, and better food. Examples of the feedback left are "*Thank you to rose ward for providing a more rehabilitative and gentler environment for the recovery period. Staff are consistent with me and that is something that goes a long way. There's enough to do, the radio was a great choice.*" "*I was given a bed, my meds, a place to rest and reflect. The place is clean. The food is good. There are activities that I couldn't partake in because I am resting but I believe the place generally offers good care. Most of the staff are friendly. I'm thankful." "Very kind and attentive staff and I felt welcomed and not judged or any prejudice against me just respect and quality advice and support."*

As detailed above, the wards are currently participating in the national Culture of Care programme and an element of this is the collation of patient feedback and hearing of the patient voice from a care and experience perspective; we are gathering this via a number of differing ways including:

- **Ward Culture of Care Project Teams** – Cross-disciplinary teams, including lived experience input, identify areas for improvement.
- **Community Meetings & Coffee Mornings/Evenings** – Offering spaces for patients and carers to share experiences and influence change.
- **National and Local Surveys** – The Culture of Care Patient Care Survey and Patient Experience Survey.
- **Semi-Structured Interviews on Physical Assaults/QI Project** – Capturing both patient and staff perspectives on safety, emotional impact, and reporting barriers.
- **External Engagement** – CommUNITY Forum and Every Little Thing Festival provide broader lived experience input.
- **Senior Leadership Team (SLT) Monthly Night Drop-Ins** – Provides and informal opportunity for patients to talk to SLT members at night.

Survey results from the questionnaires are as below:





The main areas for improvement have been identified as:

- **Ward Environment & Activities** – Patients would value more structured activities, better backup plans for cancellations, and improved outdoor and sensory spaces.
- **Patient Involvement & Choice** –some patients report feeling excluded from decision-making, lacking choices in care, and experiencing boredom.
- **Physical Assaults, Safety and Boundaries** – some patients *(and staff)* have shared concerns about physical assaults, inconsistent boundary-setting/differing expectations.
- **Community Meetings & Representation** – Patients want meetings to be more meaningful, with more senior staff involvement and clearer pathways for influencing change.
- **Personalised and Inclusive Care** – Suggestions include torch filters for night-time observations, sensory-soothing environments, and reducing biases in care.

The next steps to address these themes include:

- **Enhancing Community Meetings** – Strengthening patient involvement, increasing senior staff presence, and creating clearer pathways for patient-led change.
- **Ward Culture of Care change ideas include** Rose Ward is enhancing its garden to create a therapeutic, neurodivergent-inclusive environment.
- **Addressing Physical Assaults and Boundaries** – Expanding physical assault interviews to older adult wards, launching a Quality Improvement project to address concerns, and embedding professional boundaries training into staff development e.g. newly qualified, B4, risk training. Feedback used within Culture of Care /Patient and Carer Race Equality Framework /Unity Against Racism project work to develop scripts and training videos based on real patient experiences.
- **Strengthening Lived Experience Partnerships** – Expanding engagement through lived experience and external forums to further integrate patient voices.
- **Personalised Risk and Carer Involvement** – Continuing support for individualised risk assessments and introducing a clearer mechanism for hearing carers' concerns (Martha's Rule). Introduction of coffee evening for carers at PPH in April

In addition to the feedback about the wards, there were 29 responses for a Place of Safety and the average score was 4.23. Some comments received were "*I felt safe and cared for, by all staff such as [name removed], [name removed], [name removed], [name removed], [name removed]. All engaged with me and took care of me.*," "*Everyone has a very kind demeanour and feel their intentions are kind and also.*" And "*Staff have been kind, caring and supportive as well as understanding.*"

Community Health Services Division

Community Health East Division (Slough, Windsor, Ascot and Maidenhead, Bracknell)

Table 6: Summary of patient experience data.

Patient Experience - Division CHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	2462	2364	2405	2519
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.4%	7.1%	7.2%	8.0%
iWGC 5-star score	Number	4.89	4.89	4.91	4.90
iWGC Experience score – FFT	%	97.6%	97.8%	97.9%	98.1%
Compliments received directly into the service	Number	382	136	245	187
Formal Complaints Rec	Number	4	2	4	0
Formal Complaints Closed	Number	5	1	3	2
Formal Complaints Upheld/Partially Upheld	%	100%	0%	100%	0%
Local resolution concerns/ informal complaints Rec	Number	3	9	7	14
MP Enquiries Rec	Number	0	0	0	1

The 2 Formal Complaints received this quarter related to different services. It should be noted that the division receives very few formal complaints but those received are generally upheld/partially upheld. This quarter however, neither of the complaints were upheld.

The Hearing and Balance Service received 105 responses to the patient experience survey with a 95.2% positive score and 4.86-star rating.

East Community Nursing/Community Matrons received 531 patient survey responses with a 99.3% positive scoring, many comments were about staff being kind and professional, for example "*All staff very friendly and professional, come in daily to give injections. All are very professional, kind, and considerate. When they can they stay a little while for a chat, giving me much needed contact.*" "*The team has been wonderful at my hour of need, I could not do without you, thank you for the daily calls for my drain care and look forward for the drain to come out. All the staff are kind, caring and professional.*" "*Very efficient joined up care between DN and TH really appreciate the quickness of both service at our time of need, from the lady on the phone to the staff that visited very professional and calming thank you.*" There were also some comments around wanting more time with the nurse for example *"More time to spend with us/patients."*

The wards received 141 feedback responses (50 responses for Jubilee ward 96% positive score and 91 responses for Henry Tudor ward with a 94.5% positive score). Positive comments were received in relation to food, staff being kind and caring. 6 of the responses scored less than 4, comments for improvement related to food, staff, bedding, safety, and toilet.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 98.2% (4.91-stars), comments were very complimentary about staff being professional and helpful, *"[name removed] is a truly a great asset to your team, she was not only kind, caring and professional, she went above and beyond in trying to ease the pain I was going through in each session I had with her, without that help and treatment I received I would still be in extreme pain now. I am so gratefully appreciative in all her support."* The reoccurring improvement suggestion for this Quarter was for more parking.

Outpatient services within the locality received a positivity score of 97.6% with 4.89 stars from the 625 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"The care provided for my mum by the UCR team has been exceptional. It has been much quicker than I would have ever expected for a community service. We are really grateful, and we know she feels much safer at home with your team visiting her. Thank you to everyone."*

The Diabetes Service received 263 feedback responses with 97.3% positivity and some lovely comments including "*I am very happy with how everything was presented; it was easy to understand, and any questions were answered in a very good manner. I came away with a lot of positive knowledge about the pump and felt very confident and positive about having one of these for my Diabetes treatment.*" Alongside some helpful suggestions for the service to consider around the rooms being cold "*The room was very cold had to leave and missed the cause in what was disappointment."*

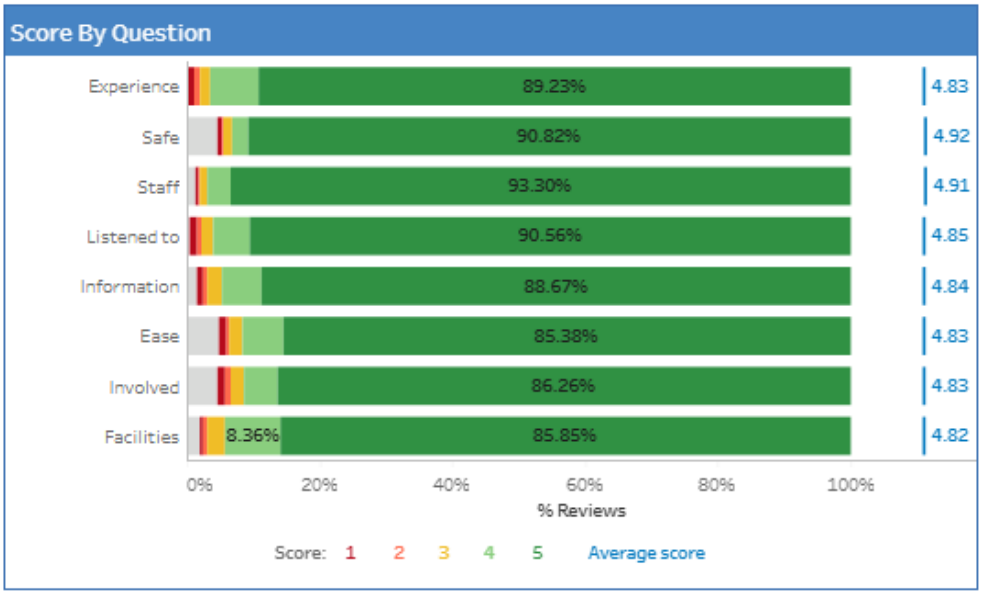
The Assessment and Rehabilitation Centre (ARC) also received positive feedback including "*The person I saw was kind and respectful. He explained carefully what he wanted me to do and why he was asking me to do it. He then explained to me what he thought was the cause of my problem which gave me understanding of it.*"

Community Health services currently have a project group to support increasing feedback.

Community Health West Division (Reading, Wokingham, West Berks)

Table 7: Summary of patient experience data.

Patient Experience - Division CHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	3227	3426	4029	3909
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	5.9%	5.9%	7.1%	6.9%
iWGC 5-star score	Number	4.83	4.84	4.85	4.85
iWGC Experience score - FFT	%	96.4%	96.3%	96.1%	96.4%
Compliments (received directly into service)	Number	260	95	149	153
Formal Complaints Rec	Number	12	10	11	10
Formal Complaints Closed	Number	6	10	3	11
Formal Complaints Upheld/Partially Upheld	%	83.3%	70%	75%	54.5%
Local resolution concerns/ informal complaints Rec	Number	16	23	22	16
MP Enquiries Rec	Number	1	0	0	1



There are a significant number of services within the division and a generally high level of satisfaction received as detailed in the overall divisional scoring of 96.4% positive satisfaction and 4.85-star rating and the question on staff receiving a 97.0% positive scoring from the 3909 responses received.

There were 10 Formal Complaints received compared to 11 in Q3, these were split across several different services.

The community hospital wards have received 187 responses through the patient survey receiving an 95.2% positive score and 4.63-star rating, (9 responses scored 3 and below) questions around information and feeling involved receive the most results of 3 and below. Comments include *"I was on Highclere Ward. The care I received was amazing. The staff were very caring, compassionate, considerate and nothing was too much trouble for them. Their encouragement to help me become more independent was great and I feel I really benefited from my weeks stay," "The staff, in all capacities, have been kind, helpful and caring and professional, except one night duty person who I found quite brusk and unsympathetic when I was at my lowest." "I have been here several times, always lovely staff, kind, pleasant and caring. Food is very nice."* And *"Staff have been most wonderful, with their kindness, care and support, thank you."* there were some individual comments where patients were less satisfied with noise on the wards, more physiotherapy, food needed improvement and more staff. Comments for reviews with responses that scored below 4 included didn't feel listened to, just wanted to go home, did not come when they said they would, some staff were not nice, communication, doctors should work on weekends, not respectful, would like more physiotherapy and staff not having enough time for patients. There were 3 reviews which received a score of 1, 1 of these said the service was excellent.

Of the 5 Formal Complaints for the Out of Hours GP service, 2 related to the quality of care received and 2 were about an incorrect diagnosis.

WestCall received 310 responses through the iWGC questionnaire this Quarter (89.7% positive score, 4.70-star rating, 32 scores received below 4. Positive comments included "*I found [name removed] [name removed] a really helpful Doctor who explained things clearly to me. I arrived feeling very anxious about my situation but left feeling confident to continue with the treatment I had been administered. [name removed] [name removed] is an excellent Doctor with genuine care for her patients. She is a total professional. I was lucky she was on duty that night." "Fantastic care by West Call Out of hours service. I was seen at west Berkshire community hospital. My doctor was very thorough and explained everything to me. The nurses who did my observations were also great. It was a friendly, efficient service in very clean, pleasant surroundings." "Excellent service - from the moment we arrived and were triaged by the receptionist staff (nurse). We had a short wait before we were seen by [name removed] [name removed]. Spent time to understand the symptoms my 3 year old was suffering from and gave a course of antibiotics as needed."* Areas for improvement included long wait times, did not feel listened too and poor staff attitude.

The Podiatry Service received 196 patient survey responses. Most responses were very positive receiving 5 stars (overall 98.5% positivity 4.90-star rating) with examples including *"When I visited the Royal Berkshire hospital main entrance, I met the Buggy car driver Mr. [name removed] and drove me to the Podiatry foot Clinic, as I was a disable Person, at the foot clinic front desk I was taken care by Mrs, [name removed] and she guided me to the sitting area, Where later I was invited by [name removed] [name removed], and [name removed], they both helped me by taking good care of my Feet by cleaning all the dead tissues from both my feet. And later instructed me to explain to the GP [name removed] s how to do the dressing and when to come back on my next appointment I thank them all and God bless them for their Professionalism. And love they share with all the Patients." "I was so nervous about having the in growing toenail done as I've been in so much pain with it the young lady was excellent keeping me calm kept me talking she was very gentle. I cannot thank her enough. I was so relieved she got the nail out too. Thank you"* and *"The podiatrist I saw gave me great advice and thoroughly explained what was causing my foot pain. She was very personable, and I felt comfortable during my appointment. She is going to follow up with a phone call in a few weeks."*

There was one Formal Complaint for the Community Nursing Service. This related to the completion of Continuing Healthcare Paperwork.

To provide some context across our East and West District Nursing teams combined there were 16,913 unique patients this Quarter.

885 responses were received for Community nursing (97% positive score and 4.92/5 stars) Lots of comments included nurses were kind, helpful, and friendly, *"All attending nurses were professional, kind and patient. It was clear they were thinking of my health and were doing everything they could to make me comfortable and What amazed me was they all go the extra mile e.g. talking to the doctors and or specialist nurses. I am very grateful especially to [name removed] for attending at the beginning and triaging via doctor and checking the results which required further investigation and confirmation. It reinforced my trust and made me feel safe. ", "The DN team at Wokingham have been amazingly supportive to myself and my wife, both of us are palliative and also under [name removed] , My wife had a bed organised and delivered within 24 hours , special thanks [name removed] who was extremely helpful on the telephone and organised all we needed ." and "All district nurses are very professional and friendly. They always help out whatever needed, really appreciated. The nurses are absolutely fantastic."* There were several positive comments about nurses being caring and there were very few suggestions for improvement, would like to know when they will visit and would like the nurses to stay longer.

MSK Physio has received no Formal Complaints in the Quarter. The service has received 688 patient survey responses with a 97.5% positive score (4.89 -star rating), very few areas for improvement were included in the feedback there were a few suggestions including parking, long wait times, rooms were too hot and lack privacy in the rooms and the overall feedback was extremely positive with lots of comments about staff were helpful, professional, friendly and listened.

Bladder and Bowel (continence) services received 132 survey responses with 95.5% positivity and 4.88 star rating, with comments about sensitive and kind approach.

Demographic profile of people providing feedback

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
Asian/Asian British	4.84%	9.80%	9.94%
Black/Black British	4.84%	3.10%	3.31%
Mixed	1.61%	3.00%	3.40%
Not stated	9.68%	15.10%	8.46%
Other Ethnic Group	4.84%	5.40%	2.08%
White	74.19%	63.60%	72.80%

The table above shows that during this quarter there was a slightly higher % of complaints received by Black/ Black British people in relation to %. Those identifying as white and of mixed race are also less likely to provide feedback via our survey; although it is recognised that we have a high rate of patients who do not complete the ethnicity section of the feedback survey (15%). Intelligence such as this feeds into our wider work to ensure that we capture the outcomes and experience of all people who use our services.

It will be important to ensure as we continue to gain an increase in our patient survey responses that everyone is able to access and use the survey; the survey is provided in easy read and several differing languages, but it will be important to ensure that the prompts

to complete this are not inhibiting feedback representative of the community and our patients.

The Patient Experience Team will be working with the EDI Team to ask for the experiences of people in the CommUNITY forum in terms of what encourages or discourages giving their feedback.

Table 9: Gender

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q4 attendances
Female	50.00%	41.50%	55.74%
Male	46.77%	33.30%	44.25%
Non-binary/ other	0%	2.40%	0%
Not stated	3%	23.10%	0.00%

The data for this quarter shows that we are more likely to hear the voice of female attendees either through complaints or the staff survey. When reviewing the main themes of the patient survey there is no discernible difference in overall ratings between male and female respondents.

As we start to investigate the data further, we are starting to see if there are any themes or areas of note by looking at the outcome of complaints by characteristic. To start, we have looked at this information for complaints by gender. The data shows us that:

Table 9A: Gender by outcome code

Gender - as stated	Not Upheld	Partially Upheld	Upheld	Grand Total
Female	33.33% (reduction from 55%)	61.11% (increase from 45%)	5.56% (increase from 0%)	100.00%
Male	68.75% (reduction from 75%)	18.75% (increase from 13%)	12.50% (stayed the same as Q3)	100.00%
Not stated	50.00%	41.67%	8.33%	100.00%
Grand Total	50.00% (decrease from 67%)	41.30% (increase from 26%)	8.70% (increase from 7.4%)	100.00%

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
0 to 4	0.00%	22.10%	6.42%
5 to 9	0.00%		2.31%
10 to 14	9.68%		3.76%
15 to 19	3.23%		5.11%
20 to 24	6.45%	3.50%	3.25%
25 to 29	12.90%		3.24%
30 to 34	9.68%	4.70%	3.48%
35 to 39	8.06%		4.02%
40 to 44	9.68%	5.90%	3.79%

45 to 49	4.84%		3.82%
50 to 54	4.84%	9.20%	4.13%
55 to 59	6.45%		4.77%
60 to 64	4.84%	11.60%	5.33%
65 to 69	1.61%		5.04%
70 to 74	3.23%	12.40%	6.02%
75 to 79	3%		8.16%
80 to 84	1.61%	11.60%	9.58%
85 +	6.45%		17.11%
Not known	3.23%	19.00%	0%

Comparatively, people over 60 years old are more likely to give feedback via the patient survey and are less likely to make a formal complaint. Interestingly, we are seeing more patient feedback from people over 60 years old being received via paper, which could indicate more proactive staff promotion of the survey in this way. The Patient Experience Team have been supporting the Immunisation service to collect paper feedback at the clinics they hold in schools, which is showing as an increase in school age patient survey feedback.

There continues to be a high number of patients who have not completed their age on the patient survey (this is not a mandatory field).

Ongoing improvement

Complaint Handling Training continues to be delivered by the Complaints Office to support ensuring robust investigation and response to any complaints (formal or informal) that are received.

All services have access to a tableau dashboard detailing response to our patient survey including free text comments and this is refreshed daily to enable live data to be used by services alongside improvement work being undertaken. During this Quarter, we introduced further filters into the dashboard, which means that services can drill down into the feedback given by people by characteristic, including those who are Neurodiverse. This not only helps services to ensure that they are being as inclusive and accessible as possible but also supports wider pieces of work such as the Neurodiversity Strategy and Patient and Carer Race Equality Framework (PCREF).

Many of the teams using the feedback and improvement suggestions received through the iWGC tool, services like wards and outpatient departments are also starting to display these for services users and their loved ones to see.

Some examples of services changes and improvements are detailed below.

Service	You said	We did
CRHTT	We need a more consistent response from the service.	Brought in the concept of a ‘named worker’
CAMHS Anxiety Disorder Treatment Team	Unclear on process when a group intervention has finished. What happens after group therapy?	ADTT have introduced individual appointments for all group participants after final group session. This allows for clear communication about the next steps for treatment or Discharge.

	More clarity required regarding what happens if appointments are missed/cancelled either by service user or clinician.	New Therapy contracts produced and shared with service users at start of treatment within ADTT for both individual treatment and Group treatment. Clear guidelines on procedure explained regarding missed appointments within this.
Adult Berkshire Eating Disorder Service (BEDS)	The waiting rooms at St Marks to look more pleasant.	Changes and improvements have been made to the waiting rooms.
	For a map to be included with the first information pack that is given to new service users.	Bus and train route information has been added to emails sent to patients.
	Did not want so many appointment reminders for group sessions.	Staff are now able to input group appointments on RiO so that patients do not receive multiple reminders.
	A patient reported that they were unable to read or write.	Easy read resources were made to support with accessibility to treatment.
Family Safeguarding	Wanted to learn from previous group members about their experiences of the group.	We invited service-users who have 'graduated' from previous groups to return to support new group members with this meet and greet process.
	More detailed resources to support learning around the content of the MECS Group [Managing Emotions and Challenging situations].	We created a comprehensive resource pack of all the skills covered.
	CBT Parental Wellbeing group materials to be more accessible for those who were unable to attend the group consistently due to work / other safeguarding children's meetings.	We reviewed the content and looked at creating more visual aids to support understanding of the materials.
Immunisation Service	Provide students with a paper form with vaccination details following vaccination. Provide parents with information regarding the timings of the sessions on the day and improve the confirmation email as	We offer a paper patient information leaflet at all sessions for students to take away if they wish to. We updated the parent letter to include information about the session day on the back of the letter: - Following vaccination your child will be provided with verbal post vaccination advice and vaccine information leaflets will be offered.

	the information is generic to all vaccines.	We are unable to provide specific timings for when your child will be vaccinated at school. The timetabling of vaccination sessions can be quite complex and is managed by individual schools. We also reviewed the email confirmation sent to parents following vaccination, utilising QMIS methodology and created a streamlined confirmation:  NHS Berkshire Healthcare NHS Foundation Trust Your child has been vaccinated Help improve The care we give to future patients: New - Review - IWantGreatCare Post Vaccination Advice: To discuss the vaccine schedule, or any outstanding vaccinations, please contact us:
Adult Speech and Language Therapy	Acknowledgement letter is vague. Would like more information as to when they will be seen/ contacted.	Updated acknowledgement letter advising service users will be invited to contact to arrange appointment when at the top of the waitlist.
	Patients frustrated re having to go to Wokingham main reception and then walk to port-a-cabin	Updated appointment letter with instructions to go to portacabin and sit in waiting area ahead of appointment
Bladder and Bowel	Better signs	Placed signs in every location indicating what the time is of the clinics and who is available.
CARSS	Give an option of morning or afternoon when booking appointments.	Giving an expected time of arrival AM or PM may be difficult to achieve for all patients as timing can depend on needs of previous patients in the day. We will explore offering timed slots for those patients needing exact times and/or give rough expected time of arrival for visits where we can.
Diabetes	There is work you can do to make the service more accessible.	Improved audio-visual aid for group education as patients attending group education could not see screen well. Changed Venue in Bracknell as patients were complaining of venue being too hot and noisy. Started group education in Hindi/Urdu for non-English speaking community in Slough. Bringing care closer to patient home by setting up community clinics.
Community Dental	The signage from the car park could be clearer (Skimped Hill)	Estates have been informed and have put in place some temporary signage.

MSK Physio	Parking	Has been raised to estates, plan to add to the new patient letter info on arriving early for parking.
	Privacy/space/noise	Review with estates regarding individual sites
	Expectations of session	Ongoing discussions with team regarding shared decision making from initial assessment and ongoing.
	Not receiving exercise handouts	Feedback to the team and review of requests for handouts is being undertaken
Urgent Care	It would help to be given a visiting time.	We will call you to let you know we are on our way and will arrive within the next … minutes.
ARC	Somewhere to hang coats/bags when in the toilets (and clinic rooms), so don't need to put on the floor	Put up coat hooks on all doors in the St Marks ARC Clinic rooms and toilets
	Screens in gym at SM Gym – identified as trip hazard due to legs sticking out	Purchase of screen without trip hazard
	Chairs too low in reception area in SM ARC reception	Seeking quotes for adjustable height and differing chair sizes
	I am hard of hearing and have poor vision and my daughter has to be around when I have therapy visits.	Large print leaflets to support people with poor vision
	The physio only provided an hour or two notice to the visit	To provide a date when they will be seen again at the previous visit
Community Children's Nursing West	Review how to communicate with families (including leaflets) to give more clarity.	Looking at how to involve families in a focus group to explore further, including involving them in coproduction of leaflets/ other resources.
	A parent fed back that as her child was developmentally delayed and that they were unable to use the IWGC feedback tool.	The team are exploring the use of different communication tools to see if they can develop a tool to gain feedback.
Phoenix Unit	More activities within the day.	We have added a quality improvement project and developed a team focus group to develop a new timetable to include more activities with the aim to include young people within this process. Which has resulted in the need to revise the current therapeutic programme with the aim for more therapy groups and activities.
	To be able to have a nature area in the garden and more gardening activities.	We have brought more planters and have started a gardening group lead by the service users and members of the team.
	Would like more sensory items in the quiet room	We have brought a range of therapy and sensory toys, such as a galaxy projector, bubble tubes and other items

	and accessible on the unit.	that are current either in the quiet room, therapy rooms or in the process of being put in the sensory cabin.
	To be able to go on more walks off the unit.	We have risk assessed the local area to identify possible safe routines to take young people off the unit for a short walk.

15 Steps

There have been eight ‘15 Steps’ visits during Quarter Four. We are receiving consistently positive feedback about the visits, with services relaying how helpful they are.

The Head of Service Engagement and Experience is continuing to lead an end-to-end review of the 15 Steps programme, looking at how these are planned, reported, and how any improvements are implemented. Our review is providing information into to national NHSE review of the 15 Steps programme. Insight from our services, Governors and Non-Executive Directors is integral to this piece of work and a schedule of visits has been shared which has resulted in a vast increase in the participation of this programme.

Summary

Whilst most of the feedback about our staff and the experience of those using our services has remained very positive, we recognise that this is not the experience for everyone and value all feedback to help us understand peoples experience and make improvements where this is needed.

Continuing to increase feedback to enable services to understand the experience of those using their services and to use this for improvement remains a key strategic ambition for the Trust and, all our divisions are reviewing how they ensure that patients understand the value that we place on receiving this feedback to further increase the amount of feedback received.

Formal Complaints closed during Quarter Four 2024/25

ID	Geo Locality	Service	Description	Outcome code	Outcome	Subjects
9775	Reading	Learning Disability Service Inpatients - Campion Unit - Ward	Pt unhappy that threats have been made telling pts relatives they will be put on a section 3 if pt keeps calling the police	Not Upheld	The concerns and thoughts about taking his medication were acknowledged and reassured that we will listen to him and help him better understand the reasons. Reassured the complainant that we want to help him stay out of hospital.	Abuse, Bullying, Physical, Sexual, Verbal
9761	West Berks	Integrated Pain and Spinal Service - IPASS	Pt feels the physio used excessive force and had an authoritarian attitude and was clearly angry with the pt. the staff member offered no assistance when the pt obviously needed help. Compliant not visible in the complaints inbox IT to explain what has happened	Not Upheld	Both the patient and clinician have different recollections of the appointment. The clinician does recall being unclear what management options the patient would be happy with and recognises that some options she is unable to offer due to the nature of her role and commissioning agreements that are in place beyond her control. No evidence was found that excessive force was used and the clinicians skill mentor confirmed they use safe techniques.	Attitude of Staff

9748	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	BHFT to lead BOBICB: Pt with autism who has been on the ward for 4 years is unhappy they have not been discharged to a placement. also wishes to know why they can't move to an acute ward in the meantime	Partially Upheld	The patient has remained on Sorrel Ward longer than he should have. This has however, been carefully considered by his care team as he has previously not coped well on the acute wards and in placements he has been put in. Effort has been made by staff to ensure he is discharged to the right placement to reduce the risk of relapse. There have been delays in this happening due to staff leaving and new staff needing to learn about his case however, significant effort has been made to find a placement	Discharge Arrangements
9694	West Berks	CMHT/Care Pathways	Pt believes they should be given a specific medication the Dr has refused, they believe they know better then the Dr, questioning their qualifications	Not Upheld	Withdrawn	Medication
9810	West Berks	Community Hospital Inpatient Service - Highclere Ward	RO2 - remains unhappy 3 points to answer 1. Errors in issuing medication 2. The claim by a staff member that the pt did not wish to go home to the complainant 3. several contradictions and inaccuracies within the letter Also unhappy that no one has been in touch to discuss the concerns direct with the complainant	Not Upheld	Questions were asked by the complainant which were answered	Care and Treatment

9772	Wokingham	Community Hospital Inpatient Service - Ascot Ward	lengthy inpt stay led to decline of pt MH, safeguarding concerns. When readmitted to RBH pt did not want to return to Wokingham under any condition. Learning also around communication with SCAS	Not Upheld	Despite the feelings of the patient's daughter the patient received good care. He had complex issues requiring hospital interventions and staffing didn't directly impact his length of stay or problems raised in the investigations that had also been completed as part of his stay and review.	Care and Treatment
9784	Reading	Integrated Pain and Spinal Service - IPASS	Pt feels their confidentiality was breached. Dr suggested TT who contacted them and sent a letter to their GP. They gave no permission for this. Pt wants to records changed	Not Upheld	It was felt there was confusion around confidentiality as the clinician did confirm the appointment would be kept confidential however, they did not mean from the GP. Details on how/why information is shared with GP's is available on the IPASS website and is provided to all patients prior to the appointment. The clinician acted in line with policy and procedure and the IG team have confirmed this does not constitute a breach of confidentiality.	Confidentiality
9808	Bracknell	CMHT/Care Pathways	Pt finds the informal response to be patronising, pt not happy at being told they do not engage explaining it is because they are unwell. Doesn't understand why all sessions are on line	Not Upheld	There is no evidence to substantiate the claims. However, much of her complaint is generalised and subjective such as text messages were not sent "often" so it could be difficult to substantiate. The IO does not have any concerns about how she was supported and then discharged.	Communication
9773	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Discharged from CRHTT 21.11. Following A&E 24.11 pt unhappy attempts to investigate risk were not made. Family history of suicide	Partially Upheld	The team were reminded of the importance of sharing care decisions with patients.	Care and Treatment

9777	West Berks	Estates	Unhappy the response was dated 10 Dec but was received on 10th Jan. Unhappy with the response believes being in the car park for 27 mins is not the same as being parked if you are sat in the care and moving the vehicle around. ORIGINAL BELOW Car parking fine, pt doesn't think they should pay as they drove round for 30 mins but didn't park	Not Upheld	The complainant received a parking charge notice for failing to pay the parking fee. The complainant used the car park as a drop-off zone and drove around the car park until his wife's appointment ended. There is no evidence that the complainant parked or drove around, but did remain in the car park for 27 minutes and therefore used the car park for the same purposes as someone who did park and pay. The penalty is fixed and is the same no matter the length of stay. The penalty was agreed by both Total Car Parks and the Trust. The penalty is in place to reduce inappropriate use of the car park; therefore, the demand to cancel the PCN cannot be met.	Communication
9792	West Berks	CMHT/Care Pathways	Therapist feels their client needs more support from MH services	Partially Upheld	It appears on review that perhaps the therapist is not aware of what support is actually being provided by the locality MHS and is often calling prompted by patient request. The IO has included in their recommendation that it may be of benefit to organise professional meetings for transparency and a collaborative approach for consistency of care	Care and Treatment

9739	Reading	Learning Disability Service Inpatients - Campion Unit - Ward	Pt accused of racism, allegedly threatening the pt with the padded room, complainant feels staff are abusing their powers. Phone and vape taken from pt, staff allegedly fought with pt breaking their glasses. Complainant say cctv footage needs to be reviewed	Partially Upheld	There was some evidence of inappropriate restraint however, this was in the context of a staff member being attacked and being scared. They have been reminded of the proper process. The patient and family member have been racially abusive to staff and a warning has been given to them in relation to this. The Investigator does not believe that the photos provided as part of the complaint were of the patient.	Attitude of Staff

9806	Slough	CMHT/Care Pathways	Pt unhappy with their psychiatrist, feel they make inappropriate comments which they are not happy to hear.	Not Upheld	There is no evidence of wrongdoing on the part of the member of staff. To support both the member of staff, and promote good patient experience, the patient's next review will be with a female clinician. Clinically, the patient does not appear to require further secondary care treatment presently, hence is likely to be stepped down to primary care following her upcoming Pharmacy review. This is not the patient's desire – she has expressed a desire to remain under services permanently – hence this potentially difficult conversation is likely best addressed by a member of staff who has not been complained about. Additionally, management support will be offered to the new (female) clinician. Expectations have already been set with the patient that the way services are set up nowadays facilitates episodic care and treatment, and the door is always open to return to CMHS	Communication
9652	Reading	CAMHS - Specialist Community Teams	Family feel completely let down by CAMHS services. 11 areas of concern. incorrect info on records showing assessments that have not taken place. Suicide attempts which CAMHS did not assist. family want a psychiatric assessment	Partially Upheld	There were delays in documentation being received and communication issues which were apologised for	Care and Treatment

9791	Bracknell	Community Physiotherapy	Family feel the physio team who attended on 3 dec were very rude and obnoxious and do not agree with the letter that was subsequently sent to the spouse regarding behaviour and they state they were not rude and have witnesses to prove this	Not Upheld	It appears that the husband was upset that they were late but the admin had rung ahead to explain this. Staff introduced themselves on arrival and apologised for being late. The staff were very upset by this visit, and they immediately reported this back to their manager. The staff, who are both senior were distressed by this event. The letter was written in collaboration with both the Risk team & Head of Service. On reflection could have elaborated that she sought advice form the policy in her letter, however this would have changed the outcome.	Attitude of Staff
9900	Wokingham	Continence	Re appt on 14 October 2024. Wants to know why the nurse has to record words the pt wished them not to, pt wishes this erased.	Not Upheld	There is no evidence that the documentation was inappropriate, it was found to be factual relevant and appropriate as it pertained to risk	Communication
9878	Reading	CMHT/Care Pathways	Concerns being raised by a friend in relation to how a patient was spoken to during a call.	Partially Upheld	The staff member apologies if they came across as blunt, it was not their intention but they accept that this was how they were perceived. The staff member does recall talking about religion but not asking the questions raised in the complaint	Communication

9925	Reading	Talking Therapies - PWP Team	Patient concerned that they are being discriminated against for being male and was not taken seriously when he said he felt unsafe due to his gender	Not Upheld	Withdrawn	Discrimination, Cultural Issues
9886	West Berks	Out of Hours GP Services	Pt feels diagnosis was missed the night before as Xray at 11.30 showed fractured wrist and elbow	Upheld	The investigation shows that a fracture was missed due to poor assessment. The record keeping supports this statement. An apology should be given to the patient for his experience.	Care and Treatment
9884	Slough	CMHT/Care Pathways	Inappropriate comments and suggestions from CMHT, called Crisis, again not helpful pt took overdose and was taken to A&E. Found CRHTT lacking in communication. CTPLD refused referral. LA needed risk assessment from CMHT which took an eternity resulting in pt being homeless and requiring a hospital stay. Wishes to understand delay in support between 1/11/24-6/11/2024. Wishes a copy of last MH care review	Partially Upheld	It is clear from this investigation that there are actions that could have been taken by Slough mental health services to better support the patient between 1.11.24 and 7.11.24. Workers from Slough community mental health services who received calls from the patient could and should have passed on the risk assessment to the Housing officer at Slough Borough Council at the point of request.	Care and Treatment
9858	Reading	CAMHS - ADHD	Family unhappy with waiting times for treatment	Not Upheld	Not upheld.	Waiting Times for Treatment

9790	West Berks	Community Hospital Inpatient Service - Donnington Ward	DECEASED PT: Medication management and Application of MCA	Partially Upheld	This was an extremely complex case incorporating many disciplines. Interactions with family were often heated with inappropriate behaviours displayed from the two daughters. There was a clear disconnect on their ability to comprehend their father continuing to live an altered lifestyle post cerebral bleed with an ideation that hospice care be sought rather that home with a care package or care home when there was no indication that palliation was required at that time. The input from professionals was thorough with due attempt given at communicating the needs to his family however, the documentation surrounding the MCA by the doctor was not completed as per guidelines.	Care and Treatment
9852	Reading	CMHT/Care Pathways	Unhappy with medication and treatment plan. Feels they are being threatened with an inpatient stay if they do not comply to medication.	Not Upheld	Patient does have a mental disorder and lacks an understanding of the disorder. They have had frequent relapses and admissions and the use of a CTO has been supportive and effective.	Care and Treatment

9854	Reading	Out of Hours GP Services	DECEASED PT - pt diagnoses as EOL but not prescribed the appropriate treatment	Partially Upheld	Better communication between the OOH GP, family and the paramedic on scene would have allowed the opportunity to discuss the merits of hospital admission for purpose of brain imaging. Given the patients age and frailty, the family may still have opted for a palliative approach, but this would have then been an informed decision. A plan could then have been discussed and agreed with the family for on-going care in the care home. It is always good practice to use the Respect form as a guide to discuss the patient's wishes before clinical decisions are made. In this case the Respect form was vague and 5 years old. This case will be discussed at the Royal Berkshire Hospital Elderly Care Clinical Governance meeting to raise awareness amongst those clinicians who put Respect forms in place to ensure that they are clear and detailed and reviewed during any subsequent admission to ensure they are still reflective of the patient's current state and	Care and Treatment
9869	West Berks	CAMHS - Rapid Response	Mum is raising a complaint about the waiting time for their son to receive treatment; she reports that he has self harmed and has been told that this will not affect his waiting time, as he will not be expedited.	Partially Upheld	The patient was referred and placed on the straight to treatment pathway. He has waited for an appointment but no longer than we would expect. Because he was placed on this pathway he has not been assessed so there has been no opportunity for his voice to be heard. For this reason an assessment will be offered.	Waiting Times for Treatment

9842	Wokingham	District Nursing	Complainant still believes the DN should complete the retrospective CHC paperwork ORIGINAL COMPLAINT family state the CHC paperwork was filed late and as a result are not entitled to any back dated funding and now have to do lots of retrospective paperwork	Upheld	The FT CHC forms were not completed in a timely manner, meaning that the patient's family have to complete process following his death.	Financial Issues/Policy
9836	Wokingham	Mental Health Integrated Community Service	Delays caused by MHP being unable to access online meeting. Unhappy no one has followed up with them since Xmas. Has TT appt on 23 Jan but says it hasn't worked in the past Wishes to know why MHICs think it is appropriate to suggest having your nails done or going to an Art gallery in London. And to get a dog?	Partially Upheld	Patient dissatisfaction and distress has been communicated to the staff and advise given to staff to be mindful when giving advice to patients	Care and Treatment
9848	Slough	CMHT/Care Pathways	Pt turned up for appt to find it had been cancelled again without notification. Pt feels they should charge BHFT £150 as that is what we charge people who DNA?	Partially Upheld	It was found that a cancellation message was sent to the patient which our system recorded as delivered and read. As the Trust does not charge for people who miss their appointments we were not able to entertain the notion that we compensate her for cancelling her appointment.	Care and Treatment

9863	Reading	Adult Acute Admissions - Daisy Ward	Relative unhappy with care provided and wishes the pt to be transferred.	Partially Upheld	The clinical care was appropriate - there were times when the patient received medication as part of their care plan which they did not agree with - they were detained under the MHA and the patient lacked insight into their illness at that time. An apology was given for a interaction with a clinician, in which the clinician was described as being rude.	Care and Treatment
9832	Wokingham	Community Hospital Inpatient Service - Windsor Ward	Lack of compassion and neglect from staff, contributing to emotional distress. Discharge without contacting the family no care needs assessment from OT.	Upheld	Clear evidence of a poor communication and areas of poor care of this patient. Therapy in terms of OT input and discussion and documentation around discharge have been insufficient. Discharged with a UTI due to results not being chased and the delay not acted upon in a timely manner.	Care and Treatment
9851	Reading	Adult Acute Admissions - Daisy Ward	Pt feels medication is not helping. Unhappy with attitudes of staff on the ward, feel there is poor communication	Partially Upheld	Apology given for how they feel - clinical care and medication are appropriate.	Clinical Care Received
9812	Reading	CAMHS - ADHD	Adoptive YP on ADHD/complex case wait list for 2 years. Several self harm and suicide attempts during this time. Adoptive parents feel they need to fight for everything for the YP on a Child in Need plan	Not Upheld	There is no expedited service for adopted children through CAMHS however, there is support available through the Anchor Service which the patient was engaged with. There is no evidence that the patient has anxiety and has therefore not been tested for this. It is not felt ADHD medication would support with school attendance and ADHD has not been diagnosed.	Long Wait for an appointment

9802	Reading	Musculoskeletal Community Specialist Service	Nov 24 included in pt report was a choose and book for a different patient with full PI Info. The breach has dented their confidence in the service.	Upheld	The investigation confirms that the patient in question did receive information relating to another patient. A Datix was completed at the time of the incident which confirmed the issue related to human error around letter processing. The staff member has been reminded of the importance of data handling and we are exploring automated options to avoid this happening long term.	Breach of third Party Confidentiality
9826	West Berks	CMHT/Care Pathways	Unhappy with response believes elements were not answered - wants a further meeting ORIGINAL COMPLAINT BELOW Unhappy with the handling of the HR investigation and the lack of communication. Unhappy with patient care prior to the incident. Unhappy with response to the escalated HR investigation. Unhappy with care following the incident. Proof as to when the complaint was received from the pt.	Partially Upheld	It is recommended that the CMHT reviews the record keeping policies with staff to ensure email contact with patients and carers and communications preferences are recorded in line with Trust expectations and if preferences not followed a rationale given. It is recommended the service review how it communicates care offers with patients when care needs are complex and changing.	Healthcare Professional
9811	Slough	CMHT/Care Pathways	Pt has been through many MH services and is struggling to understand who will help them.	Not Upheld	Although the complaint was not founded it was understood that they did experience poor care from their perspective. It seems wise for a further meeting with the complainants to support them in understanding the facts of the matter whilst also validating their emotional experience.	Clinical Care Received

9818	Wokingham	CMHT/Care Pathways	Pt with DID has been moved around many different services and family are concerns MH needs are not being met. They state funding was denied for therapy.	Not Upheld	No consent received	Clinical Care Received
9799	Reading	Neurodevelopmental Services	Complainant feels the pt has not been provided with adequate care/support and believes medication has been withdrawn.	Not Upheld	No Consent	Clinical Care Received
9785	Slough	CMHT/Care Pathways	Frimley ICB to lead - complaint dates back to 26 August 2024 - no follow up from MH professional, poor communication moved from service to service then long wait list. Pt originally wanted a referral to Maudleys, under pt choice which was denied. 5 months from the beginning pt was referred to the Maudleys.	Partially Upheld	The time the patient waited for definitive Psychological Therapy was longer than the 18-week guideline. The patient was sent a form to complete in advance of their assessment which is normal procedure for the service. As part of the stepped care model, it is important that lower-tier treatment options are either exhausted or ruled out before higher tier options are pursued. With the clinical information available at the time, it was appropriate to pursue Talking Therapies, then secondary services (CMHPT) sequentially.	Clinical Care Received

9760	Bracknell	District Nursing	DECEASED PT - Frimley to lead - DN refused to do injection and stated the family needed to do it, family member felt under extreme pressure and is now suffering with severe MH issues. Family believe more could have been done to minimise suffering in terms of pain and dehydration	Not Upheld	Apologies were made that the family felt pressured to administer the medication however, the service is not commissioned to provide this out of hours and therefore if they have not been happy to undertake this themselves the patient would have had to remain in hospital.	Clinical Care Received
9758	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Un happy with time spent on Sorrel ward from 2 Sept 24. In particular 3 sept. Pt had a knee injury, staff ignored his request for help . Several staff members were not nice to the pt. Pt asked for CCTV to be kept as he intended to make a formal complaint.	Not Upheld	The patient did sustain and injury during a fall on the ward however, it was found that appropriate care and treatment was offered and he was seen by medical staff in a timely manner.	Healthcare Professional
9742	Windsor, Ascot and Maidenhead	Mental Health Integrated Community Service	Pt has gone from MHICS-ASD/ADHD-TT-CPE Family very unhappy that the pt has been bounced around services whilst their MH is steadily getting worse.	Partially Upheld	It was found that the appropriate number of sessions were offered by MHICS to allow for an assessment to take place. The patient was then referred to the most appropriate services for their needs. The length of wait to see a Psychiatrist was significant however the need for one was not identified at the time. No resources were provided following the session with Talking Therapies as they were not the correct service for her and therefore could not support with these techniques.	Failure/Delay in specialist Referral

Appendix 2: complaint, compliment and PALS activity

All formal complaints received

	2023/24						2024/25								
Service	**Q1**	**Q2**	**Q3**	**Q4**	**Total for year**	**% of Total**	**Q1**	**Q2**	**Q3**	**Q4**	**Compared to previous quarter**	**Q4 no. of contacts**	**% contacts Q4**	**Total for year**	**% of Total**
Acute Inpatient Admissions – Prospect Park Hospital	10	2	4	7	23	**8.19**	8	3	11	5	↓	185	2.70	27	**11.74**
CAMHS - Child and Adolescent Mental Health Services	8	11	7	9	35	**12.46**	10	13	3	5	↑	2007	0.25	31	**13.48**
CMHT/Care Pathways	16	6	13	14	49	**17.44**	12	13	7	9	↑	5546	0.16	41	**17.83**
Common Point of Entry	1	3	0	0	4	**1.42**	2	3	0	1	↑	608	0.16	6	**2.61**
Community Hospital Inpatient	1	2	5	4	12	**4.27**	4	4	4	1	↓	508	0.20	13	**5.65**
Community Nursing	3	6	5	3	17	**6.05**	6	3	1	1	No change	6698	0.01	11	**4.78**
Crisis Resolution & Home Treatment Team (CRHTT)	5	10	5	6	26	**9.25**	5	3	2	8	↑	4360	0.18	18	**7.83**
Older Adults Community Mental Health Team	1	2	1	0	4	**1.42**	1	0	0	1	↑	2193	0.05	2	**0.87**
Out of Hours GP Services	1	2	7	4	14	**4.98**	2	2	3	5	↑	6944	0.07	12	**5.22**
PICU - Psychiatric Intensive Care Unit	0	0	1	0	1	**0.36**	0	2	2	0	↓	9	0.00	4	**1.74**
Urgent Treatment Centre	1	1	2	1	5	**1.78**	1	0	0	0	No change	3503	0.00	1	**0.43**
Other services during quarter	21	19	25	26	91	**32.38**	17	18	17	12	↓	135143	0.01	64	**27.83**
Grand Total	68	64	75	74	281	100	68	64	50	48				230	

Informal Complaints received

	Month Received			
Division	**October**	**November**	**December**	**Grand Total**
Children Young People and Families	3	3		6
Mental Health East	2	3	2	7
Mental Health Inpatients	3	1		4
Mental Health West		3	1	4
Physical Health	4	3	2	9
Grand Total	**12**	**13**	**5**	**30**

Locally resolved concerns received

	Month Received			
Division	**October**	**November**	**December**	**Grand Total**
Children Young People and Families			1	1
Mental Health East	2		1	3
Mental Health West		2		2
Physical Health	8	10	8	26
Grand Total	**10**	**12**	**10**	**32**

KO41a Return

NHS Digitals are no longer collecting and publishing information for the KO41a return on a quarterly basis but are now doing so on a yearly basis. We submitted our information when requested however when reviewing the first annual report from NHS Digital, they are no longer reporting to Trust level. The Head of Service Engagement and Experience has queried this and is still awaiting a response in terms of being able to benchmark our activity.

Formal complaints closed

As part of the process of closing a formal complaint, a decision is made around whether the complaint is found to have been upheld, or well-founded (referred to as an outcome).

Outcome of formal complaints closed

	2023/24				2024/25						
Outcome	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Higher or lower than previous quarter**	**Total for year**	**% of 24/25**
Consent not granted	0	0	0	0	0	1	0	0	No change	1	0.53
Locally resolved/not pursued	0	4	1	3	0	1	1	0	↓	2	1.07
Not Upheld	20	25	30	25	19	24	29	14	↓	86	45.99
Partially Upheld	22	26	24	32	9	29	19	13	↓	70	37.43
Upheld	11	9	12	9	12	3	7	3	↓	25	13.37
SUI	0	0	2	2	1	1	1	0	↓	3	1.60
Grand Total	**53**	**64**	**69**	**71**	**41**	**58**	**57**	**30**		**187**	

53% of complaints closed last quarter were either partly or fully upheld in the quarter (compared to 51% in Q2 and 48% in Q3). These were spread across several differing services with no themes identified.

Complaints upheld and partially upheld

	Main Subject of Complaint										
Row Labels	Abuse, Bullying, Physical, Sexual, Verbal	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discharge Arrangements	Discrimination, Cultural Issues	Financial Issues/Policy	Medication	Waiting Times for Treatment	Grand Total
Adult Acute Admissions - Daisy Ward			1								1
CAMHS - ADHD										1	1
CAMHS - Rapid Response										1	1
CAMHS - Specialist Community Teams			1								1
CMHT/Care Pathways			5	3					1		9
Community Hospital Inpatient Service - Ascot Ward			1								1
Community Hospital Inpatient Service - Donnington Ward			1								1
Community Hospital Inpatient Service - Highclere Ward			1								1
Community Hospital Inpatient Service - Windsor Ward			1								1
Community Physiotherapy		1									1
Continence				1							1
District Nursing								1			1
Estates				1							1
Integrated Pain and Spinal Service - IPASS		1			1						2
Learning Disability Service Inpatients - Campion Unit - Ward	1	1									2
Mental Health Integrated Community Service			1								1
Out of Hours GP Services			2								2
PICU - Psychiatric Intensive Care - Sorrel Ward						1					1
Talking Therapies - PWP Team							1				1
Grand Total	1	3	14	5	1	1	1	1	1	2	30

Care and Treatment complaint outcomes

	Outcome of Complaints about Care and Treatment			
Service	Not Upheld	Partially Upheld	Upheld	Grand Total
Adult Acute Admissions - Daisy Ward		1		1
CAMHS - Specialist Community Teams		1		1
CMHT/Care Pathways	1	4		5
Community Hospital Inpatient Service - Ascot Ward	1			1
Community Hospital Inpatient Service - Donnington Ward		1		1
Community Hospital Inpatient Service - Highclere Ward	1			1
Community Hospital Inpatient Service - Windsor Ward			1	1
Mental Health Integrated Community Service		1		1
Out of Hours GP Services		1	1	2
Grand Total	**3**	**9**	**2**	**14**

PHSO

There have been no new complaint brought by the PHSO in Q4 and 5 cases to remain open with them.

The table below shows the PHSO activity since April 2023:

Month opened	Service	Month closed	Current stage
Apr-23	CMHT/Care Pathways	Sep-23	LGO not progressing, but now with PHSO to consider
Jul-23	CMHT/Care Pathways	July-23	PHSO have reviewed file and are not progressing
Jul-23	CAMHS – Specialist Community Team	Aug -23	PHSO have reviewed file and are not progressing
Sep-23	CRHTT	Oct-23	PHSO have reviewed file and are not progressing
Sep-23	CAMHS	Oct-23	PHSO have reviewed file and are not progressing
Nov-23	Neurodevelopmental services	Nov-23	PHSO have reviewed file and are not progressing
Dec-23	Heart Function	Dec-23	PHSO have reviewed file and are not progressing
Feb-24	CAMHS - Specialist Community Team	Awaiting update	PHSO have requested further information
Feb-24	CAMHS - Specialist Community Team	June-24	Apology given and closed by the PHSO
Sept-24	Community Dental Service	Ongoing	Documents sent to PHSO

Sept-24	CMHT/Care Pathways	Ongoing	Documents sent to PHSO
Oct-24	Older Adults Inpatient Service - Rowan Ward	Ongoing	Documents sent to PHSO
Oct-24	IPS - Individual Placement support	Ongoing	Small financial remedy offered
Dec-24	District Nursing	Ongoing	Documents requested by PHSO

CQC

At the point of triage, the Mental Health Act (MHA) complaints team within the CQC will consider whether any of the concerns raised could be dealt with as an early resolution by Trusts.

The Early Resolution process is designed to provide people who are detained under the MHA with a swift, person-centred response to their complaints wherever possible. It is an additional step where they will ask Trusts to respond to them within 24 hours with either the resolution or a plan of when and how the issue is to be resolved. It does not replace the MHA complaints process, and instead offers an opportunity for Trusts to quickly address concerns that can have an immediate impact.

In Q4 we received one complaint via the CQC.

Compliments

The chart below shows number of compliments received into services; these are in addition to any compliments received through the iWGC tool.

Year	2023/24					2024/25				
Quarter	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Received	1091	1229	1408	1399	4036	1237	1012	1289	1366	4904

Patient Advice and Liaison Service (PALS)

PALS provides a signposting, information, and support service across Trust services within Berkshire. The service deals with a range of queries with an emphasis on informal resolution. PALS collaborates with the complaints team to triage queries which may merit a formal investigation.

PALS has continued to facilitate the ‘Message to a loved one’ service, which involves collating messages for patients, which are then delivered on the ward. This is available across all inpatient areas. The PALS Manager continues in the role Armed Forces Service Network champion. PALS is also responsible for responding to postings on the NHS website

which refer to Trust services. 1 posting was responded to during this period which was a positive post about the care provided by the District Nursing Team based in Reading.

Arrangements have been made to attend community meetings on wards at Prospect Park Hospital and in the community. A visit to a supported living service was undertaken in February following an invitation to talk about PALS and PPI opportunities. The PALS Manager also attended a carers support meeting at Prospect Park Hospital to talk about the service and support available for carers. Office space has been identified at Prospect House and Wokingham Hospital.

PALS will also arrange visits to other PALS services in Berkshire in order to improve communication and collaboration.

The service currently reports on a quarterly basis and provides a SITREP weekly, highlighting open queries and themes. PALS also reports to the Mortality Review Group monthly.

There were 491 queries recorded during Quarter 4. A decrease of 97 since Quarter 3. 487 of these queries were acknowledged within the 5 working day target. The recording of queries has improved with the involvement of other team members. Team members have been working with the PALS Manager to familiarise with the response and recording processes. The volume of calls and e mails coming into the service continues to be high.

The Patient Experience Team has undertaken work to standardize and streamline the PALS process, to make it more user friendly for the wider team and enable the service to be covered consistently during the absence of the PALS Manager. Via the QMIS process we have implemented and updated Standard Works which help to provide consistency and continuity and adopted a skills matrix which highlights areas where individuals may need support. The PALS organisational policy has also been updated.

To publicise the PALS service across the Trust, a meeting has been held with the Learning and Development team and the complaints manager. It has been agreed that the Patient Experience Team will be allocated space on the induction process. The Patient Experience Team will be convening to discuss the content to be put forward.

Meetings have been held with the Digital Content Manager in order to update service information on the Trust website.

We have also refined the number of queries which need to be recorded on Datix, replacing this with a method which enables us to record more quickly and efficiently. To do this we have introduced Excel spreadsheets to capture queries which do not necessitate recording on Datix. These include queries relating to HR, Estates/Site Services, Access to Medical Records and Pensions/Finance.

PALS engaged a volunteer on a part time basis, and this improved direct access to the service. The volunteer was also recording queries which improved the rate of data collection. Our volunteer also helped to raise the profile of the service by providing services with publicity and information. Our volunteer has recently retired, and we wish her well. They will continue to offer their time for 15 Steps visits. The PALS manager has produced a volunteer Role Description to standardise the expectations of volunteers and their input.

In addition, there were 353 non-BHFT queries recorded. Another member of the Patient Experience Team is consistently helping with the recording process to improve the rate of data collection.

Meetings have been held with THE IA Transformation Specialist to develop an automated response method when dealing with non BHFT queries. A financial appraisal was held, and it was determined that the PALS Manager will undertake the Citizen Development Programme to implement an MS Form for the website. It is hoped that this will provide a timelier response for patients and the public and free up more time to develop our service.

PALS recorded queries from a wide range of services but the services with the highest number of contacts are in the table below:

Service	Number of contacts.
CMHT/Care Pathways	41
CAMHS ADHD	21
CAMHS AAT	16
Physiotherapy	15
Neuropsychology	14

Appendix 3

15 Steps; Quarter Four 2024/25

The 15 Steps programme was relaunched in April 2024, and during quarter four there were eight visits:

Ward	Positives	Observations
Physical Health Services Division		
Community Inpatient Wards		
Ward	**Positives**	**Observations**
Ascot Ward, Wokingham	Greeted positively by all ward staff. Nurse in charge identified via the board. Ward was clean and bright. Staff all aware of fifteen steps when asked. Ward was busy but everything was being managed effectively. Administrator at the desk was approachable. Available quiet room on ward if needed. Staffing levels clearly displayed at the entrance to the ward. Some beds were closed due to infection outbreaks, and they were highlighted and labelled. Staff wearing name badges. QI work via huddle boards evident. Dining area available and patients encouraged to come for meals. Identified learning/areas for improvement. Feedback displayed at back of ward. Bus stops available for disorientated patients.	There were staff pictures on a board, but these were behind the crash trolley so not all visible. There were armchairs over the back in the dining area which looked a bit cluttered and uninviting for patients.
Windsor Ward, Wokingham	Greeted positively and warmly by staff. Whiteboard with staffing levels and who was in charge on wall by entrance. Up to date. Ward was clean and bright. Staff were aware of what fifteen steps is. Staff all appeared to know what they were doing. We visited at a busy time of day, but the ward felt well organised and calm. Hand gel and masks available. Any bays closed due to infection outbreaks clearly identified and labelled.	No one at the nurses' station but we acknowledge it was a busy time, and managers were available in the office to answer any questions if necessary.

	Staff seen carrying out infection control processes on equipment. Staff were wearing name badges. QI work clearly displayed. Feedback from patients/relatives displayed. Staff noticeboard visible and at the back of the ward. Quiet room available. Visiting times displayed. Bus stop for patients who were disorientated.	
Henry Tudor, St Mark's	All staff we saw were welcoming and friendly. The ward areas were well decorated and maintained, with calming colours. There is a board with uniforms and roles. The service area was clean, and clear of clutter. Patients were supported by Physio colleagues in a calm way and were not rushing. Heard to be asking how they are etc. and referring to them by name. There are opportunities to give feedback. There was relevant information for carers on the walls and information on festivities of the month. Staff are knowledgeable about the service, what it provides and how it adapts based on patient need. iWGC information board was up to date, well located and eye catching.	
Community Physical Health Services		
Service	**Positives**	**Observations**
Podiatry, Wokingham	Greeted positively by staff on duty. Staff were aware of 15 steps and what it was. Clean and bright clinic area. Patients booked in a reception and either waited there or outside the department. Staff stated the department was fully staffed at present which had not been the case for a while. Relevant leaflets clearly displayed and adequate supply available. Noticeboards with relevant information on foot health available to educate patients. However not an overload of information.	Some of the boards were not as up to date as they could be as the department had recently been painted. Patient feedback was not up to date visually, but staff said they get direct feedback if patients report via IWGC on a specific staff member. Scores and feedback are reviewed at monthly meetings. No photos of staff but a board which showed clearly who was on duty and was up to date.

Physio, St Mark's Hospital	All staff we saw were welcoming and friendly. The reception and clinic areas were well decorated and maintained, with calming colours. There is a meet the team board. The service area was clean, and clear of clutter. The clinic bay areas were set up and ready for the next patient. There are opportunities to give feedback. There was relevant information about the service, Trust and care specific e.g. injury and exercise. Staff are knowledgeable about the service, what it provides and how it adapts based on patient need. QMIS board was up to date, well located and eye catching.	You Said, We did poster needs to be updated.
Podiatry, St Mark's Hospital	All staff we saw were welcoming and friendly. The waiting area was small but not cluttered. The service area itself was calm while patients were being seen in the clinical rooms. There are multiple opportunities to give feedback. There was relevant information about the service, Trust and care specific e.g. injury, exercise, and footwear.	
ARC, St Mark's Community Hospital	All staff we saw were welcoming and friendly. The waiting area was light, bright and not cluttered. The clinical areas were clean and clear of clutter. There are multiple opportunities to give feedback. There was relevant information about the service, Trust and care specific e.g. injury, exercise, and footwear.	
Children Families and All Age Services		
BEDS – Berkshire Eating Disorders Service, St Marks Community Hospital	All staff we saw were welcoming and friendly. The waiting area was small but not cluttered. There was inspirational information for patients, along with examples of feedback that had been given. The service area itself was calm while patients were being seen in various parts of the service. There are multiple opportunities to give feedback.	

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13 May 2025
Title	**Quality Accounts Report 2024-5**
	ITEM FOR APPROVAL The Chief Executive Officer and the Chair are required to sign the Statement of Directors' Responsibilities in Respect of the Quality Account (Page 76) The Chief Executive Officer is required to also sign Part 1: Statement on Quality (Page 6) To meet our statutory duty, our final 2024/25 Quality Account will be published on the Trust website by 30th June 2025.
Reason for the Report going to the Trust Board	This is statutory report which must be approved by the Trust Board.
Business Area	Trust Wide
Author	Head of Clinical Effectiveness and Audit and Quality Account and NICE Lead (on behalf of the Medical Director
Relevant Strategic Objectives	The priorities reported within the Quality Account align to the Trust Strategy, give assurance against the 4 objectives below and highlight where improvements are required and being made. **Patient safety** **Patient experience and voice** **Health inequalities** **Workforce**
Summary	This is the 2024/25 Quality Account for final approval by the Trust Board. The Quality Assurance Committee (QAC) have reviewed the draft report in committee during Q1, Q2 and Q3. The Q4 version was shared for virtual approval by the QAC in April 2025. The Chair of the QAC has commented on the document, and there were no concerns raised about its content. We are required to publish our Quality Account on the Trust website by 30th June 2025. We share our Quality Account with specified stakeholders. The Q3 version of the account was shared at the beginning of March 2025 with NHS Frimley Integrated Care Board (ICB), Buckinghamshire, Oxfordshire and Berkshire West

	(BOB) ICB, Bracknell Forest Council Health and Care Overview and Scrutiny Panel, our Council of Governors and local Healthwatch organisations. Stakeholder comments and our response are included in the appendices of this report. **Trust Priorities** (Plan on a Page 2024/25) which have been met are: We have a Health Inequalities Strategy in place that sets out our known health inequality challenges, our vison and our areas of focus. We also continue engaging patients in some of our QI projects that address inequalities. We are meeting all six of our mandated access targets at the end of 2024/25 and initiatives are in place to improve waiting times for our patients. **Patient Safety** (Section 2.1.2) We continue to adhere to recommended infection control measures to protect both patients and staff. The number of falls on older adult inpatient wards was below the target threshold of less than or equal to 26 in 9/12 months of 2024/25. We met our targets relating to pressure ulcers of grade 2, 3 or 4 due to a lapse in care by the trust. All deaths in physical health services subject to a 2nd stage review were scored using an avoidability scale. Of the reviews concluded in 2024/25, none were deemed to be a governance cause for concern (avoidability score of 1, 2 or 3). We have met our target of >90% of patients with severe mental illness, that have been seen by our community mental health teams for less than a year since diagnosis, having all elements of their physical health check undertaken. Our safety culture steering group continues to oversee developments to further enhance the Trust safety culture. **Clinical Effectiveness** (Section 2.1.3) 100% of NICE Technology Appraisals that are relevant to the Trust have been implemented. We are participating in all relevant mandated national clinical audits and confidential enquiries. We continue to progress several initiatives to support local Trust and/ or University of Reading led research. We continue to report on and learn from deaths of patients. **Supporting our People** (Section 2.1.4) We have a new Culture, Inclusion and Equity framework in place. We also have a new People and Culture Strategy, which forms a key part of this framework.

	We achieved a score of 7.5 for staff engagement in the latest NHS Staff Survey. This was the highest score in our group of trusts for this indicator. Areas where trust targets are not currently being met are as follows: **Patient Experience (Section 2.1.1)** Our Response rate for the I Want Great Care (IWGC) patient experience tool in 2024/25 was 5.7% overall, against a target of 10%. Services are working hard to increase response rates by looking at the methodology they are using and learning from others. **Patient Safety** (Section 2.1.2) Our target of having no more than 61 self-harm incidents each month on our mental health inpatient wards was met in three of the twelve months in 2024/25. Many of the incidents relate to patients who self- harm on multiple occasions. The team are working very closely with these individual patients on safety planning and ways of communicating distress. **Supporting our People** (Section 2.1.4) We were close to meeting our target turnover rate of 10% at the end of 2024/25. Our rate for March 2025 was 11.1%.

NHS
Berkshire Healthcare
NHS Foundation Trust

Quality Account 2024/25

What is a Quality Account?

A Quality Account is an annual report about the quality of services provided by an NHS healthcare organisation. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS. Our Quality Account looks back on how well we have done in the past year at achieving our goals. It also looks forward to the year ahead and defines what our priorities for quality improvements will be and how we expect to achieve and monitor them.

About the Trust

Our vision is to be a great place to get care, a great place to give care.

We're an NHS Community and Mental Health trust, providing a wide range of services to people of all ages living in Berkshire. And to do this, we employ approximately 5,000 staff who operate from over 60 sites across Berkshire, as well as out in people's homes and in various community settings.

We deliver joined up physical and mental health services, helping people to remain independent at home for as long as possible and providing the care and support that best meets the needs of our patients, in the most suitable location. From early years to end of life, we offer a wide range of services to keep you and your family well. We run several specialist clinics and services aimed at young people, adults and older people to support and treat mental health, physical health and sexual health conditions.

The Care Quality Commission (CQC) oversee patient quality and safety. We're a CQC Outstanding trust and a leading provider of mental and physical health services. With a focus on safe, high quality patient care, supported by continuous improvement and excellent teamwork, we'll deliver our vision to provide great care for all patients. As a Foundation Trust we are accountable to the community we support. NHS England regulate our financial stability and have given us a financial sustainability risk rating of 4, which is the best rating we could have.

As a Global Digital Exemplar (GDE) trust, we're using new and innovative technology to empower our staff and patients, so we can continue to provide outstanding care.

We are part of two Integrated Care Systems (ICSs) which bring together organisations (such as the NHS, local authorities, voluntary organisations, social enterprise sector and residents) to deliver joined up health and wellbeing services. Within an ICS, there are Integrated Care Partnerships (ICPs) linking these partners across each local area, and Integrated Care Boards (ICBs) who amongst other things manage the NHS budget for health services. We work in partnership with Berkshire's two acute hospital trusts, Royal Berkshire Hospital NHS Foundation Trust and Frimley Health NHS Foundation Trust. We also work closely with Berkshire's six local authorities and a diverse range of community and charitable organisations.

Contents

Quality Account Summary and Highlights 2024/25

Indicator (Click on links to access the related main sections of the report)		2024/25 Target	Results	
			2023/24	2024/25
I Want Great Care- % Response Rate		10%	3.2%	**5.7%**
Meet all Mandated Waiting Time Access Targets		All 6 targets met	All 6 targets met	**All 6 targets met**
Number of falls on Older People's Inpatient Wards (Community Inpatient Wards and Older People's Mental Health Wards)		≤26 per month	Target Met in 9/12 months	**Target Met in 9/12 months**
Pressure ulcers (PUs) due to lapse in care by the Trust	Number of category 2 PUs due to lapse in care by the Trust	<19 per year	2	**0**
	Number of category 3, 4 unstageable or deep tissue injury PUs due to lapse in care by the Trust	<18 per year	2	**4**
Self-harm incidents by mental health inpatients		≤61 per month	Target met in 11/12 months	**Target Met in 3/12 months**
Patients with Severe Mental Illness (SMI) referred to Community Mental Health Teams (CMHTs) will have all parameters of the annual physical health check completed within one year of referral to the CMHT		85% by end of year	90% at end of year	**93% at end of year**
Compliance with NICE Technology Appraisal Guidance within required timescale		100%	100%	**100%**
Staff engagement score (from National NHS Staff Survey)		7.5	7.5	**7.5**
Staff Turnover Rate (%)		≤10% at end of March 2025	N/A (higher target % set)	**11.1% at end of March 2025**

The figure below gives an overview of highlights for this year. We strive to provide a positive experience for all our patients and staff and, where this is not the case, will continue to learn from these to make improvements.

Patient Experience Priorities

- We have a Health Inequalities Strategy in place that sets out our known health inequality challenges, our vison and our areas of focus.
- We are meeting all six of our mandated access targets at the end of Q3 2024/25.
- We did not meet our target response rate of 10% for the I Want Great Care patient experience tool. Our response rate was 5.7% for 2024/25. Services are working hard to increase response rates by looking at the methodology they are using and learning from others.

Patient Safety Priorities

We have performed as follows in 2024/25

- ≤26 falls per month on our older people's inpatient wards- target met in 9/12 months
- <19 category 2 and <18 category 3 or 4 pressure ulcers during the year due to a lapse in care by the Trust- Target met
- <61 self-harm incidents per month on mental health wards- target met in 3/12 months
- 93% of patients with severe mental illness referred to our Community Mental Health Teams (CMHTs) had all seven parameters of the annual physical health check completed within a year of referral to CMHT.

Clinical Effectiveness Priorities

- We have participated in all applicable national clinical audits.
- We operate a robust system for reviewing NICE guidance and have implemented 100% of technology appraisal guidance that is relevant to us within the required timescale.
- We continue reviewing, reporting and learning from deaths in line with national guidance.

Supporting our People Priorities

- We have published a new Culture, Inclusion and Equity framework and a new People and Culture Strategy.
- We have met our target National Staff Survey engagement score of 7.5.
- We were close to meeting our target of ≤10%. This rate was 11.1% at the end of March 2025.

Care Quality Commission (CQC) Rating

We are rated as "Outstanding" overall by the CQC and all our services are individually rated as either "Outstanding" or "Good".

2025/26 Trust Priorities

Harm-Free Care Priorities. We will:
• Improve flow through all our services to reduce risk of harm resulting from waiting times. • Reduce self-harm and suicide across all services. • Recognise and respond promptly to physical health deterioration on all wards. • Encourage and support staff and patients to raise safety concerns without fear and ensure learning from incidents. • Reduce avoidable admissions and minimise length of stay.

Patient Experience Priorities. We will:
• Target and reduce health inequalities in access, experience and outcomes at service level. • Always include patients, carers and partners as we make changes to services. • Offer advice to patients on changes that will improve health outcomes. • Gain feedback from at least 10% of patients in each service and demonstrate service improvements based on feedback.

Clinical Effectiveness Priorities. We will:
• Participate in applicable national clinical audits and operate a robust system for reviewing NICE guidance to ensure that care is delivered in line with national best practice standards. • Continue to review, report, and learn from deaths in line with new national guidance.

Supporting our People Priorities. We will:
• Drive a culture of wellbeing, respect, compassion, and inclusivity acting against any form of abuse. • Deliver our unity against racism action, removing barriers to equity and improving diversity in leadership. • Support opportunities for career development, professional growth and impact.

We will work with our health and social care partners to provide better and more efficient care.

Part 1. Statement on Quality by the Chief Executive of Berkshire Healthcare NHS Foundation Trust

This Quality Account details our achievements against our key quality priorities for 2024/25. It highlights performance against our True-North goals, shares some of the service improvements our staff are proud of and details where we strive to do better.

We deliver our services based on our mission to maximise independence and quality of life. We have an overall vison to be 'a great place to get care, a great place to give care' and this is supported by our core values of 'Caring, Committed and Working together.'

We are delighted to have been 'Highly Commended' in the 'Trust of the Year' category at this year's prestigious Health Service Journal (HSJ) Awards. We also celebrated a win for the 'Data-Driven Transformation Award' which went to the South-East Temporary Staffing Collaborative.

Amongst our achievements this year is the further development and implementation of One Team. This programme aims to deliver mental health care to the people of Berkshire at the right time, in the right place and by the right person. We have started implementing the key elements of this new model, and further details of this are included in the main report.

We have published a new Culture, Inclusion and Equity framework and a new People and Culture Strategy. These documents aim to make the Trust Outstanding for Everyone and will help to address our workforce challenges and deliver continued improvements to our staff.

We have strengthened our anti-racism commitment this year and have showcased our work in this area at the NHS providers conference in Liverpool. We hope to inspire others to act and there is still more work to do in this area.

We remain committed to delivering safe, high quality patient care, supported by continuous improvement and excellent teamwork. Our governance, patient experience, patient safety, clinical effectiveness and staff support structures are in place to help with this. These areas are reported on at length in this Quality Account, and we also detail information on many of the other, smaller-scale quality improvement projects that help us progress year-on-year.

Whilst we are proud of our achievements, we also know that not all our patients experience the best possible care, and not all our colleagues have the best possible experience at work. We have robust systems in place to help identify and address this, including our 'I Want Great Care' patient experience tool and our 'Freedom to Speak Up' Guardian for staff.

We continue to be rated as 'outstanding' by the Care Quality Commission (CQC), and we are very proud of this achievement.

The information provided in this report is, to the best of my knowledge, accurate and gives a fair representation of the current services provided.

Julian Emms OBE, CEO

Part 2. Priorities for Improvement and Statements of Assurance from the Board

2.2. 2.1. Achievement of priorities for improvement for 2024/25

ⓘ This section details what we have done this year to address our 2024/25 quality account priorities. These priorities were identified, agreed, and published in our 2023/24 quality account.

Our quality account priorities support the goals detailed in our 2024/25 Trust Annual Plan on a Page (see Appendix A). Our Annual Plan on a Page takes account of a wide range of priorities, including the system and Joint Forward Plan goals we share with our partners. Our Quality Strategy also supports this through the following six elements:

- **Patient experience and involvement** – for patients to have a positive experience of our services and receive respectful, responsive personal care.
- **Harm-Free Care** – to avoid harm from care that is intended to help.
- **Clinical Effectiveness** – providing services based on best practice.
- **Organisational culture** – patients to be satisfied and staff to be motivated.
- **Efficiency** – to provide care at the right time, way, and place.
- **Equity** – to provide equal care regardless of personal characteristics, gender, ethnicity, location, and socio-economic status.

Although the areas of efficiency and equity do not have their own sub sections in this report, please note that they are covered in other sections of the report where it is relevant to do so.

2.1.1. Patient Experience and Involvement

ⓘ One of our priorities is to ensure that patients have a positive experience of our services and receive respectful, responsive personal care. This sub-section details what we have done to address this priority in 2024/25.

Our 2024/25 Patient Experience Priorities:
Improving outcomes

1. We will identify and reduce health inequalities in access, experience and outcomes.
2. We will involve patients in co-production of service improvement.
3. We will reduce length of time patients wait for trust services, year on year (compared to 2022 waits).
4. We will gain feedback from at least 10% of patients in each service and demonstrate service improvements based on the feedback.

Our performance in relation to complaints, compliments and the National Community Mental Health Survey is also detailed in this section.

Identifying and reducing health inequalities in access, experience and outcomes

ⓘ Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. They are the result of a complex combination of environmental and social factors that affect the population of a local place or area. These include the accessibility and quality of health and care services, individual behaviours and, most importantly, wider determinants such as housing and income. This complexity gives rise to a number of lenses through which we may view health inequalities. Inequalities can arise through the gap in health status and in access to health services between different groups, for example, those with different socioeconomic status or different ethnicity or populations in different geographical areas.

From a provider of community and mental health services, inequalities can manifest in various ways, such as uneven access to services, unequal availability of services and inconsistent experiences with services. All of these can lead to inequalities in outcomes. Looking more holistically at health inequalities, differences in health reflect the differing social, environmental and economic conditions of local communities.

Berkshire Healthcare have a Health Inequalities (HI) Strategy that sets out our known health inequality challenges, our vison and our areas of focus. We have made a commitment to coproducing the 2026 HI strategy with local communities and the Voluntary, Community and Social Enterprise (VCSE) sector during 2025, and have commissioned Reading ACRE (Alliance for Cohesion Race Equality) and Slough CVS (Council Voluntary Services) to support community engagement. Recognising that deprivation is a key driver of health inequalities we have committed to delivering an additional two health inequalities programmes of work in the two most deprived areas in Berkshire – Reading and Slough, the community engagement work to take place in 2025 will support identifying what we should be working with local communities on in these two areas.

Our ambition is:
"We will reduce health inequalities by ensuring equitable access to our services and improving health outcomes for our most vulnerable patients and communities. We will address the wider determinants of health by looking at our day-to-day activities to see where we can generate wider social, economic and environmental benefits."

Our health inequalities strategy sets out three areas of focus:

- Outcomes, access, and experience of our services
- Understanding the needs of our communities
- Addressing the social determinants of health by generating social value through our core functions

It builds on the work we are already doing:
Delivering the Mental Health Act (MHA) detentions programme

In April we held a joint partnership conference with the NHS Race and Health Observatory with over 100 people in attendance including local communities, people with lived experience, Thames Valley Police, Allied Mental Health Professionals, Reading ACRE and Slough CVS. This conference marked the end of the exploratory phase of the MHA detentions programme of work, and we now move into implementing the recommended actions that focus on building trust with local communities, tackling disparities in practice across Berkshire and implementing Advanced Care planning. We have already made a significant difference in the number of black people detained and expect to continue the downward trend throughout 2025/26.

We are embedding a Quality Improvement (QI) approach to tacking Health Inequalities within Berkshire Healthcare operational services. The QI projects included:

- Improving physical health outcomes for people with severe mental illness (SMI). Reading is an outlier for the inequality in life expectancy for people with SMI and in premature mortality due to cancer in adults with SMI.
- Improving access to our physical health services for people from racialised communities. Nutrition and Dietetics aim to reduce the proportion of Black and Asian service users who are discharged, unseen, not responding to opt-in letters. Musculo-skeletal (MSK) Physiotherapy and other teams aim to reduce the proportion of Black and Asian service users who do not attend (DNA) their appointments.
- Improving outcomes for culturally ethnically diverse clients in Talking Therapies. The Talking Therapies team aim to continue to improve the access to the service for Culturally and Ethnically Diverse (CED) clients and to improve outcomes for CED clients to be in-line with national targets.
- Reducing suicide and self-harm amongst people with autism (Yet to start)
- Improving Health Visiting contacts in Reading (Yet to start)

The health inequalities QI programme is two years old and there has been much learning during these years to prioritise and progress a small number of QI projects.
Key learning includes:
- Supporting colleagues to identify and address inequalities at a service-level
- Supporting teams to prioritise reducing inequalities alongside other operational and plan-on-a-page commitments
- Encouraging teams to re-visit the priorities previously identified.
- Supporting teams who have identified inequalities they wish to reduce, and support with capability building
- Integrating improving equity into existing QI projects, for example reducing waiting times and productivity measures.

We are also establishing what we can contribute in the way of social value through our central services. Working with our People Directorate on recruitment and retention of a wider cohort of the population. We are also an active partner in place and system initiatives

We have several projects that are already in place or are being planned to help address identified health inequalities. These include projects relating to the following:
- Cancer mortality health inequality in people with serious mental illness (SMI) in Reading - To ensure cancer screening and lifestyle interventions are accessed by all patients with SMI receiving care from Reading Community Mental Health Team (CMHT) to bring their life cancer mortality in line with the general population.
- Patients not attending community health appointments (starting with Nutrition and Dietetics and Musculoskeletal (MSK) physiotherapy)
- Improved access to and finishing treatment for culturally ethnically diverse clients in talking therapy

Other HI projects across the Trust include:
- Using the health equalities assessment tool (HEAT)- a national tool taught in QMIS yellow belt and green belt accreditation and supported via all projects to focus attention on Health Inequalities.
- Encouraging teams to use health inequalities data in developing and agreeing their scorecard/ driver metric focus – Child and Adolescent Mental Health teams (x7) are currently doing this in current training wave.
- Learning disability services are collecting data to look at their specific cancer mortality rates and learn from a QI project for their clientele, who have a 20% reduction in life expectancy years compared to the general population.

Work is overseen by the Reducing Health Inequalities oversight group chaired by our Deputy CEO and is a strategic priority for the Trust.

Involving patients in co-production of service improvement

During 2024/25 we have involved patients in our quality improvement efforts for several projects. Some of these projects are detailed further below.

Patients were involved in a project to improve the utilisation of risk summaries and safety plans in our Child and Adolescent Mental Health Services (CAMHS) East Specialist Community Team. This significantly reduced the percentage of young people with overdue or missing risk assessment forms. They also found that young people with experience of safety planning had previously reported that some of the language used to talk about risk could be improved, and that some safety plans are too wordy or impersonalised. Therefore, one of the outcomes of the project, which was not originally planned, was the co-production of a safety plan template created wholly by young people with experiences of the CAMHS East Specialist community team.

A second example is a project led by our CAMHS Rapid Response and Intensive Treatment Team aimed to increase the uptake of paired routine outcome measures. The involvement of young people in the project found that they did not understand why routine outcome measures were being completed. They also reported that they felt they were strenuous to complete, implying that they do not add much value to the children and young people. The team were able to make changes to improve colleagues' and young people's awareness of the importance of the measures and increased the percentage of paired routine outcome measures from less than 5% to over 40% in just six months.

Another example of co-production can be seen in our CAMHS Getting Help Teams. These teams were created in 2022 to provide early help mental health provision for children and young people without a Mental Health Support Team at their school. However, the teams were receiving low numbers of referrals (an average 29 referrals per month) with other CAMHS teams seeing high demand and long waits. The team knew that there were many young people in Berkshire with needs that could be met by this team, and some families were being signposted away from Common Point of Entry unnecessarily. A Quality Improvement (QI) project was initiated to increase referrals and access to the service for children and young people.

The team collaborated with a group of parents and young people to hear their experience of accessing the service, with many identifying that the process was long-winded and unclear. They reported that they 'had to chase several times when we got 'lost'" and they 'felt like they were passed on from here to there' and not aware that the Getting Help Team existed.

The group of parents and young people made some suggestions for improvement which were incorporated into countermeasures and when an issue with the signposting process from the CAMHS Common Point of Entry was identified, a subsequent piece of co-produced QI work made changes to the signposting methods.

Following the improvements made, the Getting Help Teams received referrals for 200 more patients in a year. The average number of referrals per month increased to 51 (76% increase) and caseload size increased by 75%. This was a significant increase in number of young people being seen vs how many had previously been referred to CAMHS; with no increase in waiting times and a reduction in patient complaints.

Reducing the length of time of patients wait for our services, year on year.

ⓘ It is important that patients are seen as quickly as possible following referral to one of our services. This helps to provide the best outcome and experience for them. The NHS has set several ambitious waiting time targets to manage this, including those relating to mental health and planned hospital care.

This section of the report details our performance against mandated access targets. Examples of other work being carried out to reduce waiting times are included in the 'Other Service Improvements' sections (parts 2.1.5- 2.1.10 of this report).

Figure 2- Overview of Trust performance against national mandated access targets for patients- March 2025

	Target wait time	Met by trust?
Community Paediatrics*	95% within 18 weeks	Yes
Diabetes Outpatients*	95% within 18 weeks	Yes
Audiology Diagnostics	95% within 6 weeks	Yes
Accident and Emergency (Minor Injuries Unit)	95% within 4 hours	Yes
Improving Access to Psychological Therapies (IAPT) IAPT Assessment	75% within 6 weeks	Yes
IAPT Treatment	95% within 18 weeks	Yes

* Relates to 'incomplete pathways'- those patients that are waiting for their treatment to begin

Waiting and the patient journey remains a key priority for the organisation.

The programme has identified several key metrics which aim to provide a view across services and identify any outliers / areas for further support, as well as make the programme accessible and services aware of data as reported. This work links closely to the launch of the Productivity programme which has highlighted three teams, Eating Disorders, Musculoskeletal (MSK) East and Talking Therapies. These three services have undertaken significant work on this agenda and will help us outline a blueprint for productivity, defining key elements and determining metrics, which will be applied across all services in time.

Oversight meetings are well established, and open referral data shows improvement in reduction of long waiters. There is a marked reduction in waits over 2 years, and Divisions are dealing with any outstanding issues for those waiting this long. We are also addressing the 1–2-year waits. Digital methodology is being rolled out relating to Electronic Patient Records for Child and Adolescent Mental Health Services (CAMHS) and One Team services.

Waiting times remains a driver for the Community Physical Health Division and services within the division have continued to work hard to reduce the number of people waiting by using the Quality Improvement (QI) approach. Unfortunately, referrals have increased across Community physical health by 14% over the last year, which has meant that although services have tried to reduce people waiting the number has increased between Q3 2024/25, and the end of March 2025. However, of those waiting, 84% are waiting less than 12 weeks,10% between 12-18 weeks and only 6% longer than 18 weeks. The teams continue to work on data cleansing and improved processes.

The division is focusing on several services with the longest waits – Musculo-Skeletal (MSK) East & West Physiotherapy, Bladder and Bowel Service (Continence), Adult Speech and Language Therapy (SLT), IPASS-Spine and the Community Based Neuro Rehab Team. MSK Physio East & West have seen a significant increase in referrals since the introduction of self-referral, but the team

are working hard on several countermeasures to try to stabilise the waiting list. The Bladder and Bowel service (Continence) have had a change in supplier of pads which meant that many more patients need to be reassessed by a clinician, and this has impacted on the waiting times for new patients. However, this is starting to reduce now.

Using patient and carer feedback to deliver improvements in our services.

We use patient and carer feedback to drive improvements in our services. We use several methods to achieve this, including the "I Want Great Care" patient experience measurement tool, learning from complaints and the national community mental health survey. The sections below detail how we have performed during the year in this area.

I Want Great Care (iWGC)

ⓘ The 'I Want Great Care' patient experience tool is our primary patient survey programme and is used to hear the patient voice and support areas for improvement. It is available to patients in a variety of ways including online SMS, paper, and electronic tablet. It is also available in a variety of languages and in easy read format. It includes the Friends and Family Test (FFT) questions.

The iWGC tool uses a 5-star scoring system (with 5 being the best score) which is comparable across all services within the organisation. Questions are asked about experience, facilities, staff, ease, safety, information, involvement and whether the person felt listened to. Respondents are also invited to use free text to comment on their experience and to suggest improvements. Not all questions are relevant to every patient. For example, only patients seen in a building, on a ward or at an outpatient appointment will be asked facilities-related questions.

Response Rate

One of our priorities for 2024/25 is to gain feedback from at least 10% of our patients in each service. From April 2024, the response rate has been calculated using the number of unique/distinct clients rather than the total number of contacts. Figure 3 below demonstrates our overall response rate, which was 5.7% for 2024/25. Services are working hard to increase response rates by looking at the methodology they are using and learning from others. Whilst services are working to increase response rates, we also encourage them to spend time looking at what the feedback is telling them, and to use this to drive improvements and share best practice.

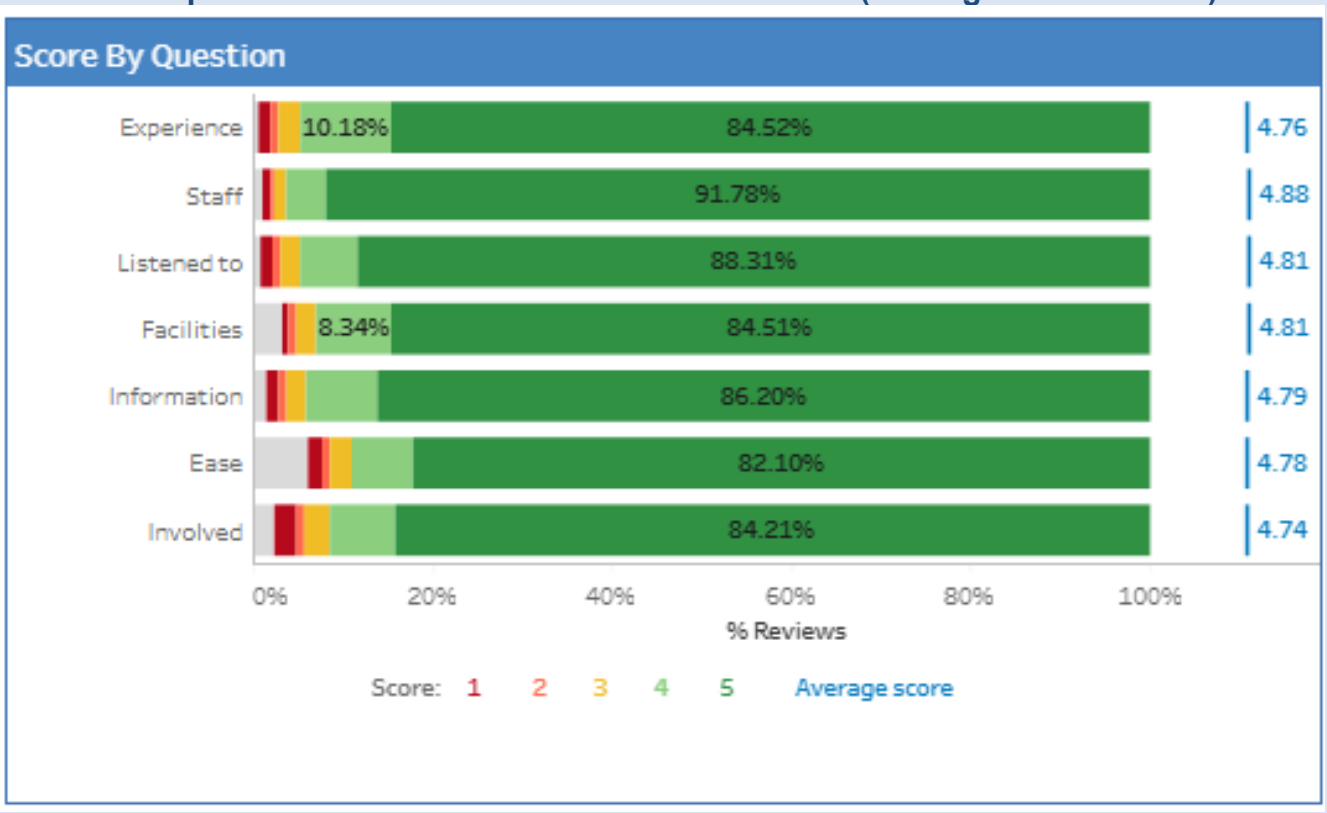
Satisfaction Rate

Figure 4 demonstrates how patients rated their experience overall (the top bar) and then broken down into themes. A 94.7% positive experience score was achieved for 2024/25 with an average 4.76-star rating.

Figure 3- I Want Great Care- Overall Response Rate

2024/25	Q1	Q2	Q3	Q4	2024/25
% Response Rate	6.04%	5.34%	4.48%	7.0%	5.7%

Figure 4- I Want Great Care- How respondents from all trust services rated their experience of our services on a scale of 1 to 5 (5 being the best score)- 2024/25



Source: Trust Patient Experience Team

Friends, Family and Carer Feedback

ⓘ We recognise the valuable role unpaid carers have in supporting our patients/ service users. We have established a bespoke process to gather unpaid carer feedback to help us learn from their experiences and promote improvements.

Carer feedback across 2024/25 has been consistently positive from those carers completing our feedback forms. The Figure below demonstrates that 95% of respondents stated that they had a good or very good experience (n=101).

Figure 5- Friends, family, and carer survey Overall, how was your experience of our service? 2024/25.

Source: Carers Experience Dashboard on Tableau

However, across the year the number of respondents has continued to decline and numbers for some quarters were statistically too small for robust reporting.

Challenges of capturing carer feedback have included:

- The I Want Great Care (IWGC) patient experience tool is not designed to capture friends, family or carer feedback and therefore we designed a bespoke process to

capture carer feedback using a Microsoft Form and presenting results in a Tableau Dashboard. As such, Services have identified significant challenges in facilitating dual methods for capturing both Carer and Patient feedback.
- There is a lack of consistency across services regarding the awareness of the carer feedback form.
- Capturing Carer feedback is not mandated so services have prioritised capturing patient feedback.
- Some Children's services have developed specific surveys for parent carers and capture their feedback via IWGC.

The Strategic Carers Lead is taking the following steps to address these challenges:
- Co-ordinating with the Head of Patient Experience to identify if we can isolate any carer feedback captured via the IWGC patient experience tool.
- Scoping whether Friends, Family and Carer feedback could be captured via iWGC as a "service". Oxford Health have adopted this approach and capture Carer feedback as part of IWGC. However, the major disadvantage of this would be that all carer feedback would be collated together, and we would not be able to filter it by service. Consequently, this may dilute the value of the feedback.
- Our current preferred option is to refresh the Carer Feedback form and update promotional resources e.g. posters etc. We've captured feedback from staff and carers about how we can improve the form.
- The Carers Strategy is in the process of being updated and it was decided to co-ordinate the launch of the refreshed strategy to include a re-launch of the feedback form.
- We hope to utilise our Carer Champions and Carers Week (June 2025) to disseminate and relaunch the feedback process.

Whilst response rates of carer feedback forms have continued to decrease in Q4, our involvement and engagement with carers utilising other methods has increased. For example:
- As part of the Older People's Mental Health Memory Clinic review, we engaged with approximately 133 service users and carers
- Prospect Park launched their Carers Café and include carer feedback in their community meetings
- Carers were represented at a variety of stakeholder events including One Team and Mental Health Detentions Act Conference. Consequently, we are actively capturing carer feedback and working with carers to inform service developments and quality improvements.

Complaints and Compliments

We continue to respond to and learn from complaints and compliments. Figures 6 and 7 below show the monthly number of complaints and compliments received by the Trust.

Figure 6- Complaints received- excluding secondary complaints.

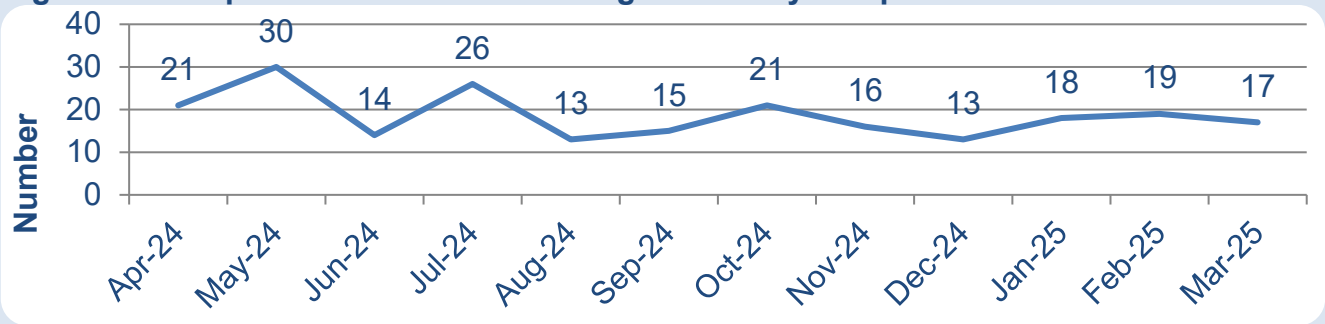
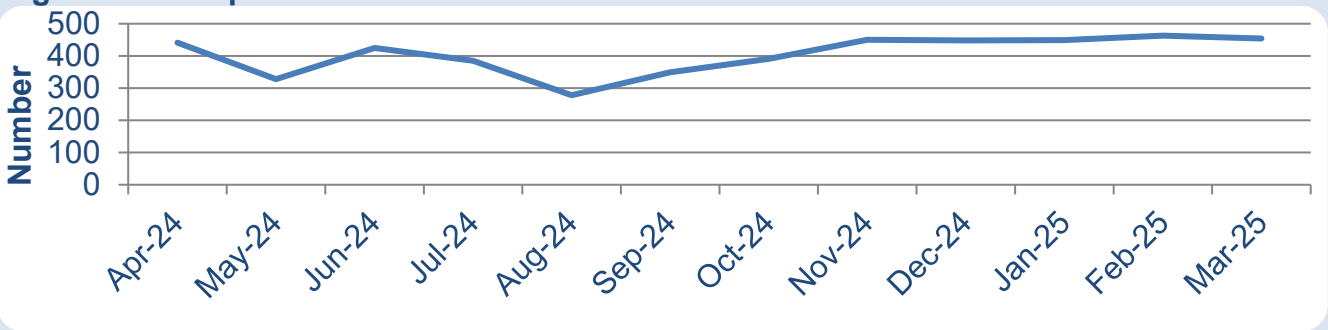


Figure 7- Compliments received.



Source: Trust Complaints and Compliments Reports- based on compliments being submitted voluntarily by service. We also receive compliments through the IWGC patient experience tool, but these are not included in the figure above.

Figure 8 below details complaints received by each service.

Figure 8- Formal complaints received by service.

Service	2023-24 Total	2024-25				
		Q1	Q2	Q3	Q4	Total
Community Mental Health Teams (CMHT) /Care Pathways	**49**	12	13	7	9	**41**
Child & Adolescent Mental Health Services (CAMHS)	**35**	10	13	3	5	**31**
Acute Inpatient Admissions – Prospect Park Hospital	**23**	8	3	11	5	**27**
Crisis Resolution & Home Treatment Team (CRHTT)	**26**	5	3	2	8	**18**
Community Hospital Inpatient	**12**	4	4	4	1	**13**
Out of Hours GP Services	**14**	2	2	3	5	**12**
Community Nursing	**17**	6	3	1	1	**11**
Common Point of Entry (CPE)	**4**	2	3	0	1	**6**
Psychiatric Intensive Care Unit (PICU)	**1**	0	2	2	0	**4**
Older Adults CMHT	**4**	1	0	0	1	**2**
Urgent Treatment Centre	**5**	1	0	0	0	**1**
Other services	**91**	17	18	17	12	**64**
Grand Total	**281**	**68**	**64**	**50**	**48**	**230**

Source: Trust Complaints and Compliments Reports

Making improvements to services based on the feedback

Each service takes patient feedback seriously and staff directly involved in complaints are asked to reflect on the issues raised and consider how they will change practice. Many teams are using our feedback tools to make improvements to their services, and some examples of these improvements are detailed below in a 'you said, we did' format. Further examples are included in the 'Other Service Improvements' sections (parts 2.1.5- 2.1.10) of this report.

Service	You said	We did
Talking Therapies	Would like clearer communication from therapists	We have developed training on how to better communicate policies and therapy expectations. This includes discussions on the importance of effective and clear communication
	Step 2 Service: There are long waiting times for step 2 assessment and treatment	We have reduced wait times for assessment and treatment at Step 2 by looking at wasted appointments and shifting resources to use those appointments better. We continue to look at flow and demand.
Berkshire Eating Disorders (BEDS)	Adult Service: Service users would like access to recommended and evidence- based resources whilst waiting for treatment to start.	A list of resources is available on the SHaRON online support and recovery network. The SHaRON champion and moderators will signpost service users to forums where resources are listed. The participation champion will take feedback to the Multidisciplinary Team Meeting to consider alternative ways of sharing resources with service users apart from SHaRON.
	Children and Young People (CYP) Service: We would like greater support for parents.	A parent participation champion has been appointed and introduced at the parent participation group.
Crisis Resolution and Home Treatment Team (CRHTT)	Patients need a consistent response from the team	To address this, CRHTT have introduced the named worker concept to the service. This will help to achieve a consistent response for each patient.
Family Safeguarding	Requests for more mindfulness practice and mindfulness resources.	We are offering a 'coffee and cake' morning to support face to face connection in between online therapy groups. We also responded to stakeholder requests for increased Motivational Interviewing training including training for foster care services.
CAMHS Common Point of Entry	The clocks in the rooms in Erlegh House are too loud	The clocks have been replaced with quieter models.
CAMHS Anxiety Disorders Treatment Team	Clinic rooms and the waiting room should be more sensory friendly and welcoming.	Fidget toys have been introduced, as well as softer lighting and bean bags in clinic rooms. There are also fewer posters in the waiting room.
CAMHS Phoenix Unit	Young people asked to make the quiet room more accessible	We have received funds to buy more sensory items for the quiet room so it can be used more regularly.

Service	You said	We did
Adult Autism and ADHD Teams	Better communication between the team and service users/their families whilst they wait for an appointment.	A new letter template has been developed to send to clients who enquire about their position on the waitlist. This letter gives the client updated information and signposting to support services whilst they wait for a diagnostic/ medication appointment. The service has also updated all existing letter templates to make the language more neuro-affirmative and accessible.
Immunisation Service	Would like more information to be given in advance of the immunisation session.	Tailored emails will be sent to young people's school email addresses regarding vaccination information.
Community Inpatient Services	Food choices were limited with more ethnically appropriate food choices needed	We now have an electronic menu booklet with a variety of dietary options and more diverse of meal choices
	West Berks Community Hospital: Would like Menu Cards for patients to complete	Menu Cards have been implemented for patients to use.
Nutrition and Dietetics	Would like more education on portion size	Information on this is given in group sessions and additional guidance has been sent out.
Berks West Urgent Care Service	We would benefit from being given a wait time.	All staff have been informed to notify patients on arrival of the current wait time and to update as required. A poster has been placed on the notice board that displays the current wait time, and staff will update this.
Respiratory Service	Patients have asked for a better venue as one of the sites used can feel cold.	We are looking for an alternative venue. The temperature is checked each session and heaters are used accordingly.
Westcall	More space and privacy and an option to go somewhere darker if needed while waiting	We have introduced the use of a pager system to enable patients to move away from the department waiting room

National NHS Community Mental Health Survey

ⓘ The National Community Mental Health Survey is undertaken annually to better understand the experiences of people that receive specialist care or treatment for a mental health condition. Feedback from people about their experiences of these services is crucial in highlighting good care and in identifying risks to service quality.

The survey sample.
People aged 16 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face to face at the trust, via video conference or telephone between 1 April 2024 and 31 May 2024. Responses were received from 254 (21%) respondents, compared to a national response rate of 20%. The Trust response rate was higher than the previous year (19%).

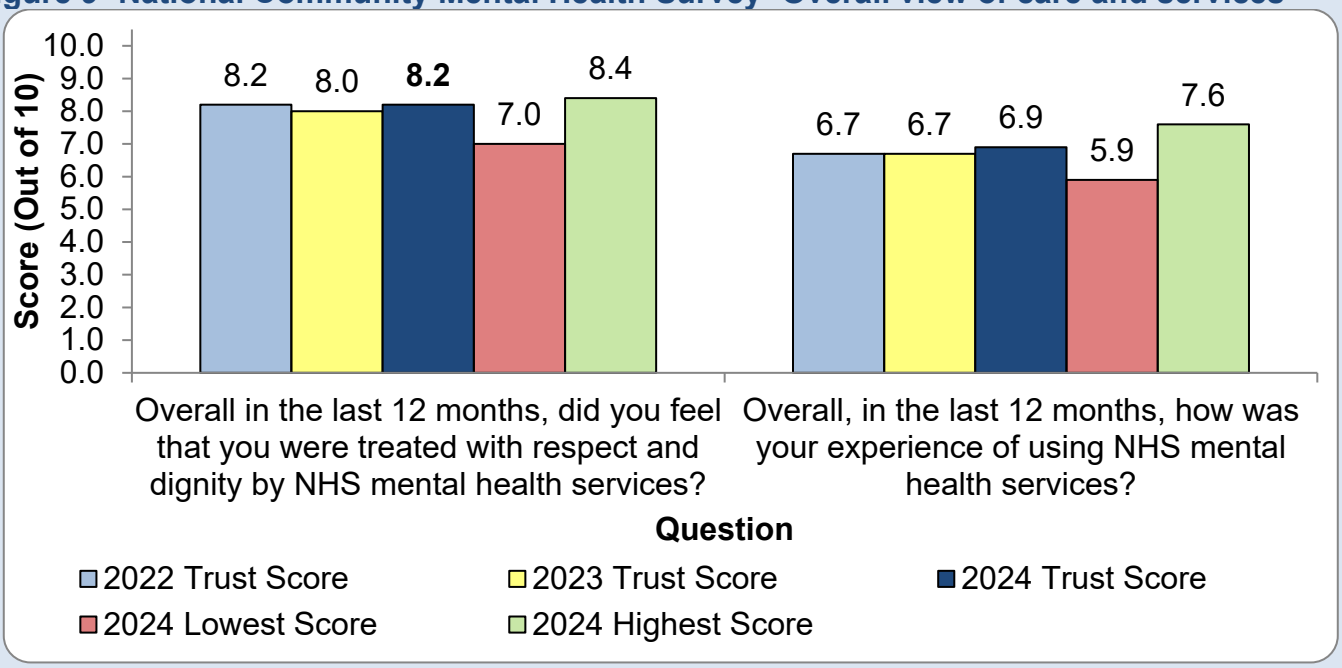
About the survey and how it is scored.
The survey contained several questions organised across 12 sections. Responses to each question and section were converted into scores from 0 to 10 (10 representing the best response). Each score was then benchmarked against 52 other English providers of NHS mental health services, resulting in the Trust being given a rating for each question and

section on a five-point scale ranging from “much better” to “much worse” than expected.

Summary of Trust results.
In the 2024 survey, the Trust was rated “Somewhat better than expected” for one question, and “about the same” as the 52 other Trusts in the remaining 34 questions.

Respondents’ overall view of care and experience.
Figure 9 gives an overview of Trust scores for overall experience. The 2024 Trust scores (shown by the dark blue bar in the middle of each question) are compared with the highest and lowest scores achieved by all Trusts (the red and green bars to the right of the dark blue bar), and with the Trust scores in 2022 and 2023 (the light blue and yellow bars to the left).These survey results have been shared with clinical leads to share with their teams and to identify any further actions that would have a positive impact.

Figure 9- National Community Mental Health Survey- Overall view of care and services



Source: Data from National Community Mental Health Survey Report

2.1.2. Harm-Free Care

ⓘ We aim to prevent errors in healthcare that can cause harm to patients. These errors are rarely the fault of individuals, but are usually the result of problems with the systems staff work in. Regardless, NHS patients should be treated in a safe environment and be protected from avoidable harm.

Our 2024/25 Harm-Free Care Priorities:

Providing safe services

1. We will protect patients using appropriate infection control measures.
2. We will identify and prioritise patients at risk of risk of harm resulting from waiting times.

   Please note that this priority is covered within the 'Other Service Improvements' section later in this report.
3. We will continue to reduce falls, pressure ulcers, self-harm on wards and suicide across all services.
4. We will recognise and respond promptly to physical health deterioration on all wards.
5. We will improve the physical health of people with serious mental illness.
6. We will empower staff and patients to raise safety concerns without fear and ensure learning from incidents.

Our aim throughout the year has been to continue to foster an environment that has the patient at the heart, where all staff take accountability for their actions, senior leaders are visible in clinical areas, challenge, role model and create safe environments for people to speak up about poor care and to learn when things go wrong. In support of an open culture there is a 'Freedom to Speak Up' policy which has been in place for several years, and this is described further in Section 2.1.4- Supporting our staff. There is also a Safety Culture Charter, and several initiatives are in place to help ensure that staff feel psychologically safe to raise concerns and learn from errors to provide safe care. The implementation of the national patient safety strategy alongside quality improvement supports this ambition to continuously improve patient safety by building on the foundations of a safer culture and safer systems. This enables learning from incidents, errors, and patient feedback. The Trust has also continued to engage with and contribute to cross organisational initiatives such as the regional patient safety collaboratives and national improvement programmes.

Protecting our patients and staff by using appropriate infection control measures

ⓘ It is vitally important that our patients and staff are protected from harm, and we have infection control measures in place to help minimise this risk.

Infection Prevention and Control (IPC) remains a high priority for all NHS Trusts. The implementation of the Health and Social Care Act 2008 (revised 2022) has set a duty to ensure that systems to prevent healthcare associated infections and compliance with policies are embedded in practice and is a corporate responsibility.

The UK 5-year national action plan for antimicrobial resistance (2024 to 2029) supports the UK 20-year vision for antimicrobial resistance (AMR). To confront

AMR, the 2024 to 2029 national action plan has 9 strategic outcomes organised under 4 themes. Action will be taken across all sectors (human health, animal health, agriculture and the environment). Our compliance with this is monitored through our IPC Board Assurance framework and IPC programmes. The figure below shows our achievement to date. Progress has been made with the Board Assurance Framework, with criteria moving from partially compliant to compliant. Areas of partial compliance are carried forward to form the 2025-26 IPC programme.

Mandatory reportable infection is monitored through a structed review process. The focus remains for the health economy to work together to share learning and reduce numbers of healthcare associated infection.

Shared learning from outbreaks or incidents is collated and disseminated through a range of sources.
During 2024/25, IPC monitoring has included:

- Quarterly Hand Hygiene Reports (community services)
- Urinary Catheter Point Prevalence for Berkshire Healthcare Community Nursing Service
- Static Mattress and Cushion Monitoring Report (inpatients)
- Monthly IPC spot checks for inpatient services
- A programme of IPC visits to Community Teams
- IPC dashboard

We have also continued IPC prevention promotions campaigns and staff resources including:

- World Health Organisation Hand Hygiene Day- May 2024
- International Nurses Day May 2024
- Aseptic Non-Touch Technique
- Hydration and prevention of urinary tract infection
- Measles management and staff vaccination status.
- Updates and additional resources disseminated and added to IPC page on Nexus.
- The IPC presented four posters at the national Infection Prevention Society Conference in September, showcasing improvement projects for glove reduction, implementation of aseptic non touch technique, patient feedback specific to IPC and band 6 networking programme
- 13th-19th October 2024 marked international IPC week. Resources for staff were disseminated including daily webinars.
- The annual IPC link practitioners meeting was held on 11th March 2025. Staff representing inpatient and community services have attended the meeting and both educational updates and group discussions were included.
- Updates and additional resources were, disseminated and added to the IPC page on our Nexus intranet.
- The Annual IPC Newsletter was disseminated, which included guidance and resources for winter health.

Observational hand hygiene monitoring is carried out by the IPC link practitioners and service leads. This is reported monthly for inpatient units, and quarterly for community services in accordance with the annual Infection Prevention and Control monitoring programme. Inpatient data is reported via the monthly IPC report and community data via a quarterly report. Both reports are disseminated to services across the organisation.

We have a planned review programme of IPC policies and guidelines in place, and a rolling programme of review of patient information.

The 2023/24 IPC Annual report is available on our public-facing website, and the IPC pages on the Trust intranet are regularly reviewed and updated for staff.

IPC Mandatory training is provided to staff using face-to-face sessions, eLearning packages and bespoke service training. Overall compliance in March 2025 was 93%

Figure 10- Infection Prevention and Control Board Assurance Framework (BAF)- Compliance rating by section- End of Q4 2024/25

Source- Infection Prevention and Control Monthly Reports

Key to sections (x-axis)

1. Systems to manage and monitor the prevention and control of infection.
2. Providing and maintaining a clean and appropriate environment
3. Ensuring appropriate antimicrobial stewardship
4. Providing suitable accurate information on infections to patients/ service users, visitors/carers and any others concerned in a timely fashion.
5. Ensuring early identification of individuals who have or are at high risk of developing an infection so that they receive timely treatment and reduce risk to others
6. Systems to ensure that all care workers are aware of and discharge their responsibilities for preventing and controlling infection.
7. Providing or securing adequate isolation precautions and facilities
8. Providing secure and adequate access to laboratory/ diagnostic support as appropriate
9. Having and adhering to policies designed for the individuals care and help to prevent and control infections.
10. A system to manage the occupational health needs and obligations of staff in relation to infection

Reducing Falls on Older People's Inpatient Wards

ⓘ We consider prevention of falls a high priority. Although most people falling in hospital experience no or low physical harm, others suffer severe consequences, such as hip fracture or head injury. On rare occasions a fall will be fatal. The personal consequences of a fall for the individual can be significant and even 'minor' falls can be debilitating.

One of the key objectives of the trust is to deliver harm free care for those people using our services, including people admitted to any of our inpatient units. The reduction of harm resulting through a fall for people on our older adult inpatient units therefore remains a priority for all clinical teams and this can be seen in the year-on-year reduction in numbers, with a 30% reduction in total number of falls reported in 2024/25 compared to 2021/2022. Although there were some anomalies the median remained on or below the trust target of no more than 26 falls in one month, ending on of 21 per month with a total number of 263 falls.

The ward teams continue to use the quality improvement methodology including a daily safety huddle or board round to review specific care concerns or issues and identify counter measures such as the use of Baywatch and activity boxes. The patient safety team have been instrumental in implementing and embedding the post falls debrief process in line with the Royal College of Physicians (RCP) guidelines. This is also in line with the new reporting structure of the Patient Safety Incident Review Framework (PSIRF). There is

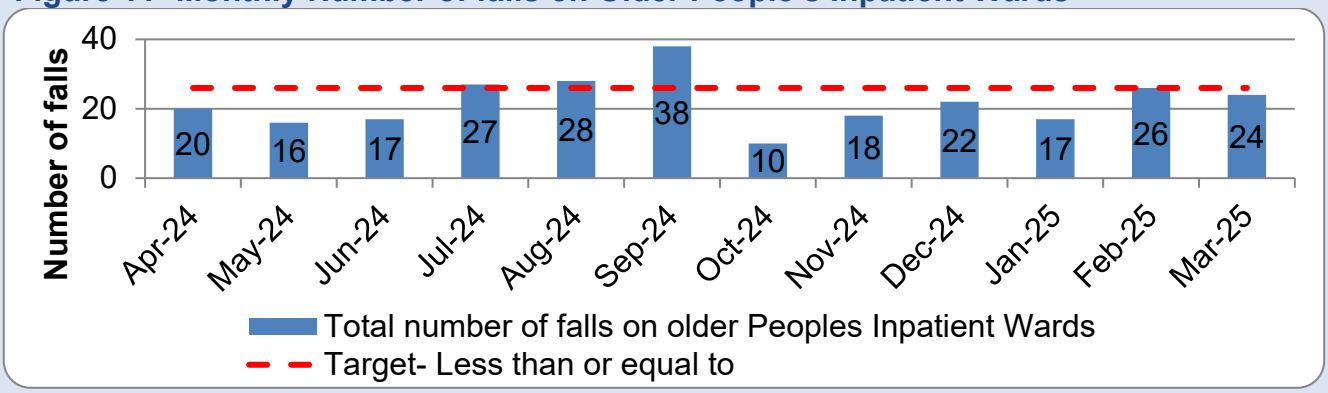
with a focus on learning at the time of the event, and this learning is then shared widely through the trust wide Strategic Falls Group.

Other work has included a review of the Trust's post falls protocol around flat lifting equipment, with a commitment to provide each unit with a Flo-jac to enable the safe manual handling of patients post fall, and prevent a long lie where needed. Local falls training is still taking place to support the older adult mental health wards. Online falls awareness training is available to all staff.

The most recent National Audit of Inpatient Falls (NAIF) recommendations included a focus on patient activity and how to support this. Our teams focus on patient activity on a daily basis during all interventions, including those undertaken by activity co-ordinators. The introduction of the RITA (Reminiscence/Rehabilitation Interactive Therapeutic Activities) will provide additional resources for patients who may be agitated or confused to give a positive distraction from purposeful wandering. Falls technology also remains in place to provide alerts to a patient moving.

We will continue contributing to the NAIF data and have recently joined the national community of practice for mental health and community health providers to gain national learning and direction in the areas of falls reduction. Current projects include a review of the leaflets given to inpatients about self-management, especially when preparing to return home. We are also working with our local authority colleagues to ensure consistent messaging across various falls services within a locality. This will continue to be supported and shared through the trust Falls group

Figure 11- Monthly Number of falls on Older People's Inpatient Wards



Source: Trust Falls Reports. Please note that patients may fall more than once, and this figure represents the total number of falls and not the total number of individual patients that have fallen.

Preventing Pressure Ulcers

ⓘ Pressure ulcers, sometimes known as 'bed sores' or 'pressure sores,' are damage to the skin and underlying tissues caused by pressure or pressure and friction. They can range in severity from a red patch or blister to a complex open wound. Pressure ulcers are categorised from 1 (superficial) to 4 (most severe).

We have set two targets in 2024/25:

1. To have no more than 16 category 2 pressure ulcers due to a lapse in care by the Trust.
2. To have no more than 15 category 3 or 4, unstageable or deep tissue injury pressure ulcers due to a lapse in care by the Trust.

We ensure that all clinical staff have had relevant training in pressure ulcer prevention and management. All developed pressure ulcers of category 3 and 4 that are potentially due to a lapse in care are discussed at a learning event following a desktop review. This is to see whether there is anything that could have been done differently to help prevent the

skin damage, or to identify where improvements can be made. All category 2 pressure damage are reviewed by the handler and finalised by the patient safety team. Thematic reviews are held on a quarterly basis to enable learning opportunities. Figures 12 and 13 below show that targets have been met.

Figure 12- Developed Category 2 Pressure Ulcers due to a Lapse in Care by the Trust.

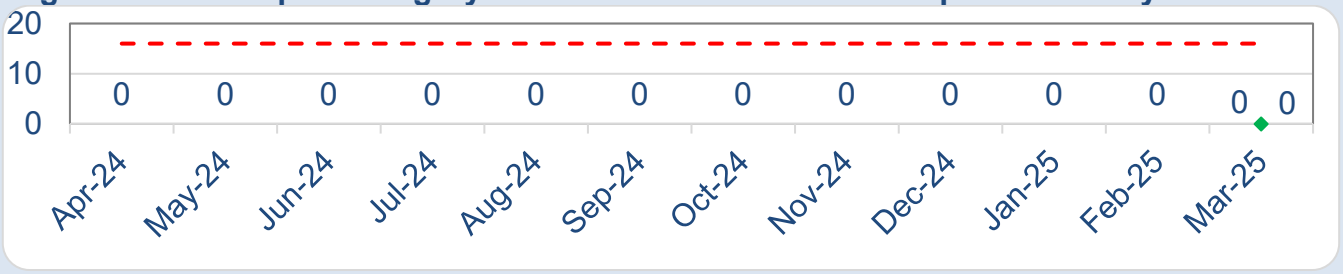
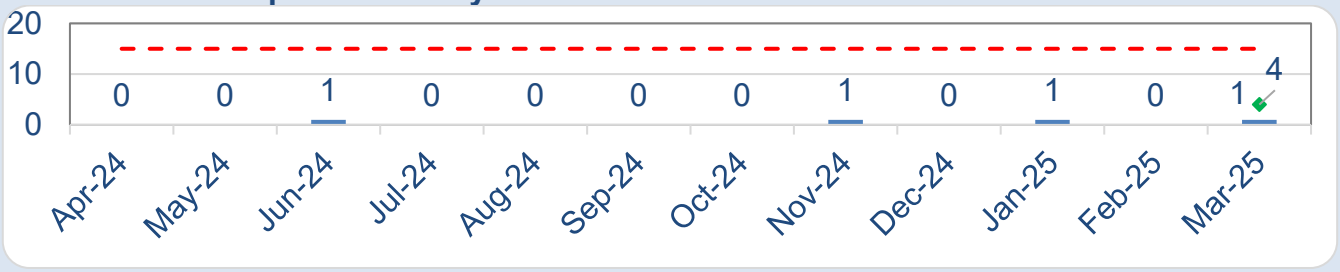


Figure 13- Developed Category 3, 4 unstageable or deep tissue injury Pressure Ulcers due to a Lapse in Care by the Trust.



Key to both charts: Monthly number | Cumulative number over year | Organisational Target

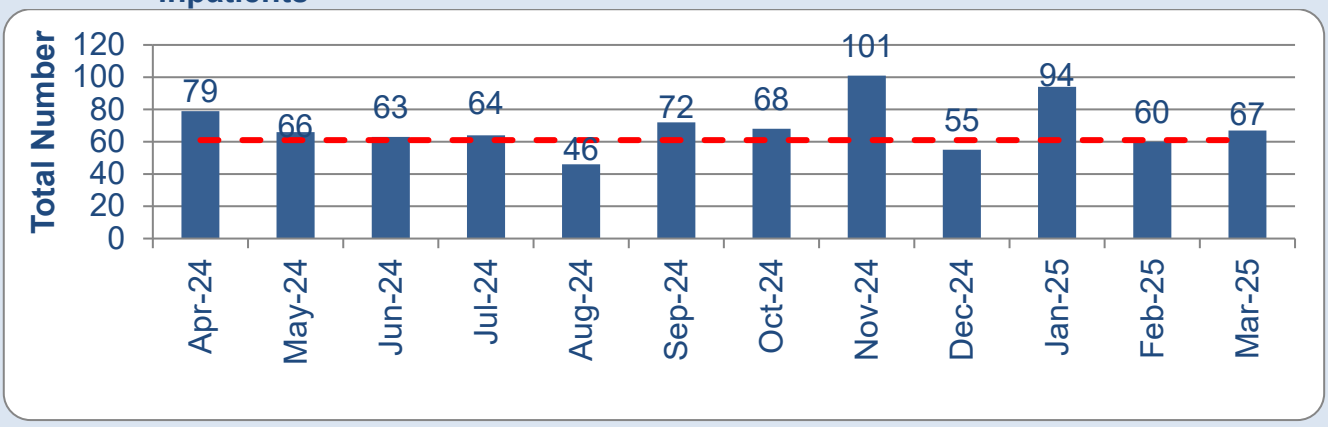
Source: Pressure Ulcer Quarterly Reports

Reducing Self-Harm Incidents on Trust Mental Health Inpatient Wards

ⓘ Self-harm is when an individual intentionally injures themselves as a way of dealing with or expressing overwhelming emotional distress. It is sometimes carried out when individuals feel they have no other option.

Self-harm within inpatients remains an area of significant focus. The work on personalised approach to risk is well underway with our first audits are being completed in February /March 2025. The results from this will direct the focus of future work. Significant increases can be attributed to very complex cases. Many of the incidents also relate to one patient. The team are working very closely with this individual patient on safety planning and ways of communicating distress.

Figure 14- Monthly instances of patient self-harm reported for Trust mental health inpatients



Source- Trust Tableau Dashboard

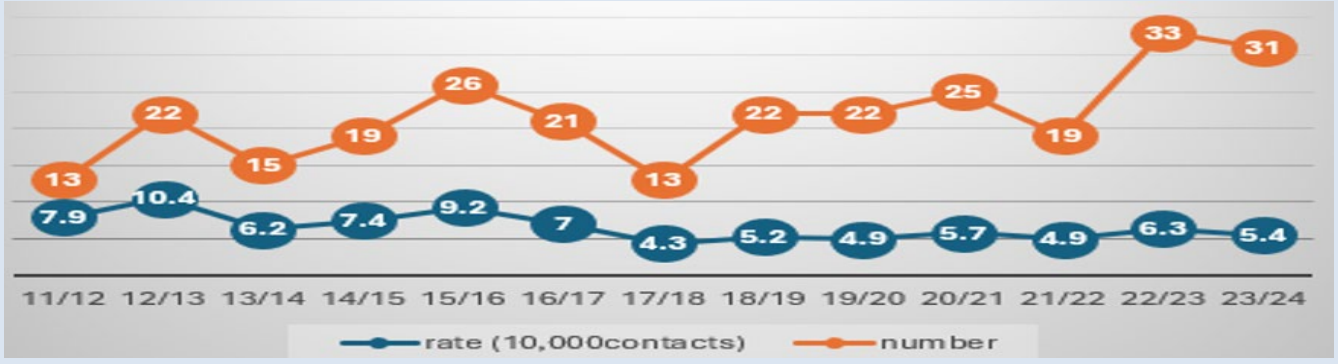
Suicide Prevention

ⓘ We are focusing on suicide prevention by developing staff skill and knowledge, creating a no blame culture, and supporting service users and their families through safety planning.

We have refreshed the Trust suicide prevention plan for 2025 and revised the Terms of Reference for our suicide prevention strategy group. We have identified key areas of focus for 2025-2028 based on national suicide and local prevention plans and analysis of learning from our own reviews of suicide deaths and family feedback. Progress on key areas of focus is as follows:

1. A Task and Finish group has been set up to identify how we can better support those with co- morbid Alcohol and Substance misuse
2. We held a suicide prevention webinar in April 2025, and this was attended by over 300 people. The theme of this webinar was a personalised approach to risk and the importance of carer involvement. The Webinar included Seamus Watson, National Director, who has led the work to co- produce the guidance (published April 2025) on Staying Safe from Suicide: Best Practice Guidance for Safety Assessment, Formulation and Management. The Trust have already commenced the work to implement this guidance. Dorit Braun also attended who, following the tragic death of her daughter-in-law, has been supporting clinicians through a number of initiatives to improve services. Dorit presented 'Life Beyond the Cubicle' a resource that helps those working in mental health services and emergency departments to work well with families during a mental health crisis. We have been using these resources in the Trust. Our own Trust staff shared the work we have done on the implementation of our personalised approach to risk and carer involvement with a focus on training, application in practice and our next steps. Dr Jodie Westhead, a Research Associate with National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) shared information about the research into suicide by NHS staff and establishing a national data collection.
3. Our updated risk policy was ratified by the policy scrutiny group in March 2025.
4. We have developed a workshop for staff in Talking therapies on Suicide Prevention and using a personalised approach -this will be delivered from May-Dec 2025. We have delivered bespoke workshops on suicide and ADHD, risk formulation, named worker.
5. We have linked with Central and North-West London Foundation NHS Trust to learn from them about their services for 16-25-year-olds. This is a group we are focusing on in our strategy.
6. Our audits have commenced for quarter one and we will report on findings in Q2.
7. We launched the carers panel for those worried about risk and do not feel concerns are being heard

Figure 15- Number of suicides and rate per 10,000 people under Berkshire Healthcare Trust Mental Healthcare



Recognising and responding promptly to physical health deterioration on in-patient wards

ⓘ Our wards are required to recognise and respond promptly to physical health deterioration by following the National Early Warning Score (NEWS) Trust policy. All inpatient deaths, and deaths within seven days of transfer from our wards to an acute hospital are reviewed in line with the Trust Learning from Deaths policy.

Figure 16 below shows the number of unexpected inpatient deaths and deaths within 7 days of transfer from one of our inpatient wards to an acute hospital. The figure also shows the number of deaths that were judged to be definitely, strongly or probably (more than 50:50) avoidable.

Judging the level of the avoidability of a death is a complex assessment. An avoidability score is confirmed at our Trust Mortality Review Group for all deaths in physical health services where a second stage review is conducted. The following criteria is used:
Score 1 Definitely avoidable.
Score 2 Strong evidence of avoidability.
Score 3 Probably avoidable (more than 50:50)
Score 4 Possibly avoidable, but not very likely (less than 50:50)
Score 5 Slight evidence of avoidability.
Score 6 Definitely not avoidable.

The figure below shows that there were no governance causes for concern (avoidability score of 1,2 or 3) confirmed 2024/25.

Figure 16- Unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital in 2024-25

Quarter	Q1	Q2	Q3	Q4	Annual Total
Total unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital reported during quarter	7	9	10	7	33
Total deaths with avoidability score of 1,2 or 3.	0	0	0	0	0

Source- Trust Learning from Deaths Reports

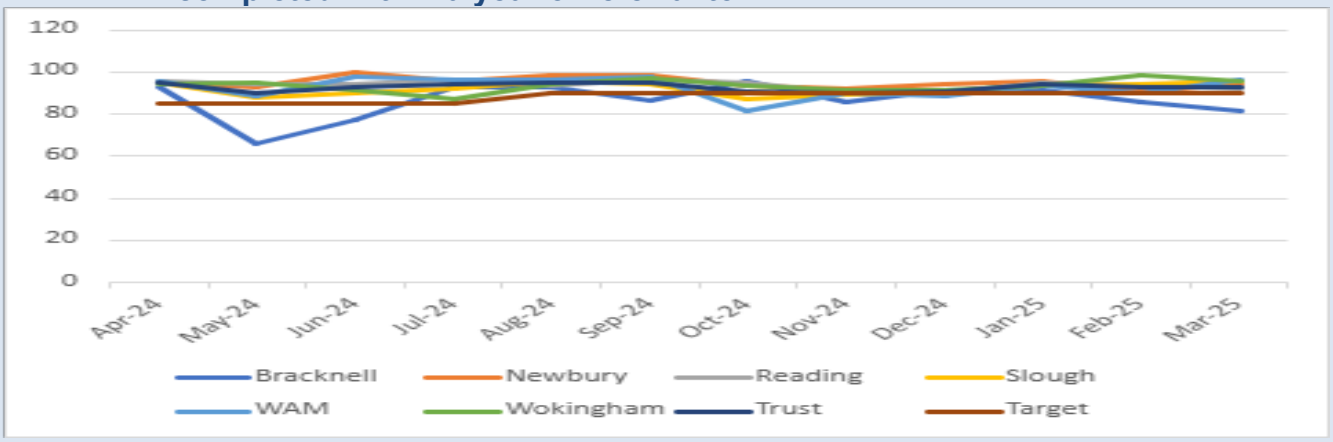
Improving the physical health of people with severe mental illness (SMI)

ⓘ National statistics show that people with severe mental illness (SMI) are at a greater risk of poor physical health and have a higher premature mortality than the general population, often dying 20-23 years sooner from conditions like cardiovascular disease or cancers.

Physical health checks and interventions or signposting are offered to all new patients with severe mental illness (SMI), or those who may have a period of instability and/ or increase in medication. Such checks help to bring their life expectancy in-line with that of the general population. The offer has been extended to include patients being prescribed mood stabilisers in line with the updated Lester Cardiometabolic Resource Tool (2023). Part of our physical health checks include a discussion around healthy lifestyle which includes current physical activity level and nutritional intake, and this includes a discussion around what the recommendations are with regards to current activity levels and what a healthy balanced diet should incorporate, including being well hydrated.

At the end of Quarter 4 2024/25, our performance for these health checks was 93% for patients on Community Mental Health Team (CMHT) caseloads for less than a year. This exceeds the trust target of 90% (see figure below) with 5 localities also achieving this figure. There is always a natural fluctuation from day to day on performance which is acceptable and reflects admissions and discharges to and from caseloads.

Figure 17- Percentage of patients with Severe Mental Illness (SMI) that are referred to CMHT and have had all parameters of the annual physical health check completed within a year of referral to CMHT.



Patients who have been on caseloads for over a year, and are stable, access health checks via their GP. Our Physical Health Team monitor this to ensure these patients get their health checks and will offer a check in secondary care where there are significant difficulties with access.

The Electrocardiogram (ECG) Recording and Interpretation Service is now established in CMHT's. There has been a slow but steady increase in referrals from all localities for patients who should have this carried out in the Trust. This offer is expanding across other adult mental health services from this month and the second cohort of training for staff is in place for this week. Accurate and high-quality ECG interpretation supports safe prescribing and clinical care.

The Health Inequalities Quality Improvement (QI) project to address premature mortality for SMI patients in Reading identified three key areas where countermeasures could be implemented, and these are now all in place. Collaborative working with the Physical Health Clinical Lead at Prospect Park Hospital is ongoing and targets for completion of annual health checks are being implemented. Performance is showing good improvement, and this data will be shared in future updates.

We have recently implanted the Assist-Lite form as recommended by NHS England which is now utilised across our mental health teams, both in inpatients and the community. The use of this started on 7 April and so this might impact our data for next quarter as our reports are being updated the new data being collected from this form.

Empowering staff and patients to raise safety concerns without fear and ensure learning from incidents.

The safety culture steering group continues to oversee developments to further enhance the Trust safety culture. This has included actions to improve hearing the voice of our staff and patients and ensuring that concerns are acted upon alongside fostering compassionate leadership at every level.

This year we have taken forward multiple improvements that will continue to strengthen the safety culture within the trust. This includes:

- Introduced new incident reporter and handler training (promoting a culture of learning for all incidents, including near misses)
- Taken forward our Unity Against Racism Program which includes a workstream focused on incidents support and empowerment
- Introduced a question in appraisal paperwork to ask 'do you know how to speak up'
- Strengthened our Wellbeing team processes to ensure we are proactively reaching out to offer support to staff involved in incidents at work. Our wellbeing offer includes the use of

Professional Nurse Advocate, utilising a Restorative Supervision approach
- Engaged with NHS Professionals (NHSP) on several improvement projects with a focus on considering staff experience through the lens of an NHSP worker and how this impacts their ability to deliver great care
- Introduced a range of improvements to our Incident Reporting System to make it easier and quicker for staff to report incidents
- Introduced Patient Safety Partners (PSP) to our Quality Assurance Committee and Quality Performance Executive Group as well as working with PSPs on a wide range of improvement activities

Key initiatives for 2025/26 include:
- Commencing automatic feedback to staff who have reported incidents so that they know what actions have been taken following their positive reporting
- Continuing to build on the positive work already progressing with the Patient and Carer Race Equality Framework
- Introducing Patient Safety Incident Investigation and Patient Safety Review Training (in line with the National Patient Safety Syllabus) for key staff involved in investigations, including front line clinical leaders
- Further embedding our Trust Behavioural Framework (introduced in November 2024) helping us set behaviours expected and more easily identify unwanted behaviours
- Following our recently achieved 'Centre Status', that enables us to deliver Royal Society for Public Health Violence Preventions and Reduction Level 3 and 4, we will be piloting our first course for a cohort of managers.
- Continue working with four of our Mental Health Wards who are engaged in the NHS England led Culture of Care Programme

Never Events

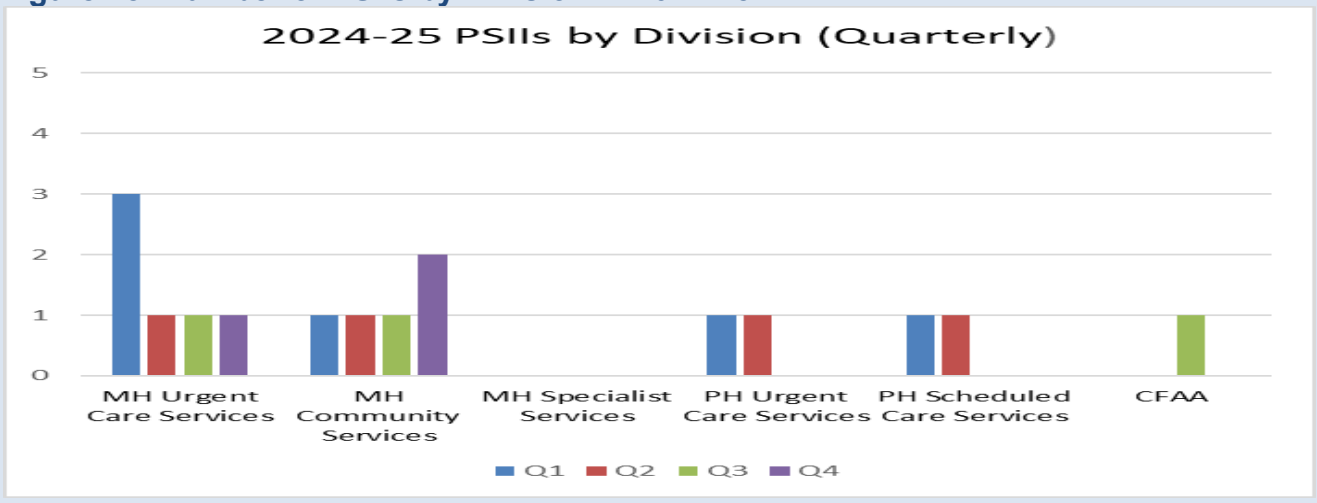
ⓘ Never events are a sub-set of Serious Incidents and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.

There were 0 never events to report for the Trust in 2024/25.

Patient Safety Incident Investigations (PSIIs)

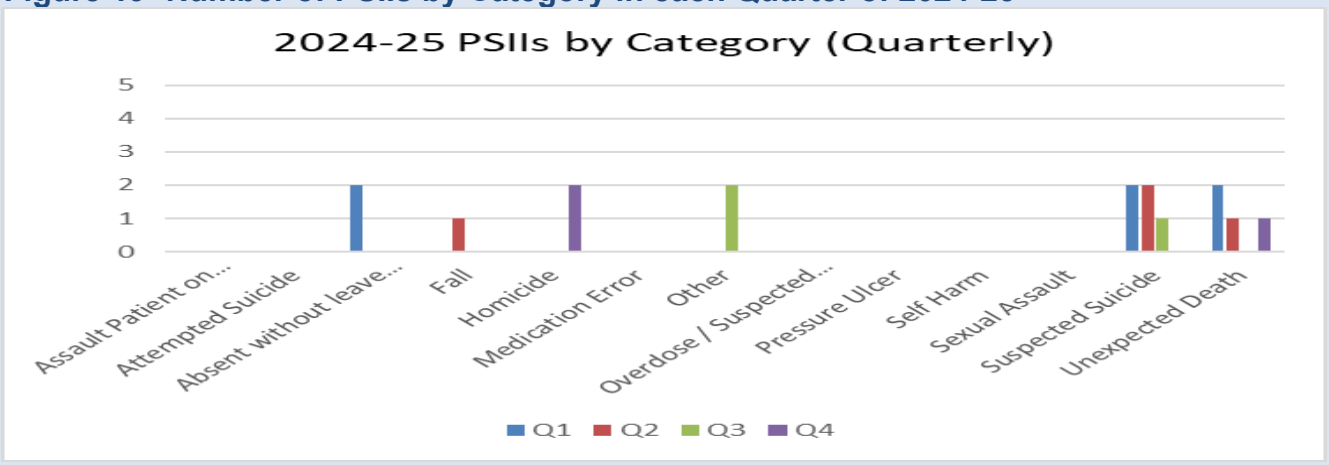
There were 16 Patient Safety Incident Investigations (PSII's) commenced in 2024/25. Figure 17 below details the number of PSIIs reported quarterly by each Division/ Service, with Figure 18 detailing these by category.

Figure 18- Number of PSIIs by Division in 2024-25



Source: Patient Safety and Learning Quarterly Reports

Figure 19- Number of PSIIs by Category in each Quarter of 2024-25



Source- Trust Serious Incident Quarterly Reports

There were 75 Inquests which took place in 2024/25. 14 were reported by the Trust as PSIIs and 2 Preventing Future Deaths reports were issued.

Significant patient safety activity has been undertaken across the Trust following reviews of incidents. These include:

Cross-Divisional Activity.

- New Datix reporter and handler training commenced in January 2025.
- Structured Judgement Review training has taken place to provide our reviewers with the knowledge and expertise required to perform explicit structured judgement reviews in line with our Learning from Deaths policy.
- A new Datix form has been completed for reporting developed/deteriorating new pressure damage in our care. This went live on 1st April.
- An internal training package has been developed to support staff in completing our patient safety reviews. This will be rolled out in 2025-26.

Mental Health Division Activity

- A suicide prevention webinar was held in Quarter 4 with 300 attendees. The theme of this event was a personalised approach to risk and safety.
- Plans are underway for a learning event for all staff to update on the significant changes that have been made to the named worker model and psychosocial interventions training.
- A mental health audit and compliance dashboard went live in Q4. This focuses on the key elements covered in risk training as well as gaps identified in personalised approach to risk.
- An Enhanced Therapeutic Observations and Care Improvement Workshop is in development.
- A Clinical Training Risk Stakeholder Review took place in March 2025 with representatives from different Divisions, Services, and people with lived experience.
- Work has continued at Prospect Park Hospital to strengthen the management of leave including revision and updating of policies and processes and observational walkarounds and audits to ensure best practice is being implemented.
- A Concerns about Safety Panel went live in Q4. This has been created to provide an opportunity for friends, family members or carers to raise their worries or concerns about the patient's care and/or treatment, specifically related to safety.

Physical Community Health Division Activity

- A new Wound Assessment and Treatment Plan went live at the end of January 2025, with training rolled out for its use.
- Governance days have been conducted. Following one of these Reading Community Nursing team led a pilot on the implementation of SWARM huddles in response to patient safety incidents in the Service. A standard work has been

developed with a structured roll out to expose all staff to the approach, empowering them to commence these in the future.
- Over 30 staff have utilised the Systems Engineering Initiative for Patient Safety (SEIPS) methodology, using a 'systems perspective' to explore mental capacity assessments. This work has been fed into a workstream looking at improvement actions and will be used to develop better training, guidance and processes around assessing mental capacity.
- To improve documentation on our inpatient wards, weekly care plans are now reviewed in the daily Multidisciplinary Team Meetings (MDTs) to ensure anything outstanding is flagged for completion.

Children, Families and All-Age Services Division Activity

- The Division have been working closely with the Trust Lead regarding suicide prevention work. This has included a focus on the transition from children to adult services. There have also been initial discussions with the Integrated Care Boards (ICBs) to look at potential quality improvement work across the system around transition.
- The Perinatal Mental Health (PNMH) Service have undertaken a Multidisciplinary Team (MDT) roundtable review with the Psychological Medicine Service (PMS), Common Point of Entry Team (CPE) and Safeguarding. This has resulted in stronger working relationships between the services and an enhanced discharge process for PNMH patients.
- Work has started on developing a joint working protocol with service-users in the antenatal and postnatal period to support communication between teams.

Quality Concerns

ⓘ The Trust Quality and Performance and Executive Group (QPEG) review and identify the top-quality concerns at each meeting. These are also reviewed at the Trust Quality Assurance Committee (QAC) to ensure that appropriate actions are in place to mitigate them. Quality concerns are identified through some of the information sources provided in this account, together with intelligence received from performance reports, our staff, and stakeholders.

Acute adult mental health inpatient bed occupancy continues to be consistently above 90% at Prospect Park Hospital. This means that patients might not receive a good experience all the time and that access to mental health beds can be challenging at times. There are programmes of work in place to support reduction in occupancy and out-of-area placements.

Shortage of permanent clinical staff. Mental health inpatient services as well as several of our community-based adult and young people's services for mental and physical health are affected by shortages of permanent clinical staff which impacts on service delivery. Alongside this there is increased demand on many of our services. This has a potential impact on the quality of patient care and experience and increases our costs. A programme of work has been commenced to revise pathways and models of care across our community Mental Health services. Our workforce strategy focuses on how to retain and grow staff to meet our demand. A workforce forecasting model has been developed to support understanding of gaps so that appropriate, cost-effective interventions can be agreed.

Wait times. Wait lists in some services are rising due to a combination of service capacity and increased demand. This increases risk to patients and means that we are not meeting national or local targets in all services. A long wait for an outpatient appointment does not provide a good experience for patients, families, and carers. Some services have had long waits for several years, and these are due to several reasons, including limited funding from commissioners and staff vacancies. Wait lists are monitored monthly at the Quality

Performance and Experience meeting. Action plans and programmes of work are being taken forward with system partners to reduce some of these wait times.

Duty of Candour

ⓘ The Duty of Candour is a legal duty on hospital, community, and mental health Trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate and truthful information from health providers.

The Trust has an 'Open Communication (Being Open) a Duty to be Candid' policy that supports our culture of openness when things go wrong. Face-to-face training has been provided alongside a trust intranet page where staff can access information and advice. The Patient Safety Team monitors incidents to ensure that formal Duty of Candour is undertaken.

The Trust process for formal Duty of Candour includes meeting with patients and families, apologising for their experience, explaining the investigation process, inviting them to be involved in the investigation and then sharing the report and findings when the investigation is complete. We also ensure that support is offered to patients, family, and carers as appropriate. The Duty of Candour supports the Trust learning from deaths programme detailed later in this report.

The Figure below details the total number of incidents requiring formal duty of candour during the year. The Trust considers that the Duty of Candour was met in all cases.

Figure 20- Number of Incidents requiring formal Duty of Candour

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
(24/25)	4	3	4	9	4	7	7	9	3	7	6	8

Source- Trust Serious Incident Monthly Reports

2.1.3. Clinical Effectiveness

ⓘ Clinical effectiveness aims to ensure that each patient receives the right treatment in the right place at the right time. Achieving this requires the application of the best knowledge (derived from research, clinical experience, and patient preferences) to achieve optimum processes and outcomes of care for patients.

Our 2024/25 Clinical Effectiveness Priorities:

1. We will demonstrate our delivery of evidence-based services by reporting on the implementation of NICE guidance.
2. We will continue to review, report, and learn from deaths in line with national guidance. Please note that this priority is detailed in section 2.3 of this report as it is also a required statement of assurance from the Board.

This section also includes a statement on rota gaps for NHS Doctors in Training, and the plan for improvement to reduce such gaps. Trust performance against the Learning Disability Improvement Standards is also included in this section.

Implementing National Institute for Health and Care Excellence (NICE) Guidance and Guidelines

ⓘ NICE provides the NHS, and those who rely on it for their care, with an increasing range of advice on effective healthcare. NICE guidelines, technology appraisals and quality standards provide valuable evidence-based information on clinically effective and cost-effective services.

We have produced a policy that describes how we identify, assess, implement and monitor implementation of NICE Guidance.

Implementation of NICE Guidance and Guidelines.

1. NICE Technology Appraisals (TA)
NICE Technology Appraisals provide recommendations on the use of new and existing health technologies within the NHS. Each TA focuses on a particular technology, which may be a medicine, medical device, diagnostic technique, surgical procedure, or other intervention. When NICE recommends a treatment 'as an option', the NHS must ensure it is available within 3 months of publication of the TA (unless otherwise stated). We have implemented 100% of the NICE TAs that are relevant to us. There have been no new NICE TAs published during 2024/25 that are relevant to our Trust.

2. Other NICE Guidance and Guidelines.
The paragraphs below detail some of the other NICE guidance and guidelines that we have progressed during this financial year:

Meningitis (bacterial) and meningococcal disease: recognition, diagnosis and management (NG240). This guideline contains sections on recognition of meningitis that are relevant to our clinical teams. These have been shared with clinicians, and we have also adopted recommendations in relation to pre-hospital antibiotics.

Rehabilitation after traumatic injury (NG211). This large baseline assessment was completed with input from all our community inpatient rehabilitation teams, as well as our community teams where relevant. Almost all recommendations are being met, and actions are in place to address unmet recommendations.

Diabetic retinopathy: management and monitoring (NG242). This guideline mainly applies to eye services which are managed by other Trusts. A few recommendations are relevant to our Diabetes Service, and they are compliant with the recommendations that touch on their practice.

NICE Guidelines relating to Neurodiversity-Autism and Attention Deficit Hyperactivity Disorder (ADHD) (CG128, CG170, CG142, NG87). Baseline assessment reviews were undertaken on these four Guidelines. The assessments were clinically led by our All-Age Neurodiversity services, with additional information provided by clinical and non-clinical staff from a wide range of our services. The baseline assessments showed that progress had been made, with a large proportion of recommendations being met. However, some recommendations were not being met, and work is in place to improve this.

Digital Technologies for Assessing ADHD (DG60). This Guideline states that QbTest can be used as an option to help diagnose ADHD in people aged 6 to 17 yrs. Our ADHD team are using this test for this patient group and were an early adopter of the technology.

Adrenal Insufficiency: Identification and Management (NG243). The sections on recognition and treatment of adrenal insufficiency in this guideline are relevant to our Westcall GP Out-of-Hours Service. They have the facility to administer the recommended emergency parental hydrocortisone and fluids. The recommendations are also relevant to our special schools and school nurses as they will need to respond if a child has an adrenal emergency. They have confirmed that the recommendations are being followed, and that

all children in these schools will have the correct plan and emergency procedures in place.

Decision-making and Mental Capacity (NG108). A large baseline assessment of this Guideline was undertaken by our Mental Health Capacity Lead, with most recommendations being met. Areas for improvement have been identified and are being addressed. This includes greater patient involvement in this area.

Advocacy Services for Adults with Health and Social Care Needs (NG227). A baseline assessment has been completed with our Mental Health Capacity Lead, Mental Health Act Department, and several leads from across our Mental Health, Physical Health and Learning Disability Services. Over 80% of recommendations are being met, and work is being undertaken to address partially met recommendations. This includes using advocacy-related information to analyse data and further evaluate performance.

Peripheral arterial disease: diagnosis and management (CG147). Eight recommendations in this guideline are relevant to some of our community physical health services, including our Wound Care Nurses, East Lower Limb Service, Tissue Viability Service and Podiatry Service. All eight recommendations are being met.

Mental health problems in people with learning disabilities (LD): prevention, assessment, and management (NG54). A baseline assessment has been completed with our adult LD and children and young people LD services. The assessment showed greater than 90% of recommendations are being met, and unmet recommendations are being addressed.

Guidelines relating to workforce health including: Sickness and capability (NG146). Improving health and wellbeing (NG13). Promoting Physical Activity in the Workplace (PH13). Baseline assessments of these guidelines were completed with our Human Resources (HR) team. High levels of compliance were achieved, and unmet recommendations have been discussed with our Strategic People Group and Health and Wellbeing Group for further action.

NHS Doctors in Training- Rota Gaps and Plans for Improvement

ⓘ The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 requires NHS Trusts to make a statement in their Quality Report on rota gaps for NHS Doctors in Training, and the plan for improvement to reduce such gaps.

Our Guardian of Safe Working continues their duty to advocate for safe working hours for resident doctors and to hold the Board to account for ensuring this. As part of this duty, they report quarterly to the Board on activity relating to Resident Doctor working hours and rota gaps.

The Figure below details the Psychiatry rota gaps for NHS Doctors in training in the Trust for 2024/25. Our system of cover continues to work as normal, and gaps are generally covered quickly. We have a reliable bank of doctors who are able to cover many of the gaps. To mitigate patient safety risks resulting from rota gaps, we will contact a range of professionals working before, during and after these gaps to make them aware so that they can offer support as and when required. The range of professionals contacted includes consultants on call, higher trainee doctors on call, general managers on call and the resident doctor working in the opposite wing. If a resident doctor is working alone as a result of a rota gap, then they will be given the contact numbers of the professionals detailed above should they need advice or help. Consultants on call will also check in with the resident doctor at the start and end of their shift to give help and reassurance.

Figure 21- Rota Gaps for NHS Doctors in Training – Psychiatry- 2024-25

Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
		Bank	Trainee	Agency			Bank	Trainee	Agency
376	372	209	163	0	4512	4464	1956	2508	0

Source- Trust Medical Staffing Team

The Learning Disability Improvement Standard

ⓘ The Learning Disability Improvement Standards have been developed to help NHS trusts measure the quality of care they provide to people with learning disabilities, autism, or both. They contain several measurable outcomes which clearly state what is expected from the NHS in this area.

As a result of the outcome from year 6 of the Standards, we have:

- Continued throughout the year to work on increasing awareness of the health inequalities experienced by people with learning disabilities, including highlighting the differential rates of screening and early diagnosis of physical health concerns. We have worked with partner organisations to use quality improvement approaches and the learning from mortality reviews. We have been involved in presenting a number of presentations within the Trust to raise awareness, and we continue to use the data from Connected Care to provide examples of differential rates of diagnosis and screening for people with a learning disability across Berkshire as we work with our system partners to identify opportunities for reducing the differential rates.
- As part of our wider project of "Reimagining our specialist community learning disability services", we are continuing to improve the flow of patients from referral, through waiting for treatment, and then signposting and discharge following relevant interventions, with a focus to reduce the risk of harm because of waiting for a service. During the year we mapped out the range of processes that had been in use and we have created a simplified and more consistent flow. Work is now being completed with the RiO Transformation Team to implement the revised referral pathway, which will seek to streamline the process, improve reporting and recording, and support the active monitoring of people waiting for treatment.
- We have worked with the Patient Advice and Liaison Service (PALS) and the Complaints Department to develop, and use, easy read documents/letters to help support people through the process of complaints.

2.1.4. Supporting our People

ⓘ We are committed to acting in line with our values, with a strong focus on delivering services which provide good outcomes for patients and their families. We will listen and respond to our staff and provide opportunities for training and development.

We have a new Culture, Inclusion and Equity framework in place. Our new People and Culture Strategy is a key part of this framework, as illustrated in the diagram below.

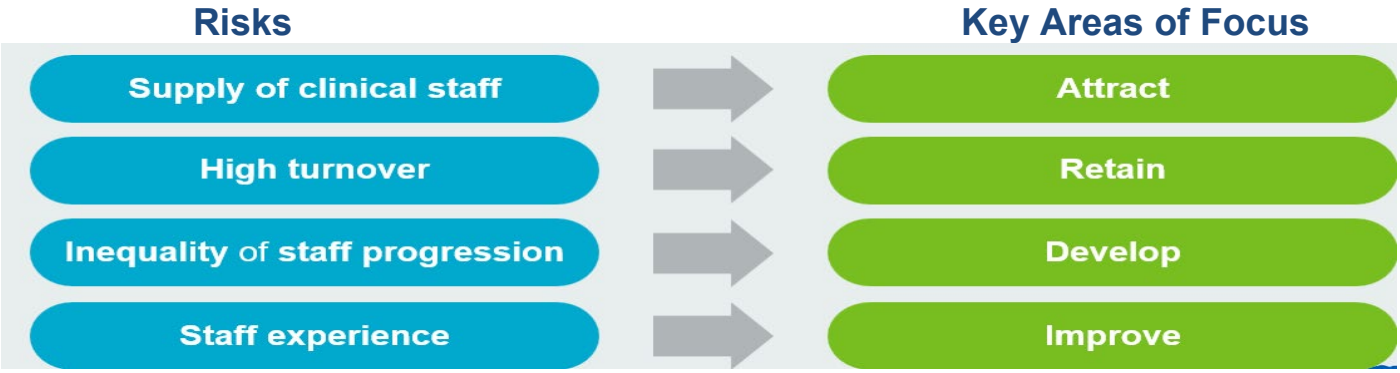
The following measures will be used to help determine the success of the People and Culture Strategy which implements the new Culture, Inclusion and Equity framework for our workforce:

Turnover- Target 10%
Engagement- Maintain a National Staff Survey Score of 7.5 or better
Race Disparity Ratio- Reduce the probablility score to 1, indicating equity with white colleagues.

Details on Freedom to Speak Up are also included in this section.

Our new People and Culture Strategy has been developed and aligned with the NHS People Promise. This strategy, along with the Culture Framework aims to make the Trust Outstanding for Everyone. The strategy will continue to frame a programme of work to address our workforce challenges and deliver continued improvements to our staff experience.

Within the People and Culture Strategy, we have identified four significant workforce risks (shown on the left of the following diagram below) that we need to address, building on the achievements and lessons from the previous strategy. We have translated these into the four key areas of focus, as shown on the right in the diagram.



The sections below detail our current achievements against these areas of focus.

Attract

ⓘ We will attract a diverse and talented workforce that can meet the current and future needs of the Trust and the diverse population we serve by developing comprehensive workforce plans and tailored and inclusive talent attraction strategies.

Workforce Planning

We need to understand our current and future workforce gaps in order to attract and retain in the future.

Understanding our level of workforce risk is vital in helping us to identify adequate mitigations and to focus our efforts and resources to the professions and teams most in need to better deliver services. An in-year desk-based analysis helped us to have more focussed conversations and better understand our short-term resourcing priorities. This data supported a review of reasons for temporary staffing demand, together with identifying where substantive staffing would be preferred which has helped us to reduce our agency staffing by around 20% and bank staffing by around 9% in 2024/25. Our focus then shifted to the longer-term. We conducted a supply forecast of our pipelines with the likely attrition across the main professions in the next 5 years, overlaid the narrative and insights from our professional leads, to prioritise our resourcing and training efforts and identify roles where we need to think differently to deliver our services.

Temporary Staffing

Our workforce solutions are holistic, encompassing both our temporary and permanent workforce, both of which form an integral and valued part in the delivery of our services. Our temporary workforce has enabled us, in a cost-effective way given our commercial arrangements for both bank and agency, to meet fluctuating demand and supported us during periods where the availability of our substantive workforce has been low. Together with other organisations within the system and wider across the South-East, average agency charge rates have been driven down and where supplier quality has not met expectations, this has been successfully addressed. Our bank fill is one of the highest across the region, averaging at 87% in 2024/25, and we successfully secured a new contract with our bank provider collaboratively with our colleagues across Buckinghamshire, Oxfordshire and Berkshire West, commencing in April 2025. We delivered well within the NHS England Agency Expenditure Ceiling.

Attracting great external candidates

Our focus on candidate attraction and recruitment continues to address our workforce gaps. Our talent acquisition team have supported filling difficult vacancies. Some examples include an Advanced Clinical Pharmacist, Community Sister/Charge Nurse and a Cognitive Behaviour Therapist.

Our focus on maintaining our social media presence has increased our profile and helped us a better quality of candidate.

In terms of pipelines, we are supporting two staff as a trial through university starting September 2025 to study physiotherapy and speech and language therapy. We are starting to promote the initiative with our staff to recruit our 2026 cohort now.

We have successfully recruited 36 final year placement students for 2024, a conversion rate of 34%. These students have been offered roles in services across Berkshire Healthcare in community and mental health services.

In addition, attendance at university career fairs led to job offers to 18 final year students

Retain

Acting against anyone who is verbally, racially, physically or sexually abusive.

ⓘ We will sustain a positive and supportive working culture that values staff wellbeing and inclusion and fosters a culture where people want to work and stay. We will address disparities in career progression and offer fair and equitable career pathways that support all our staff to progress in their careers with us. We will listen to our staff and always respect their voice in the organisation.

Any kind of bullying, discrimination, harassment, racism or acts of indignity at work are deemed as unacceptable and will be fully investigated in accordance with the Trust's Performance Management and Disciplinary Policy.

It is essential that we have a safe environment for people to work in, and this is critical in helping to retain staff. One of our Trust priorities for the year has been around acting against any form of abuse, including sexual safety. This remains a priority for the year ahead.

A Trust-wide workforce risk assessment has been undertaken to understand and establish the level of risk of violence and aggression (physical and non-physical) to all roles and services. We have now risk- assessed most clinical and non-clinical services. A workforce Training Needs Analysis (TNA) has been undertaken, and our next steps include working out the changes and discussing their implications.

A bullying and harassment task and finish group was established from the Violence Prevention and Reduction (VPR) Group, taking a Quality Improvement (QI) approach to addressing bullying and harassment.

We launched our new Trust Behavioural Framework in November 2024 and continue to embed this over the coming months. This will help with setting the behaviours expected and also make it easier to identify the unwanted behaviours and reduce these, particularly when thinking about violence, abuse, and conflict.

We have also developed a resolution pathway for staff. This includes our challenging conversations training session including kindness and civility, our internal network of accredited Coaches, and an internal mediation scheme that we developed and soft launched in March 2025.

As part of our commitment to the sexual safety charter, and ensuring the organisation is actively trying to prevent and address sexual harassment as part of Workers Protection Act 2023, we continue to make progress in several areas which include:

- Promoting our new Sexual Safety learning package. 224 colleagues have undertaken this learning package since its launch in October 2024.
- Further development of our sexual safety intranet pages to support staff.

Prospect Park Hospital remains the area of our Trust with highest abuse against our staff. We have run workshops and trained sexual safety champions to help address this.

Figure 22- Incidents of violence against staff 2023-24 and 2024-25

Incidents by Sub-Category	2024/25					2023/24
	Q1	Q2	Q3	Q4	2024/25 total to date	Total
Alleged Sexual Assault	2	6	3	7	**18**	**27**
Attitude	0	0	0	0	**0**	**6**
Dirty Protest	0	1	0	0	**1**	**1**
Patient refusing treatment	0	1	0	0	**1**	**5**
Damaging Property/Criminal Damage	2	3	0	0	**5**	**6**
Physical Assault by Patient	119	180	161	181	**641**	**772**
Physical Assault by Staff	2	1	0	2	**5**	**8**
Abuse by Patient	204	217	191	263	**875**	**647**
Physical Assault by Other	0	5	1	4	**10**	**7**
Abuse by Staff	8	11	5	5	**29**	**28**
Abuse by Other	14	25	19	10	**68**	**79**
Total	**351**	**450**	**380**	**472**	**1653**	**1586**

Acting on our anti-racism commitment, removing barriers to equity and improving representation at senior positions

Our five Executive-led workstreams in this area are progressing well and we are delivering and monitoring actions that will be checked and challenged with our workforce and community. Our Taskforce continue their monthly meetings to ensure we make progress. Our Anti-racism in healthcare CommUNITY forum continues meeting with our community partners. The Patient Carer Race Equality Framework (PCREF) working group continues to map our organisational progress and gaps against the PCREF.

Some of our services have reported dealing with racism from patients over the last few months. We have developed a resource to help address this which will help give colleagues confidence when dealing with such racism.

Some of our other initiatives in this area have included:

- Race Equality Week, Every Action Counts
- Holding Space to Talk about Race
- A Skin Tone Bias Assessment Tool
- A Musculo-skeletal (MSK) study day recognising and addressing racism.

Our Staff Race Equality Network (REN) has grown during the year, reflecting our diverse workforce and the network's efforts in improving engagement. The REN network has contributed to anti-racism initiatives, strategy development and education.

Creating a supportive work environment that values each team member's contribution, wellbeing and professional development

ⓘ We value the work that is carried out by each and every member of our staff and recognise that we can help them by supporting their wellbeing and developing them professionally.

Supporting attendance (sickness absence management). We have reviewed how we manage sickness absence and support attendance to give better support to staff and enable them to return to work faster.

Valuing our staff. We introduced mid-term talent conversations, and 3,169 staff took up this opportunity to discuss their development with their line managers.

We are also planning a trust wide roadshow to understand from our staff how we can develop our talent management processes. We continue to provide regular development sessions through our Managers Support Network to ensure 1:1 and appraisal conversations are impactful. Feedback from the roadshow will also inform the design and positioning of future talent development offerings and initiatives.

Supporting staff wellbeing. In line with the People Directorate 2024/25 strategic workstreams, a review of the trust wellbeing provision has been conducted over the past 4 months. The aim of the review is to ensure that the service we are delivering is effective, cost-efficient and fit for purpose. This started with a questionnaire sent to all staff which received an unprecedented 850 responses and was followed up by an engagement event which was attended by 60 staff. The responses showed a range of opportunities for improvement but importantly, that when our people have needed to access the wellbeing services available, they are generally happy with them.

The insights generated and reviewed by the engagement event have resulted in a list of quick wins, longer term projects and areas where we need to engage with existing workstreams.

The feedback also gave great insight into the support that has most impact on sickness absence. 69% of the 850 staff who completed the questionnaire said that the health and wellbeing support enabled them to stay at work or reduce their time off. The majority of responses highlighted Occupational Health, Ergonomics and Early Intervention Physiotherapy services being the most helpful. Wellbeing Matters and manager support were also mentioned.

Over the past six months, we have completed several of the shorter-term actions and progress has been made on the longer-term areas as well. Some of the completed actions include:

- Launching a wellbeing at work webinar series
- Expanded our wellbeing line to include support for all wellbeing queries
- Linked with the neurodiversity workstream to improve best practice and look at ongoing work
- Adapted policies to ensure that specialist equipment can follow an individual around jobs, rather than stay within the team that purchased the equipment
- Ongoing work to improve our nexus intranet pages. A button has been added to the home page, and we are updating the wording to make the pages simpler to find the support needed
- The Blue light card offer was extended for a year with generous funding from the Berkshire Healthcare Charity
- An improved the ergonomics booking system
- Introduced a comms schedule for the year

National Staff Survey Trust Results.
The 2024 National staff survey results were published in March 2025. The following gives a summary of findings from this survey.

<u>The Survey Sample.</u>
The 2024 survey was conducted online, resulting in it being open to over 4000 of the Trust's employees. 3305 (64%) staff responded to the 2024 survey. This response rate is 3% lower than in 2023 (67%), although we had a greater number of responses from staff in 2024 than in 2023. Our 2024 response rate was 10% higher than the median response rate for similar Trusts (54%).

<u>Summary of Trust Results.</u>
The results of the survey show that we have a lot to be proud of. Our overall staff engagement score has risen again this year to 7.5, up from 7.45 last year. This is the highest score in our comparison group.

Key highlights from the 2024 survey results include:

- We improved in 15 key areas compared to last year, with no significant declines in any areas. This includes improvements in questions around raising and addressing concerns.
- We scored the highest in 25 questions compared to similar NHS organisations. These questions include 'I think my organisation respects individual differences' and 'I am able to access the right learning and development opportunities'
- We have invested in management and leadership training, and it is great to see that our scores for line manager support and compassionate leadership have improved.

As we continue to focus on making our trust a great place to get care and give care, we are particularly proud of our top scores in these areas:

- 'Care of patients is my organisation's top priority.'
- 'I would recommend my organisation as a place to work.'

Last year, the survey introduced new questions about sexual safety at work. Since signing the NHS Sexual Safety Charter, we have made progress in this area, but we must continue working to ensure a safe and supportive environment for all staff.

Teams across our organisation are reviewing the detailed survey results, celebrating successes, and identifying areas for further improvement. There will be opportunities for staff to get involved and help shape the next steps.

Figure 23- 2024 Trust NHS Staff Survey Results mapped against the People Promise

	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	Morale
Your org	7.87	6.69	7.31	6.69	6.33	7.15	7.41	7.49	6.56
Best result	7.90	6.83	7.31	6.72	6.37	7.34	7.48	7.49	6.66
Average result	7.55	6.35	6.94	6.40	5.93	6.83	7.15	7.07	6.20
Worst result	7.03	5.98	6.18	5.86	5.11	6.27	6.78	6.32	5.46
Responses	3298	3299	3270	3283	3185	3289	3291	3300	3300

Source- 2022 NHS Staff Survey- Trust Benchmark Report

The Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES)

The Workforce Race Equality Standard (WRES) is a requirement for all NHS organisations, mandated by the NHS Standard Contract in 2015. It is a mirror that allows NHS Trusts to visualise workplace inequalities through 9 measures (metrics) that compare the working and career experiences of Ethnically diverse and white staff in the NHS.

The Workforce Disability Equality Standard (WDES) is a requirement for all NHS

organisations and was mandated by the NHS Standard Contract in 2018. It comprises 10 measures (metrics) that compare the working and career experiences of Disabled and Non-Disabled staff in the NHS. The 10 metrics cover the workforce profile, recruitment and capability processes, experiences of disabled staff, board make up, and the opportunity that disabled staff have to voice and air their concerns and to be heard. It seeks to help unmask barriers that have a negative impact on the experiences of disabled staff.

For this year the WRES/WDES results are currently being reviewed and will be reported to Board in Q1 2025.

Below are the outline results from the 2024 national staff survey relating to WRES and WDES.

Figure 24- Staff survey results relating to the Workforce Race Equality Standard (WRES)

WRES Indicator	Metric Descriptor		All Other Ethnic Groups 2024	White Staff 2024
5. Staff Survey Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Berkshire Healthcare	27.2%	16.6%
		NHS Trusts	31.6%	21.3%
6. Staff Survey Q14b&c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Berkshire Healthcare	19.7%	13.5%
		NHS Trusts	21.2%	16.5%
7. Staff Survey Q15	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	Berkshire Healthcare	56.4%	68.6%
		NHS Trusts	51.1%	61.0%
8. Staff Survey Q16b	Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	Berkshire Healthcare	10.7%	5.1%
		NHS Trusts	13.2%	6.1%

Figure 25. Staff survey results relating to the Workforce Disability Equality Standard

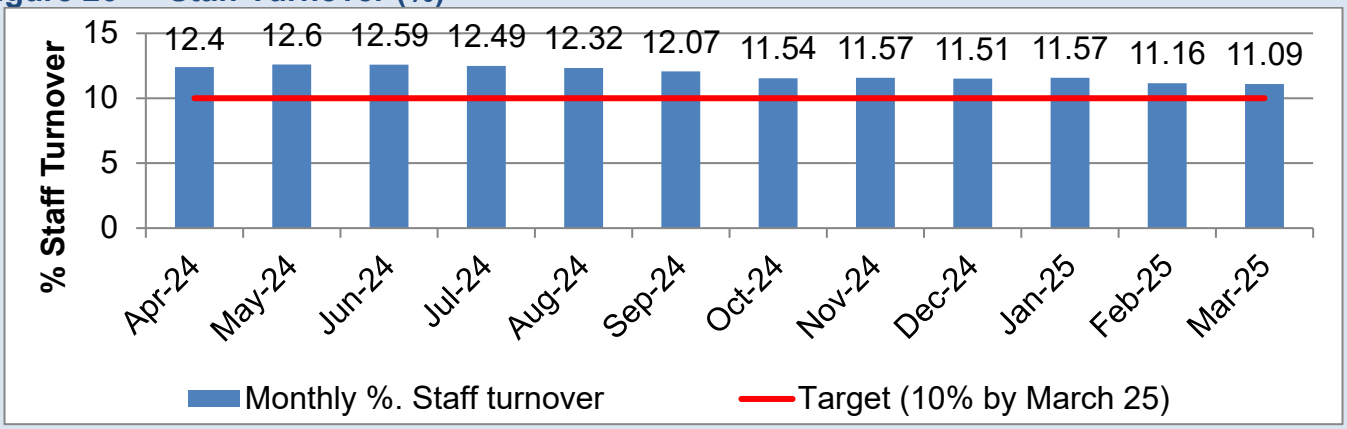
WDES Indicator	Metric Descriptor		Disabled 2024	Non-Disabled 2024
4 Staff Survey Q14a-d	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months from:	(a) Patients/Service users, their relatives or other members of the public	24.2%	18.2%
		(b) Managers	10.3%	5.8%
		(c) Other Colleagues	17.0%	10.4%
		(d) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	65.9%	64.7%

WDES Indicator	Metric Descriptor		Disabled 2024	Non-Disabled 2024
5 Staff Survey Q15	Equal opportunities for career progression or promotion	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	59.9%	66.7%
6 Staff Survey Q9e	Presenteeism	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	21.1%	11.1%
7 Staff Survey Q4b	Disabled staff's views/satisfaction with the extent to which their organisation values their work.	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	55.2%	64.8%
8 Staff Survey Q30b	Reasonable adjustments for disabled staff	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	81.9%	N/A
9. National Survey staff engagement score	NHS Staff Survey and the engagement of Disabled staff	(a) The staff engagement scores for Disabled and Non-Disabled staff	7.1	7.6

Reducing staff turnover

We have set ourselves an aspirational turnover target of 10% which is the NHSE recommended turnover target. Traditionally in the South- East has been higher than that. Our turnover is currently hovering around 11% and this is one of the lowest rates for 5 years.

Figure 26- Staff Turnover (%)



Develop

Ensuring we have a highly-skilled permanent and temporary workforce by actively developing staff and proactively attracting great external candidates

ⓘ We will support the growth and development of our staff so that we have a workforce with the skills, confidence, knowledge and competencies to deliver professional excellence and high-quality care in their roles. We will develop staff that can promote our culture and values and learn from and share good practice.

We will support the continuous professional development and career aspirations of our staff.

Clinical Education.
We support the growth and development of our staff so that we have a workforce with the skills, confidence, knowledge and competencies to deliver professional excellence and high-quality care in their roles. We develop staff so that they can promote our culture and values and learn from and share good practice.

A review of the practice competencies of our clinical workforce (nurses and Allied Health Professionals) has been completed across the Trust, aligning them with the NHS England four pillars of professional practice.

We continue our work to embed the essential skills matrix to support the governance of clinical skills competency and skill mix.

We have supported Training Needs Analysis workshops across the Trust to support the appraisal season and to improve equity of access to Continuing Professional Development (CPD).

New training pathway solutions are being developed to address the development needs of our clinical workforce. We are continuously seeking to integrate technologically enhanced learning solutions to streamline our pathways, enhance access and equity, and optimise learner experience.

Some of our courses have been transitioned from face to face to online. This releases educator time to cover other higher priority teaching. We continue to review our programmes to achieve better service efficiency.

We continue to look at ways to improve the efficiency of our training offer and our course occupancy is one area highlighted for improvement. We are working to develop a new reporting system with Operational leads to improve this.

To support the Trust ambition to improve the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) scores, we have developed a data dashboard to share CPD funding allocation data and improve the transparency of the CPD process.

Talent and Leadership Development. Following further stakeholder engagement and feedback our leadership competencies continue to be refined in preparation to be launched later this year. This framework will help colleagues to enhance their leadership skills and progress into more senior roles if desired

Development of internal offerings and alignment to competencies. Our leadership and management development programs continue with most identified managers having completed their training. New managers are required to finish the Essential Knowledge for Managers (EKM) program within three months of joining. The Management Support Network offers monthly brief sessions on various topics

Talent pools and competency-based progression. Work is progressing to design and build talent pool offerings for each aspiring leadership tier. The mid-year review conversation will serve as the gateway into the talent pool which will launch in January 2026.

Data analysis from planned roadshows will further contribute to the design and selection of specific development opportunities for individual talent pools. Leadership competencies will be aligned to the corresponding talent pools. Establishing talent pools in this way will also offer important pipeline data, enabling the organisation to better understand where its talent resides and where there may be gaps. This information will support ongoing work to ensure staff have opportunities to progress internally and will link with our competency-based progression work.

Anti–Racism Actions. As part of our commitment to antiracism, we are taking a proactive step to address existing disparities in leadership representation. We are doing this by offering an opportunity for our ethnically diverse colleagues, clinical and non-clinical Bands 5 to 8a, to attend a leadership development programme that began in March 2025 titled “Braver than Before”. This will be delivered by an external provider called “The Bravest Path”. We had 31 staff sign up for this, of which 22 are ethnically diverse.

Improve

ⓘ We will promote a culture of continuous learning and improvement and encourage research and innovation in the way that we work and how we deliver patient care. We will enhance our people services by developing new ways of working that enhance productivity, efficiency and flexibility and release staff capacity to focus on value-adding activities and improving patient care.

Review and redesign of our people processes, ensuring that they are purposeful, responsive, and inclusive.
Following a recruitment workshop in October 2024 involving members of staff across the different divisions in the Trust, we have developed a clear plan of the recruitment improvements we want to make to continue to deliver a great manager and candidate experience.

Following our improvement work, manager satisfaction averaged 76% and candidate satisfaction scored 100% which is a significant improvement.

Several workstreams from the workshops have now been implemented. This includes developing a policy to support our own staff by promoting roles through our internal channels first, before recruiting externally if talent is unavailable within the trust. This pilot will run for 9 months from April 2025.

Our journey with automation continues and we are looking to improve the way we communicate with various departments to support new joiners. We continue to engage with system partners around people process improvements at scale.

Providing opportunities for our people to show initiative and make improvements for their colleagues and patients through great team working, Quality Improvement and Bright Ideas

ⓘ We have a Quality Improvement (QI) Programme that provides opportunities for staff to make improvements using QI methodology. We also encourage Bright Ideas to be submitted by staff to improve services.

The term ‘Quality Improvement’ (QI) refers to the systematic use of methods and tools to continuously improve quality of care and outcomes for patients. It gives the people closest to issues affecting care quality the time, permission, skills, and resources they need to solve them. QI can deliver sustained improvements not only in the quality, experience, productivity and outcomes of

care, but also in the lives of the people working in health care.

Our Trust QI team are responsible for:
- Supporting our teams in the application of the Trust's Quality Management Improvement System (QMIS).
- Supporting colleagues to build their QI capability and become further accredited in lean training by delivering 'Yellow belt' and 'Green belt' QI training.
- Leading and supporting trust-wide high priority projects and programmes with the use of lean methodology.

Below is a summary of some of the progress made during the year in the delivery of these objectives.

Training with the Children, Families and All Age services division has continued. The Learning Disabilities teams began their QMIS learning in quarter 4, with colleagues attending the final waves of in-person learning sessions. We are on-track to train 95% of all clinical teams by 2025.

By the end of March 2025, more than 1,900 colleagues have completed the introductory 'White Belt' level, and 140 have been trained to a 'Yellow Belt' level.

Colleagues complete a QI project when doing their yellow or green belt training, and the example below is from the Windsor and Maidenhead Community Nursing team, who used a QI approach to reducing mental health related sickness in the last year.

The Windsor and Maidenhead Community Nursing service is part of the Physical Health Division, and reducing sickness was a driver metric for the division in 2024. The level of sickness absence recorded in the team was on average 5% of full-time-equivalent (FTE) over a 12-month period from October 2022 to September 2023. This was significantly higher than the Trust target of less than 3.5% and peaked in June 2023 at 8.7% FTE. Mental health was the top-contributor for sickness recorded in the period.

The team used a QI approach to understanding the root-causes and identifying a small number of countermeasures, including holding listening into action events; designating wellbeing and mental health champions; regular check-ins with staff and achievable return-to-work plans; and protected 12-week induction plan for new staff. As a result, the team have been able to demonstrate a significant reduction in absence and, in the period from October 2023 to September 2024, the sickness reduced and remained at less than 2% FTE. The improvement work continues.

Many more examples of Quality Improvement work are detailed in our 'Other Service Improvements' sections later in this report (sections 2.15 to 2.1.10).

Bright Ideas

Our Bright Ideas and innovation platform continues to develop and improve. We are receiving between three and ten new ideas from colleagues across the system every month, and a dedicated senior sponsor group is in place to help those submitting ideas to implement them and measure their value. We have procured new innovation management software, as part of a twelve-month test, to speed up the rate at which we receive and share new ideas, increase engagement, collaboration and connectivity with colleagues across the system and help us solve some tricky challenges. By connecting people more rapidly our colleagues will save time solving problems someone else can support them with and build relationships beyond team silos.

We will evaluate the value of the platform on patient experience and workforce development and will establish if it helps to boost efficiencies and supports us to implement new ideas connected to strategic problems. We will also establish if it increases the rate at which we collaborate, share and connect to get solutions to services more rapidly. The Platform will also support us to provide tangible data relating to new ideas including understanding if new ideas that are

taken forward by submitters and sponsors do bring a return on investment for the organisation vs the cost of the platform. The new Bright Ideas platform has been live for just 28 days, and we have already seen over 18 new ideas. One of these will save Berkshire Healthcare £12,000 per year, and if we receive multiple ideas like this per year the savings will grow. Other ideas have been connected to time saving and better use of our resources.

The Bright Ideas team have two colleagues working in it, that make up one whole time equivalent post. Support comes into bright ideas from sponsors and colleagues in divisions that have links to innovation or are leaders/managers in a division or service. We have also developed a very strong voluntary Innovation hub of 20 colleagues from across Berkshire Healthcare. The hub engages via teams chats and meet quarterly where they are offered development opportunities linked to innovation. Innovation hub colleagues have committed to sharing and encouraging new ideas across the system, with a primary focus on making things better for the people who receive care or give care. We are working hard to create not only a bright ideas submission page but an eco-system for innovation.

The hub has recently partnered with our transformation community group to create the exchange station. This is a Teams chat with over 195 members and growing, where people can ask questions and share projects and learning, this has been proven to get solutions to people on many occasions saving them valuable time.

Bright ideas have also collaborated with our Research and Development, Quality Improvement, Digital transformation and library teams to jointly deliver the Trusts Leading for Impact programme. We continue embedding the notion of collaboration in leadership, promoting how we can come together to solve challenges and embed change, as opposed to working in isolation.

The Head of Innovation supports away days, Listening into Action, Hackathons and attends some strategic groups to bring new thinking and ideas when addressing strategic goals. The Head of Innovation is a split role and is also the Head of Charity. This brings together fundraising opportunities and grant seeking for innovations that sit outside of NHS funding.

Bright ideas have recently supported the implementation of Nature Prescribing in our Mental Health Integrated Community Services (MHICS). These are annual calendars that are given to patients to support their wellbeing by engaging with and learning about nature. Activities can be carried out alone or with others and can be accessed immediately by patients. The team have also been involved in the development of a new Dental Guard that aims to make the experience of dental treatment easier for both patients and dentists and reduce the number of patients requiring anaesthetics/sedation. This will also reduce waiting times for patients who would usually require sedation and will also save money.

Freedom to Speak Up

ⓘ Following a review by Sir Robert Francis in 2015, a national standard 'Freedom to Speak Up' policy was published by NHS England. This policy has the aim of developing a more open and supportive culture for staff to raise any issues of patient care, quality, or safety. We have subsequently adopted this standard policy in our own policy.

Our policy and procedure in relation to this area is contained within ORG013- Freedom to Speak Up: Raising Concerns (Whistleblowing). This policy emphasises the importance of staff being able to speak up about any concern to ensure the safety and effectiveness of our services. Under the policy, Trust staff members are encouraged to raise concerns (confidentially, unless required to disclose by law) about risk, malpractice, or wrongdoing that they may think is harming the

services the Trust delivers. Such examples may include, amongst others, unsafe patient care, unsafe working conditions, inadequate training, or a culture of bullying.

How does the Trust ensure that staff do not suffer detriment from speaking up?
If a member of staff raises a genuine concern, then they will not be at risk of losing their job or suffering from any form of reprisal as a result. The Trust will not tolerate any harassment or victimisation of anyone raising a concern. In addition, providing that the staff member is acting honestly, it will not matter if the staff member is mistaken or if there is an innocent explanation for the concern.

How can staff speak up?
Staff are encouraged to raise concerns in several ways:

1. By raising the concern with their line manager, lead clinician or tutor (for students). This may be raised orally or in writing and advice can be sought from a trade union if the employee is a member.
2. If the member of staff does not feel they can raise the issue with their line manager, or they feel the line manager has not addressed their concerns, then it can be raised with any of the following: their Divisional Service Director, Clinical Director or Corporate Services Director, The Trust Freedom to Speak up Guardian, The Trust Executive Director with Responsibility for Whistleblowing (Currently the Director of Nursing and Therapies); through a dedicated confidential external telephone line or e-mail service, or through the local Counter Fraud Specialist.
3. If the above channels have been followed, and the member of staff still has concerns, then the Trust Chief Executive or nominated Non-Executive Director can be contacted via e-mail or by letter about the concern.
4. Alternatively, concerns can be raised formally with external bodies such as National Guardian's Office, relevant Registration bodies or Trade Unions, Health and Safety Executive, NHS Improvement, the Care Quality Commission and NHS England.

How is feedback given to staff raising a concern?
Feedback is given as appropriate to each case and would depend on the concern raised and if the information is confidential or not. The aim is to share learning from concerns raised.

The role of the Freedom to Speak Up Guardian. The Trust's Freedom to Speak Up Guardian helps to protect patient safety and the quality of care, improve the experience of workers, and promote learning and improvement. This is achieved by ensuring that: workers are supported in speaking up, barriers to speaking up are addressed, a positive culture of speaking up is fostered and issues raised are used as opportunities for learning and improvement. This role is fully embedded in the Trust and awareness of this facility is very well publicised Trust-wide. In 2024/25, 61 cases were brought to the Trust's Freedom to Speak up Guardian. The three most common elements raised in these cases were bullying/ harassment, suffering detriment and inappropriate behaviour.

2.1.5. Other Service Improvement Highlights in 2024/25

ⓘ In addition to improvements resulting from the priorities detailed above, services have undertaken additional initiatives to improve the quality, safety and experience of care provided to patients. Details of some of these improvements are detailed below.

2.1.6. Improvements in Community Physical Health Services for Adults

The Urgent Community Response/ Virtual Frailty Ward (UCR/VFW) Team participated in a trust reusable tourniquet trial (known as Daisy Grip) for obtaining venous blood and for cannulation procedures. This reusable tourniquet is both more environmentally friendly and cost-effective when compared with disposable, single-use tourniquets.

Pathways have been established with community nursing colleagues to accept urgent referrals for catheter care and as-required (PRN) end of life care medications. A hybrid mail system (Envoy Post) has been implemented to eliminate the need for printing and enveloping letters. A Medic/ Advanced Nurse Practitioner (ANP) chat has been created to support clinicians on the frontline with patient queries. Alongside this, a chat has been created to quickly determine if an inpatient bed is available for a patient.

The Musculoskeletal (MSK) Physiotherapy Service have merged their East and West based teams into one unified service. This helps them share learning, review and streamline processes and improve staff experience and opportunities. Patient recruitment has started for the EPIC neck research trial. They have explored their Did Not Attend rates (DNA) rates and have a greater understanding of their health inequalities data. They have also been helping to develop clinical pathways on the 'Get U Better' App (GUB), which gives patients self-directed help prior to referral into the team.

The Adult Speech and Language Therapy (ASLT) reduced both their urgent waiting times and the number of patients on their waiting list. They have reviewed RiO processes to improve patient flow, journey and experience and the booking process is being reviewed to help support this. They have been working on an Intelligent Automation (IA) project to improve the speed of triage. Following patient feedback, reports for dysphagia are now sent the same or next day to the GP, and communication reports within 2 weeks. Outreach work has also been undertaken with Islamic Communities.

The Community Based Neuro Rehab Team carried out a vocational Rehab project for Stroke Patients. This helped to support Stroke Patients living in Windsor and Maidenhead who were experiencing barriers to returning to employment or study post stroke. The project empowered 60% of the patients back into work, benefiting their health and increasing their economic independence. Individuals still requiring additional rehab were supported to transfer to Specialist Vocational Rehab Services outside of Berkshire.

Heart Failure Services. Both Heart Failure Teams have instigated remote heart monitoring using a system called Docobo. This allows patients with heart failure to monitor their vital signs and upload them for clinical staff to monitor and intervene if required. The East (Frimley focused) Team have been shortlisted for 2 Health Service Journal (HSJ) awards for their early trailblazer work using Docobo. They also used our Health Bus, alongside a cardiologist from Wexham Park, to engage with the public at Slough Observatory.

Cardiac and Respiratory Specialist Services (CARRS) in the West of Berkshire have also implemented remote Docobo heart monitoring as described above. They are reviewing their Oxygen pathway and are introducing the Beats Better App for Cardiac rehabilitation to help patients continue their rehabilitation. An Intelligent Automation robot called 'Puffer' has been developed to support the administrative process for the Home Oxygen Review Service. The Respiratory team engaged with the public by taking the Trust health bus to Morrison's car park in Reading. They performed lung function tests on the public at this event, signposting for investigations as required.

The Care Home Support Team delivered a range of training topics to Berkshire Care Homes throughout the year. Several resources have also been produced to help care homes, including some relating to Eating and drinking at end of life, use of syringe Drivers and postural management. The postural management team have developed an intervention pathway for residents with severe neck and spine postural deviation. Ad hoc webinars have also been offered. Lastly a pilot project is being carried out with two care homes on the Positive Approach to Care for residents with dementia.

The Lower Limb Service have improved their iWantGreatCare patient experience response rate to above 10% over the year. They have

also given patient education to promote self-care and reduce the risk of venous leg ulcer recurrence. Healing rates in the routine clinic remain above the 70% target within 12 weeks.

The Tissue Viability Team promotes wound care through direct patient care and training. They have piloted the use of 'Purpose T,' an accredited pressure ulcer risk assessment framework, and aim to embed this across the Trust. They have been involved in two national research projects to evaluate the effectiveness of new dressing products and have supported the evaluation of manual verses automated Doppler devices in line with NICE guidance. The current wound care plan has been remodelled and a training package developed on deteriorating wound awareness and treatment. A wound care formulary is also being developed collaboratively with both of our Integrated Care Boards (ICBs).

The Bowel and Bladder Service have reduced their waiting list by over 25% in 6 months. They have reinstated training for trust staff on catheterisation, continence promotion and assessment in the community, and digital rectal examination. Their website and Nexus intranet pages have been updated. Their administrative team have developed further efficiencies and are automating some of the repetitive tasks. A review was also undertaken to improve the pathway between the team and the community wound care nurses. Dressings have been standardised for patients requiring Peripherally Inserted Central Catheters (PICC) lines and a Teams channel developed to give advice in this area. Lastly, the Hi Tec lead developed a clinical newsletter which is circulated to all community nursing teams with clinical updates relating to PICC care.

Community Nursing Teams have made many service improvements during 2024/25. An improvement plan was developed at the beginning of the year to identify and prioritise their key development objectives. A carers strategy has been developed, as well as patient first visit packs.

The service carried out a Community Nursing remodelling project. The aim of this project was to develop an integrated community nursing service that supports the needs of the Berkshire patient who needs a range of support from simple to complex needs. The East and West Berkshire community nursing and community matron teams were consolidated as one service, allowing for joined-up care delivery and reduced variation. A service improvement called 'One Berkshire Community Nursing' was also undertaken to address staff feedback that they felt overwhelmed and did not always know where they would be starting their day and ending their day. Staff had also reported burnout and unhappiness. The service therefore reviewed the criteria for planned visits for patients, and agreed staff would work to their agreed units. To support this, an unplanned nurse carries out same day and urgent visits in each area to reduce pressure on planned patients.

The service also continued to engage with their colleagues in the acute sector and carried out a presentation with Ward Managers and Matrons in Wexham Park Hospital. Ward visits were undertaken, and a community nursing referral guide and template produced and shared with each ward. Frimley Park Hospital has been contacted to undertake the same exercise, and the service plan to attend Royal Berkshire Hospital once the work with Frimley Park Hospital is complete. Lastly, District Nurses delivered winter warm bags to vulnerable patients over the festive period.

The Integrated Care Service in East Berkshire are ensuring that if a patient fails to contact them, the patient is not discharged without the service first contacting them. This ensures the needs of patients are addressed and that vulnerable patients are not disadvantaged. Several digital solutions have been implemented to allow patients to receive their appointment details and documents quickly. Community and Musculoskeletal (MSK) processes have been linked to allow for cross referral and reduce the number of patients needing to be re-referred by their GP. Other work has led to the number of patients that do not attend appointments (DNA) reducing from 14%, to 7%.

East Berkshire Specialist Wheelchair Service has expanded its database of wheelchair-related information for patients and have compiled and made available information about several areas, including Carers Cards, the Blue Badge Scheme and Contractures. Personal Wheelchair Budgets have also been introduced to give patients greater choice.

The Single Health Resilience Early Warning Database (SHREWD) is an operational situation dashboard developed by VitalHub. It has been incorporated into our RiO system, thus allowing us to obtain a 2-hourly up-to-date overview of our bed situation. It displays data from multiple Trusts and provides a real time heatmap. The platform has been updated to include the new Community Operational Pressures Escalation Levels (OPEL), helping us to quickly mobilise to reflect community requirements. SHREWD has also been completed for Community Nursing, Virtual wards, Urgent Community Response and Community beds.

The Nutrition and Dietetic Service have implemented a new early triage pathway as part of their paediatric pathway. A digital Gastrointestinal Symptom Score tool has also been developed that allows patients to self-report gastrointestinal symptoms. A daily rapid access ward helpline was piloted for our community inpatient wards. This allows the service to speak to the referrer at the point of referral and offer immediate advice to support the patient's nutritional status. Two virtual training sessions have been introduced each month for care homes across the whole of Berkshire. The training is also available face-to-face to care homes on request. An automated referrals process has also been implemented, allowing for online referral directly from care homes to the service. Lastly, the service is collaborating with ethnic communities to understand their experience as opt-in to the service is lower in some populations.

Responses to the IWantGreatCare patient experience tool. The division continues to observe an upward trend in responses and each service has an individual stretch target. Reports are analysed at a divisional level and discussed with Heads of Service on a quarterly basis.

2.1.7. Improvements in GP Out-of-hours, and Urgent Care and Phlebotomy Services

The WestCall GP Out of Hours Service is using Envoy Messaging to help manage their workflow. Patients are sent a text to advise them of any anticipated delays due to extreme demand and patients can update the team via 111 if their condition is worsening. The service wants to expand this into a service that is available via their Adastra clinical patient management system.

The service supports the Royal Berkshire Hospital Emergency Department (ED) by providing 15 appointments every evening for patients arriving at the ED that are more suited to primary care management. This support has extended to weekends and Bank Holidays during which an additional 50 appointments from 10:00 - 22:30 are provided.

The WestCall Clinical Assessment Service (CAS) continues to be provided for patients in Berkshire West on Monday to Friday between 8:00 - 18:00. Patients calling into 111 that are identified as suitable for primary care are booked into this service for a telephone triage during which clinicians facilitate a variety of outcomes, including advice, electronic prescription to a local pharmacy or a face-to-face appointment. A local audit has shown that CAS consistently closes 60-70% of cases without need to book a GP slot, thus freeing up capacity in the wider system.

WestCall staff have been trained on Electronic Prescribing and Medicines Administration (EPMA) to provide support to the community wards across Berkshire West. Previously, a WestCall doctor would visit the ward to

facilitate the provision of a drug chart for any patients newly admitted out of hours. This can now be undertaken remotely, releasing capacity for clinicians to deal with other pressing cases. WestCall also support the Urgent Community Response (UCR) team to electronically prescribe for their patients and may also extend this to the Sue Ryder Service.

Support to residents in care homes across Berkshire, Oxfordshire and Buckinghamshire continues to be provided by Westcall. Outbreaks of Flu that are reported to the UK Health Security Agency (UKHSA) are directed to WestCall when appropriate, with their clinicians facilitating an electronic prescription to a named pharmacy holding stocks of Tamiflu. This service has been extended to provide a service to trust ward staff, and the team are also supporting our staff with influenzae prophylaxis, alongside our Trust Infection Prevention and Control Team.

Our Urgent Care Service work collaboratively with the Trauma and Orthopaedics Virtual Fracture Clinic at the Royal Berkshire Hospital NHS Foundation Trust (RBH) and have adopted the RBH treatment pathway for patients that are cast-immobilised due to lower limb fractures. With the help of our Pharmacy team and Drugs and Therapeutics Committee, they have procured treatment packs to give to patients presenting to our Minor Injury Unit at West Berkshire Community Hospital. This allows patients to be started on either injectable enoxaparin or an oral anticoagulant without the need to go to a community pharmacy. The service has also procured the alinity i-stat Point of Care Testing (POCT) blood test machine, which allows them to take baseline blood tests prior to starting the patients on anticoagulants.

The Phlebotomy Team have implemented a texting service that reminds patients about their appointment and allows them to cancel by replying to the text.

2.1.8. Improvements Children, Family and All Age Services (CFAA)

The Children, Family and All Age Services division includes children's community and mental health services, learning disabilities, perinatal mental health, family safeguarding and all age services for eating disorders and neurodiversity.

Community Children's Services

The Children in Care Service organised a series of health workshops focusing on Asylum-Seeking Children and Young People. These were developed in partnership with Berkshire's six local authorities and received positive feedback. A new Pictorial Review Health Assessment Form was also implemented in November 2024.

Children and Young People's Integrated Therapies (CYPIT) Teams have focused on: improving accessibility to the service, reducing waiting times, strengthening their universal offer to families and professionals, contributing to special educational needs and disabilities (SEND) agendas, and strengthening their commitment to impact-based clinical decision making.

The CYPIT speech and language therapy (SLT) support to early years team have strengthened their universal offer for early years therapy. The CYPIT Eating, Drinking and Swallowing Service now includes a neonate service in both the East and West.

The CYPIT Support to School Years team includes speech and language therapy (SLT), physiotherapy (PT) and Occupational Therapy (OT). They are extending their school-aged SLT screening tool to target those in secondary schools. They are also piloting a 'long arm' placement model, enabling pairs of final year students to work within schools once a week for a period of 10-20 weeks. CYPIT therapists and staff in schools in the west of Berkshire have developed pre-recorded videos offering universal and environmental advice and support. The CYPIT OT team are

running live virtual training sessions on how to support children with handwriting needs. Work is being undertaken to improve the timeliness of CYPIT's receipt of final Education, Health and Care Plans (EHCPs). Continued funding from both Frimley and Buckinghamshire, Oxfordshire and Berkshire (BOB) Integrated Care Services have enabled weekly representation at individual Local Authority Special Educational Needs panel meetings, helping to speed up decisions. CYPIT staff also plan to work with local Experts by Experience to produce accessible and effective short videos for young people. In East Berkshire, continued investment in the OT service by Frimley Integrated Care System has enabled recruitment of additional staff and other initiatives to improve waiting times. In Berkshire West internal quality improvements have contributed to a reduction in the number of children awaiting an education health and care needs assessment.

Public Health Nursing Services (health visiting and school nursing). All four health visiting teams have improved the delivery of the new birth visit and have reduced 'Did Not Attend' (DNA) rates.

The School Aged Immunisation Service completed first visits of all schools across Berkshire during Term 1 and the flu season by the 15th of December 2024**.** They vaccinated over 90,700 children (up to and including year 11) for flu over a 12-week period**.** Several projects have been completed to address specific areas including areas with lower uptake of immunisations, enabling patients with special educational needs to have vaccinations and contacting non-responders.

Specialist Children's Services – Children's Community Nursing (CCN) teams in the east and west have held training sessions to ensure all staff are confident and competent to support the Rapid Response service following an unexpected Child Death. Two of the end-of-life leads have delivered key worker training across the Trust. The CCN West Team provide a commissioned 8-8 service, extending service hours to prevent children being admitted to hospital. Using funding from a local hospice, Specialist Children's Services have also employed a Palliative Care Consultant.

Special Schools Nursing (SSN) Teams in east and west Berkshire are now fully staffed, with a new Team Lead across both areas**.** Their role, clinical competencies and dependency across the Special Educational Needs schools have been assessed and reviewed. Training for schools has also been opened to more settings.

The Community Paediatricians have appointed a Specialist Children's Practitioner to support families, and particularly those on a waiting list for follow up after a diagnosis. The Consultant Paediatrician with an interest in Paediatric Palliative Care is now a permanent post, working jointly with Alexander Devine and the Children's Community Nursing Team.

The Specialist Dietetic Team is now fully staffed. The Enteral Feeding Contract has changed provider, and the team help to ensure that patients have consistency in their enteral feeding requirements. They have provided additional face-to-face clinics at West Berkshire Community Hospital and continue to run clinics in the Special Schools.

Child and Adolescent Mental Health Services (CAMHS)

Our CAMHS was shortlisted for two presentations at the National Royal College of Psychiatry Quality Improvement Awards in Oct 2024. These showcased embedding their Quality Improvement culture and improving access for children and young people to early help level mental health support.

CAMHS Access and Getting Help Teams, alongside Mental Health Support Teams (MHSTs) have seen a 43% reduction in the number of patients that do not attend appointments (DNAs) since August 2024. Reducing waiting times remains a priority. Primary Mental Health Team 4 Youth (Wokingham Locality) have reduced the number of patients waiting for treatment from 44 to 11 and the number of weeks waiting for treatment to commence from 15 to 6 weeks.

They have also seen a 4% reduction in DNAs. The service has been supporting teams to meet the NHS England aspiration of all patients receiving help within 4 weeks, with average percentage of patients meeting this increasing by 36% between October and December 2024. The east and west Specialist Community Teams (SCTs) have reduced their waiting times from team referral to second appointment (a proxy measure for treatment commencing). West SCT have reduced this wait by 39% and East by 53%.

CAMHS Getting More Help Team. The East Specialist Community Team (SCT) undertook a quality improvement project with a group of young people to reduce the number of out-of-date risk assessments and improve the quality of safety planning. This resulted in a 55% reduction in out-of-date risk assessments and improved risk management. Phoenix Unit either met or partially met all standards during a Royal College of Psychiatrists Quality Network for Inpatient CAMHS inspection this year. They also retained their 'outstanding' Ofsted status. CAMHS Early Intervention in Psychosis team increased the proportion of patients having their annual Physical Health check.

The CAMHS Rapid Response Team extended their hours of operation, to offer a 24/7 Hospital Mental Health Assessment Service to young people presenting to Accident and Emergency in crisis at both the Royal Berkshire and Wexham Park hospitals. This has led to faster treatment for patients and helps reduce pressure on hospitals and their staff. An NHS111 Mental Health pathway has also been set up to provide a single point of access for young people and their parents/carers.

The Applied Role Reimbursement Scheme (CAMHS Mental Health Practitioners in GP Surgeries). These services in Slough, Reading and Windsor offer a more direct access route for young people to get support. The Windsor team has seen a 110% increase in referrals, and the Reading University Medical group team a 405% increase during the year.

The CAMHS Learning Disability Team launched in January 2024 and have received 186 referrals up to the end of September 2024. They use a school consultation model and cover seven Berkshire special schools. They plan to pilot two joint consultation models; one with Children and Young Peoples Integrated Therapies (CYPIT) and one with the Mental Health Support Team (MHST). They have also launched an 8-week workshop to help parents and carers better understand and address behaviours that challenge.

The Berkshire Link Team was established in 2024 as part of the Thames Valley Link Programme to provide extra support to children and young people who are often described as having 'complex needs'. This was initially launched in Slough and then expanded to Bracknell and Windsor and Maidenhead. Cases are addressed in other areas of Berkshire as needed, and the team plan to launch the service for the Berkshire West locality in 2025.

Eating Disorders

The Berkshire Eating Disorders Service (BEDS) launching an online resource that offers advice and information about eating disorders to people working in Berkshire who might come across people suspected of or vulnerable to developing an eating disorder.

The children's team within BEDS continues to be accredited by National Autistic Society and are aiming for accreditation by the Quality Network for Community CAMHS.

The Adults Team within BEDS has significantly reduced waiting times for assessment from 23 weeks to 10 weeks for routine referrals. National target is 18 weeks.

ARFID (Avoidant Restrictive Food Intake Disorder) is an emerging concern within England's mental health landscape, and historically no NHS services were commissioned for its treatment. Our Trust funded a local pilot project in April 2024 to offer treatment and support for some young people

with suspected ARFID. Referrals exceeded expectations and the pilot was extended.

Adult Learning Disabilities (LD)

The Coping Well Group is a new 8-week psychoeducation and mindfulness-based group intervention for people with LD. It was introduced this year by members of the LD Psychology Team working in the community, with the aim of providing psychological support to people with LD in a timely and efficient manner. Preliminary outcomes indicated an improvement in participants' well-being and client and carer feedback highlighted the benefits of the group. It also provided a valuable learning experience for trainee psychologists as well as those participating.

Campion Ward Safety Culture Staff Charter. Campion Ward staff have worked with the Nurse Consultant to implement a staff charter which focused on identifying mutual expectations relating to psychological safety, compassionate and inclusive leadership, diversity and open learning. This has helped the team to work more constructively and compassionately together whilst supporting the complex needs of patients on the ward.

Reimagining Specialist Community Health Services for Adults with a Learning Disability. A wide-ranging project is exploring how our current specialist community-based health services need to change and develop to continue to meet the needs of people within our community who have a learning disability. This will support the transformation of our community teams for people with a learning disability (CTPLD), with the aim of developing a contemporary, equitable, and sustainable community learning disability service that provides specific specialist interventions and clear service expectations. We aim to improve and streamline our referral processes and maximise the tools in our RiO patient system to help staff manage their caseloads more efficiently and consistently. We will be clearer about the specialist help that we offer, and where mainstream services can make reasonable adjustments to support people with learning disabilities access services. We will also help people to be ready for when our help finishes. In addition, we will look at the skills of our current workforce and tackle the challenge of ensuring we have enough staff with the right skills to provide the service.

Neurodiversity

Children and Young People Autism and Attention Deficit Hyperactivity Disorder (ADHD) Service. The service has significantly increased the number of available appointments to help reduce waits (which are due to exceptionally high demand). A new procurement project has been completed to support more flexible use of 3rd party providers to increase appointments and reduce waits. The iWantGreatCare (iWGC) patient experience response rate has significantly increased for both teams, with 95% of respondents rating their experience as good or very good. Six focus groups have taken place with young people and parents, with improvements identified and implemented. The referral process has also been updated, in partnership with our Integrated Care Boards (ICBs), to help ensure timely, tailored support for children and young people, without waiting for formal diagnosis.

Adult Autism and ADHD. The service has significantly reduced the number of patients waiting for prioritised assessments for both autism and ADHD. The ADHD Team has completed a Quality Improvement Project to reduce the waits and improve the experience for young people transitioning to the team. The Autism Assessment Team has collaborated with the Community Team for People with a Learning Disability (CTPLD) to improve assessments for clients with cooccurring learning disability, with a focus on supporting clients with nonverbal forms of communication. With the support of the Research and Development Team, a dedicated researcher has joined to service to support two projects. ADHD clinicians across the age range have also supported children, young people and adults affected by medication shortages.

The Family Safeguarding Model Service has encouraged parents to co-produce service developments by using different engagement initiatives. A drop-in space, which service-users have named 'Together' has also been co-produced with patients. They have also invited 'graduate' patients/service-users to return to therapy groups to share their experiences with new group members. Overall, feedback has been very positive. The service has increased access to their Adverse Childhood Experiences Recovery Toolkit group by raising awareness with midwives and health visitors. The team have also started a new offer that will run as a 'drop-in,' akin to a more flexible service-user led space. The offer of systemic consultation across adult Mental Health services within the trust has commenced this year, and the team have also contributed to Social Work Practice events to support the wider system.

The Perinatal Mental Health Service has undertaken several new initiatives and developed a range of interventions during the year. These have included: Developing an ADHD/Perinatal pathway**,** developing a Neurodiversity group**,** creating a perinatal service leaflet, and providing several intervention groups for specific types of service user. In addition, a focus group has been set up for patients who have recently been discharged from the service, enabling them to give feedback about the service.

2.1.9. Improvements in Mental Health Services for Adults

Talking Therapies

Direct to Digital is a digital pathway that allows patients to access Talking Therapies by providing information to the service electronically via SilverCloud. This information is assessed by a clinician and the patient is then invited for a shortened/standard assessment on the telephone to decide if online support is appropriate of if another treatment would be preferable. Patients gain immediate access to SilverCloud support through this route. In 2024 the service improved this pathway by ensuring the assessment requirements of NHS England are met and are in line with all other Talking Therapies pathways. All outcomes from this pathway are being monitored to allow for improvements and expansion to the pathway.

Intelligent Automation (IA) projects. Talking Therapies have worked with the IA team on several projects to improve the experience of patients and staff. The overall aim of these projects was to support patient engagement and recovery. Projects undertaken included: a core workbook project, an automated process to ensure that patients that have been on a waiting list receive a specific letter 10 days before their appointment and a decision-making app that helps Psychological Wellbeing Practitioners when making decisions about treatment.

Self-Management Toolkit for Patients Waiting. Talking Therapies wait lists have increased over the past few years and they have recently started offering patients on the wait list for step 3 (Therapist) treatment the opportunity to access digital support (SilverCloud unsupported online treatment). Patients are offered access to a generic programme called 'self-management toolkit' where they can develop an understanding of their difficulties and start to develop goals and tools that they can use.

The Administrative/ Operational team have improved the step 3 (Therapist) pathway for those patients who have specific availability requirements. Where therapists cannot meet specific treatment appointment requests within 8 weeks, team leads will reallocate the patient to therapists that are able to meet the availability. This has resulted in a significant reduction in the waiting time from assessment to treatment for this patient group. An online booking appointment tool has also been introduced that allows patients to select an appointment time that suits them.

Sport in Mind Our Step 2 Long Term Conditions Co-ordinator and Locality Team

Lead are working with a Sport in Mind lead to develop a clearer referral pathway to exercise.

New Headsets have been purchased for the team to help with concentration and better aid neurodiverse staff.

Step 3 (Therapist) Serious Mental Illness (SMI) Referral Pathway – Step 3 therapists have been trained to better identify patients presenting with Severe Mental Illness, and a referral route out of Talking Therapies into Community Mental Health services has been developed as part of the One Team initiative. This has ensured that clients with more complex presentations and needs, which are outside of the remit of Talking Therapies, are identified and referred on for more appropriate levels of support.

Monthly clinical skills supervision has been introduced for all Step 3 therapists, and this is underpinned by Continuous Professional Development training. They have also introduced changes to their sites following feedback from staff and clients that clinical rooms not welcoming or suitable for neurodivergent clients. These changes have included silent clocks and more plants/artwork to make the rooms more inviting and to aid soundproofing. This has improved both client and staff experience.

Community Mental Health Services

The One Team Programme has the aim of delivering care to the people of Berkshire at the right time, in the right place, by the right person. The programme has built on our Mental Health Transformation work which saw the introduction of Mental Health Integrated Community services (MHICS), providing a bridge between Primary care and Community Mental Health services.

Seven priorities were identified last year, and we have started implementing the key elements of the new model this year. These elements are summarised as follows:

- The One Assessment form is live we have started post- assessment Multi-Disciplinary Teams (MDTs) for joint decision making and care planning. Escalated MDTs are also in place to discuss complex issues.
- We are working towards the nationally agreed 28-day referral-to-care-plan target and have the digital flow and processes in place for stopping the clock.
- We have put in place a new approach to risk formulation and safety planning.
- We are working with our Older People's Mental Health (OPMH) colleagues to prepare for new treatments and reduce variation in waits.
- MHICS are now working closer with primary care in facilitating the transfer of patients back to primary care. This is supported by the new care passport.
- Crisis Resolution and Home Treatment Teams (CRHTT) are implementing One Assessment, the Pathway to Place MDT and gatekeeping formulation.
- A clear and consistent treatment offer is being developed.
- Planned assessments have moved from Common Point of Entry (CPE), to Place (the locality where the patient will be assessed), alongside changes to the triage process and the management of urgent and soon assessments.
- New mental health navigator roles have commenced.
- The Additional Roles Reimbursement Scheme are now working to support on-the-day demand.
- The new leadership model is being implemented.
- A Training Needs Analysis is complete and a training and workforce plan in development.
- Let's Connect is now Berkshire wide providing non-clinical social and one-to-one contact. An individual does not need to be open to Mental Health services to access this.

We have a comprehensive plan in place to transition to business-as-usual. A monitoring group has commenced to complete the transition and embed the remaining elements of the model through 2025/26.

As part of One Team, we are also improving the pathway from CMHT to GP treatment for those on Long-Acting Injectable depot medications. A depot passport is being developed to help with this.

The Physical Health Team for Severe Mental Illness (SMI) introduced Electrocardiogram (ECG) recording and interpretation to Community Mental Health Teams in April 2024. This was carried out in collaboration with Broomwell Healthwatch. Over 150 ECG's have been undertaken since the project started and the initiative will expand in April 2025 to include patients in older people's mental health (OPMH), attention deficit hyperactivity disorder (ADHD), eating disorders and several other mental health services across the trust.

The Crisis Resolution Home and Treatment Team (CRHTT) in the East of the county has established NHS 111 as a 24/7 provision. The Safe Haven Crisis Café in Slough is now operational 7 evenings a week and has received very positive feedback. A substance misuse and difficult to engage practitioner has also been introduced to the service.

A Band 7 Forum has been developed for CMHTs to improve the feeling of connection and networking across areas and teams. This has included restorative clinical supervision.

Common Point of Entry (CPE) triaging workshops have been set up by urgent care and planned care nurse consultants to help practitioners adapt to their triage role. This helped to give CPE practitioners the confidence in conducting triage calls, communication and negotiating expectations.

Community Mental Health Act- Community Treatment Order (CTO) compliance audits identified a need for further Training on CTOs. This training was carried out with all CMHTs and has supported significant improvements.

Harm to others, Collaborative working with probation, Multi-Agency Public Protection Arrangements (MAPPA) and Access to forensic services. The nurse consultant network has supported the harm to others main steering group and subgroup to help improve our work with those who are at risk to others. They have supported collaborative working with probation, reviewed declined referrals and monitored access to mental health services from probation and consultancy on specific cases. The network has started standardising the work our services carry out with MAPPA and is also involved in conversations to support easier access to consultancy from forensic services.

Moving away from the Care Programme Approach (CPA) to named worker and care plan. We have been using the Care Programme Approach to plan and deliver care for almost 30 years. Using the NHS Long Term Plan Community Transformation framework, we have now launched a simpler model to ensure all service users accessing services for Severe Mental Illness have a "named worker." This will help patients receive the appropriate interventions at the point of need and will ensure that those interventions are determined by a Multidisciplinary Team at place built upon one assessment. The role of the named worker is to co-create one active plan as a high-level working tool to guide interventions. This plan should be continually reviewed and edited in collaboration with patients and carers. Interventions are provided using outcome measures to determine effectiveness.

Urgent Care and Inpatient Mental Health Services

Culture of Care. We have joined the national Culture of Care Quality Improvement Programme which is a collaborative initiative by NHS England and the Royal College of Psychiatrists. It aims to improve the culture of inpatient mental health, learning disability, and autism wards to make them safe, therapeutic, and equitable for both patients and staff. Three wards are part of the core programme: Rose (Adult Acute Mental Health), Sorrel (Psychiatric Intensive Care Unit) and Orchid (Older Adult Functional Mental Health). The programme is designed to create a positive environment where patients and staff can

flourish and feel proud to be part of the inpatient care community.

A Band 4 Development Programme is due to commence in March 2025 to further upskill our Band 4 staff. This will ensure that our colleagues are well versed in their roles, have the skills and knowledge to support clinical practice and have confidence in their roles.

A Newly Qualified Nurse Development Programme started in September 2024 to supplement our preceptee programme. The programme was expanded to accept any band 5 nurses across the Trust, including newly recruited international nurses. It is coordinated and delivered by the nurse consultant/ practitioner network and combines monthly restorative supervision alongside training on relevant topics pertinent to their roles.

Our Prospect Park Hospital Carers' Champions work with our Trust Carers Lead to support our inpatient services with the up-to-date information about the Trust project/ workstream for carers. These champions are also supported by the Nurse Consultants to increase engagement with carers and embed our standards.

Face-to-Face Psychosocial interventions workshops started in February 2025 for all Community Mental Health Staff. This training is being rolled out over a two-year period.

A Royal College of Nursing (RCNi) Psychosocial interventions programme started in October 2024, with 20 learners from across the trust undertaking 2 modules.

Culture of care in action: Development of a 24hr approach to staff support- Night visits. Our Senior Management Team are carrying out monthly visits to staff working night shifts. This provides them the opportunity to see how night shifts are organised and care delivered. This is an important acknowledgment of the contribution of night staff and helps ensure that care is as effective at night as it is during the day.

Neurodiversity Developments. We have been working to embed the Oliver McGowan competencies across our training offer in metal health. This helps to ensure that autism-informed practice is integrated into the training program, with a focus on normalising neurodiversity and making necessary adjustments for personalized care. Inpatient and community nurse consultants are attending the National Autism Train the Trainer programme, and we have identified Neurodiversity champions for each ward. Additionally, a welcome animation video has been developed to introduce new patients to the hospital and to and provide predictability. As part of the Culture of Care programme we have also collaborated with a carer and autism advisor on our autism and suicide prevention strategies. We have also involved previous inpatient service users with neurodiversity in generating change ideas. A Quality Improvement Project is also focusing on reducing incidents involving patients with autism or suspected autism.

Clinical Risk and Suicide Prevention in Mental Health Training was increased from three days to five days of training from June 2024. Following this training, participants attend 3-monthly supervision sessions for a period of 12 months before they complete the course. This ensures ongoing integration and consideration of challenges in practice and how to manage this.

Physical Health Team based at Prospect Park Mental Health Inpatient Hospital have been working to meet the trust target that all patients who are admitted to inpatient services are offered a Physical Health and Lifestyle Assessment. The service has increased the percentage of these patients having this assessment during the year. 76% of these patients had this assessment as at the end of February 2025, with one of the wards reaching 100%. This has been achieved by engaging with staff and delivering training.

Specialist Mental Health Services

The Community Rehabilitation Enhanced Support Team (CREST) are being supported by one of our business analysts to build a robot tool that will assist them in identifying rehab-

ready and suitable patients at Prospect Park Hospital for the CREST team to review.

The Intensive Management of Personality - disorder and Clinical Therapies Team (IMPACTT) and Emotionally Unstable Personality Disorder pathway (EUPD) has continued to deliver its core offers of therapy interventions across Berkshire, with Dialectical Behaviour Therapy (DBT) and Mentalization Based Treatment (MBT) offered. The DBT team have continued participating in a pilot offering a Trauma-focused DBT intervention which has been developed for people who have difficulties associated with a diagnosis of personality disorder with associated high-risk behaviours alongside a Complex Post Traumatic Stress Disorder diagnosis. The team have also completed an initial pilot of a new carers group.

The Service User Network (SUN) provides community-based, open access peer support groups across Berkshire to those with personality disorder difficulties, but who may have found it difficult to engage with other therapy services or are waiting to access these. The retention rate of participants has been maintained at 70% or more this year. SUN has also strengthened its co-produced offer by developing a Lead Lived Experience role. A volunteer workforce for people with lived experience is also being developed.

The Psychologically Informed Consultation and Training (PICT) team is a collection of senior psychologists and psychotherapists with specialist knowledge of working with personality disorders. This year PICT continued to strengthen their links across the system, offering drop-in consultation slots throughout the working week for professionals in both our Trust and with our primary care network partners. Training aimed at care providers of supported accommodation has continued, as well as Knowledge and Understanding Framework (KUF) training to help dispel the stigma of this diagnosis and improve confidence and skills in working with patients with these difficulties. In addition, the PICT Lived Experience Workers are supporting a service review of the co-production and lived experience workforce within the team.

The Assertive Interventions and Stabilisation Team (ASSIST) continues to provide support to people diagnosed with EUPD who may be experiencing such increased levels of distress that they may have been either admitted to Prospect Park Hospital or considered for admission. They work with Crisis Resolution and Home Treatment Teams (CRHTT) and Prospect Park Hospital to help prevent admission or enable safe, speedy discharge if admission was unavoidable.

Elmore Community Support for Berkshire support the psychosocial and/or practical needs for people who may fall between gaps in services or who might be hard to engage. Early indicators from data shows that Elmore's work is contributing positively towards supporting clients towards building and maintaining stability by engaging with meaningful activities or support around housing struggles.

The Managing Emotions Programme (MEP) was co-produced in partnership with Surrey and Borders Foundation Trust to provide psychoeducational workshops at 3 levels of intensity for people with Emotion Regulation difficulties. This has also helped to meet some of the needs of people at the 'mild' end of the continuum of personality disorder. A partner voluntary sector organisation called 'Together UK,' has been commissioned to deliver the MEP Courses 1 and 2 and early outcomes suggest that students find the programme informative and helpful. A small MEP team within our Trust have simultaneously been delivering Course 3 of the programme.

2.1.10. Improvements in Pharmacy

Medicine Reconciliation. Substantial improvements have been made to our medicine's reconciliation ('MedRec') process to standardise how we record MedRec

information. A standard template has been agreed to ensure all essential information will be captured for each patient. The completed template will be added to the patients progress notes on RIO, giving visibility to the other members of the MDT, as well as Pharmacy staff. This has increased patient safety and improved communication between the pharmacy team and the prescribers. The team are also looking at ways to reduce 'waste' and make the MedRec process more efficient.

2.2. Setting Priorities for Improvement for 2025/2026

ⓘ This section details the Trust's priorities which reflect our Trust Annual Plan on a Page for 2025/26 (see Appendix A). Our annual Plan on a Page takes account a wide range of priorities, including the system and Joint Forward Plan goals we share with our partners. Priorities have been set in the areas of patient experience, harm free care, clinical effectiveness, and supporting our people. They have been shared for comment with Trust governors, Integrated Care Boards, Healthwatch Organisations and local Health Overview and Scrutiny Committee.

2.2.1. Harm-Free Care Priorities

Providing Safe Services

- We will improve flow through all our services to reduce risk of harm resulting from waiting times.
- We will reduce self-harm and suicide across all services.
- We will recognise and respond promptly to physical health deterioration on all wards.
- We will encourage and support staff and patients to raise safety concerns without fear and ensure learning from incidents.
- We will reduce avoidable admissions and minimise length of stay.

2.2.2. Patient Experience Priorities

Improving outcomes

- We will target and reduce health inequalities in access, experience and outcomes at service level.
- We will always include patients, carers and partners as we make changes to services.
- We will offer advice to patients on changes that will improve health outcomes.
- We will gain feedback from at least 10% of patients in each service and demonstrate service improvements based on feedback.

2.2.3. Clinical Effectiveness Priorities

- We will participate in applicable national clinical audits and operate a robust system for reviewing NICE guidance to ensure that care is delivered in line with national best practice standards.
- We will continue to review, report, and learn from deaths in line with new national guidance.

2.2.4. Supporting our People Priorities

A great place to work.

- We will drive a culture of wellbeing, respect, compassion, and inclusivity acting against any form of abuse.
- We will deliver our unity against racism action, removing barriers to equity and improving diversity in leadership.
- We will support opportunities for career development, professional growth and impact.

We will work with our health and social care partners to provide better and more efficient care.

2.2.5. Monitoring of Priorities for Improvement

All priorities detailed above will be monitored on a quarterly basis by the Trust Quality Assurance Committee as part of the Quality Report and the Trust Board will be informed of performance against agreed targets. The Trust will report on our progress against these priorities in our Quality Account for 2025/26

2.3. Statements of Assurance from the Board

During 2024/25 Berkshire Healthcare NHS Foundation Trust provided and/or sub-contracted 50 health services.

Berkshire Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in all these relevant health services.

The income generated by the relevant health services reviewed in 2024/25 represents 100% of the total income generated from the provision of relevant health services by Berkshire Healthcare NHS Foundation Trust for 2024/25.

The data reviewed aims to cover the three dimensions of quality – patient safety, clinical effectiveness, and patient experience. Details of a selection of the measures monitored monthly by the Board which are considered to be most important for quality accounting purposes are included in Part 3. These incorporate more than three indicators in each to the key areas of quality.

2.3.1. Clinical Audit

ⓘ Clinical audit is undertaken to systematically review the care that we provide to patients against best practice standards. We make improvements to patient care based on audit findings. Such audits are undertaken at both national and local level.

National Clinical Audits and Confidential Enquiries

During 2024/25, 12 national clinical audits and 4 national confidential enquiries covered relevant healthcare services which Berkshire Healthcare NHS Foundation Trust provides.

During that period Berkshire Healthcare NHS Foundation Trust participated in 100% (n=12/12) of national clinical audits and 100% (n=4/4) of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust was eligible to participate in during 2024/25 are shown in the first column of the Figure below. This column also details the national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in during 2024/25.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in and for which data collection was completed during 2024/25 are also listed in the figure below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (detailed in the second column of the Figure below)

Figure 28- National Clinical Audits and Confidential Enquiries

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2024/25	Data collection status and number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
1. National Clinical Audits (N=12)	
National Clinical Audit and Patient Outcomes Programme (NCAPOP) Audits	
National Sentinel Stroke Audit	Data Collection: April 2024 to March 2025. 273 patients submitted, across 3 services, 132 six-month follow-ups (final figure not yet available) Report due: Annually - November 2025

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2024/25	Data collection status and number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
National Diabetes Footcare (Community Podiatry care)	Data Collection: April 2024 to March 2025. 313 patients submitted, across 1 service (final figure not yet available). Report due: 2026 (tbc)
National Respiratory Audit Programme (NRAP) – Pulmonary Rehabilitation	Data Collection: April 2024 to March 2025. 122 patients submitted, across 1 service (final figure not yet available). Report due: Annually 2025/26 (tbc)
National Audit of Inpatient Falls	Data Collection: April 2024-March 2025. We have not had any eligible patients to submit from our inpatient services in 2024/25. Report due: Annually - November 2025
National Diabetes Audit - Secondary care	Data Collection: April 2024 to March 2025. 776 patients HbAc1, 158 Structured Education and 65 Insulin pump patients submitted, across 1 service (final figure not yet available). Report due: Annually - August 2026 (tbc)
National Audit of Care at End-of-life	Data Collection: April 2024 to March 2025. 116 patients submitted, across inpatient services. Report due- Date tbc
National Audit of Care at End-of-life – Mental Health Inpatient spotlight audit	Data Collection: January 2025 to March 2025. We have not had any eligible patients to submit from our Mental Health inpatient services. Report due: 2026 (tbc)
Non- NCAPOP Audits	
National Audit of Cardiac Rehabilitation	Data Collection: April 2024 to March 2025. 288 patient assessment 1's & 242 assessment 2's submitted, across 1 service (final figure not yet available). Report due: 2025/26 (tbc)
Prescribing Observatory for Mental Health (POMH) 16c: Rapid Tranquillisation	Data collection: March 2024 to April 2024 16 patients submitted, across 1 service. Report due: Sept 2024
POMH 21b: The use of Melatonin	Data collection: June 2024 to July 2024. 161 patients submitted, across 3 services. (final figure not yet available). Report due: December 2024
POMH 24a: Opioid Medications in Mental Health Services	Data collection: October 2024 to November 2024. 68 patients submitted, across Mental Health Inpatient services. (final figure not yet available). Report due: April 2025
POMH 18c: Use of Clozapine	Data collection: March 2025 to April 2025. 154 patients submitted, across Mental Health Inpatient and Community services. (final figure not yet available). Report due: September 2025
2. National Confidential Enquiries (N=4)	
NCISH - Mental Health Clinical Outcome Review Programme A. Suicide and Homicide 2024/25	A - Data Collection: Apr 24 to March 25. 45 (100%) patients submitted, across Mental Health services. Report due: 2026/27 (tbc)

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2024/25	Data collection status and number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
B. Real-time data collection of probable suicide deaths by mental health in-patients and patients who died within 14 days of discharge	B - Data Collection: April 24 to March 25. 100% patients submitted, across Trust services. (final figure not yet available). Report due: 2025/26 (tbc)
National Child Mortality Database (NCMD) Programme	Data Collection: April 2024 to March 2025. 100% patients submitted, across Trust services. Report due: Oct / Nov 2025 (tbc)
Learning Disability Mortality Review Programme (LeDeR)	Data Collection: April 2024 to March 2025. 100% of patients submitted, across Trust services. Report due: 2027 (tbc)

The reports of 13 (100%) national clinical audits were reviewed by the Trust in 2024-25. This included national audits for which data was collected in earlier years with the resulting report being published in 2024/25. Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare provided as detailed in Appendix B

Local Clinical Audits

The reports of 28 local clinical audits and 24 service evaluations were reviewed by the Trust in 2024/25. In relation to the local clinical audits Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare which are detailed in Appendix C.

2.3.2. Research and Development

ⓘ Clinical Research is crucial to ensure the quality of care we provide through evidence-based practice. Evidence shows that clinically research-active hospitals have better patient care outcomes and a happier workforce.

Patients under the care of research-active hospitals have more confidence in staff and are better informed about their condition and treatment options. Evidence demonstrates that hospitals that are active in clinical research have better patient care outcomes and a lower mortality rate. Organisations that engage in research have high levels of patient satisfaction, reduced staff turnover and increased staff satisfaction (Harding, et al., 2016, Organisational benefits of a strong research culture in a health service: a systematic review).

Berkshire Healthcare is committed to growing the capacity and capability for clinical research and to providing research opportunities to our population that are patient centred. The use of Research and Development plays a critical role in facilitating and supporting services in the growth of research activity. This builds capacity and develops skills both within our organisation and across the wider health systems (in Buckinghamshire, Oxfordshire and Frimley). We work with system partners to identify and address both local and national priorities, and our Research portfolio is aligned with the needs of our population and services.

The total number of patients receiving relevant health services provided or subcontracted by Berkshire Healthcare NHS Foundation Trust in quarter four of 2024/2025, that were recruited to participate in research approved by a research ethics committee is 956. Of this a total of 862 were recruited to 31 National Institute for Health and Care Research (NIHR) portfolio studies.

Berkshire Healthcare conducts community-based health and social care research across a range of specialty areas including Physical

Health, Mental Health, Children and Young People, Learning Disabilities, Health Services Research and Ageing.

Patient experience

The NHS pledges to inform people of research studies in which they may be eligible to participate in. In 2023/2024, 5,503 participants volunteered for Research (NIHR portfolio reported only) within the county of Berkshire.

In 2024/2025, 73 participants (8% response rate), that have taken part in research opportunities within Berkshire Healthcare, provided feedback on the service they received by participating in a Clinical Research study (NIHR portfolio reported only) through the Patient Research Experience Survey. Patients are also encouraged to complete the "Ok to Say No" questionnaire which allows us to gain feedback on our approach to people who did not choose to take part in research. Patients are also encouraged to ask their doctor or health professional about research opportunities and search for and sign up to be contacted about trials through NIHR national online platforms such as bepartofresearch.nihr.ac.uk and joindementiaresearch.nihr.ac.uk.

Berkshire Healthcare is committed to providing research opportunities and improving care for our underserved and disadvantaged populations. We have approved sponsorship for two Research projects this financial year:
Firstly, an extension to an NIHR fellowship research study (sponsored in 2023/2024) which aims to test a co-designed mental imagery anxiety intervention for people with mild to moderate intellectual disabilities.
Secondly, a multi-site study within the Berkshire Traumatic Stress service exploring the effects of childhood memories of warmth and safeness and self-compassion on trauma-related shame in adults with Complex Post Traumatic Stress Disorder (CPTSD).

External opportunities for People to participate in co-producing Research projects are promoted through Berkshire Healthcare forums and by working with our Voluntary Care Sector colleagues.

Supporting our staff

The value of research in transforming health and care is significant. Staff satisfaction, recruitment and retention is higher among staff who are involved in research. In response to the Chief Nursing Officer for England's strategic plan for research, we promote and support various initiatives to increase capacity and capability for Nursing, Midwifery and Allied Health Professions (NMAHP) Pharmacists, Healthcare Scientists and Psychologists.

A stakeholder group consisting of Consultant Nurses, Advanced Clinical Practitioners and the Lead Clinical Research Nurse have completed the Self-assessment of organisational readiness tool (SORT) this year. This is a self-administered 'research readiness' tool which is designed to be used at an organisational level. It assesses the readiness of a healthcare organisation to support nurses to undertake research related activity through its available structures and processes. The next steps are to review the areas where improvements are required and prioritise these in alignment with national, regional and local priorities. The identified priorities will be included in a refreshed Research strategy in 2025/2026.

Evidence shows that clinically research-active hospitals have a happier workforce. There are examples of benefits in relation to care quality and service delivery, as well as on staff motivation and retention. In 2024/2025 we have supported 3 applications for early career researchers and have promoted career development opportunities through targeted forums and the library knowledge service.

We have a dedicated Research team to support our clinical services to upskill and develop research capacity and capability. Research income funds a variety of embedded roles within clinical services, with these roles subsequently embedding Research into clinical care. As a partner within the Oxford Health Biomedical Research Centre,

Berkshire Healthcare successfully applied to the National Institute for Health and social care Research Infrastructure and Schools Pre-Application Support Fund. This funding will provide additional capacity and capability to support Nursing, Midwifery, Allied Health Professionals, Pharmacists and Psychologists prepare future research applications.

Capacity and capability for Research continues to increase within the Community Physical Health Division. Additional funding was obtained in 2024/2025 to help raise the profile of research in the division and further collaborations are planned. Work is ongoing to develop research to reduce the pressures on these services and contribute to the evidence base where there are significant gaps.

Patient safety priorities and clinical effectiveness.
Services across all clinical divisions are performing local, regional and national searches for Clinical Research projects and Health Services Research projects to host. These projects address their priorities including waiting times, pathway designs or supporting patients on the waiting lists. Searches are performed on a weekly basis.

Berkshire Healthcare work in partnership across the Integrated Care System (ICS), within Frimley ICS and Buckinghamshire, Oxfordshire, and Berkshire West (BOB) ICS to host research studies relevant for the population we serve. In 2024/2025, 33 studies were set up and capacity and capability has been issued for 23 portfolio studies and 10 non-portfolio studies. No commercial studies have been set up, but 33 expressions of interest to host commercial studies on the NIHR Portfolio have been completed (14 in the Mental Health division, 13 in the Community Physical Health division and 6 in the Children Families and All Age division).

2.3.3. CQUIN Framework

ⓘ The Commissioning for Quality and Innovation (CQUIN) payments framework was set up from 2009/10 to encourage NHS providers to continually improve the quality of care provided to patients and to achieve transparency. They enable commissioners to reward excellence, by linking a proportion of service providers' income to the achievement of national and local quality improvement goals.

A proportion of Berkshire Healthcare NHS Foundation Trust's income in 2024/25 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement, or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2024/25 and for the following 12-month period can be found in the appendices.

The income in 2024/25 conditional upon achieving quality improvement and innovation goals is N/A as we do not have a CQUIN in 2024/25. The associated payment received for 2023/24 was N/A as there was no identified CQUIN value.

2.3.4. Care Quality Commission (CQC)

ⓘ The Care Quality Commission (CQC) is the independent regulator for health and social care in England. It ensures that services such as hospitals, care homes, dentists and GP surgeries provide people with safe, effective, compassionate, and high-quality care, and encourages these services to improve. The CQC monitors and inspects these services and then publishes its findings and ratings to help people make choices about their care.

Berkshire Healthcare NHS Foundation Trust is required to register with the Care Quality Commission (CQC), and its current registration status is registered with no conditions attached to registration.

The Care Quality Commission has not taken enforcement action against Berkshire Healthcare NHS Foundation Trust during 2024/25.

Berkshire Healthcare NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission; our last CQC inspection of our core services took place in November 2019, and a "Well Led" inspection in December 2019 with the Trust rated as Outstanding overall. Our Community Physical Health services for adults, End-of-Life service, Learning Disability In-Patients and our Older Peoples Community Mental Health services currently all hold an outstanding rating. All our services are either outstanding or good.

Following the 2019 inspection the CQC detailed some areas that the Trust needed to take to improve, and an action plan was submitted to the CQC outlining how we planned to respond to these highlighted areas. All but one of these actions is now completed. The action that we continue to undertake extensive work around was that we needed to continue to work with commissioners to ensure waiting times for assessment are not excessive for those referred to the attention deficit hyperactivity disorder (ADHD) pathway and autism assessment pathway. Further information on this is detailed in the 'Other Service Improvements' section (part 2.1.8 above)

Berkshire Healthcare NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2024/25:

System Inspections involving the CQC and OFSTED:

1. Bracknell Forest Local Area Partnership – Area Special Educational Needs and Disabilities (SEND). 27th January 2025 to 15th February 2025
2. West Local Area Partnership Thematic Review of SEND for children and young people not in school. 3rd to 21st February 2025
3. Reading Local Area Joint Targeted Area Inspection (JTAI) - multi-agency response to children, including unborn children, who are victims of domestic abuse. 24th February 2025 to 7th March 2025

Berkshire Healthcare NHS Foundation Trust intends to take the following action to address

the conclusions or requirements reported by the CQC:
Once reports are received, the Trust will feed into any action plans as required.

Berkshire Healthcare NHS Foundation Trust has made the following progress by 31 March 2025 in taking such action:
Actions will be progressed as per the action plans noted above.

The CQC has carried out the following unannounced Mental Health Act (MHA) visits during the 2024/25 financial year:

- July 2024- Campion Ward- Prospect Park Hospital
- October 2024- Sorrel Ward, Rose Ward and Bluebell Ward- Prospect Park Hospital.

Reports from these MHA visits are reviewed, and action plans produced and monitored.

2.3.5. Data Quality and Information Governance

ⓘ It is important that data used by NHS services is of a high quality so that it can be best used to inform decisions on the management of patients. Data must also be of a high quality to help inform organisational decision-making and planning.

The Secondary Uses Service (SUS)

The Trust submitted records during 2024/25 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:
— Which included the patient's valid NHS number was:
100% for admitted patient care.
100% for outpatient care, and
* For accident and emergency care
— Which included the patient's valid General Medical Practice Code was:
100% for admitted patient care.
99.9% for outpatient care, and
* For accident and emergency care

* This data is now being collected through the Emergency Care Data Set, and we do not have any concerns in this area as we have consistently achieved >99%

Information Governance

ⓘ Information Governance requires us to set a high standard for the handling of information. The aim is to demonstrate that we can be trusted to maintain the confidentiality and security of personal information, by helping individuals to practice good information governance.

Berkshire Healthcare NHS Foundation Trust Data Security and Protection Toolkit overall score for 2023/24 was 'Standards Exceeded' The Score for 2024/25 will be available in June 2025.
The Information Governance Group is responsible for maintaining and improving standards in this area.

Data Quality

Berkshire Healthcare NHS Foundation Trust is not subject to the Payment by Results clinical coding audit during 2024/25 by the Audit Commission. Berkshire Healthcare NHS Foundation Trust are taking the following actions to improve data quality:

The Trust is using the latest Commissioning Data Set version to send data. Data is continuously monitored, and improvements made where required.

The Trust continues to track the improvement of data quality. An overarching Information Assurance Framework provides a consolidated summary of every performance information indicator and action plans. The key messages are shared at all data quality forums and quarterly super user presentations. The

six-weekly data quality forum also shares the priorities and audit results with services. The forum is recorded for all staff to access if they are not available to attend. A data quality intranet page, containing all data quality related policies, procedures, training, and guides, is available for all staff to access. A suite of data quality dashboards is available for staff, via the intranet, to monitor the data quality within their own services and teams at any time. A new suite of e-learning packages has been designed, and tested, around the importance of data quality. This will be rolled out in the next quarter.

Data Quality and Data Assurance audits have been carried out throughout the year as part of the Information Assurance Framework, where data issues are identified, and internal action plans are put in place. The data is monitored until assurance is gained so that the Trust can have a high confidence level in the data being reported. The assurance reports and the Performance Scorecard are reviewed in monthly and quarterly locality meetings. External Data Quality reports published on the NHS Digital website are analysed to ensure consistency in reporting both internally and externally.

The clinical coding team continue to review and improve the Trust's diagnostic data. As part of our continuous improvement programme, a full detailed audit took place in January 2025, which showed that 100% of primary and 95.3% of secondary diagnoses were coded correctly. The final audit report stated that the results of this audit against the accuracy levels contained within NHS Digital's Data Security and Protection Toolkit Data Security Standard 1 achieved 'Exceeded' level, which is the highest level of attainment. The performance illustrates the commitment to data quality; and provides assurances of the integrity of the data currently to the Trust Board. The organisation should be commended for its clinical coding proficiency. The next audit is scheduled for January 2026.

2.3.6. Learning from Deaths

ⓘ Many people experience excellent care from the NHS in the months or years leading up to their death. However, some patients experience poor quality care resulting from multiple contributory factors. The purpose of mortality review is to identify whether problems in care might have contributed to the death and to learn to prevent recurrence.

The Trust learning from deaths process includes all patients identified on our electronic patient records who have accessed one of our services in the year before death. In most cases these are expected deaths but where a specific trigger is noted (as identified in our policy) we then review these deaths further. The level of review required will depend on whether certain criteria are met, and we review the care provided for all patients who had a learning disability and died.

The Figure below details the number of deaths of Trust patients in 2024/25. This is presented alongside the number of case record reviews and investigations of these deaths that were undertaken over the same period, as well as an assessment of the number of deaths that were more likely than not to have been due to problems in care provided. Please note that the table contains statements that are mandated for inclusion.

Figure 29- Deaths of Trust patients in 2024/25- case reviews and investigations carried out in 2024/25.

	1. Total number of Deaths	2. Total number of reviews and investigations carried out			3. Deaths more likely than not due to problems in care
Mandated Statement	During 2024/25 the following number of Berkshire Healthcare NHS Foundation Trust patients died	By 31st March 2025, the following number of case record reviews and investigations have been carried out in relation to the deaths.			The number and percentage of the patient deaths during the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient are detailed below. *
		1st Stage Case Record Reviews (Datix)	2nd Stage Review (IFR/ SJR)	Case Record Review & Pt Safety Investigation	
Total 2024/25	**553** ↓	**553**	**237** ↓	**33**	**0** ↓
Mandated Statement	This comprised of the following number of deaths which occurred in each quarter of that reporting period:	The number of deaths in each quarter for which a case record review or an investigation was carried out was:			In relation to each quarter, this consisted of:
Q1 24/25	**122**	**122**	**54**	**6**	**0**
Q2 24/25	**139**	**139**	**63**	**9**	**0**
Q3 24/25	**135**	**135**	**56**	**7**	**0**
Q4 24/25	**157**	**157**	**64**	**11**	**0**

Source- Trust Learning from Deaths Reports *These numbers have been obtained using either Initial Findings Report or Root Cause Analysis methodology.

Immediate learning from all deaths is shared by Clinical Directors and Governance Leads through locality governance and quality meetings. Where the need for more substantial learning is identified from initial review, actions are taken, and an Internal Learning Review is facilitated by the Patient Safety Team.

Thematic learning from mortality reviews is summarised and circulated to all staff via a Trust briefing. The impact of this results in staff being made aware of learning across the Trust.

The Figure below details the number of deaths of Trust patients in 2023/24 that had case note reviews and investigations carried out in 2024/25. This is presented alongside an assessment of the number of these deaths that were more likely than not to have been due to problems in care provided and, as a result, a revised estimate of the number of deaths that were more likely than not due to problems in care in 2023/24. Please note that the table contains statements that are mandated by NHS Improvement for inclusion in the Quality Account.

Figure 30- Deaths of Trust patients in 2023/24 with case reviews and investigations carried out in 2024/25

	1. Reviews and investigations carried out		2. Deaths more likely than not due to problems in care	3. Revised estimate of deaths in 2023/24 that were more likely than not due to problems in care
Mandated Statement	The number of case record reviews and investigations completed after 31st March 2024 which related to deaths which took place before the start of the reporting period (deaths before 1st April 2024)		The number and percentage of patient deaths before the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient. (These numbers have been ascertained using either Initial Findings Report or Root Cause Analysis methodology)	The number and % of the patient deaths during 2023/24 that are judged to be more likely than not to have been due to problems in the care provided to the patient.
	Case Record Reviews	Case Record Review & Pt Safety Investigations		
Total	**103**	**59**	**0**	**0**

2.4. Reporting against core indicators

ⓘ All NHS Foundation Trusts are required to report performance against a core set of indicators. This section details our performance against these core indicators. Where available, the national averages for each indicator have also been included, together with the highest and lowest scores nationally.

It is important to note that there are several inherent limitations in the preparation of quality reports which may impact the reliability or accuracy of the data reported.

- Data is derived from many different systems and processes. Only some of these are subject to external assurance or included in internal audit's programme of work each year.
- Data is collected by many teams across the Trust alongside their main responsibilities, which may lead to differences in how policies are applied or interpreted.
- In many cases, data reported reflects clinical judgement about individual cases, where another clinician might have reasonably classified a case differently.
- National data definitions do not necessarily cover all circumstances, and local interpretations may differ.
- Data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years.

Figure 31	2022/23	2023/24	2024/25	National Average 2024/25	Highest and Lowest
The percentage of adult mental health inpatients receiving a follow-up within 72 Hours of Discharge *	94%	92%	**92.6%**	**Data not available**	**Data not available**
* Please note that we have replaced the older indicator, relating to 7-day follow up of mental health patients discharged with a Care Programme Approach, as it is no longer being reported as part of the NHS Oversight Framework. Measurement against this new indicator, which requires mental health inpatients to be followed up within 72 hours (3 days) of discharge, is a key part of the work to support the suicide prevention agenda within the NHS Long Term Plan. The National Confidential Inquiry into Suicide and Safety in Mental Health (2018) found that the highest number of deaths occurred on day 3 post discharge, and this new indicator helps to address this.					
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: In line with national policy to reduce risk and social exclusion and improve care pathways we aim to ensure that all patients discharged from mental health inpatient care are followed up (either face to face or by telephone) within 72 hours of discharge.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and the quality of services: The Trust has a good level of compliance with this indicator through the implementation of our policies and procedures relating to discharge.					

Source- Trust Tableau Dashboard

The indicator "The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period" is no longer included as it is no longer required to be reported on as part of the NHS Oversight Framework.

Figure 32	2022/23	2023/24	2024/25	National Average 2024/25	Highest and Lowest
The percentage of Mental Health patients aged— (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	4.3%	3.4%	**1.6%**	**Data Not Available**	
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust focusses on managing patients at home wherever possible. Sometimes the judgement to send a patient home may be made prematurely or there may be deterioration in the patient's presentation at home due to unexpected events.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and the quality of services, by: Work being undertaken around gatekeeping for admission to the hospital should ensure all admissions are appropriate and/or have greater consideration of their benefits and risks. Review is in place and embedded which takes place within 72 hours (wherever possible) and produces an intended discharge date. This is monitored at the daily bed management team meeting so that plans are checked, and any concerns escalated.					

Source- Trust Tableau Dashboard

Figure 33	2022/23	2023/24	2024/25	National Average 2024/25	Highest and Lowest
The indicator score of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends. * This finding has been taken from the percentage of staff respondents answering, 'yes' to Question 25d of the National NHS Staff Survey: "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."	76.5%	77.6%	**78.9%**	**64.8%**	**41.5%-79.2%**
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust's score is better than average, and this is maintained.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and the quality of services, by: Implementing a People Strategy that has the overall aim of making the trust a great place to work for everyone.					

Source: National Staff Survey

Figure 34	2022/23	2023/24	2024/25	National Figures 2024/25	Highest and Lowest
Patient experience of community mental health services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period	6.7	6.7	**6.9**	**6.7**	**5.9-7.6**
Berkshire Healthcare NHS Foundation Trust considers that this score is as described for the following reasons: The Trusts score is in line with other similar Trusts.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this score, and the quality of services, by: Being committed to improving the experience of all users of their services. Data is collected from several sources to show how our users feel about the service they have received. Actions are put in place through several initiatives to improve both an individual's experience and if required to change the service provision.					

Source: National Community Mental Health Survey

Number and Rate of Patient Safety Incidents

NHS Trusts are required to report the number and, where available, rate of patient safety incidents reported within the trust and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Official statistics were previously published using National Reporting Learning Service (NRLS) patient safety incident data. However, NRLS has been withdrawn and replaced by the Learn from Patient Safety Events (LFPSE) service. The first publication of official statistics using LFPSE was in Quarter 3 of 2024/25, but this did not show individual organisation-level data. It is anticipated that organisation-level data will be included from May 2025. We have therefore paused reporting of this indicator in our quality account and will resume this reporting once the transition is completed and data reporting is reliable.

Part 3. Review of Quality Performance in 2024/25

ⓘ In addition to the key priorities detailed in Part 2 of this report, our Trust Board receives monthly performance reports related to key areas of quality. The metrics in these reports are closely monitored through the Trust Quality Governance systems including the Quality Executive Group, the Quality Assurance Committee, and the Board Audit Committee. They provide assurance against the key national priorities from the Department of Health and include performance against relevant indicators and performance thresholds. Information relating to specific areas of Trust quality and safety performance is detailed below.

Medication errors

ⓘ A medication error is any patient safety incident where there has been an error in the process of prescribing, preparing, dispensing, administering, monitoring, or providing advice on medicines. Such patient safety incidents can be divided into two categories: errors of commission (e.g. wrong medicine or wrong dose of medicine) or errors of omission (e.g. omitting a dose or failing to monitor).

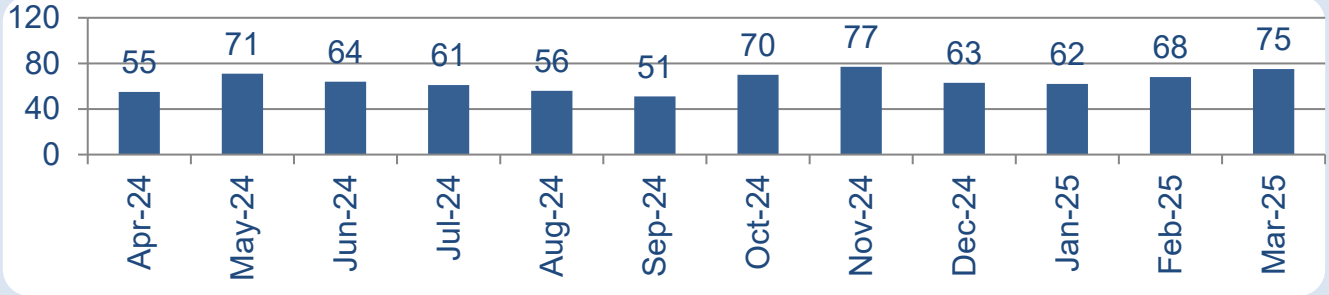
The Figure below details the total number of medication errors reported per month. When interpreting this figure, it should be noted that a high and increasing rate of medication error reporting is a sign of a healthy learning culture in the organisation and that reporting of such errors is being encouraged as the first step in ensuring that a robust safety culture exists. The data reported also includes all the near misses and documentation errors, so they are not all actual incidents. There is also evidence to suggest that not all incidents and near misses that staff acted upon were reported, so any increase may be due to better reporting culture rather than a less safe organisation.

There were four medication errors during 2024/25 that led to moderate harm:

- The first related to a patient who was given a drug used to treat neutropenia at a lower dose than was prescribed. This led to the patient being admitted for acute care.
- The second related to a patient who was erroneously administered an extra dose of insulin. Actions to address this in future have been taken.
- The third related to a patient who was incorrectly prescribed and administered a drug twice a day rather than once a day. Several actions were identified and implemented to address this.
- The fourth related to a patient who experienced an adverse reaction to an antibiotic with no known previous allergy or hypersensitivity. Administration was stopped, adrenaline administered, and the patient was transferred to acute care for monitoring.

We also have one medication incident that is being investigated as having moderate harm. The outcome of this will be reported once available.

Figure 35: Number of Medication Errors Reported Each Month



Source: Medicines Safety Quarterly Report

Absent without leave (AWOL) and absconsions

ⓘ The definition of absconding used in the Trust is different than AWOL. Absconsion refers to patients who are usually within a ward environment and can leave the ward without permission.

Figures 34 and 35 below detail the number of absconsions on a Mental Health Act Section and the number of patients absent without leave on a Mental Health section.

Figure 36- Absent without leave (AWOL) on a Mental Health Section

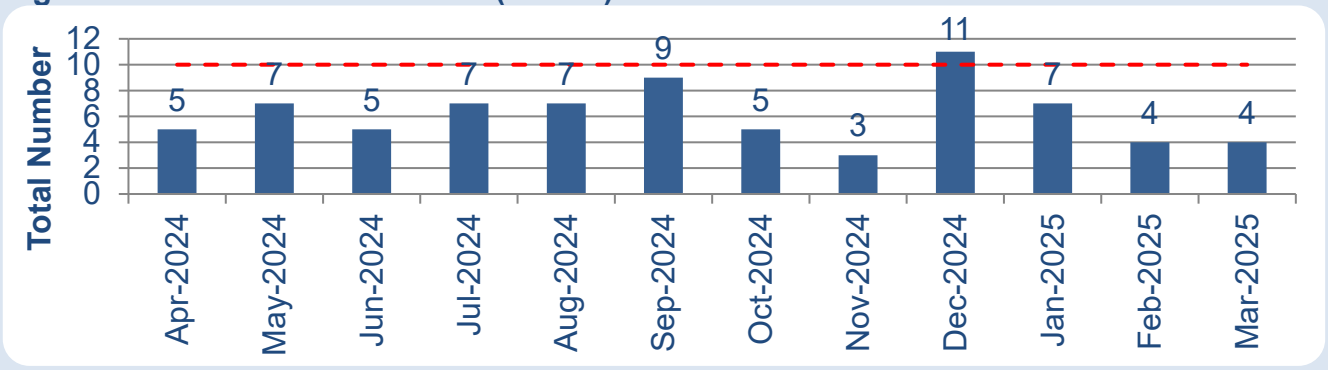
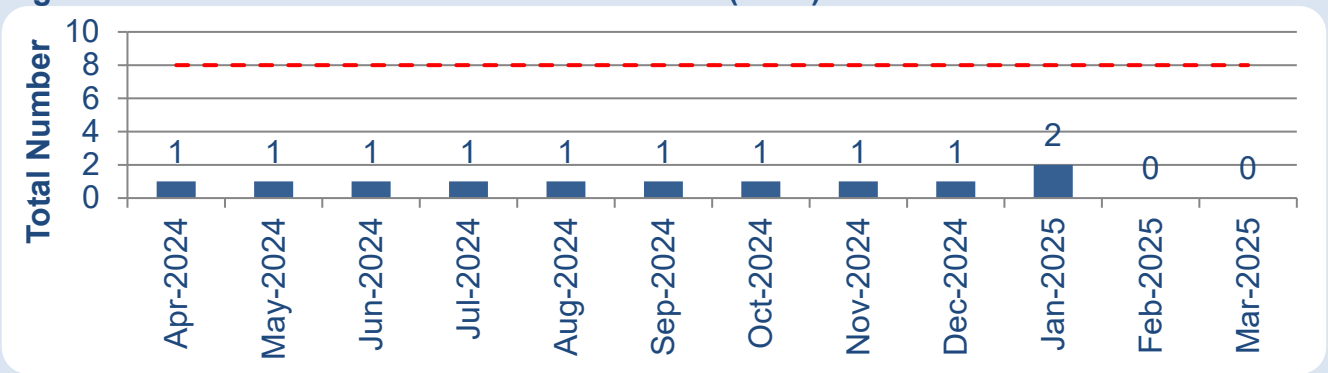


Figure 37- Absconsions on a Mental Health Act (MHA) Section



Source- Trust Tableau Dashboard

Other Quality Indicators

Figure 38- Other Quality Indicators	Annual Target	2022/23	2023/24	2024/25	Commentary
Patient Safety					
Never Events	0	1	0	**0**	Total number of never events
Infection Control- Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	0	0	0	**0**	Total number of MRSA Cases Source- Trust Infection Control. Report.
Infection Control- C. difficile cases	We are part of a joint ICB health economy approach to reduce numbers overall	7	3	**6**	Total number of Berkshire Healthcare cases.
Medication errors	N/A	800	685	**773**	Total number of medication errors reported. Source- Trust Medicines Management Report
Active Inappropriate Adult Acute Mental Health Out of Area Placements (OAPs) at the end of each month (New)	Reduce as per Quarterly Targets	N/A	N/A	**33**	Total of the number of Active Inappropriate Adult Acute Mental Health OAPS during the year
Clinical Effectiveness					
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	60%	91.4%	89.8%	**94.4%**	Average monthly %
Talking Therapies- proportion of people completing treatment who move to recovery	50%	49.6%	46.7%	**51%**	Annual %
People with common mental health conditions referred to Talking Therapies will be treated within 6 weeks of referral	75%	94.8%	90.4%	**91%**	Annual %

Figure 38- Other Quality Indicators	Annual Target	2022/23	2023/24	2024/25	Commentary
People with common mental health conditions referred to Talking Therapies will be treated within 18 weeks of referral	95%	100%	100%	**100%**	Annual %
Accident and Emergency: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	99.3%	99.3%	**98.8%**	Average monthly %
Patient Experience					
Community Paediatric Service- Referral to Treatment waiting times (RTT)- Incomplete pathways	95% <18 weeks	99.6%	99.9%	**99.9%**	Average monthly %
Diabetes Service- RTT- Incomplete pathways	95% <18 weeks	100%	100%	**100%**	Average monthly %
Complaints received		240	281	**223**	Total number of complaints
Complaints acknowledged within 3 working days	100%	99.2%	99.7%	**99.4%**	Average monthly %
Complaint resolved within timescale of complainant	90%	99.6%	100%	**100%**	Average monthly %

Source- Trust Tableau Dashboard except if indicated in commentary.

Please note that metrics relating to admissions to adult facilities for patients under 16 years old and the Data Quality Maturity Index are not detailed as they are no longer part of the NHS oversight framework.

Statement of Directors' responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust annual reporting manual 2024/25 and supporting guidance detailed requirements for quality reports 2024/25.
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2024 to May 2025
  - papers relating to quality reported to the Board over the period April 2024 to May 2025
  - feedback from commissioners dated April 2025
  - feedback from governors dated April 2025
  - feedback from local Healthwatch organisations dated April 2025
  - feedback from Overview and Scrutiny Committees dated April 2025
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2025
  - the 2023 national patient survey, March 2025
  - the 2023 national staff survey, March 2025
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated May 2025
  - CQC inspection report dated March 2020
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.
- the performance information reported in the Quality Report is reliable and accurate.
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

(Date) **Martin Earwicker, Chairman**

(Date) **Julian Emms, Chief Executive**

Appendix A- Annual Plan on a Page

Annual Plan on a Page- 2024-25

Annual Plan on a Page 2024/25

NHS
Berkshire Healthcare
NHS Foundation Trust

Our mission is to maximise independence and quality of life
Our vision is to be a great place to get care, a great place to give care

Harm-free care
Providing safe services

- We will protect patients by using appropriate infection control measures
- We will identify and prioritise patients at risk of harm resulting from waiting times
- We will continue to reduce falls, pressure ulcers, self-harm on wards and suicide across all services
- We will recognise and respond promptly to physical health deterioration on all wards
- We will improve the physical health of people with serious mental illnesses
- We will empower staff and patients to raise safety concerns without fear, and ensure learning from incidents

Good patient experience
Improving outcomes

- We will identify and reduce health inequalities in access, experience and outcomes
- We will involve patients in co-production of service improvement
- We will reduce length of time patients wait for Trust services, year on year (compared to 2022 waits)
- We will make every contact count by offering advice in making healthy choices
- We will gain feedback from at least 10% of patients in each service and demonstrate service improvements based on feedback

Supporting our people
A great place to work

- We will promote a culture of respect, compassion, kindness and inclusivity
- We will act against anyone who is verbally, racially, physically or sexually abusive
- We will act on our anti-racism commitment, removing barriers to equity and improving representation in senior positions
- We will create a supportive work environment that values each team member's contribution, wellbeing and professional development
- We will provide opportunities for staff to show initiative and make improvements
- We will reduce staff leaving (turnover to 10%)
- We will ensure we have a highly skilled permanent and temporary workforce by actively developing staff and proactively attracting great external candidates

Efficient use of resources
A financially and environmentally sustainable organisation

- We will achieve our financial plan
- We will identify and deliver efficiencies
- We will increase our productivity
- We will reduce our impact on the environment, minimise waste and reduce carbon emissions
- We will maximise use of our digital tools to release time to care and empower patients

With our health and care partners: We will work with our health and social care partners to provide better and more efficient care.

Annual Plan on a Page- 2025-26

Annual Plan on a Page 2025 /26

NHS
Berkshire Healthcare
NHS Foundation Trust

Our mission is to maximise independence and quality of life
Our vision is to be a great place to get care, a great place to give care

Harm-free care
Providing safe services

- We will improve flow through all our services to reduce risk of harm resulting from waiting times
- We will reduce self-harm and suicide across all services
- We will recognise and respond promptly to physical health deterioration on all wards
- We will encourage and support staff and patients to raise safety concerns without fear, and ensure learning from incidents
- We will reduce avoidable admissions and minimise length of stay

Supporting our people
A great place to work

- We will drive a culture of wellbeing, respect, compassion, and inclusivity acting against any form of abuse
- We will deliver our unity against racism action, removing barriers to equity and improving diversity in leadership
- We will support opportunities for career development, professional growth and impact

Good patient experience
Improving outcomes

- We will target and reduce health inequalities in access, experience and outcomes at service level
- We will always include patients, carers and partners as we make changes to services
- We will offer advice to patients on changes that will improve health outcomes
- We will gain feedback from at least 10% of patients in each service and demonstrate service improvements based on feedback

Efficient use of resources
A financially and environmentally sustainable organisation

- We will achieve our financial plan
- We will identify and deliver efficiencies, including agency staff reduction
- We will improve productivity by reducing length of stay on all wards
- We will reduce impact on the environment, minimise waste and reduce carbon emissions
- We will use quality improvement and digital to improve productivity and reduce waits, Did Not Attends (DNAs) and cancellations

We will work with our health and social care partners to provide better and more efficient care.

Appendix B- National Clinical Audits- Actions to Improve Quality

National Clinical Audits Reported in 2024/25, and results received that were applicable to Berkshire Healthcare NHS Foundation Trust

	National Audits	National Audit Aim/ Objectives	Actions to be Taken
National Clinical Audit and Patient Outcomes Programme (NCAPOP) Audits			
1	National Diabetes Foot Care Audit (NDFA) State of the Nation report	The NDFA enables all diabetes footcare services to measure their performance against NICE clinical guidelines and peer units, and to monitor adverse outcomes for people with diabetes who develop diabetic foot disease It looks at the following key areas: 1.Structures: are the nationally recommended care structures in place for the management of diabetic foot disease? 2.Processes: does the treatment of active diabetic foot disease comply with nationally recommended guidance? 3.Outcomes: are the outcomes of diabetic foot disease optimised?	Work to be carried out with the digital transformation team to add a new activity to the RIO patient record for Podiatry staff to outcome with when presented with a new diabetic foot wound. Data to be extracted directly from RiO for the national audit.
2	National Respiratory Audit Programme (NRAP) state of Nation report	The NRAP aims to improve the quality of the care, services and clinical outcomes for patients with respiratory disease across England and Wales. It does this by using data to support and train clinicians, empowering people living with respiratory disease, and their carers, and informing national and local policy. NRAP is used nationally to assess progress against the NHS Long Term Plan.	We have an action plan already in place that being implemented, no further actions taken.

National Audits		National Audit Aim/ Objectives	Actions to be Taken
3	National Respiratory audit programme – Combined organisational audit	One in five people in the UK have a long-term respiratory illness, and one of the most common is chronic obstructive pulmonary disease (COPD). For people living with COPD, pulmonary rehabilitation (PR) can be a crucial part of their treatment; 90% of people who complete a PR programme report an improved quality of life. Nationally there is a link between the resourcing and structure of respiratory services and the quality of care they can provide. This is especially important as the NHS Long Term Plan aims to increase access to PR over the next 10 years, and as services expand to meet this target, it is essential that the quality of care they provide is maintained.	The service already has an on-going open action plan from the case note audit which is being monitored though the Trust Clinical Effectiveness Group and no further actions were identified or required from the organisational audit.
4	NCAP - National Clinical Audit of Psychosis – State of the Nation report	Early Intervention in Psychosis (EIP) services provide care to people with psychosis and at-risk mental states (ARMS) by providing treatments in accordance with NICE recommended guidance. The Royal College of Psychiatrists National Clinical Audit of Psychosis (NCAP) monitors the performance of EIP services across England and Wales against standards which cover waiting times, Cognitive Behavioural Therapy for psychosis (CBTp), education and employment support, family and carer interventions, Clozapine medication, outcome measures plus physical health screening and interventions.	All national recommendations are either being met or the EIP services already have an open action plan for improvement in place and no further actions were required.

National Audits		National Audit Aim/ Objectives	Actions to be Taken
5	National Clinical Audit of Psychosis – Early Intervention in Psychosis (EIP) Audit	The National Clinical Audit of Psychosis (NCAP) aims to improve the quality of care that NHS mental health Trusts in England and Health Boards in Wales provide to people with psychosis. Services are measured against criteria relating to the care and treatment they provide, so that the quality of care can be improved.	To ensure clients with First Episode Psychosis (FEP) and their families are offered and take up Family Intervention (FI) as appropriate: - Set Expectation that all trained FI staff provide 90 mins of FI weekly- Monthly monitoring of tableau dashboard to ensure target is being met- To discuss with Business Analysts regarding Individual placement and support (IPS) contacts and referrals issue and determine an appropriate action. To ensure all Young People are offered Cognitive Behaviour Therapy for Psychosis (CBTp) and take up as appropriate: - Identify a clinician to complete the 1- or 2-year CBTp course, or hire a clinician qualified in CBTp into the vacant Clinical Psychologist post- Proforma from Adult EIP to be edited and put in place at Children and young people EIP Multi-Disciplinary Teams (MDTs). All CYP on the caseload will have completed physical health checks and interventions offered if required. - Quality Improvement work to continue- Weekly Routine outcome monitor (ROMS) audit using Tableau dashboard and presentation to the team in weekly MDT- Proforma from Adult EIP to be edited and put in place at CYP EIP MDTs. All young people on the caseload will have a Health of the Nation Outcome Scales for Child and Adolescent Mental Health (HONOSCA) and DIALOG outcome scale completed and repeated- Complete the ongoing improvement project – identify countermeasures and put in place- Standard Operating Procedure created. Weekly ROMS audit using Tableau dashboard and presentation to the Team in weekly MDT. Proforma from Adult EIP to be edited and put in place at CYP EIP MDTs.

National Audits		National Audit Aim/ Objectives	Actions to be Taken
6	National Audit of Dementia – Memory Services	The National Audit of Dementia (NAD) Memory Assessment Services (MAS) Spotlight Re-audit 2023 looks at care provided in community-based memory clinics. It is aligned with NHS England's (2022) dementia objectives, to ensure equal access to diagnosis for everyone and every person diagnosed with dementia having meaningful care following their diagnosis. It was developed in collaboration with the London Dementia Clinical Network, NHS England and Improvement. The national aim is to find out about access and waiting times, diagnosis and treatment, and post diagnostic follow up, as well as new ways of working in community-based memory assessment services.	Quality Improvement – Older People's Mental Health (OPMH) Memory Clinic workstream. Reduction in waiting times. Reduction in unwarranted variation across the Trust. Ensure patients have access to Cognitive Stimulation Therapy (CST). Monitor number of referrals and uptake of CST for a 12-month period. Data subgroup to analyse data sets. Memory clinic mapping activity as part of memory clinic review. Research team to attend locality business meetings Documented discussion section added to Standard Assessment Process form regarding research.
7	National Audit of Inpatient Falls	The National Audit of Inpatient Falls (NAIF) is a national clinical audit run by the Falls and Fragility Fracture Audit Programme (FFFAP) at the Royal College of Physicians. This audit measures compliance against national standards of best practice in reducing the risk of falls within Inpatient care.	Review care planning for falls prevention to include activity. Work with activity co-ordinators to ensure that physical activity is included in a regular programme. Identify the best procedure to review the quality of post falls checks. Work with ward managers and clinical leads to consider how to support staff in completing a robust post falls assessment. Implement review process to evaluate the quality of post falls checks. Proposal for all patients being admitted having PRN (pro re nata- when required) analgesia written on their drug chart for the first 48 hrs post admission. To discuss with the Medics. To review analgesia administration within the Older Adult Mental Health wards to ensure patients have access within 30 mins whenever possible. Review the Falls audit expansion resource. Meet with the Patient Safety team to identify audit new process.

National Audits		National Audit Aim/ Objectives	Actions to be Taken
8	Sentinel Stroke National Audit Programme (SSNAP) report	The SSNAP is a national healthcare quality improvement programme which measures the quality and organisation of stroke care in the NHS across England, Wales and Northern Ireland. Its aim is to provide timely information to clinicians, commissioners, patients, and the public on how well stroke care is being delivered.	A deep dive will be conducted to explore the decline in uptake of six-monthly reviews, assess the feasibility of combining them with consultant reviews, and discuss plans with the Clinical Director.
9	National Clinical Enquiry into Patient Outcome and Death (NCEPOD) – End of Life care	It is important that the provision of care at the end of life meets the needs of the population. NCEPOD undertook a retrospective study, reviewing the quality of care provided towards the end of life for adults with a diagnosis of dementia, heart failure, lung cancer or liver disease. The national report 'Planning for the End' was published in November 2024. Trust level data was not given. The study focused on hospital care provided in the last six months of life as well as on the final admission.	Encourage service leads and clinical leads to work closely with clinical teams to promote awareness of palliative care needs assessment for all patients. To roll out training for inpatient unit staff about Gold Standard Framework and the trigger questions relevant to palliative needs.

National Audits		National Audit Aim/ Objectives	Actions to be Taken
Non- NCAPOP Audits			
10	Prescribing Observatory for Mental Health (POMH) 22a: Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	The National Institute for Health and Care Excellence (NICE) Guideline on Dementia (NICE, 2018) recommends reviewing and minimising medicines associated with anticholinergic burden in patients with dementia or suspected dementia. It is also prudent to keep anticholinergic burden to a minimum for older people generally, as these medicines are associated with an increased risk of developing dementia.	- Systematically review antidepressant choices in older adults who are prescribed medications that have an Anticholinergic Effect on Cognition score of 3, particularly amitriptyline. - Use of the Medichec Tool in all older adults as part of Single Assessment Process (SAP) and built into Rio/SAP. - Include examples in documentation like Increased confusion, constipation, urinary problems, including retention, dizziness, dry mouth – in the SAP Drop down menu. - Alteration of the letter to GPs.
11	POMH 16c: Rapid Tranquilisation	This 2024 re-audit reviews rapid tranquillisation in the context of the pharmacological management of acutely disturbed behaviour on all Berkshire Healthcare mental health inpatient wards. The first audit was conducted in 2016, followed by the re-audit in 2018. Practice has been measured against standards set by the National Institute for Health and Care Excellence (NICE). Since this programme started there have been some further developments in Rapid Tranquilisation practice, with an increased focus on reporting and reducing restrictive interventions as well as harnessing technology to support routine post-RT physical health monitoring.	- Clear rationale for not offering oral medication should be documented. - All patients to have a debrief which is recorded on RiO within 24 hours of the incident.- Communication to staff about expectations via Restrictive Interventions (RI) Operational Group, PPSQ and Medical meeting.- Include in induction and ward level Turbo 10 training.- Monthly audit of all standards by physical health lead to be developed in response to this audit that results in further ward level actions.- Share the findings at the reducing restrictive practice group and develop an action plan with advocacy.- Care plans must be utilised to reflect the standard. Implementation of the key nurse and named worker model at Prospect Park Hospital.- Training to ensure staff know the importance of advanced care planning and psychosocial interventions for managing disturbed behaviour.- Re-training for all staff on Physical Monitoring Post Rapid Tranquilisation.- Liaise with QI Department to identify whether a Breakthrough Objective is required / whether this would help keep a focus on the issues identified, at the Executive level.

National Audits		National Audit Aim/ Objectives	Actions to be Taken
12	POMH 21b: The use of Melatonin	Sleep disorders adversely affect the daytime functioning of a child and impact on family life. Current guidance on management of insomnia in children proposes that once physiological reasons for sleep disturbance are excluded, interventions that aim to change parents' management of their child's sleep should be the next step. This guidance is also applicable to children with neurodisability, although the evidence for the effectiveness of behavioural interventions alone is less strong. Pharmacological interventions (such as melatonin) are recommended where such interventions prove ineffective or alongside parent-directed approaches.	1.Template to be created for clinicians to use when prescribing and/or reviewing melatonin to include that evidence non-pharmacological intervention has been tried, that information about melatonin, on or off label, has been shared with the patient and/or parent and/or guardian and/or carer, as appropriate, and that the Berkshire Healthcare melatonin leaflet has been given. 2.Rio transformation request to be submitted. 3.Rio recording template to be created for clinicians to use when prescribing and/or reviewing melatonin to include – to include prompts/template for recording side effects and for quantifying therapeutic effect. For use at under 3 months and at 12 months. 4.Alternative process for gathering and recording information from parents, regarding side effects and therapeutic effect when remotely reviewed to be developed for community paediatrics.
13	(NACR) National Audit of Cardiac Rehabilitation Annual report	This national audit aims to monitor the quality of Cardiovascular Rehabilitation (CR) service provision across Integrated Care Boards (ICBs) and Clinical Networks. It also reports on inequalities and supports improved provision of CR services via targeted research. Data will also be used to evaluate the impact of NHS funding for CR service delivery	- Implement a process to actively encourage patients to complete and return the Assessment 2. This will explain the importance of this assessment to the service and other patients.

Appendix C- Local Clinical Audits- Actions to Improve Quality

	Audit Title	Aim/Actions
1	(7608/CA) - Use of the End-of-Life Care Plan in Learning Disability Services – 2019-2020	Berkshire Learning Disability Services have developed an End-of-Life Care Plan. This plan is informed by the End-of-Life Care Strategy (2008) and NHS England's 'Delivering high quality end of life for care for People with Learning Disabilities' (2017). It has been provided to the health teams providing support to people with Learning Disabilities across Berkshire, and details six areas that should be considered during an End-of-Life Care Plan with a person with Learning Disabilities and their family. This project audits the use if this the End-of-Life Care Plan across the six health teams providing services to People with Learning Disabilities. Recommendations/Actions:- Feedback results of the audit to all health teams involved with End-of-Life care planning for People With Learning Disabilities..- Offer training to all health teams with regards to use of the End-of-Life Care Plan and accurate documentation on RIO.- Add reminders to the End-of-Life Care Plan document to upload the document to Rio.- Adjust the End-of-Life Care Plan to include preferred and actual place of death to have a clear measure of acting in line with patient's wishes as per Best Practice guidelines.
2	(9857/CA) - Documenting Driving status in Home Treatment Team patients in Newbury OPMHS with a functional mental illness – A re-audit	This re-audit looks at the documented driving status of Home Treatment Team (HTT) patients with functional mental disorders in Newbury's Older Peoples Mental Health Service, as per the Driver and Vehicle Licensing Agency and General Medical Council. The previous audit ID is 5734.Aims: To ensure the current documentation addressing driving status in service users in the OPMH HTT compares with Driver and Vehicle Licensing Agency and driving related General Medical Council guidance. Recommendations/Actions- Give a refresher talk on Driver and Vehicle Licensing Agency guidance to the Multi-Disciplinary Team (MDT) stressing the importance of the audit tool- Provision of additional easy read bitesize prompt to MDT colleagues and in weekly meetings for patients who drive, and its documentation in HTT notes, including advice given to the patient and family. Or handover to CMHT- Update of resources on the shared drive for the MDT including the bite-size prompt and MHP induction pack.
3	(10335/CA) - An Audit of the Prescribing of Oral Paracetamol in Adult Inpatients	This trust-wide (Community Health East & West, Mental Health Inpatients) clinical audit seeks to identify the extent that new prescribing guidelines for oral paracetamol have been implemented on adult inpatient wards. Aim: To ensure the Trust is following new oral paracetamol prescribing guidelines. Recommendations/Actions- To remind wards to upload documentation at end of day for patients- To re-audit over longer period, explore other patient risk factors and co-morbidities.

	Audit Title	Aim/Actions
4	(11060/CA) - Management of Lower Back Pain against NICE Guidelines (Musculoskeletal Physiotherapy East)	This is a re-audit in the Scheduled Care Service by the Musculoskeletal (MSK) East Physiotherapy team, which looks at NICE guidance on management of lower back pain. The baseline audit was conducted in 2019 (ID: 5527). Aim: To improve compliance with NICE guidelines regarding lower back pain in the MSK East Service. Recommendations/Actions:- Administrators to hand out STarT back tool to all new patients presenting with low back pain- Educate clinical staff on where to document results.- Education with clinical staff through AAC/ locality in services about stratification and how management should reflect this.- Review of classes across Trust physiotherapy services- Improvement and roll out of back rehab classes at all sites in East Berkshire-.Repeat mini audit on use of manual therapy for patients seen after the June 2023 Inservice on manual therapy.- Staff survey to understand barriers to use of manual therapy- Training needs analysis based on results of survey.- Implement manual therapy education into locality in services and supervision sessions.- Staff to implement use of STarT back and stratification to identify appropriate patients.- Staff to document identified or not identified psychosocial factors as part of analysis in notes.- Remind staff of recommended guidance by NICE.- Education with staff around indications/contraindications of ibuprofen and when to recommend to patients.
5	(10853/CA - JD) - Antipsychotic use in patient presenting with behavioural and psychological symptoms of dementia (BPSD)	There have been increasing concerns in recent years about the use of antipsychotics to treat the behavioural and psychological symptoms of dementia. Antipsychotics are associated with an increased risk of cerebrovascular adverse events and greater mortality when used in this population. The aim of this audit was to ensure that antipsychotic prescribing in patients presenting with behavioural and psychological symptoms, complies with the recommendations of NICE guidelines (NG97). Recommendations/Actions: - It is recommended that the focus should be on the following areas: - Identifying physical causes. - Screening for depression and analysing behavioural and psychological changes (using ABC charts). - Using nonpharmacological interventions before starting antipsychotics. - We strongly recommend that patients should be reviewed within 6 weeks after starting antipsychotics.
6	(10173/CA) - Dietetic Inappropriate Referrals Audit for Nursing Homes	This is a trust-wide local clinical audit with Community Dietetics to compare service nursing home referrals to service referral criteria. This will assess service efficiency, as well as provide data for Berkshire Healthcare's Intelligent Automation (IA) team for a new referral proposal. Aim: To reduce the number of inappropriate referrals from community nursing homes to the dietetic team. Recommendations/Actions: - Referral screening tool to be automated and mandatory. - Set up regular meetings with care homes to increase engagement. - Set up email address for easy contact.

	Audit Title	Aim/Actions
7	(11335/CA) - Re-Audit of Antimicrobial Prescribing on all Berkshire Healthcare NHS Foundation Trust Inpatient Wards [MHS & CHS] 2024	Aim: To ensure there is safe and effective prescribing of antimicrobials in Berkshire Healthcare's inpatient wards: Mental Health Services and Community Health Services Recommendations/Actions: - Engage all staff through continual training and awareness of antimicrobial stewardship principles. - Audit findings to be shared with the antimicrobial stewardship group, medical director, and clinical governance meetings. - With Electronic Prescribing and Monitoring (ePMA) retendering currently underway, see if is possible to amend systems to make field mandatory.
8	(10969/CA) - Re-Audit: Alcohol Intake Documentation in Initial Assessment (Maidenhead Memory Clinic)	Nationally, drinking alcohol at levels that are thought to be harmful has significantly increased over the last 20 years. It is reported that 1 in 5 older men and 1 in 10 older females are drinking at that level. Asking about alcohol intake is an important part of the initial assessment in any mental health assessment. In memory clinics it is important due to the role alcohol has in brain function and its effect on cognitive functioning. This audit reviews the team's practice regarding documenting alcohol intake and whether this leads onto advice being given to those who drink above government guideline limits. This was a reaudit of a baseline carried out in 2022. Recommendations/Actions: - Calculate the number of units of alcohol drunk/week. This can be done by more detailed history taking and increasing knowledge of what a unit of alcohol equates to via training. Working this out whilst with the patient will raise awareness of those people drinking above the guidelines and will prompt advice to be given. -Improve completion of forms on RIO. This will be done by training and monitoring via supervision.
9	(11189/CA) - Adherence to NICE Quality Standard QS155 for Lower Back Pain with or without Sciatica in IPASS Spinal Service	This is a clinical audit in the Integrated Pain & Spinal Service (IPASS) team who are seeking to ensure patients experiencing lower back pain with and without sciatica receive appropriate assessment and are offered effective treatment options in a timely manner, as per NICE Clinical Guideline NG59 and Quality Standard QS155. Aim: To improve the diagnosis and management of lower back pain with and without sciatica as per NICE Quality Standard, QS155. Recommendations/Actions: - Education and training of staff. - Development of self-management tools for patients.

	Audit Title	Aim/Actions
10	(11099/CA-JD) - Prolactin Monitoring for Acute Adult Psychiatric Inpatients - Rose Ward	The Trust guideline on Antipsychotic-Induced Hyperprolactinaemia for baseline serum prolactin states 'Pre-treatment screening is vital in helping to determine whether or not a subsequent elevated prolactin level is due to medication.' Adult inpatients experience unwanted and inadvertent side-effects of medications. Alongside this, the medical team and wider MDT treating the patient can be affected as it can influence the medications that patients are trialled on and the nature of treatments we commence to attempt to improve their mental wellbeing. Recommendations/Actions: - To create posters reminding doctors the admission blood orders, as per Trust guidelines. Posters to be distributed to the On-Call room, Ward MDT room and clinic room. Especially relevant as resident doctors rotate very frequently. - Ward list is currently used to keep track of patient's bloods, ECG and examination. To continue persisting and documenting patient refusals on Rio. - We are proposing the adoption of the Glasgow Antipsychotic Side-Effect Scale (GASS) as a quick, validated tool to identify possible side-effects, including hyperprolactinaemia symptoms.
11	(11405/CA-JD) – Electroconvulsive Therapy (ECT) Consent Re-Audit 2023 - 2024	Trust ECT services are accredited members of the ECT Accreditation Service (ECTAS) which is part of the Royal College of Psychiatrists. The delivery of the ECT service is guided by ECTAS standards and membership of ECTAS is determined by the achievement of these standards. To maintain accreditation with the Trust's compliance with national standards on consent, the ECT service is audited yearly, and previous recommendations of audit cycles are monitored and implemented for continuous improvement. This was previously audited in 2022/23. The aim of the reaudit was: - To monitor Berkshire Healthcare Foundation Trust ECT Department's compliance with national guidelines relating to consent for ECT. - To ensure all patients have a capacity assessment, and relevant documentation, for each ECT cycle, to maintain validity of the informed consent. Recommendations/Actions: - Ensure that all boxes within the audit tool are completed. - Ensure that in complex situations a written note is added to the tool to explain. - All new staff who will be involved in ECT must be made aware of the protocols, forms, and consent procedures at the time of Induction and staff training sessions to be arranged if necessary. - To consider amending the audit tool to monitor adherence to standard 86 of the ECTAS protocol to ensure that patients undergoing ECT treatment are given any further information that they may need, introduced to the clinical team administering the treatment and if they agree to the presence of anyone attending in a learning capacity.

	Audit Title	Aim/Actions
12	10070/CA) - Clinical Audit on the Management of Emotionally Unstable Personality Disorder (EUPD) in Compliance with NICE Guidelines	EUPD, or borderline personality disorder (BPD), poses significant challenges in the field of mental health due to its complex symptomatology and varying treatment responses. Psychotropic medications are commonly prescribed alongside psychotherapy for individuals with EUPD. This clinical audit aims to review the utilisation of psychotropic medications and psychotherapy in the management of EUPD against NICE guidelines. According to NICE, drug treatment should not be used precisely for EUPD nor for the behaviour or individual symptoms associated with the condition including repeated self-harm, marked emotional instability, transient psychotic symptoms, and risk-taking behaviours. Standards were taken from NICE Clinical guideline [CG78]. Borderline personality disorder: recognition and management. NICE Clinical guideline [CG78]. Published 2009). Recommendations/Actions: - Individualised treatment plans that consider patient preferences, co-occurring conditions, and treatment response should be prioritised to improve patient outcomes. Patients living with EUPD often require ongoing treatment and support. Long-term research can contribute to patient-centred care by providing evidence-based recommendations for sustained symptom management. - Healthcare providers to refer to evidence-based treatment guidelines while prescribing psychotropic medications for EUPD patients. - Individualised treatment plans that consider patient preferences, co-occurring conditions, and treatment response should be prioritised to improve patient outcomes.
13	(10796/CA) - Audit of Discharge Protocol of Patients Attending Reading CRHTT	The Crisis Resolution Home Treatment Team (CRHTT) is a bridge between the Community Team and inpatients. The team acts as gate keeper for patients experiencing mental health crisis. In line with the Mental Health Act (1983) we aim to manage them in the least restrictive environment (home). It aims to reduce admissions to the inpatient beds and facilitate discharge from inpatients, hence reducing patient stay in the ward. The purpose of the audit is to ensure that the discharge process is adhering to the CRHTT discharge check list. Recommendations/Actions: - Ensure that team Recovering Quality of Life measure is completed. - A check list incorporating the Royal College recommendation and BHFT should be completed and uploaded in Rio. A mechanism to monitor compliance should be in place. - Develop a Care Pathway from CRHTT.

	Audit Title	Aim/Actions
14	(10801/CA) - Caries Prevention of Paediatric Patients in Berkshire Healthcare's Community Dental Service	A clinical audit within Berkshire Community Dental Services across seven clinics that assesses the recording and delivery of caries prevention for paediatric new patient referrals. Aim: To improve the quality of the paediatric new patient referrals risk assessment. Recommendations/Actions: - Presentation of audit findings and teaching to be delivered to dentists in the service on caries risk assessment and prevention. - Creation and usage of a template to help with recording of caries risk and the prevention measures identified in audit. - The dentists involved in completing paediatric new patient assessments to correctly record caries risk and to record the preventative treatment/ advice given to these patients.
15	(11147/CA) - Risk Management of High dose antipsychotic therapy (HDAT) within Prospect Park Hospital (BHFT).	HDAT can be defined as either “A total daily dose of a single antipsychotic which exceeds the BNF maximum licensed daily dose or “A total daily dose of two or more antipsychotics prescribed where the combined total percentage is above 100%. This includes additional “PRN” (when required) doses of antipsychotics and off-label prescribing. The aims of this audit were to review inpatients on high dose antipsychotics therapy within the Trust and examine whether the monitoring requirements such as ECG, baseline monitoring (U&E, LFT, FBC lipids, HBA1c, prolactin, BP, pulse, temperature, respiration rate) were followed according to the Trust guidelines (High Dose Antipsychotic Therapy (HDAT) Risk Management Guideline). As well as establishing whether the HDAT forms were completed and uploaded to the electronic patient notes (RiO). This audit was carried out to fulfil a foundation trainee pharmacist programme requirement. Recommendations/Actions: - Increase awareness and circulate information and guidance to staff members on HDAT documentation skills. - Implement an alert icon on ePMA/RiO for patients on HDAT as it was difficult to identify them.
16	(11264/CA) - Re-audit of Oral Hygiene Practices at Thornford Park Hospital	A clinical audit by Berkshire Community Dental Service where it has been recognised that many service users have poor oral hygiene and there is a high level of dental need at Thornford Park Hospital. Previous audit ID: 10448. Aim: To improve the oral healthcare practices of services users at Thornford Park Hospital. Recommendations/Actions: - Senior Dental Nurse Prevention Lead to provide a talk to new staff and service users about oral health- Senior Dental Nurse Prevention Lead to attend Health Buster Sessions- The dental team to visit each ward to provide oral health advice- The dental team to provide tailored oral health advice to individual service users at every encounter.

	Audit Title	Aim/Actions
17	(10930/CA) – Dose Administration audit - checking adherence	A clinical audit to use NICE guidelines to investigate the medicine administrative procedures and record keeping at Phoenix House. The results will prompt the writing of a Standard Operating Procedure which addresses this issue. Aim: To measure and then improve the medicine administrative procedures and record keeping at Phoenix House Recommendations/ Actions: - Since there is no space to write lengthy notes in the administration chart, one may not know the true reason for it to be left blank. To avoid discrepancies like this happening, review designing and agreeing to a code key that nurses can simply use no matter what the situation. It is wrong to assume that doses have been given and not signed for when there could have been another reason for the box to be left blank.
18	(10950/CA) - Child Protection Supervision audit	A child supervision audit within the whole of the Children's, Young Persons & Families Directorate. The purpose is to: determine if health practitioners are recording child protection supervisions onto the child's RiO progress notes, in a timely manner, and that there is evidence that actions agreed at supervision have been (or are in the process of being) actioned. Aim: To monitor and improve child supervision records. Recommendations/Actions: - All supervision agreements to be current and reviewed annually - Named Professionals to review with practitioners annually and upload to Microsoft Teams folder. - All supervisions and any actions to be recorded on the child's progress notes - Named Professionals to allow time within the supervision session. for practitioners to record supervision and actions on child's progress notes- Actions from previous supervision will be followed up in the next session - Named Professionals will use start of session to revisit previous cases and actions. - Training needs of practitioners to be discussed by named Professional during supervision.
19	(11406/CA) (RD) - Audit of First Medical Seclusion Reviews in Prospect Park Hospital	Seclusion in health setting refers to the 'supervised confinement and isolation of a patient away from other patients, in an area from which the patient is prevented from leaving, where it is of immediate necessity for the purpose of containment of severe behavioural disturbance which is likely to cause harm to others. Inappropriate use of seclusion can carry risks to the individuals, both physical and psychological. The Mental Health Act Code of Practice 2015 sets standards for the use of seclusion which are designed to ensure the safety of patients and staff. Aim: To determine whether first medical reviews on Sorrell Ward, Prospect Park Hospital are conducted within the recommended one-hour timeframe and documented in accordance with Trust seclusion guidelines. Recommendations/Actions: - Review the process of contacting on-call doctors. - Provide education on recommended contents for seclusion reviews. - Consider adding a seclusion review template in Rio. - Implement regular audits.

	Audit Title	Aim/Actions
20	(11533/CA) - Diabetes Specialist Service Review of Patients with Type 2 Diabetes HbA1c (Glycated Haemoglobin)	This audit has been undertaken to review the equity of access to the service and assess the effectiveness of the Diabetes Specialist Service through HbA1c outcomes of those with Type 2 Diabetes on referral and completion of care from the Diabetes Specialist. Recommendations/Actions: The Diabetes Specialist Service have put a Quality Improvement Plan in place to address issues raised, which includes the re-structure of current workforce.
21	(11288/CA) - Quality Schedule Re-Audit of Making Safeguarding Personal and Safeguarding Referrals to Berkshire Local Authorities	This is a trust wide re-audit carried out by the Safeguarding team to ensure safeguarding concerns reported on Datix have been sent to the Local Authority (LA) and that views of the service user have been documented accordingly, as per Trust policy. Previous ID: 10212. The aim was to assess compliance with Appendix 1 of Policy CCR089, Safeguarding Adults at Risk from Abuse or Harm and Local Government Association guidance on Making Safeguarding Personal Making Safeguarding Personal: For safeguarding adults boards (adass.org.uk). Recommendations/Actions:- Named Professionals for Adult Safeguarding to again liaise with locality teams who performed less well to discuss the findings and remind professionals to discuss the referral with the patient/client and record their wishes in the relevant section of Datix.- Reminder of the correct process to all clinical staff via PS&Q and Safeguarding Adult Training Levels 2 & 3.- Reminder in Circulation Bi-annually. Bracknell LA reported the highest number of Datix not received and a meeting will take place with the LA Head of Safeguarding and Practice Improvement to discuss the findings. If patient/client lacks capacity or it is not safe to discuss the referral due to the level of risk or the presence of the alleged abuser, this information should be clearly recorded in Datix.
22	(11331/CA) - Advice Line Quality Schedule Audit (2024) Adult and Children's Safeguarding	The safeguarding team operate two advice lines within office hours for Trust practitioners, adult, and children. In 2023-2024 we saw an increase of 10.95% in adult calls and an increase of 18% in Children's calls. This audit reviews the quality of the advice given and record keeping by clinicians relating to the advice received. This is to provide assurance that the quality of the advice is of a high standard and that trust record keeping procedures are being followed. Recommendations/Actions: - Standard Operational Process to be developed by the safeguarding team. - Review of advice sheet to include record keeping tool/QR code feedback. - Safeguarding team to explore what other record systems there are and how to gain access.

	Audit Title	Aim/Actions
23	(9816/CA) - Auditing quality of response by health visitors and community school nurses to police domestic abuse incident forms	A clinical audit to review all domestic abuse reports in Children's Services rather than previously only reviewing those police graded as high risk. The aim of the audit was to assess the usefulness of the Named Professionals for children's safeguarding reviewing all health visitor and Community School Nurse responses to domestic abuse police reports. Recommendations/Actions: The new standard to be put in the policy CRR124 and communicated to administrative staff responsible for processing the incident reports. -To remind administrators of the correct process for managing the incident forms. -For template and crib sheet to be used. This will be introduced by safeguarding team hosting workshops.
24	(10921/CA) - Clinical Global Impression (CGI) and Hamilton Electroconvulsive Therapy (ECT) Audit Prospect Park Hospital 2023	ECT is a treatment supported by NICE (National Institute for Health and Care Excellence) for the treatment of catatonia, a prolonged or severe manic episode and severe depression. The ECT service in Berkshire is delivered by the ECT team at Prospect Park Hospital (PPH), Reading. This department is accredited by RCP ECTAS (Royal College of Psychiatrists ECT Accreditation Service). The aim of this audit is to measure clinical response to ECT with the CGI and HAM-D scales in patients with NICE approved indications for ECT. This audit is completed annually by the department to monitor the response of patients with various diagnoses to ECT. Recommendations/Actions: Use of same sub-category of CGI scores throughout ECT would be helpful in monitoring the trajectory of individual's progress over the course of treatment. The department currently collects CGI-Improvement scores after every treatment, but this data was not previously collected in the audit. Therefore, collecting the mid- and post- CGI-Improvement scores through audit would enable the team to look at an individual's improvement over the course of treatment. - In future, ensure that CGI scales used in PPH ECT department are the same as CGI scales currently used by ECTAS. Currently, the CGI-Severity scale used is a different scale as described above in the discussion section. ECTAS requires a pre-ECT CGI-Severity score and post-ECT CGI-Improvement score. This has been updated and ECTAS regime now used.

	Audit Title	Aim/Actions
25	(11716/CA) - (RD) Audit of capacity assessment documentation for consent to medication in young people in CAMHS Reading SCT	An audit of capacity assessment documentation for consent to medication in young people in Child and Adolescent Mental Health Services (CAMHS) Reading Specialist Community Team (SCT). Aim is to evaluate the quality of documentation related to capacity for consent to medication in young people aged 16 and older receiving care from CAMHS Reading SCT Psychiatry. Recommendations/Actions: Incorporate mandatory fields into clinic letter templates to ensure capacity to consent is addressed in each psychiatric review and documented consistently for all patients, regardless of the status of their medication regimen.- The template should provide prompts for key components of capacity assessment such as understanding, retention, weighing information, communication as well as any salient information given, and any steps taken to maximise the young person's decision-making ability.- Encourage clinicians to use the revised clinic letter template.- Conduct regular reviews of clinic letters and records to monitor the quality of capacity assessment documentation.- Provide constructive feedback to clinicians to address gaps and encourage best practices.
26	(11741/CA) (RD) - Outpatient clinical letter audit in Newbury CMHT	This audit reviews outpatient clinic letters from doctors in the Newbury CMHT to ensure they meet the Professional Record Standards Body (PRSB) criteria for CPE outpatient letters, endorsed by the Royal College of Psychiatrists. This aims to improve clarity and communication between primary and secondary care and enhancing efficiency in managing patients' mental health. Recommendations/Actions: To use clinical letter template created for resident doctors that contains all PRSB fields and distribute to clinical team at Newbury CMHT for use.
27	(11724/CA) (RD) - Audit of two-yearly hearing and vision screening in patients referred to Reading	Reading memory clinic was evaluating its services as part of the Memory Services National Accreditation Programme (MSNAP) accreditation, and this audit provided further information on how the clinic work with local services. The aim of this project was to ensure that patients referred to the memory clinic had vision and hearing assessments in line with the NICE Guidelines NG97 and NG98. The objective was to assess how many patients with suspected dementia (referred to memory clinic) had a vision and hearing check in the past 2 years as recommended by NG97 and NG98, respectively. Recommendations/Actions: - Consider adding to the referral form. - Ask patients attending memory clinic about vision and hearing. - Signpost in letter to GP/patient.

	Audit Title	Aim/Actions
28	(11438/CA) - Management of Low Back Pain against NICE Guidelines (Musculoskeletal Physiotherapy West)	This is a re-audit in the Scheduled Care Service by the Musculoskeletal (MSK) West Physiotherapy team, which looks at NICE guidance on management of lower back pain. Previous ID: 11060. The aim is to improve compliance with NICE guidelines regarding lower back pain in the MSK West Service. Recommendations/Actions: - Administrators to hand out STarT Back tool to all new patients presenting with low back pain. - Educate clinical staff on where to document results. - Education with clinical staff through AAC/ locality in services about stratification and how management should reflect this.- Review of classes across the entire Berkshire Healthcare physiotherapy services.- Improvement and roll out of back rehab classes at all sites in East and West.- Staff survey to understand barriers to the use of manual therapy.- Training needs analysis based on the results of the survey. Implement manual therapy education into locality in-services and supervision sessions. - Staff to implement the use of STarT Back and stratification to identify appropriate patients. - Staff to document identified or not identified psychosocial factors as part of the analysis in notes. - Remind staff of recommended guidance by NICE. - Education with staff around indications/contraindications of ibuprofen and when to recommend to patients.

Appendix D- CQUIN 2024/25

No CQUIN for 2024/25

Appendix E- CQUIN 2025/26

No CQUIN produced for 2025/26 at the time of writing.

Appendix F- Statements from Stakeholders

Berkshire Healthcare NHS Foundation Trust – Quality Account 2024/2025 - Response from the Council of Governors to the Trust

Once again, the overall feel of the Quality Account report is good, mapping improvements and defining next steps or further aims and improvements. Perhaps one of the greatest strengths in the Trust is the seemingly universal enthusiasm amongst all levels of staff (shopfloor to board!) for effective quality performance for patients and a successfully embedded culture of seeking continuous quality improvement. Whenever Governors attend on service visits, the culture and ethos in the workplace is buoyant and motivated. In addition, the reduction in staff turnover rate is pleasing to see and Governors look forward to hearing about further initiatives to secure further reduction.

Patient Safety Priorities:
As an example, we note the trend in SMI Health Checks – Q1 85%; Q2 90%; Q3 94%. A question here is about whether good nutrition and hydration is part of the health check, as it has such a bearing on health circumstances and self-care. Could this be reported on?

Patient Experience Priorities:

1. We will identify and reduce health inequalities in access, experience and outcomes.
2. We will involve patients in co-production of service improvement.
3. We will reduce length of time patients wait for trust services, year on year (compared to 2022 waits).
4. We will gain feedback from at least 10% of patients in each service and demonstrate service improvements based on the feedback.

Health Inequalities is an area of great interest to Governors. We would like to see more prominence given to this subject in the content of the Quality Account, in particular initiatives and successes achieved against targets and standards.

A noteworthy point we read is the example of coproduction achieved by CAMHS SCT (East) where a form used in the treatment process was revised entirely by a group of young patients themselves. We would like to hear more examples in the QA of coproductions successes, as brief exemplars in this area of work.

A Governor has also asked if the 10% target for iWGC is realistically achievable. Governors follow the iWGC data closely and are keen to see progress on optimising the methods to gather patient feedback.

Reviewing the Quality Account as a whole, it would be useful to see slightly more (brief!) explanations of certain terms used, benefits and outcomes achieved and illustrations of the successes.

Brian Wilson
Lead Governor, April 2025

Berkshire Healthcare NHS Foundation Trust Response: TBC

We wish to thank our Board of Governors for their response to our 2024/25 Quality Account. We greatly appreciate the time given by the Governors to review this document and provide feedback. We also acknowledge the comments about its structure and style.

In relation to the comment about physical health checks for patients with severe mental illness (SMI), the physical health checks we offer incorporate a discussion around the patient's lifestyle, exploring their current diet and activity levels, ensuring this is in line with what is recommended, and providing education and guidance where this is not the case. This includes a discussion around current fluid intake and what is recommended. We can also give patients a leaflet about healthy eating that has been developed by our Trust's dieticians.

In relation to the comment about health inequalities, we have added more detail to the narrative in the health Inequalities section of the Quality Account and have detailed more on our initiatives and successes as suggested.

In relation to the comment about co-production, we are committed to involving service users whenever we make changes to our services. Similarly, our approach to quality improvement is one that seeks to involve patients and families. However, we know that this is not always achieved and last year a working group was established to support the adoption of co-production in the organisation. Over the next year, we hope to support teams to start-small in their co-production activities, to try and learn from the different approaches and to gradually expand the engagement over time.

In relation to the comment about the I Want Great Care (iWGC) response rate, the 10% response rate is a stretch target that has been agreed by the Trust executive. We are starting to see an upward turn in this response rate, and it was 7% in Q4 2024/25. We are collecting feedback by using a variety of methods including paper surveys, texts, QR codes, online links and iPads for patients to complete on our wards. We recognise that different patient groups and service types have different effective methods for collecting feedback, which is why we continue to offer the suite of methodologies that we do.

We look forward to keeping the Council of Governors appraised of our progress.

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

NHS
Frimley

Integrated Care Boards' Joint Response – BHFT Quality Account 2024/5

This statement has been prepared on behalf of:

- Frimley Integrated Care Board (ICB),
- Buckinghamshire, Oxfordshire & West Berkshire ICB.

The ICBs are pleased to provide a response to the Quality Account 2024/25 submitted by Berkshire Healthcare Foundation Trust (BHFT). Note: This commentary is based on the draft Quality Account shared with the ICBs which included data from Quarter 1 to Quarter 3 of 2024/25.

From our review, we believe the Quality Account has clearly set out both the significant achievements of the Trust in respect of the quality of its services, and a realistic appraisal of the challenges met by BHFT and the wider system, most notably around capacity, demand, waiting times and flow. The Quality Account provides information on the services provided by BHFT and progress on the priorities for improvement that were set for 2024/25, giving an overview of the quality of care provided by the Trust during this period. It also gives clear evidence of achievements against core indicators and how the Trust is aiming to maintain or improve this performance.

The clinical quality priorities for 2025/26 are also set out in the report. We acknowledge and support the Trust's aspiration to maintain high quality services, supported by these priorities. We are keen to see alignment between the Trust's Quality Priorities and the overall Integrated Care System goals as set out in our respective Joint Forward Plans, and we are committed to working with the Trust to build upon and achieve further improvements in the areas identified.

We are satisfied that the quality report has been developed in line with the national requirements and gives an overall accurate account and analysis of the quality of services.

We would like to recognise, in particular, improvements and achievements in the following areas:

- Embedding of the Patient Safety Incident Response Framework (PSIRF) and revision of governance arrangements, facilitating the triangulation of patient safety and quality intelligence to inform improvement priorities.
- Continued strong governance around learning from deaths and engagement with Medical Examiner and Coronial processes.
- Strong engagement with the ICBs in system Mortality and Patient Safety forums, and in the delivery of the LeDeR programme.
- The commitment and progress shown in respect of reducing health inequalities for the population of Berkshire, and the focus on cultural work in supporting its people.
- Continued strong governance and compliance in respect of clinical effectiveness, including national and local audits.
- Engagement, planning and progress with the Mental Health, Learning Disability and Autism Quality Transformation Programme, including the Culture of Care Programme.
- Progress on the development and application of the 'One Team' approach in mental health services.
- Transition from CPA to a Named Worker system for mental health, and revision of the mental health risk assessment process in line with NICE guidance.
- Engagement and planning in respect of mental health Intensive and Assertive Outreach, including a dedicated "Harm to Others" workstream with support and training for staff, and enhancing joint-working with other agencies, including Forensic Services, the Probation Service, and the Police.

- Engagement in system-wide work on revising Children and Young People's Neurodivergence pathways (with a programme of system transformation work to continue in 2025/26).
- Improvement and developmental work in Hearing and Balance (Audiology Services), including engagement with the national Paediatric Hearing Services Improvement Programme. It is also hoped that accreditation with IQIPS will be achieved in the first part of 2025/26.
- A continued focus on minimising falls and pressure ulcers on physical health wards.
- Monitoring and targeted interventions in respect of waiting times across physical and mental health services, including a process for conducting harm reviews in services with longer waiting times.
- Engagement with partner organisations in health and social care to address issues around patient flow, in respect of both physical and mental health, with a continued focus on bed capacity, and reducing delayed discharges and length of stay in inpatient units. This includes working with the Priory Newbury on setting up the new Poppy Ward mental health inpatient facility.

Conclusion

The ICBs would like to take this opportunity to acknowledge and praise BHFT for their continued commitment to quality improvement and innovation, as well as ensuring that the ICB and partners are actively involved in conversations around the quality and safety of services. The ICBs have been in attendance at the Trust's Quality and Performance Executive Group throughout the year and are assured of the strength of the organisation's clinical governance framework. The Trust has also consistently contributed as a partner in the System Quality Groups, bringing expertise, learning, and escalations to these system-wide forums. Alongside the progress reported on the Trust's main quality priorities, we acknowledge the depth of improvement work reported across all of its divisions. We know that, as a system, we continue to face significant challenges with capacity and demand across a range of pathways and we value the commitment and expertise the Trust continues to provide in system-wide, regional, and national work to transform services in the face of these challenges. We commend the Trust's achievements throughout 2024/25 and look forward to working together as partners in the delivery of great care to our population in the coming year.

Sarah Bellars
Chief Nursing Officer
NHS Frimley ICB

Rachael Corser
Chief Nursing Officer
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

We wish to thank Frimley Integrated Care Board (ICB) and Buckinghamshire, Oxfordshire and West Berkshire ICB for their joint response to our 2024/25 Quality Account.

We thank both ICBs for their engagement in partnership working, and we have again reaffirmed our commitment to this in our 2025/26 annual plan on a page document.

Berkshire Healthcare NHS Foundation Trust Response:
We wish to thank the Health and Care Overview and Scrutiny Panel from Bracknell Forest Council for their response to our 2024/25 Quality Account.

We have included our responses underneath each of the questions that has been asked below.

Questions from the Health and Care Overview and scrutiny panel from Bracknell Forest Council relating to the 2024/25 Berkshire Healthcare Quality Account Report

Pages 1-10
"We did not meet our target response rate of 10% for the I Want Great Care patient experience tool (response rate= 4.48% for Q3 2023/24). Services are working hard to increase response rates by looking at the methodology they are using and learning from others."

How are you planning to improve this?

Berkshire Healthcare Response:
The 10% response rate is a stretch target that has been agreed by the Trust executive. We are starting to see an upward turn in this response rate, and it reached 7% in Q4 2024/25. We are collecting feedback using a variety of methods including paper surveys, texts, QR codes, online links and iPads for patients to complete on our wards. We recognise that different patient groups and service types have different effective methods for collecting feedback, which is why we continue to offer the suite of methodologies that we do.

On page 10- "Waiting times remains a driver for the Community Physical Health Division and services within the division have continued to work hard to reduce the number of people waiting by using the Quality Improvement (QI) approach. Unfortunately, referrals have increased by 10% over the last year, which has meant that the number of people waiting for an appointment has largely remained stable at 14,673, at the end of January 2025. The teams continue to work on data cleansing and improved processes."

Can you explain how you will be addressing the continued issue of waiting times?

Berkshire Healthcare Response:
Our services have a wide range of countermeasures which aim to improve waiting times. These include:

- Using text reminders to reduce non-attendance
- Reviewing capacity and demand and diary planning to improve throughput
- Using our health bus for promotion and health prevention
- Using Intelligent Automation (IA) to reduce simple tasks
- Undertaking Quality improvement projects to review pathways and improve efficiencies
- Delivering workshops for services to look at ways of increasing flow and better management of caseload
- Improving our triage processes to reduce delay and ensure right place first time
- Reviewing the management of recall patients to improve the system
- Reviewing our acceptance and discharge protocols
- Using elective recovery funding to increase staffing and outsource where required
- Using digital apps to reduce referrals if they are not needed (e.g. the 'Get u better' app)

Pages 11-20

It is really encouraging to see compliments going up and complaints coming down.

One of the issues raised under Iaptus is the wait for treatment, with the initial assessment being roughly 3-4 weeks. For the more complex cases does the 18 weeks wait cover PTSD CBT treatment?

How quickly is it recognised the referral isn't suitable and moved over to the Gateway to cover?

The DNA or fail to start initial treatment, does the data show if these were self-referred clients or those referred within Primary Care?

Berkshire Healthcare Response:
The 18-week target includes all referrals regardless of complexity and includes PTSD.

Most referrals that are not suitable are identified either when screened at the point of referral, or at the initial assessment. After that it will be identified at the start of treatment, typically by our High Intensity team. Referrals that are appropriate for the Gateway will be forwarded within 5 working days.

Approximately 60% of the referrals we receive are self-referrals and these have higher engagement rates than those referred by a healthcare professional.

ADHD adult referral, to shorten the waiting time are clients shown how to use right to choose?

A recommendation would be to ensure clients are aware that if they no longer need the service, they let the team know. Reminding them that someone else could have used their slot. Primary care could help patients with a better explanation and ensure they engage.

Berkshire Healthcare Response:
The patient's GP will usually have a conversation with the patient about Right to Choose (RTC) at the point of making a referral. We are adding a link on our website to the recently updated NHS guidance on ADHD which does include information about RTC (see link at https://www.nhs.uk/conditions/adhd-adults/)

The Adult Autism Assessment Team and ADHD Team are carrying out a Quality Improvement Project focussing on reducing the number of patients that do not attend appointments (DNAs). As part of this they are reviewing processes and updating letter templates to include clear statements about the impact of missed appointments. Previous work has included contacting those waiting, to check if they still wanted to be seen. In many cases appointments are booked via telephone which provides an opportunity to check the appointment is still required and mitigate the risk of a DNA. The service also sends text reminders for appointments at 8 and 2 days prior to the appointment.

Pages 21-30

How are you adapting your suicide care for the neurodivergent?

Berkshire Healthcare Response:
Neurodiversity is a focus in all our training in this area, and we also have also developed a bespoke workshop. We are happy to share our workshop materials with you if you would like. We have also worked with carers bereaved by suicide to adapt our safety plans and to develop resources to help our staff.

When was the suicide prevention forum set up? And how to you track its progress/success?

Berkshire Healthcare Response:
We set up the Trust suicide prevention strategy group in 2023. We have an action plan in place to monitor progress, and this work is reported to our Quality and Performance Executive Group (QPEG) and the Thames Valley Suicide Prevention Network. We use real- time surveillance data to inform the areas for focus.

I approve of the “no blame culture” as this is good for the staff dealing with it – they’re under a lot of stress as is. Has this been helping so far?

Berkshire Healthcare Response:
A “no blame” approach is crucial when responding to suicide. The narratives of individual responsibility for a patient suicide are dangerous, and there is strong evidence that these narratives have a profound impact on wellbeing, increase the risk of mental illness and elevate the likelihood of death by suicide. Using the “no blame” approach, we have seen more openness in our learning approaches, and staff survey results would suggest that a just and learning culture is being embedded and is helpful.

25 inquests took place in Q3 – do you consider this high or low? And how many PSIIs were there in Q1 & 2?

Berkshire Healthcare Response:
There were 9 inquests in Q1 of 2024/25 and 15 in Q2, so the 25 in Q3 does reflect a busy period. There are many factors that can affect the number of inquests each quarter, including the capacity of HM Coroner. There were 6 PSII’s in Q1 and 4 in Q2.

Can you elaborate on what work is in place to improve assessments for neurodiverse patients?

Berkshire Healthcare Response:
The Adult ADHD and Autism Assessment teams have been supported in their drive for continuous improvement by undertaking the Quality Management and Improvement System (QMIS) training. This involves a systematic and co-ordinated approach to Quality Improvement (QI) with specific methods and tools to achieve measurable improvement. The Children and Young People’s Service is already QMIS trained. The ADHD and Autism services have undertaken several Quality Improvement (QI) projects and continue to do so. Some of these have focussed on completing assessments as efficiently as possible, whilst also maintaining their quality. The Adult Autism Assessment Team are currently involved in a project to enhance the gathering of clinical information prior to the assessment, and it is hoped that this will further streamline the assessment process. Our Children and Young People’s service is involved in a project to use Artificial Intelligence to streamline assessments. In many cases the assessment can be completed on the same day, and a diagnostic decision reached and shared with the individual/family. This helps to prevent waits for outcomes post- assessment. Service user feedback is also reviewed each month, using the I Want Great Care patient experience tool, to identify improvement opportunities. Feedback can be raised at weekly Improvement Huddles that are in place across the service. This is also supplemented by deep dives in focus groups. The service has also completed a great deal of work to promote a neurodiversity-affirmative approach and practises in line with our Trust-wide Neurodiversity Strategy.

I also applaud your efforts to increase awareness of learning disabilities. How are you achieving this and how will you measure its growth?

Berkshire Healthcare Response:
We are raising awareness of Learning Disabilities (LD) through a variety of ongoing events and opportunities. These have included promoting LD Awareness Week (where we have used our Trust Health Bus to visit communities around Berkshire), using opportunities throughout the year to speak at a variety of meetings and forums, and working with local community groups and system partners on priorities to tackle health inequalities that people experience. Internally, our staff complete the Oliver McGowan Mandatory Training on LD as well as Autism (Tier 1) training which is part of the Trusts mandatory training for staff.

Pages 51-60
Page 53: National Clinical Audits:
Diabetic Foot Care; Is there an age eligibility for this service? What is the frequency of appointments?

Berkshire Healthcare Response:
Our Podiatry Service do not have an age restriction on diabetic foot- care and they accept referrals for patients of any age based on the foot problem presented. They do not accept referrals for patients based on just being diabetic, and patients would also need a foot problem to be seen by a Podiatrist. High-risk diabetic patients (with urgent foot problems) are generally seen by the Podiatry Service every week or every two weeks until their issue has resolved. Patients with a history of high-risk problems will have appointments every four-to-six weeks.

Diabetes Secondary Care: How long after Hba1c test do patients receive Structured Education?

Berkshire Healthcare Response:
Our Diabetes Service rely on GPs to refer patients newly diagnosed with type 2 diabetes to the service for structured education. GPs are encouraged to make this referral as soon as possible after diagnosis. Once our Diabetes Service receive the referral, patients are sent a letter and dates for the education sessions within 1 week. The service is in the process of making this automated to send these invites out within 1 day. The education sessions are run twice a month, and patients are given a choice of dates within the next 3 months. The Service prefer to provide the education as soon as possible, and patients are able to be seen within 3 weeks if they choose to attend the next available session. Patients would only wait 3 months if it was their choice to do so.

Page 54 18C Use of Clozapine.
Why are there no figures available for patients being prescribed Clozapine and patient access?

Berkshire Healthcare Response:
Data collection for this audit runs into April 2025. The sample size has now been added to the final 2024/25 Quality Account report.

Page 60: Deaths of patients, Case Reviews and Investigations carried out:
How many of these deaths were referred to the coroner?
Is a review of patients with severe mental health conditions carried out?

Berkshire Healthcare Response:
All deaths are reviewed in line with our Trust Learning from Deaths policy which includes patients with severe mental health conditions. A requirement from this policy is to publish a quarterly report which details this information for the public section of our Trust Board meetings. A link to these public board reports is detailed below:

https://www.berkshirehealthcare.nhs.uk/about-us/key-documents/board-meetings/

Pages 71-80

Are proposals supported by clinical evidence and are they affordable?
What resources would have to be reallocated to meet the recommendations and what would have to be reduced to do this?

Berkshire Healthcare Response:
In order for clinical audit proposals and recommendations to be clinically and cost effective, they must be based on high-quality evidence of best practice. Good clinical audits will base their evidence on a range of information sources including National Institute for Health and Care Excellence (NICE) guidance, guidance from national professional bodies (such as the Royal College of Psychiatrists) and high- quality research.

The vast majority of recommendations from clinical audits can be implemented without the need to reallocate staff or resources. Adjustments can often be made to existing clinical pathways to meet recommendations. There may occasionally be cases where the latest high-quality evidence may indicate a larger change to the way patients are treated. In this situation, a larger Quality Improvement project may be initiated to manage this change.

Pages 80-92

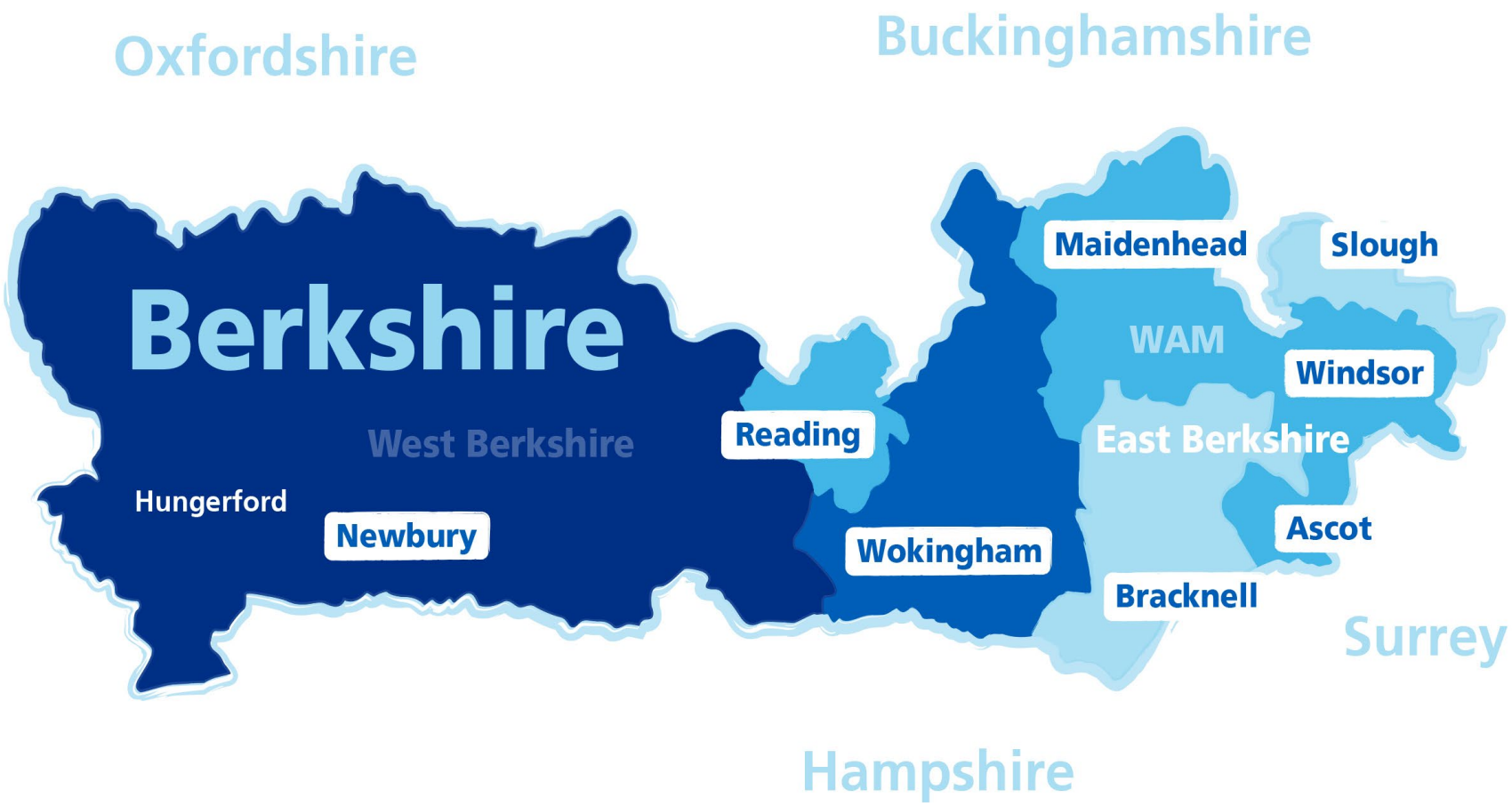
It is good that positive recommendations are being put in place relating to Mental Health. Are there enough staff to ensure these recommendations are achievable?

MHPs, AMHPs and Community MHN have always been a challenge. Will the Trust be able to source these with as few agency staff as possible?

Berkshire Healthcare Response:
Individual services are responsible for producing action plans which meet audit recommendations and are achievable for their service.

We try to reduce our use of agency staff as much as possible, and we monitor this closely. For example, at the time of writing, our Mental Health services in Bracknell are fully staffed with no vacancies (and no vacancies for MHPs, AMHPs and Community MHNs). However, should this change in the future; in order to meet statutory requirements, we will use agency staff or staff from NHS professionals as required to meet the demands of the Service.

Appendix G- Map of Berkshire Localities



Glossary of acronyms used in this report.

Acronym	Full Name
ACRE	Alliance for Cohesion Race Equality
ADHD	Attention Deficit/ Hyperactivity Disorder
AMHP	Approved Mental Health Professional
AMR	Antimicrobial Resistance
ANP	Advanced Nurse Practitioner
ARFID	Avoidant Restrictive Food Intake Disorder
ASSIST	The Assertive Interventions and Stabilisation Team (ASSIST)
AWOL	Absent Without Leave
BEDS	Berkshire Eating Disorder Service
BLIS	Berkshire Long COVID Integrated Service
BOB	Buckinghamshire, Oxfordshire and Berkshire
BTT	Berkshire Talking Therapies
CAMHS	Child and Adolescent Mental Health Service
CARRS	Cardiac and Respiratory Rehabilitation Service
CAS	Clinical Assessment Service
CBTp	Cognitive Behavioural Therapy for Psychosis
CCN	Community Children's Nursing/ Community Children's Nurse
CDiff	Clostridium Difficile
CEO	Chief Executive Officer
CFAA	Children, Family and All Age Services
CMHT	Community Mental Health Team
COVID	Coronavirus Disease
CPD	Continuing Professional Development
CPE	Common Point of Entry
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CR	Cardiovascular Rehabilitation
CREST	Community Rehabilitation Enhanced Support Team
CRHTT	Crisis Resolution and Home Treatment Team
CSS	Community Specialist Service
CTO	Community Treatment Order
CTPLD	Community Teams for People with a Learning Disability
CVS	Council Voluntary Services
CYP	Children and Young People
CYPIT	Children and Young People's Integrated Therapy Service
DBT	Dialectical Behaviour Therapy
DNA	Did Not Attend
DSR	Dynamic Support Register
ECG	Electrocardiogram
ECT	Electroconvulsive Therapy
ECTAS	Electroconvulsive Therapy Accreditation Service
ED	Emergency Department
EDI	Equality Diversity and Inclusion

Acronym	Full Name
EHCP	Education Health and Care Plan
EIP	Early Intervention in Psychosis
EPMA	Electronic Prescribing and Medicines Administration
EUPD	Emotionally Unstable Personality Disorder
FEP	First Episode Psychosis
FFT	Friends and Family Test
FI	Family Intervention
FLO	Family Liaison Office
FTSU	Freedom to Speak Up
GDE	Global Digital Exemplar
GUB	Get U Better (an App)
GP	General Practitioner
HDAT	High Dose Antipsychotic Therapy
HEAT	Health Inequalities Assessment Tool
HI	Health Inequalities
HONOSCA	Health of the Nation Outcome Scales for Child and Adolescent Mental Health
HSJ	Health Service Journal
HTT	Home Treatment Team
HV	Health Visitor, Health Visiting
IA	Intelligent Automation
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
ICT	Internet-delivered Cognitive Therapy
IFR	Initial Findings Report
IMPACTT	The Intensive Management of Personality -Disorder and Clinical Therapies Team
IPASS	Integrated Care and Spinal Service
IPC	Infection Prevention and Control
IPS	Individual Placement and Support
iWGC	I Want Great Care (patient experience monitoring)
LA	Local Authority
LD	Learning Disability/ Learning Disabilities
LeDeR	Learning Disability Mortality Review Programme
LPSE	Learn from Patient Safety Event
MAPPA	Multi-Agency Public Protection Arrangements
MASH	Multi-Agency Safeguarding Hub
MDT	Multi-Disciplinary Team
MEP	Managing Emotions Programme
MH	Mental Health
MHA	Mental Health Act
MHAA	Mental Health Act Assessment
MHICS	Mental Health Integrated Community Services
MHST	Mental Health Support Team
MRSA	Methicillin-Resistant Staphylococcus Aureus

Acronym	Full Name
MSK	Musculoskeletal
NACR	National Audit of Cardiac Rehabilitation
NACEL	National Audit of Care at the End of Life
NCAP	National Clinical Audit of Psychosis
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Enquiry into Suicide and Homicide
NCMD	National Child Mortality Database
NDFA	National Diabetes Footcare Audit
NEWS	National Early Warning Score
NG	NICE Guideline
NHS	National Health Service
NICE	The National Institute of Health and Care Excellence
NIHR	National Institute of Health Research
NRAP	National Respiratory Audit Programme
OAP	Out of Area Placement
OPEL	Operational Pressures Escalation Levels
OPMH	Older Peoples Mental Health
OT	Occupational Therapy/ Occupational Therapist
PALS	Patient Advice and Liaison Services
PCREF	Patient Carer Race Equality Framework
PICC	Peripherally Inserted Central Catheters
PICU	Psychiatric Intensive Care Unit
PICT	Psychologically Informed Consultation and Training
PMS	Psychological Medicine Service
POCT	Point of Care Testing
POMH	Prescribing Observatory for Mental Health
PPH	Prospect Park Hospital
PRN	Pro re nata. ‘As required’
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
PT	Physiotherapy/ Physiotherapist
PTSD	Post-Traumatic Stress Disorder
PU	Pressure Ulcer
QAC	Quality Assurance Committee
QI	Quality Improvement
QMIS	Quality Management and Improvement System
QPEG	Quality Performance and Executive Group
RBH	Royal Berkshire Hospital NHS Foundation Trust
REN	Race Equality Network
RiO	Not an acronym- the name of the Trust patient record system
RITA	Reminiscent/ Rehabilitative Interactive Therapeutic Activities
ROM	Routine Outcome Monitoring
RTT	Referral to Treatment Time

Acronym	Full Name
SAP	Single Assessment Process
SCT	Specialist Community Team
SE	Service Evaluation
SEND	Special Educational Needs and Disability
SHaRON	An Online Support and Recovery Network
SHREWD	The Single Health Resilience Early Warning Database
SI	Serious Incident
SIRAN	Safety Incident Response Accreditation Network
SJR	Structured Judgement Review
SLT	Speech and Language Therapy/ Speech and Language Therapist
SMI	Severe/ Serious Mental Illness
SORT	Self-assessment of organisational readiness tool
SSN	Special Schools Nursing
SSPI	Staff Support Post Incident
SUN	Service Users Network
SUS	Secondary Uses Service
TA	Technology Appraisal (NICE)
UCR	Urgent Community Response
UKHSA	UK Health Security Agency
VFW	Virtual Frailty Ward
VCSE	Voluntary and Community Social Enterprise
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	13th May 2025
Title	**6 monthly Safe Staffing Highlight Report (October 2024 - March 2025)**
	for Noting
Reason for the Report going to the Trust Board	This report is presented to the Board to provide assurance in relation to safe staffing on our reports in line with the requirements of the NHS England / Improvement Developing Workforce Safeguards (2018).
Business Area	Organisational
Author	Linda Nelson -Lead Nurse for Professional Practice Debbie Fulton - Director Nursing and Therapies – Highlight report
Relevant Strategic Objectives	The Plan is relevant to the following strategic objectives, **Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients **Workforce** **Ambition:** We will make the Trust a great place to work for everyone **Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value

Highlight Report

Six monthly safe staffing report for Board

1. **Why is this coming to the Board?**

In line with the requirements of the NHS England / Improvement Developing Workforce Safeguards (2018); a report is provided to the Board twice yearly. The expectations under the Developing Workforce Safeguards is that staffing establishments are reviewed and published annually, with a mid-year review and that the review takes into account patient acuity, service developments, staff supply, temporary staffing requirements and quality / safety measures for staff and patients. This report covers the retrospective period October 24 – March 25.
As part of the safe staffing review, it is also a requirement that both the Director of Nursing and Therapies and the Medical Director confirm in a statement that they are satisfied with the outcome of any assessment that staffing is safe, effective, and sustainable. This statement is detailed below in the summary.

2. **What are the key points?**

There are ongoing challenges, particularly in relation to mental health registered nursing recruitment, with registered nursing vacancy across the mental health wards currently around 21% (this is however an improvement from around 30% over previous 6-month period), most vacancy being in band 5. We have also seen a positive trend in retention with turnover across the mental health wards around 6-7% (below the trust overall rate of approx 11% and a reduction from around 10% in previous 6-month period), the exception to this is Sorrel our Psychiatric intensive care ward with turnover currently at 14%. For the community wards the registered nursing vacancy rate is now similar at around 18% (this again is lower than the previous 6-month period of around 26%).

In line with national reporting, shifts with less than two registered nurses are monitored each month. We have continued to see a positive downward trend with 2.8% shifts having less than 2 registered staff across our mental health wards compared to 3.5% in previous six months and 7.49% this time last year.
The community wards have a stable rate of shifts with less than 2 registered nurses with around 1% for wards in west and less than 0.1% for wards in East.

This overall more positive picture of staffing on our wards is due to a mix of recruitment, retention and our ability to secure temporary staffing. Whilst we have seen a slight increase in unfilled shifts from 3.55% of total shifts requested in previous 6 months reporting to 7.27% shifts requested in the current period, we have seen a significant reduction in the total number of temporary staffing shifts required.

During this reporting period sickness absence across the wards has generally remained higher than Trust average. The top three sickness absence reasons in terms of number of working days lost due to illness are anxiety/ stress/ depression and other psychiatric illness, chest and respiratory problems and musculoskeletal problems; the most frequent reason in terms of number of staff affected are chest and respiratory problems and cold, cough, flu. Temporary staffing is used to fill gaps in the rota as required when staff absence occurs due to sickness.

As is a requirement when building agreed establishments for wards, a 24% uplift is included to factor in absence such as training, annual leave, and some sickness.

The main ways used to review safe staffing establishments are:

1. Professional judgement (this is what staff and managers believe to be staffing needed).
2. Staffing review tool -Safecare / MHOST tool (this is a national recognised/ NICE approved tool that calculates staffing needed to meet the care of the patients factoring in their acuity

and dependency. The safecare tool enables reporting in terms of actual and required staffing expressed in care hours per patient day.

Review of ward staffing indicates that for the mental health and learning disability wards, the agreed current establishment can meet the baseline rotas agreed, and that sufficient staffing appears to have been used over the last 6 months to meet the needs/ acuity of the patients, bringing in additional staff as needed. It is recognised that the continued vacancy across the wards mean that a high (although reducing) level of temporary staffing continues to be used to achieve this, although a significant number of our temporary staff requirements are met by our own staff working for our bank provider and undertaking additional shifts. Every effort continues to be made to continue to increase permanent staffing and therefore decrease the reliance on temporary workforce. It is recognised that to meet fluctuating need and acuity some flexibility through temporary staffing is beneficial.

For the community wards, all of the wards have an establishment to meet the rotas agreed, however, with the exception of Jubilee ward staffing levels appear to be just below optimal for the acuity of the patients. On the wards there are other staff who are not captured in the data such as occupational and physiotherapists, senior clinical staff and ward managers who also provide care to patients; factoring this in the wards were deemed to be safe. To triangulate this perspective a review of the patient feedback was undertaken, this indicates that of the 410 reviews completed in the period the positivity score was over 95% with a 4.73/5-star rating in relation to staff and 4.78/5 in relation to feeling safe.

Jubilee ward continues to have additional staff on shift at night as agreed.

The first NHS Long Term Workforce Plan was published in June 2023 and highlights the need to invest in our workforce both in terms of more people but also new ways of working and by strengthening the compassionate and inclusive culture needed to deliver outstanding care. The guidance details a focus on looking after our people (improving retention through flexible working, career conversations and enabling staff to understand their pension, support for staff wellbeing and improving of attendance by addressing sickness absence); improve belonging in the NHS (implementation of plans to improve equity); working differently (establishing new roles) and growing for the future (expanding ethical international recruitment, and apprenticeships and making the most effective use of temporary staffing).

Our 2024 organisational national staff survey results demonstrate year on year improvement in staff perception of flexible working and helping staff to balance their work and home life with consistently above average scores in these areas. The results have also demonstrated that staff would recommend the organisation as a place to work achieving the best national results for our peer group for the last 5 years, and that our staff have development opportunities, scoring best for opportunities to improve skill and knowledge (80.76%) and access to the right learning and development opportunities when I need them (73.18%).

Within the trust we have strategic initiatives related to workforce and several workstreams in place that are supported by Quality Improvement methodology to focus on identified areas including staff retention. We also have significant ongoing programmes of work to support our staff including our violence reduction and anti-racism programmes, these are reported to the Board.

There are several initiatives in place to grow the workforce across the wards, this includes Nurse Associate posts that have now been successfully embedded in several services, nursing and AHP apprenticeships and a small amount of international recruitment. These recruitment pipelines will continue over the coming year. There is also a temporary to permanent initiative at PPH for healthcare support workers which has proved to be successful.

Most of the newly recruited nursing staff continue to be recently registered and therefore less experienced. There is a preceptorship programme and structured supervision sessions in place

to support these staff which runs through their first year of employment. Alongside this we have Advanced Nurse Practitioners, senior nurses and Allied Health Professionals who are supernumerary to the ward establishment and can support the less experienced staff on duty. For our mental health wards there is also a senior leadership structure of Nurse Consultants, Associate Nurse Consultants, Advanced Mental Health Practitioners, specialist practitioners including the Physical Health and Drug & Alcohol leads and a Duty Senior Nurse is available 24/7. An internal leadership programme and a programme called 'Reaching my potential' which is open to all band 5 staff and aimed at supporting improved resilience and confidence is also available.

To support staff resilience and wellbeing in all areas of the trust the Professional Nurse Advocate (PNA) programme commenced roll out in June 2021, we currently have 77 qualified PNAs with further staff in training. The PNA programme is a Health Education England initiative with the PNA providing restorative supervision which is aimed at improving wellbeing as staff feel supported and listened to, this in turn supports staff retention.

In Community Nursing, the new national Community Nursing Safer Staffing Tool (CNSST) was rolled out. The aim of the tool was to support objective assessment of staffing need based on patient acuity. Nationally the use of this tool was paused in April 2024 but has just been relaunched, so we are now in a position to undertake further data collation locally.

3. Ongoing Improvement Work

- Support the community health division with agreeing the right mix of permanent and temporary staffing making up their total establishment.

- Facilitate the relaunch and roll out of the CNSST to community services in order that data can be collected in June 2025 as per plan.

- Continued recruitment and retention effort as detailed within recruitment and retention workstream of the People plan.

- Encourage consistent and continued use of the Safecare tool to give an accurate picture of staffing needs across the wards and use it to assist in deployment of staffing to meet patient acuity.

4. Summary

The Safe staffing declaration provides the opinion of the medial and Nursing Directors in relation to the position of our staffing across our wards over the last 6 months.

Over the last 6 months the wards have been considered to have been safe with no significant patient safety incidents occurring because of staffing levels. It is however recognised that during the period there were some shifts where staffing was sub-optimal and consequently there is limited assurance that care was always of a high quality, and it is possible that patient experience was compromised. Proactive work continues to build on our recent positive increased recruitment and retention rates and therefore sustainability of our permanent workforce.

Medical staffing numbers remain stable with adequate medical cover available during routine working hours for inpatient mental health and community health wards. Out of hours medical cover is provided by GPs for all our community health wards and Campion Unit. Out of hours medical cover is provided by Resident Doctors for the mental health wards with Consultant Psychiatrists providing on-call cover from home.

Six-monthly Safe Staffing Board Report: April 2025

Executive overview.

The purpose of this report is to provide the board with a twice-yearly assessment and assurance in relation to safe staffing on our wards, as required in the NHS Improvement, Developing Working Safeguards document published in 2018.

To meet the requirements of the *Developing Workforce Safeguards* (2018) published by NHS Improvement (NHSI) the Trust need to:

1. Include a specific workforce statement in their annual governance statement – this will be assessed by NHSE.
2. Deploy enough suitably qualified, competent, skilled, and experienced staff to meet care and treatment needs safely and effectively.
3. Have a systematic approach of determining the number of staff and range of skills required to meet the needs of people using the service, always keeping them safe.
4. Use an approach that reflects current legislation and guidance where available.

This report is in addition to the monthly safe staffing report provided to the Finance Improvement and Performance Committee and Quality Performance Executive Group and published on the Trust internet; it provides detail on metrics and information used to assess both retrospective staffing safety and prospective staffing requirements.

The main ways used to review safe staffing establishments are:

1. Professional judgement (this is what staff and managers believe to be staffing needed).
2. Staffing review tool -SNCT /MHOST tool (these are nationally recognised/ NICE approved tools that calculate staffing needed to meet the care of the patients factoring in their acuity and dependency). Wards enter data twice a day into the Safecare facility on Health Roster using the appropriate recognised tool for the ward speciality; this is presented as care hours per patient day (CHPPD). In this way data is collected consistently rather than previously as a 20-day snapshot. Campion ward commenced using Safecare in January 2025.

Care Hours Per Patient Day (CHPPD) is calculated, which looks at an average number of hours each patient has of care provision each day, this allows us to benchmark across wards. Across our wards CHPPD does not include supernumerary staff such as the Ward Managers, Doctors, or Allied Health Professionals / Psychologists and therefore the actual hours of total care received from all professionals is slightly more than the CHPPD indicates.

The minimum staffing expectation of at least two registered staff on each ward for every shift remains a requirement. The exception to this minimum is on Campion ward where it was agreed that a skill-mix of one registered with three support workers was best able to meet with patient need at night. In line with national reporting, shifts with less than two registered nurses are monitored each month; for this reporting period 2.82% of the shifts across the mental health wards had less than 2 registered staff (3.5% in previous 6 months), whilst the west community wards had 1.13% of their shifts and the east community wards had 0.09% of shifts with less than 2 registered nurses. This demonstrates an improved position overall in although this is in main to the ability to secure temporary staffing, we have also seen a decrease in registered vacancy. Many of our temporary workforce are well known to the wards on which they work which provides a level of consistency and continuity.

Across the wards the e-roster tool (Optima) is used to support with rota completion. Temporary staffing, primarily through NHSP (and agency where this is not possible) provides support to fill any gaps in the rota or additional need. During the last 6 months 7.27% of our temporary staffing

requests were unfilled. This is an increase on the previous 6 months where 3.55% requests were unfilled.

Sickness absence in general is higher than Trust average across our inpatient wards (table 7 & 8). The top three sickness absence reasons in terms of number of working days lost due to illness are: chest anxiety/ stress/ depression and other psychiatric illness and respiratory problems and musculoskeletal problems. Temporary staffing is used to fill gaps in the rota as required when staff absence occurs due to sickness.

Workforce.

Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and executive leaders. The board should discuss the workforce plan in a public meeting. An effective workforce plan should be multidisciplinary, evidence-based, integrated with finance, activity, and performance plans, and directly involve leaders and managers of the service. The Director of People for the Trust leads on this piece of work.

The first NHS Long Term Workforce Plan was published in June 2023 and highlights the need to invest in our workforce both in terms of more people but also new ways of working and by strengthening the compassionate and inclusive culture needed to deliver outstanding care. The guidance details a focus on looking after our people (improving retention through flexible working, career conversations and enabling staff to understand their pension, support for staff wellbeing and improving of attendance by addressing sickness absence); improve belonging in the NHS (implementation of plans to improve equity); working differently (establishing new roles) and growing for the future (expanding ethical international recruitment, and apprenticeships and making the most effective use of temporary staffing).

Within the trust we have strategic initiatives related to workforce and several workstreams in place that are supported by Quality Improvement methodology to focus on identified areas including staff retention. Details of these initiatives and quality improvement programmes are covered within workforce reporting to the Board.

Our 2024 organisational national staff survey results demonstrate year on year improvement in staff perception of flexible working and helping staff to balance their work and home life with consistently above average scores in these areas. The results have also demonstrated that staff would recommend the organisation as a place to work achieving the best national results for our peer group for the last 5 years, and that our staff have development opportunities, scoring best for opportunities to improve skill and knowledge (80.76%) and access to the right learning and development opportunities when I need them (73.18%).

There are several initiatives in place to grow the workforce, these include Nurse Associate posts that have now been successfully embedded in several services across the organisation, apprenticeships, and a small amount of international recruitment. Most of the newly recruited nursing staff, particularly those across our mental health wards continue to be newly registered and less experienced. There is a preceptorship programme and structured supervision sessions in place to support these staff which runs through their first year of employment. To improve staff resilience, support and wellbeing, the Professional Nurse Advocate (PNA) programme commenced roll out in June 2021 and there are now 77 PNAs across the trust.

In Community Nursing the Community Nursing Safer Staffing Tool (CNSST) was paused in June 2024 by NHSE whilst it was reviewed and was relaunched in January 2025 as CNSST II. Work is currently being undertaken to update and train all community staff, and the next data collection will be in June 2025. Therefore, there is no report for community nursing in this six-monthly review.

Prospective changes to wards and staffing

In line with national guidance the four acute working age adult wards were due to reduce their ward capacity from 20 down to 18 beds during Quarter 4 2024/25 but this will now be achieved by end April 2025. The smaller bed numbers will be more aligned to best practice and has been shown to improve outcomes for both patients and staff. Capacity has been procured elsewhere

ensure that there continues to be sufficient mental health beds for Berkshire patients. This change will not make a difference to the baseline staffing required for the wards.

There has also been some reconfiguration of the acute mental health wards, which were previously all mixed -sex; the wards will from April 2025 be configured to have two of mixed-sex, one female and one male ward.

There are no other changes anticipated across the wards over the next six months that will impact staffing; Henry Tudor ward continues to have capacity to take up to 29 patients (5 additional patients) and staffing is altered as patient numbers require this.

Summary

In summary, this review of ward staffing indicates that for the mental health and learning disability wards, the agreed establishment can meet the baseline rotas deemed necessary, and that sufficient staffing appears to have been available to meet the needs/ acuity of the patients. It is recognised that the vacancy across the wards mean that a high level of temporary staffing is used to achieve this (around 70% of the temporary staffing is our own staff undertaking additional shifts), and that the resource is not always in the right place. This means that staff are moved around the hospital to ensure that staffing is in the right place to best meet patient need.

For the community wards, the safe care tool indicates that there was some shortfall in number of staff assessed as being needed for the acuity of the patients across all the wards except Jubilee. The division have ongoing work to review this, which includes the introduction of the updated Safer Nursing Care Tool in May 2025, the divisional leadership and ward staff believe that with the additional therapy staff available across the wards that their staffing was generally sufficient although suboptimal at times. A review of the patient feedback would support this with 410 reviews being completed in this six-month period with positivity being at over 95%.

Declaration of safe staffing

Following the publication of Developing Workforce Safeguards (NHSI, 2018) there is a requirement as part of the safe staffing review for the Director of Nursing and Therapies and the Medical Director to confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.

Declaration by Director of Nursing and Therapies and Medical Director.

Over the last 6 months the wards have been considered to have been safe with no significant patient safety incidents occurring because of staffing levels. It is however recognised that during the period there were some shifts where staffing was sub-optimal and consequently there is limited assurance that care was always of a high quality, and it is possible that patient experience was compromised. Proactive work continues to build on our recent positive increased recruitment and retention rates and therefore sustainability of our permanent workforce.

Medical staffing numbers remain stable with adequate medical cover available during routine working hours for inpatient mental health and community health wards. Out of hours medical cover is provided by GPs for all our community health wards and Campion Unit. Out of hours medical cover is provided by Resident Doctors for the mental health wards with Consultant Psychiatrists providing on-call cover from home.

Main report

Right Skills, right place, and time.

Berkshire Healthcare NHS Foundation Trust has the following wards:
1 Learning disability unit
7 Community hospital wards
7 Mental health wards

All the wards have a staffing establishment that includes an allowance of 24% for planned and unplanned leave (training, annual leave, sickness absence). Table 1 demonstrates the ward establishments, alongside shift patterns agreed with wards and senior leaders (professional judgement) and the establishment required to achieve that shift pattern.

All our Mental Health and Community Wards are staffed to provide two registered staff on every shift and the shifts with less than two registered staff on duty are seen as a red flag and highlighted in the local dashboard (table 2). For Campion Unit (Learning Disability unit) the agreed staffing levels are two registered nurses during the day and one registered nurse at night.

On shifts with less than two registered nursing staff there were senior clinical staff on the wards (Ward Manager, Matron and for the mental health wards there is also a Clinical Development Lead/Charge Nurse) and therapy staff based on the wards 9-5pm during the week that provide support. Out of Hours there is a senior nurse covering Prospect Park mental health wards as well as on call arrangements covering all wards. At Prospect Park staff were moved across hospital (including place of safety staff) to assist wards including where there are less than 2 registered staff on duty to support meeting their minimal staffing requirements (shifts with less than 2 registered nursing staff are detailed in table 4). The provision of these staff who are not counted within the Safecare tool need to be factored in when assessing the provision of safe and appropriate care.

Table 1: Staffing establishment March 2025

Ward	Beds	FTE Establishment in budget 24/25	Professional judgement FTE	Planned shift pattern. (Early-late-night)
Bluebell	**20** (18 from May 2025)	42.92	40wte + 1 ward manager + 0.5 DSN + 1 MHP = 42.5 FTE	7-8-6 activity coordinator inc on the late shift
Daisy	**20** (18 from May 2025)	42.92	40wte + 1 ward manager + 0.5 DSN + 1 MHP =42.5 FTE	7-8-6 activity coordinator inc on the late shift
Rose	**20** (18 from May 2025)	42.92	40wte + 1 ward manager + 0.5 DSN + 1 MHP = 42.5 FTE	7-8-6 activity coordinator inc on the late shift
Snowdrop	**20** (18 from May 2025)	42.92	40wte + 1 ward manager + 0.5 DSN + 1 MHP = 42.5 FTE	7-8-6 activity coordinator inc on the late shift
Orchid	**20**	61.32	57wte + 1 ward manager + 0.5 DSN + 1 MHP = 59.5 FTE	10-10-10
Rowan	**20**	61.32	57wte + 1 ward manager + 0.5 DSN + 1 MHP = 59.5 FTE	10-10-10
Sorrel	**11**	42.92	40.6 + 1 ward manager + 0.5 DSN + 1 MHP = 43.1 FTE	7-7-7

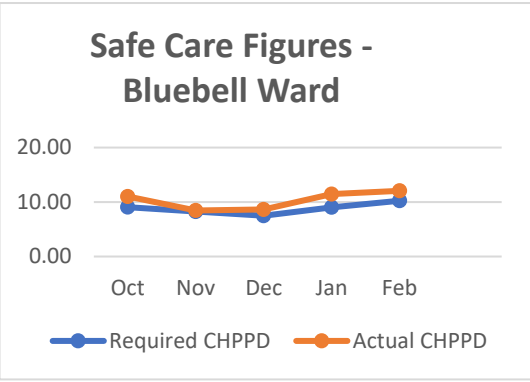
Campion	**9**	33	32+ 1 ward manager = 33FTE	7-7-5
WBCH	**45**	64.3	63.7 + 0.3 on Donnington and 0.3 Highclere as matron development lead. Ward Manager not in budget. = 64.3TFE	14-11-11
Oakwood	**24**	41.7	39.7 + 1 ward manager and 1 dep. ward manager/ matron = 41.7FTE	9-7-4
Wokingham	**46**	55.8	54+ 1 ward manager + 0.8 matron = 55.8FTE	13-10-7
Henry Tudor	**24** (up to 29 currently)	41.5 (for 24 beds)	40.5 + 1 ward manager (When there is an increase in patient numbers temp staffing is used to achieve rota pattern). 41.5FTE	10-9-6
Jubilee	**16**	35.4 (does not factor in additional night staff member being used currently)	34.4 + 1 ward manager *There is a need to provide an additional nurse at night from a safety perspective (This is sourced via NHSP). =53.1FTE	Current 7-5-5 (usual pattern is 7-5-4) additional staff member at night

The Safecare tool is a software module within the Optima E- Roster system, it provides information on actual staff levels together with the acuity/ dependency of patients, this has been implemented across the community and mental health wards and aids understanding of staffing need daily. When workforce modelling is undertaken for the wards, the Keith Hurst dependency modelling tools are used to assist with the evidence data (these are nationally recognised, NICE approved tools), alongside benchmarking and professional judgement. For Mental Health wards the modelling tool used is the Mental Health Optimal Staffing Tool (MHOST) and the community wards use the SNCT as a basis for the dependency calculations. The wards now enter this data via Safecare twice a day so average dependency is undertaken throughout the year rather than as a 20-day snapshot as it was previously. The charts for our community and Mental Health wards show monthly average data for at least 4 months of the time period. Campion commenced using Safecare in January 2025 therefore for Campion the period covered below is for February and March 2025.
It is also recognised that there is no tool specifically for dementia wards at present. These and older adult Mental Health wards often require increased staffing due to a combination of physical and mental health need that does not appear to be reflective of the available tools.

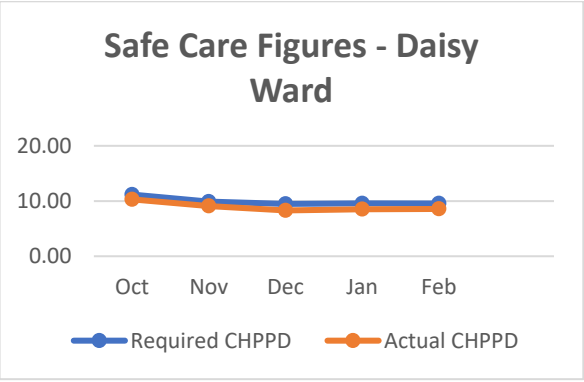
Establishment Review using Safecare data

Acute Mental Health Wards: October to February 2025

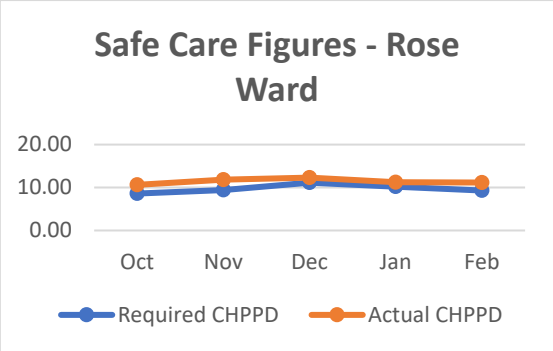
Bluebell Ward



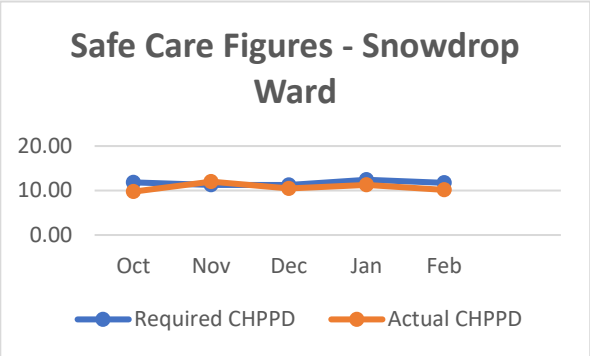
Daisy Ward



Rose Ward



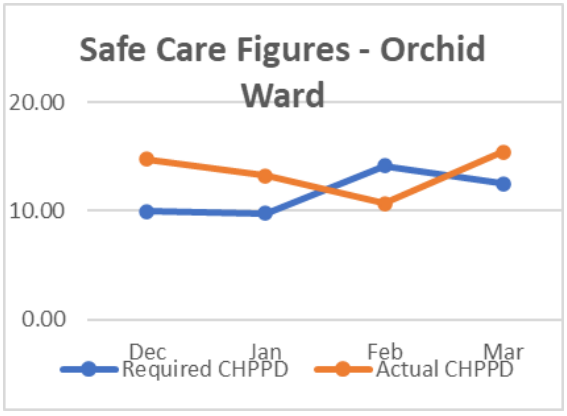
Snowdrop Ward



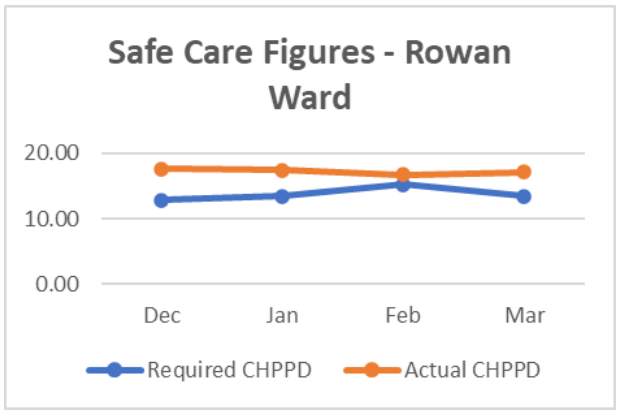
From the data, the acute mental health wards appear to have sufficient staff for the acuity of the patients. Total hospital staffing is considered throughout the day/ night and staff move to ensure all wards are safely staffed to continue to achieve this (there is a daily huddle involving each ward and senior staff across the mental health wards to review both staffing and patient acuity, this supports ensuring that we have the right staff in the right place). The figures do not include supernumerary staff such as the Ward Managers or Allied Health Professionals / Psychologists who also provide care.

Older Mental Health Wards: December 2024 to March 2025

Orchid Ward



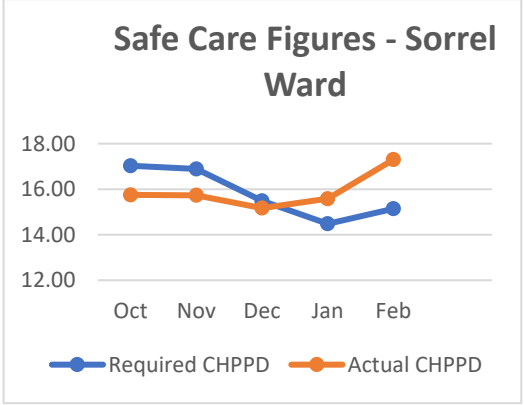
Rowan Ward



The data demonstrates that both older people's mental health wards were safely staffed during the time period although Orchid ward data shows that staffing was slightly suboptimal in February 2025, this does not take into account staff moving across wards where needed. The figures do not include supernumerary staff such as the Ward Managers or Allied Health Professionals / Psychologists who also provide care. Therefore, taking this into account and it was assessed that the wards were both safe.

PICU: October 2024 to February 2025

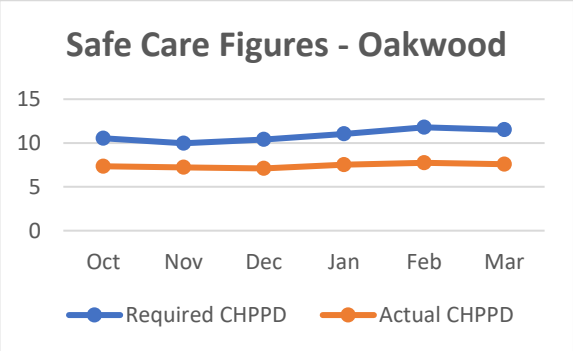
Sorrel Ward



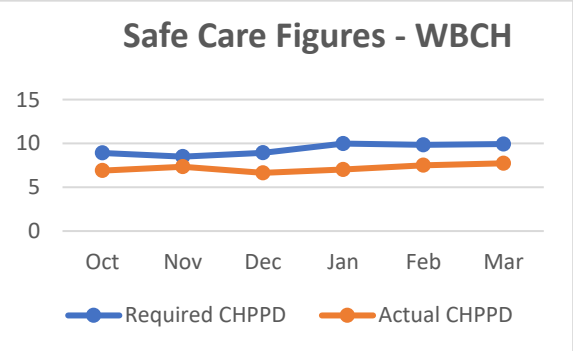
The data demonstrates that the staffing levels on Sorrel ward appear to be sufficient for the acuity of the patients. There are supernumerary staff such as the Ward Managers or Allied Health Professionals / Psychologists who also provide care but are not included in the numbers.

Safecare data Community Health Wards: October 2024 to March 2025

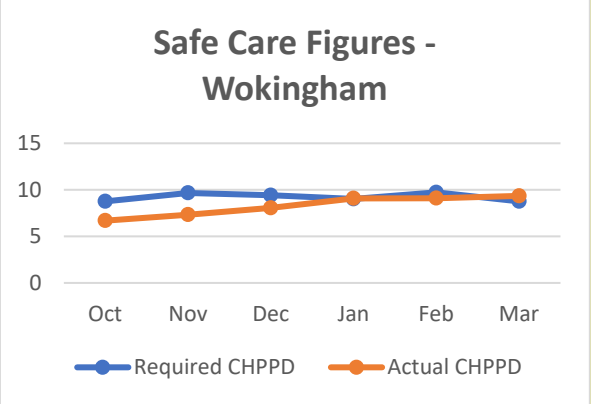
Oakwood Ward



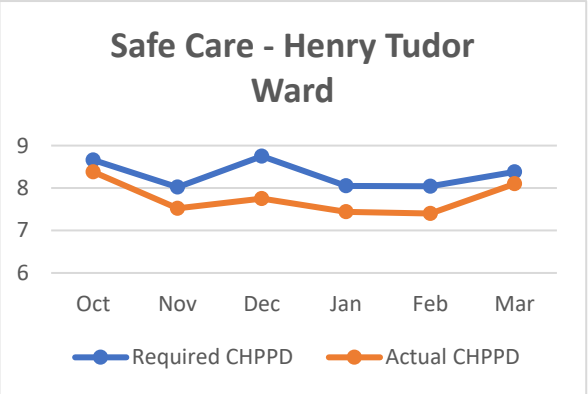
West Berkshire Inpatient Wards



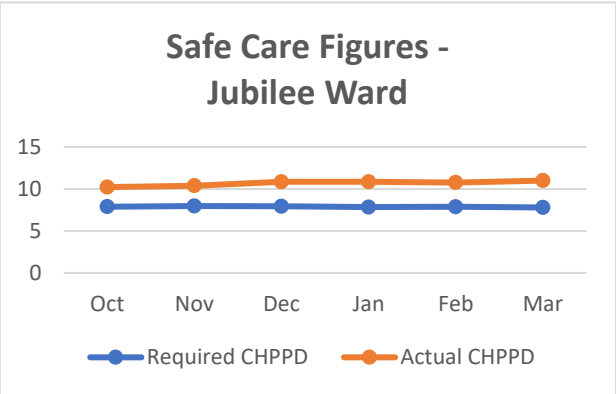
Wokingham Wards



Henry Tudor Ward



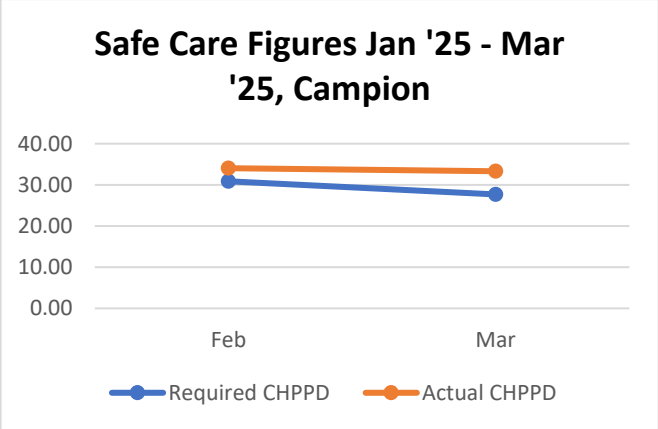
Jubilee Ward



Except for Jubilee ward, all the community wards demonstrate that their staffing levels are just below optimal for the acuity of the patients. Additional staff, not captured in the data such as occupational and physiotherapists, senior clinical staff and ward managers also provide care to patients; factoring this in the wards were deemed to be safe.
Jubilee ward continues to have additional staff on shift at night as agreed and therefore the data would expect to show more staff than required for the patient numbers and acuity.
To triangulate this perspective a review of the patient feedback was undertaken, and there were 626 reviews completed in the period. The data demonstrated that there was over 93% positivity of

those completing the feedback survey and an average score of 4.79 out of 5 for feeling safe (95.8%) and 4.71 out of 5 (94.2%) for their experience in relation to staff.
To ensure the data reflects the staffing levels and patient acuity the updated version of the Safer Nursing Care Tool is currently being rolled out across all the Community wards. Data collection should begin in May 2025 via Safecare. Once the wards have commenced use of the updated tool the data will be further reviewed.

Campion Ward Feb & March 2025



The Safecare data demonstrates that staffing levels are appropriate for the acuity of the patients.

Red flags

The ability to achieve a position of at least two registered staff on duty is perceived as a metric of quality (NICE; 2014 and 2018). It has been well documented that a shift with less than two registered staff on duty should be considered as a red flag incident.

Table 2 demonstrates the number of occasions by ward and month where there were less than two registered nursing staff on a shift. All wards apart from Sorrel ward showed a decrease in the number of shifts where there were less than 2 RNs in this 6-month period compared to the previous 6 monthly reports with the overall total as reduced from 355 a year ago to 203 in previous report and140 in this latest time period. The change is predominantly due to a reduction across the mental health wards as the community wards have always experienced a lower number of shifts with less than 2 registered staff.
For all the wards where there are less than two registered nurses, senior staff, and ward managers (who are supernumerary to the safe staffing numbers) as well as other clinical staff such as Physiotherapy and Occupational Therapy provide support when available. For the wards at Prospect Park Hospital, the Duty Senior Nurse is also available and able to take an overview of the wards and redeploy staff to areas of most need, as necessary.

Table 2: wards and number of occasions where there were less than two registered nursing staff on duty*

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total for ward
	Total	Total	Total	Total	Total	Total	
Bluebell	1	0	4	0	2	0	**7**
Daisy	1	0	0	0	0	3	**4**
Rose	4	5	3	3	0	3	**18**
Snowdrop	0	0	1	4	0	1	**6**
Orchid	5	0	7	6	2	12	**32**
Rowan	0	0	3	0	2	0	**5**
Sorrel	1	2	14	5	7	7	**36**
Campion	0	0	0	0	0	0	**0**

Donnington	0	0	0	0	0	0	**0**
Highclere	1	0	0	7	3	0	**11**
Oakwood	0	0	0	0	0	0	**0**
Ascot	5	2	12	0	1	0	**20**
Windsor	0	0	0	0	0	0	**0**
Henry Tudor	0	0	0	0	0	0	**0**
Jubilee	1	0	0	0	0	0	**1**
Total for month	**19**	**9**	**44**	**25**	**17**	**26**	**140**

*Supernumerary staff are not factored into our number of shifts with less than 2 registered staff therefore deployment of the supernumerary staff to the wards will have reduced these numbers.

Safety on our wards

The NHSE/I in its workforce safeguarding recommendations recommends organisations need to demonstrate effective governance and commitment to safety so boards can be assured that their workforce decisions, promote patient safety and comply with the Care Quality Commission's (CQC) fundamental standards. Therefore, it is just as important to have the appropriate staff capability alongside the number of staff to ensure that they can deliver a safe and quality service to all patients.

Quality indicators.

To monitor safety of care delivered on the wards the Director of Nursing and Therapies and the board reviews a range of quality indicators monthly alongside the daily staffing levels.

The indicators we use for this are:

Community Wards:

- Falls where the patient is found on the floor (an unobserved fall).
- Developed pressure ulcers.
- Patient on staff assaults.
- Moderate and above medication related incidents.

Mental Health Wards:

- AWOL (Absent without leave) and absconsion.
- Self-harm.
- Falls where the patient is found on the floor (an unobserved fall).
- Patient on patient physical assaults.
- Seclusion of patients.
- Use of prone restraint on patients.
- Patient on staff assaults.

Monthly discussions are held with senior staff from each ward area to discuss staffing data along with the listed indicators. Any concerns are highlighted in the monthly safer staffing board report and inform the safe staffing declaration provided by the Director of Nursing and Therapies.

Table 3: Quality metric for mental health inpatient wards and Campion (October 2024-March 2025)

Ward	AWOL	Falls	Patient on Patient Assault	Patient on Staff Assaults	Prone Restraint	Seclusion	Self-harm
Bluebell	6	12	8	60	3	2	63
Daisy	15	6	14	26	0	1	39
Rose	17	12	5	42	0	0	243
Snowdrop	9	5	5	32	0	1	52
Orchid	0	28	0	4	0	0	6
Rowan		27	7	28	0	0	1
Sorrel	2	7	11	21	4	12	5
Campion	0	0	17	42	0	0	22
Total	**49**	**99**	**67**	**255**	**7**	**16**	**431**

* Correct at time of report

There were no incidents reported to have occurred due to staffing levels during this period.

There are several Quality Improvement programmes and initiatives being undertaken across the Trust including reducing restrictive practice; self-harm and reducing assaults are also breakthrough objectives for the trust receiving specific focus. The mental health wards are participating in the national mental health ward Culture of Care programme; this supports the embedding of the NHS England Culture of Care Standards using quality improvement and co-production. An element of the programme focuses on safety including risk, violence reduction and reducing restrictive practice.

Table 4: Quality metric for community physical health inpatient wards (October 2024-March 2025).

Ward	Medication incidents (moderate harm and above)	Falls	Pressure Ulcers Grade 2 and above	Patient on Staff Assaults
Donnington	0	18	20	9
Highclere	0	7	4	3
Oakwood	0	11	10	0
Wokingham	0	23	15	10
Henry Tudor	1	8	4	0
Jubilee	0	7	0	6
Total	**1**	**74**	**53**	**28**

* Correct at time of report

There have been no incidents reported as a direct result of staffing levels during this period.

The Trust falls group considers all falls and identifies any areas for improvement; there has been significant quality improvement work undertaken with a positive impact seen on the number of falls occurring across the wards during this 6 monthly time period (74 from 102 in previous reporting period). There has been an increase in alleged patient on staff assaults (19 to 28), with this remaining a key trust initiative to reduce all violence and aggression occurring across the Trust. Reported pressure ulcers have also increased from 29 to 53 and in October 2024 there was a relaunch of the Pressure Ulcer Oversight Group chaired by the Deputy Director of Safety and Quality which meets quarterly with a focus on reducing and minimising the incidents of pressure damage across both in patient and community settings.

Table 5: Percentage Bed Occupancy October 2024 to March 2025

	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Average
Bluebell	98.10%	97.80%	98.00%	97.90%	98.60%	89.00%	97%
Daisy	96.50%	97.50%	98.90%	98.20%	97.00%	81.60%	95%
Rose	98.10%	96.70%	97.60%	98.10%	97.70%	94.20%	97%
Snowdrop	97.20%	98.90%	99.50%	98.70%	103.10%	94.20%	99%
Orchid	76.10%	84.00%	84.00%	91.60%	95.50%	86.80%	86%
Rowan	76.80%	81.50%	85.00%	83.20%	86.00%	86.30%	83%
Sorrel	96.80%	98.50%	99.70%	97.90%	99.00%	98.20%	98%
Campion	100.00%	93.80%	98.00%	93.90%	82.90%	89.60%	93%
Donnington	88.80%	91.00%	90.30%	95.30%	88.70%	83.10%	90%
Highclere	89.40%	87.60%	91.60%	90.30%	80.00%	84.50%	87%
Oakwood	94.60%	96.90%	94.00%	95.30%	89.90%	87.50%	93%
Ascot	94.90%	90.50%	93.00%	103.30%	89.90%	78.60%	92%
Windsor	92.00%	91.40%	91.70%	92.80%	80.80%	82.60%	89%
Henry Tudor	92.40%	88.80%	93.60%	91.10%	86.50%	85.70%	90%
Jubilee	91.10%	92.30%	87.40%	93.20%	89.50%	90.70%	91%

*Over 95% occupancy is flagged as a potential cause for concern.

The adult mental health wards average occupancy is similar to the previous 6 months at 96.79% from 97.75%. The lower occupancy in March coincides with the opening of 18 additional beds commissioned by us at The Priory in Newbury; the opening of these beds has enabled us to consolidate any out of area placements for an acute mental health bed into one place, closer to the patients' home and to be run in line with the same approach as our own wards. Campion occupancy has also increased over the last 6 months (83%-93%). All other ward occupancy figures are similar to the previous 6 months.

Right skills

Recruitment and Retention

Berkshire Healthcare has a people strategy with proactive work streams focusing on improved diversity, reducing violence, recruitment and retention including workforce pipeline, wellbeing, sickness absence.

Vacancies

Across the mental health wards registered nurse vacancies have varied during the last six months, with recruitment remaining challenging, vacancies have varied between 19.82 FTE and 26.42 FTE, with most of the vacancies being at Band 5; this is however showing some improvement and is lower than the previous 6-months where vacancies varied between 27.39-38.24 FTE. Unregistered vacancies have also varied widely between 65.72 and 82.32. The mental health wards aim to have substantive recruitment into 85% of their vacancies utilizing temporary staffing for the remaining need as this provides flexibility to ensure safe staffing is deployed across the wards. Factoring this there are less vacancies that we are actively looking to recruit into.

The CHS wards have also had some staffing challenges with vacancy levels increasing over this six-month period, especially in relation to unqualified staff.

Temporary staffing, primarily through NHS Professionals (and agency where this is not possible) provides support to fill any gaps in the rota or additional need. During the last 6 months 7.27% of temporary staffing requests were unfilled, this is an increase from the previous 6 months (3.55%). Campion unit continues to have low vacancy rates but has challenges filling specialist RN positions and support workers' long term.

Table 6: Full Time Equivalent (FTE) vacancy of registered nursing and healthcare worker for October 2024 to March 2025

		Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
MH Wards	Registered	26.42	20.82	19.82	20.42	20.42	21.42
	Unregistered	79.92	82.32	81.82	72.92	67.92	65.72
CHS Wards	Registered	20.70	19.70	20.70	23.10	20.10	18.10
	Unregistered	10.00	23.80	20.40	19.60	18.70	20.40
Campion	Registered	2.80	1.80	1.80	0.80	1.80	1.80
	Unregistered	0.60	1.60	1.60	1.60	1.60	1.60

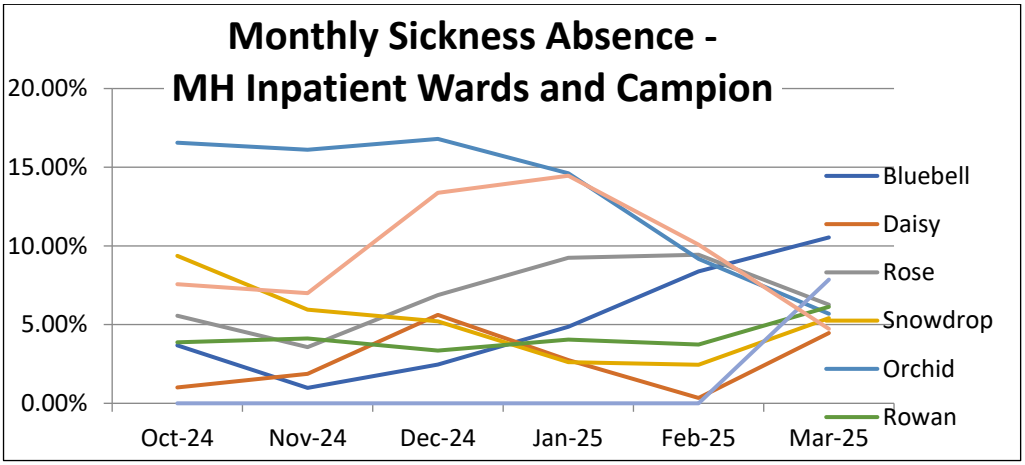
*Figures to fill to 100% establishment

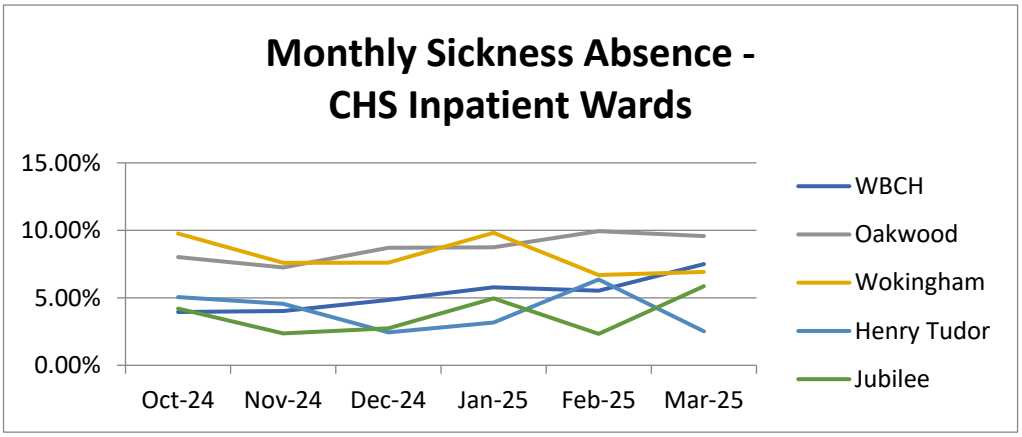
Sickness absence

During this reporting period there continues to be challenges which have impacted staffing due to sickness absence amongst our permanent workforce. Sickness absence in general is higher than the trust target of 3.5% and the organisational average of 4.5% as can be seen in table 7 and 8; this is due to a mix of long and short-term absence. There were some notable lower sickness levels seen on Sorrel ward, Daisy ward, and Jubilee ward. The top three sickness absence reasons in terms of number of working days lost due to illness are, chest anxiety/ stress/ depression and other psychiatric illness and respiratory problems and musculoskeletal problems; the most frequent reason in terms of number of staff affected are chest and respiratory problems, and cold, cough, and flu.

The Trust has a sickness absence policy which with support from the people directorate, ensures that appropriate action is taken to support staff and managers with sickness related absenteeism. The Trust also has a Health, Wellbeing and Engagement Manager and team. In addition, there are several initiatives which are widely advertised to address both physical and mental health care needs of staff including a health and wellbeing hub for staff and the Professional Nurse Advocacy programme. These can be accessed by all staff via Nexus the Trust internet site or via Occupational Health referral if appropriate.

Table 7 and 8: Monthly Sickness Absence Graphs October 2024 – March 2025





Temporary staffing

Table 9: Temporary staffing usage October 2024 -March 2025

	Total number temporary staffing shifts requested	Number of temporary shifts requested to fill registered staff gap	Total temporary shifts unfilled
PPH	15786	2640	845
West Community Wards	4628	1550	731
East Community Wards	1893	281	154
Campion	2647	598	86

The total number of temporary staff requests was 24954 compared to 30444 in the previous 6 months. The unfilled shifts were 7.27%, which is an increase from the previous 6 months, which was 3.55%. The need for temporary staff continues to be driven by vacancy, absence, and the need to increase staffing numbers to meet acuity and the need of patients.

Staff training

Staff training compliance along with clinical supervision is monitored by the divisions and relevant committees, this along with preceptorship and supportive training and upskilling programmes ensures that staff have the right skills for the roles that they are undertaking. This is provided in detail in the 6 monthly report. NHS professionals staff also have a training matrix agreed as appropriate for the roles that they are undertaking, with access to Berkshire Healthcare training where this is more specialist such as PMVA.
Ward staff are required to complete a number of statutory, mandatory, and essential training courses, and for the purpose of this report, the training below is included.

Table 10: Overview of wards training compliance.

UNIT	Manual Handling high risk (%)	IPC (%)	PMVA (%)	Inpatient Fire (%)	Resus	Safeguarding
Rose Ward	92.3	69.2	86.1	87.5	93.3	100
Snowdrop Ward	75.6	90.2	87.9	92.9	81.8	100
Bluebell Ward	88.6	94.3	91.4	88.9	81.8	100
Daisy Ward	90.3	100	100.0	97.0	83.3	100
Sorrel Ward	73.3	96.7	89.7	93.5	87.5	100
Rowan Ward	88.1	88.1	83.3	93.0	90.9	100
Orchid Ward	93.2	86.4	83.9	77.8	76.9	100
Henry Tudor Ward	97.3	97.3	N/A	92.9	90.5	85.3
Jubilee Ward	96.4	100	N/A	83.9	69.2	85.7
WBCH	88.5	83.1	N/A	94.0	66.7	93.3
Oakwood Ward	91.1	93.3	N/A	90.2	100.0	100
Wokingham	97.1	90	N/A	89.9	92.0	100
Campion Unit	75.0	90.9	N/A	91.2	61.5	100

*The aim for all areas is to achieve 85% compliance. The exception to this is safeguarding where we aim for 90%.

There continues to be a focus on areas where compliance is not quite at the level we are aiming to achieve, with some improvement in percentages seen over the last 6 months in some areas and targeted training provided. Compliance is monitored through relevant groups.

All of the wards have access to a range of specialists able to provide support and advice for specific patients/ situations, these include but are not limited to, for Mental health Physical Health, Drug and Alcohol specialist practitioners and the PMVA team, and for all wards tissue viability specialists, Dieticians, speech and language therapists and the infection control team.

Nurse Associates and nurses in training

The Trust currently has 27 nurse associates employed (27 in March 2024) and further 4 in training. Other nursing and Allied Health Professional apprenticeships are also being undertaken by our staff; this assists with supporting a pipeline of new staffing in addition to traditional recruitment. This includes Advanced Clinical Practice as well as entry level training.

Preceptorship

There is a preceptorship programme and structured supervision sessions in place to support these staff which runs through their first year of employment. In addition, there is a programme called 'Reaching my potential' which is open to all band 5 staff and aimed at supporting improved resilience and confidence.

Professional Nurse Advocate (PNA) programme

We currently have 77 qualified PNAs and 2 staff members currently in training across the trust. The PNA role involves providing restorative supervision which is aimed at improving wellbeing as staff feel supported and listened to, this in turn supports staff retention. The PNA programme is a Health Education England initiative which has been a requirement in midwifery for some years. It has been rolled out nationally across healthcare. At Berkshire Healthcare the current PNA focus is to assist with ensuring the availability of SPACE (reflective supervision) groups for clinical physical healthcare staff, this is well established across the mental health clinical staff teams. Work is currently underway and is being undertaken in collaboration with our psychological support and mental health teams to ensure that this is also embedded across our physical health wards. PNA trained staff are currently being developed and supported to deliver their own sessions across all areas, 2 cohorts have completed this and are being supported by more experienced staff.

Currently there is scoping being undertaken to establish whether a third cohort is viable from PNAs as there is a demand for SPACE group facilitation from clinical services.

Ongoing improvement work

- Support the community health division with agreeing the right mix of permanent and temporary staffing making up their total establishment.

- Facilitate the relaunch and roll out of the CNSST to community services in order that data can be collected in June 2025 as per plan.

- Continued recruitment and retention effort as detailed within recruitment and retention workstream of the People plan.

- Encourage consistent and continued use of the Safecare tool to give an accurate picture of staffing needs across the wards and use it to assist in deployment of staffing to meet patient acuity.

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13 May 2025
Title	**Executive Report**
	Item for Noting
Reason for the Report going to the Trust Board	The Executive Report is a standing item on the Trust Board agenda. This Executive Report updates the Trust Board on significant events since it last met. The Trust Board is requested to seek note the report and to seek any clarification on the issues covered in the report.
Business Area	Corporate Governance
Author	Chief Executive
Relevant Strategic Objectives	The Executive Report is relevant to all the Trust's Strategic Objectives

Berkshire Healthcare
NHS Foundation Trust

Trust Board Meeting – 13 May 2025

EXECUTIVE REPORT – Public

1. Never Events

Directors are advised that no 'never events' have occurred since the last meeting of the Trust Board.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

2. Patient Safety Partners

Patient Safety partners (PSP) are a new and evolving role, introduced as part of the national Patient Safety Strategy (2019) in recognition of the importance of involving patients, their families and carers and other lay people in improving the safety of NHS care, as well as the role that patients and carers can have as partners in their own safety.

Roles for PSPs can include:

- membership of safety and quality committees whose responsibilities include the review and analysis of safety data
- involvement in patient safety improvement projects
- working with organisation boards to consider how to improve safety
- involvement in staff patient safety training
- participation in investigation oversight groups.

The framework recognises that this is a step change for organisations and the initial ask of organisations was to aim to include two or more PSPs on safety-related clinical governance committees (or equivalents) from 2023/24.

From 1 April 2025, the NHS Standard Contract 2025/26 will include a new requirement for each NHS Trust and NHS Foundation Trust to identify two or more Patient Safety Partners (PSPs) to fulfil the role described in the Framework for involving patients in patient safety.

We currently have patient safety partners identified for two of our key safety and quality committees (Quality and Performance Executive Group and the Quality Assurance Committee). We also have lived experience workers supporting several programmes of work including the Culture of Care Programme and are seeking to widen the quality meetings that Patient Safety Partners are members of.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

3. Appointment by the Care Quality Commission of a Chief Inspector of Mental Health

Dr Arun Chopra has been appointed as the Care Quality Commission's (CQC's) first Chief Inspector of Mental Health.

The CQC have stated that:

'the creation of the new role of Chief Inspector of Mental Health recognises the crucial importance of mental health services in supporting people to lead fuller, healthier lives, and the need for specialist expertise in regulating these services. It is the first of series of appointments to four CQC Chief Inspector roles leading on regulation and improvement across mental health, hospitals, primary and community care, and adult social care and integrated care - marking a realignment of the organisation around sector expertise'

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

4. Public Attitudes to the NHS and Social Care

The British Social Attitudes (BSA) survey offers a unique look at how the British public are feeling about their health service. Carried out every year since 1983 by the National Centre for Social Research, it provides a barometer for understanding, not only how people feel the NHS runs nowadays, but also what is driving their satisfaction (or, rather more accurately in recent years, dissatisfaction); how they rate individual services; and what they make of social care.

The 2024 survey was carried out in September and October 2024. It documents the lowest levels of satisfaction with the NHS on record, provides context to a health service facing profound challenges and offers a clear baseline from which we can understand how the public are feeling at the start of a new government.

Findings

- Just 1 in 5 people (21%) said they were satisfied with the way the NHS runs in 2024.
- Almost 6 in 10 (59%) people said they were 'very' or 'quite' dissatisfied with the NHS in 2024, a sharp rise from 52% in 2023. This is the highest level of dissatisfaction with the health service since the survey began in 1983.
- Only 12% of people are satisfied with A&E waiting times, and 23% with GP waiting times.
- In 2024, only 13% of respondents said they were 'very' or 'quite' satisfied with social care. 53% of respondents were 'very' or 'quite' dissatisfied.
- The majority of the public (51%) are satisfied with the quality of NHS care. This view is more dominant in older generations, with 68% of over-65s satisfied with the quality of care compared to 47% of those under 65.
- Despite low satisfaction with the services, there remains strong majority support for the founding principles of the NHS, namely that it should "definitely or probably" be free at the point of use (90%), available to everyone (77%), and funded from general taxation (80%).

Conclusion

This year's results show that the startling collapse in public satisfaction with both the NHS and social care has continued. Satisfaction with the health service is now 39 percentage points lower than it was before the Covid-19 pandemic in 2019.

Dissatisfaction with the NHS has climbed further to 59%, a record level never seen before in this survey's 41-year history. Meanwhile, satisfaction with social care appears to have plateaued at a low of 13%.

The BSA tells us nothing of the individual stories that sit behind these results, but everything about how the public is feeling about the NHS and social care. Deep dissatisfaction with the length of time it is taking for people to access care, and real concern about levels of funding and staffing sit alongside enduring support for the NHS and its core principles, and strong belief in the quality of care.

The analysis reveals divergence in many areas: along party political lines, with Reform supporters least satisfied overall with the NHS; new evidence of divergent views between the under-65s and those aged 65 and over when it comes to quality of care; and clear findings that Welsh respondents held less positive views on both the NHS and social care, relative to the average across Britain.

But little divergence is found when looking at the public's attitudes towards waiting for care. These were similar regardless of political affiliation or country of residence. When seen alongside the clear support for prioritising improved GP and A&E access and the sharp rise in dissatisfaction with A&E services, the public is clear: deteriorating access to core services is causing sharp distress across every group in Britain.

Even on the question of NHS spending, where real political distinctions exist, a majority of supporters of every political party share the view that too little money is spent on the health service. At the same time, most disagree that it spends its existing budget well.

Executive Lead: Julian Emms, Chief Executive

Presented by: Julian Emms
Chief Executive
13 May 2025

Trust Board Paper Meeting Paper

Berkshire Healthcare NHS Foundation Trust

Board Meeting Date	Tuesday 13th May 2025
Title	**Staff Survey Results**
	Discussion
Reason for the Report going to the Trust Board	The results for the Staff Survey 2024 have now been published and this report summarises our performance, highlighting strengths and areas of focus.
Business Area	People Directorate
Author	Jane Nicholson, Director of People Steph Moakes, Health, Wellbeing & Engagement Lead
Relevant Strategic Objectives	**Workforce** **Ambition:** We will make the Trust a great place to work for everyone

NHS
Berkshire Healthcare
NHS Foundation Trust

Making Berkshire Healthcare…

A great place to give care

National Staff Survey results 2024

Steph Moakes, Health, Wellbeing & Engagement Lead

Headlines

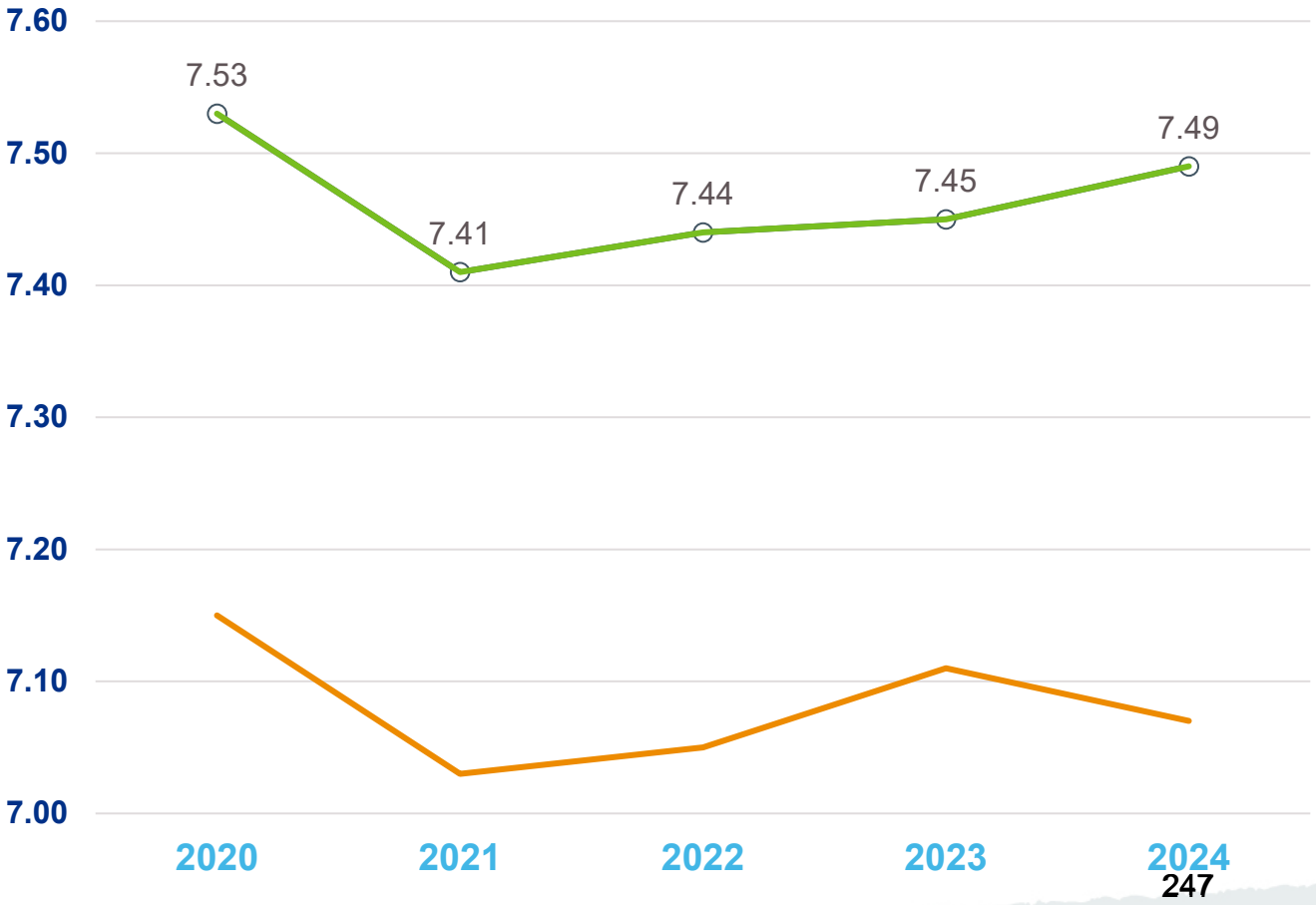
Berkshire Healthcare NHS Foundation Trust

- Our **staff engagement** score **rose to 7.5**
- We saw a **statistically significant improvement in 15 questions** compared to 2023 and these were across a range of areas
- There were **no questions with statistically significant declines**
- We had the **top scoring results for 25 questions** within our comparator group (Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts)
- We saw an **improvement in both our line manager (from 7.48 to 7.59) and compassionate leadership (from 7.59 to 7.71) scores**

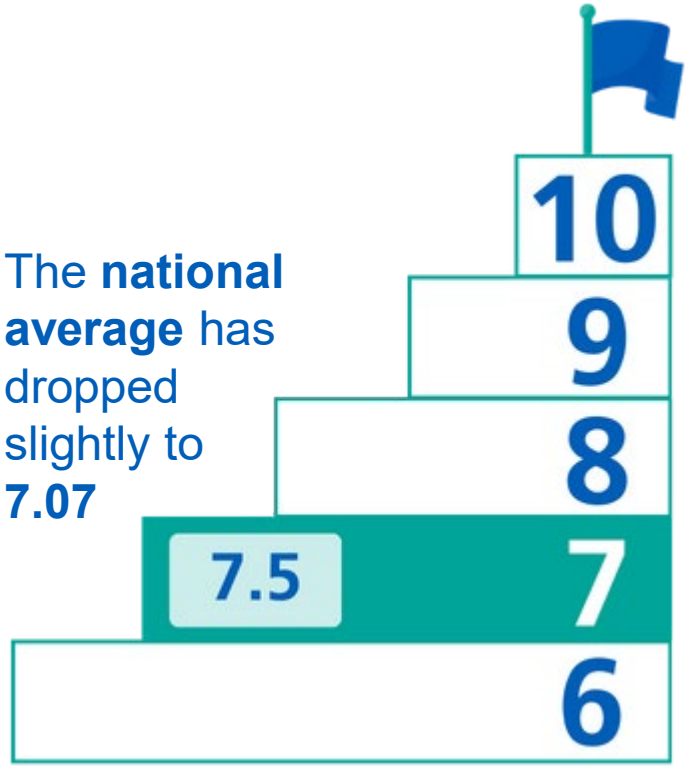
Staff engagement score

Berkshire Healthcare NHS Foundation Trust

Our overall engagement score is **7.49**. We're still achieving the **best score for our group** and have **maintained this for five years,** whereas others this year have seen a decline in scores.



The **national average** has dropped slightly to **7.07**



All NHS organisations

Berkshire Healthcare NHS Foundation Trust

Organisation	Engagement Score	Recommend organisation as a place to work	Trust type	Response Rate (%)	Response Rate (n)
Liverpool Heart and Chest Hospital NHS Foundation Trust	7.72	83%	Acute Specialist Trusts	62%	1157
The Christie NHS Foundation Trust	7.52	79%	Acute Specialist Trusts	48%	1799
Hounslow and Richmond Community Healthcare NHS Trust	7.50	72%	Community Trusts	60%	407
Berkshire Healthcare NHS Foundation Trust	7.49	78%	MH&LD, MH, LD&Community Trusts	64%	3305
The Royal Marsden NHS Foundation Trust	7.41	75%	Acute Specialist Trusts	44%	2100
Cambridgeshire Community Services NHS Trust	7.40	76%	Community Trusts	61%	1627
Midlands Partnership University NHS Foundation Trust	7.39	75%	MH&LD, MH, LD&Community Trusts	57%	5975
Queen Victoria Hospital NHS Foundation Trust	7.39	73%	Acute Specialist Trusts	58%	683
The Clatterbridge Cancer Centre NHS Foundation Trust	7.39	73%	Acute Specialist Trusts	71%	1373
South Warwickshire University NHS Foundation Trust	7.39	77%	Acute&Acute Community Trusts	52%	2900

Local comparisons

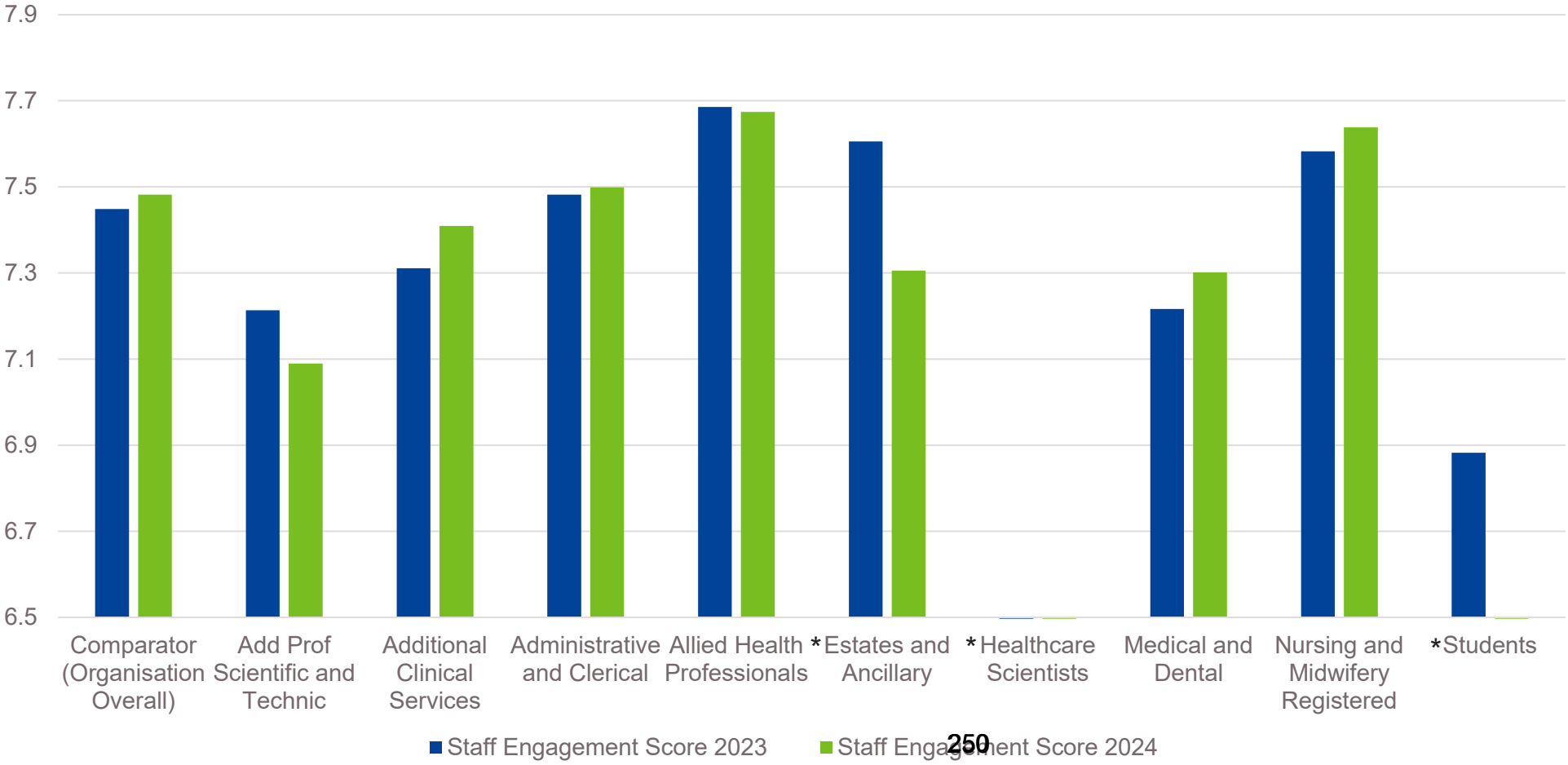
Berkshire Healthcare
NHS Foundation Trust

Organisation Name	Comparator Group	Response Rate 2024	Response Rate 2024 (numbers)	Theme: Staff Engagement	Theme: Morale	People Promise element 1: We are compassionate and inclusive	People Promise element 2: We are recognised and rewarded	People Promise element 3: We each have a voice that counts	People Promise element 4: We are safe and healthy	People Promise element 5: We are always learning	People Promise element 6: We work flexibly	People Promise element 7: We are a team	Recommend as a place to work
Berkshire Healthcare NHS Foundation Trust	MH&LD, MH, LD&Community Trusts	63.6%	3305	7.49	6.56	7.87	6.69	7.31	6.69	6.33	7.15	7.41	78%
Royal Berkshire NHS Foundation Trust	Acute&Acute Community Trusts	57.0%	3734	7.35	6.20	7.58	6.22	7.09	6.36	6.02	6.51	7.08	73%
Oxford Health NHS Foundation Trust	MH&LD, MH, LD&Community Trusts	53.2%	3666	7.24	6.26	7.75	6.52	7.09	6.42	6.10	6.83	7.27	71%
Surrey and Borders Partnership NHS Foundation Trust	MH&LD, MH, LD&Community Trusts	61.0%	1857	7.15	6.13	7.66	6.49	6.99	6.38	5.88	6.57	7.32	66%
Buckinghamshire Healthcare NHS Trust	Acute&Acute Community Trusts	64.7%	4519	7.03	6.07	7.40	6.15	6.85	6.30	5.93	6.55	6.97	63%
Oxford University Hospitals NHS Foundation Trust	Acute&Acute Community Trusts	48.2%	7211	6.98	5.92	7.34	5.96	6.76	6.16	5.92	6.25	6.91	62%
NHS Frimley ICB	ICBs	71.5%	296	7.04	6.06	7.53	6.85	7.00	6.58	5.68	7.51	7.13	59%
South Central Ambulance Service NHS Foundation Trust	Ambulance Trusts	49.6%	2228	5.74	5.19	6.84	5.25	5.77	5.38	4.84	5.08	6.45	40%
NHS Buckinghamshire, Oxfordshire and Berkshire West ICE	ICBs	66.9%	309	5.80	5.10	6.72	5.77	5.98	6.02	4.21	6.80	6.52	25%

Staff group variation

Berkshire Healthcare NHS Foundation Trust

Looking at staff engagement scores for different groups shows a difference in experience. For staff groups, **Allied Health Professionals** and **Nursing and Midwifery** colleagues topped the engagement score.

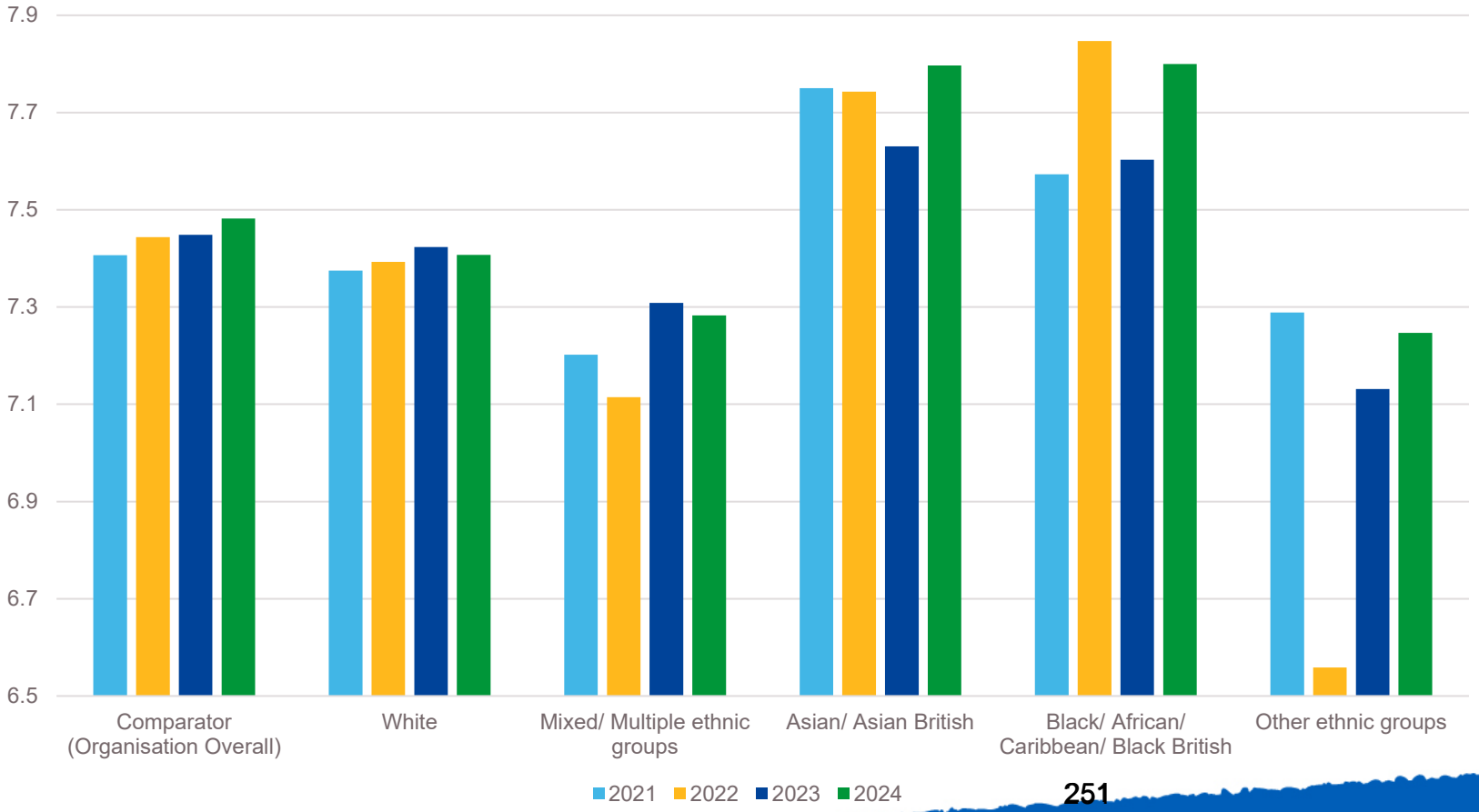


*Estates, Healthcare scientists and students are small staff groups.

Healthcare scientists and students did not reach the minimum response threshold so no 2024 scores available

Ethnicity variation

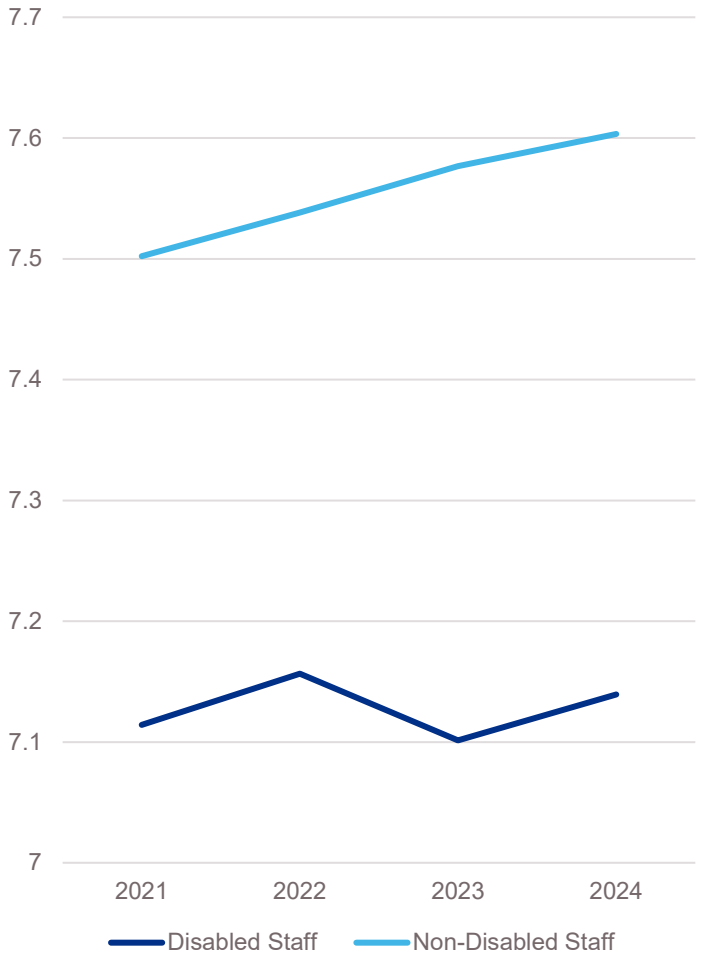
Berkshire Healthcare NHS Foundation Trust

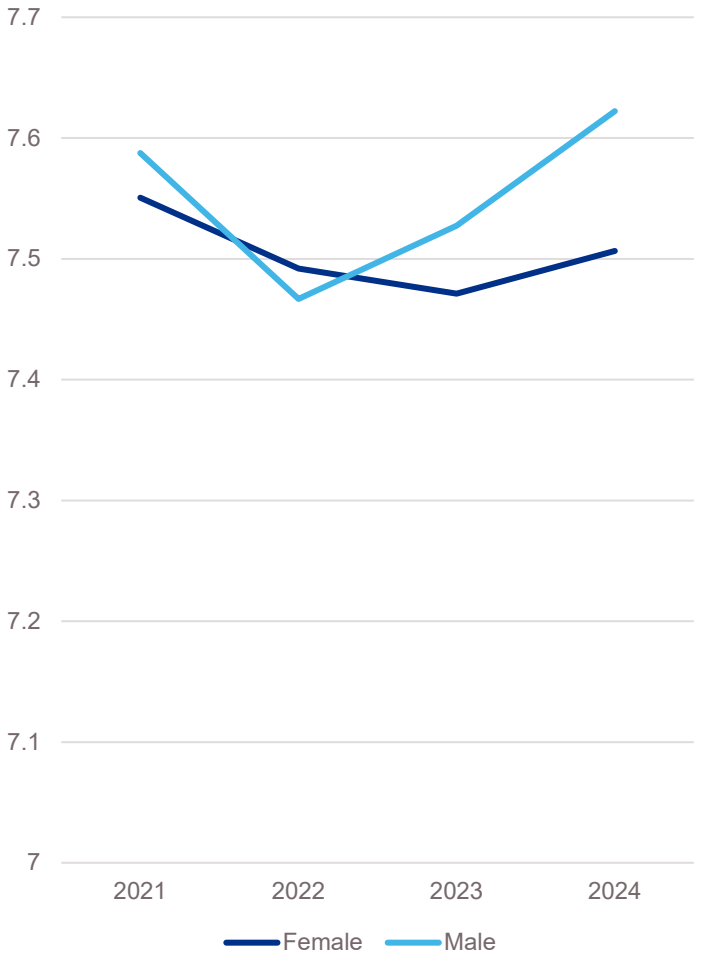


Ethnically diverse staff reported higher job satisfaction and staff engagement (particularly Asian/Asian British and Black/African/Caribbean/Black British groups) despite experiencing higher rates of discrimination, bullying, and physical abuse than white colleague.

Disability and gender variation

Berkshire Healthcare NHS Foundation Trust





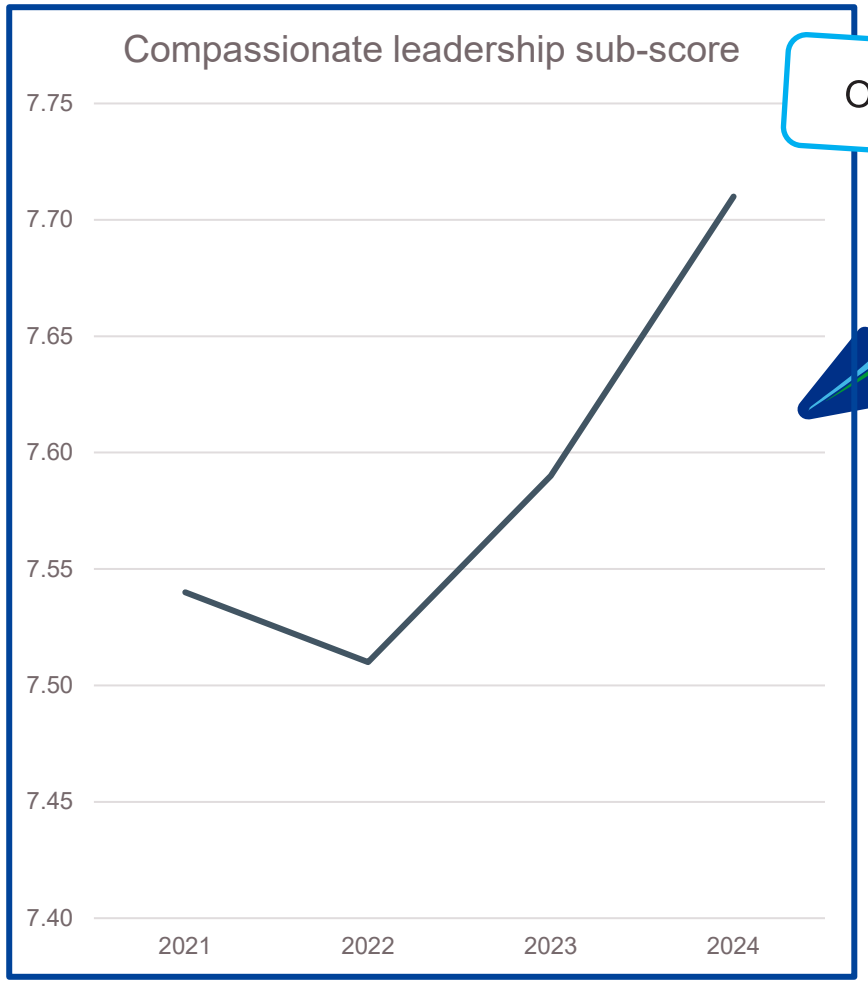
Disabled and females reported lower levels of staff engagement compared to their counterparts.

For our disabled staff, the gap is stark.

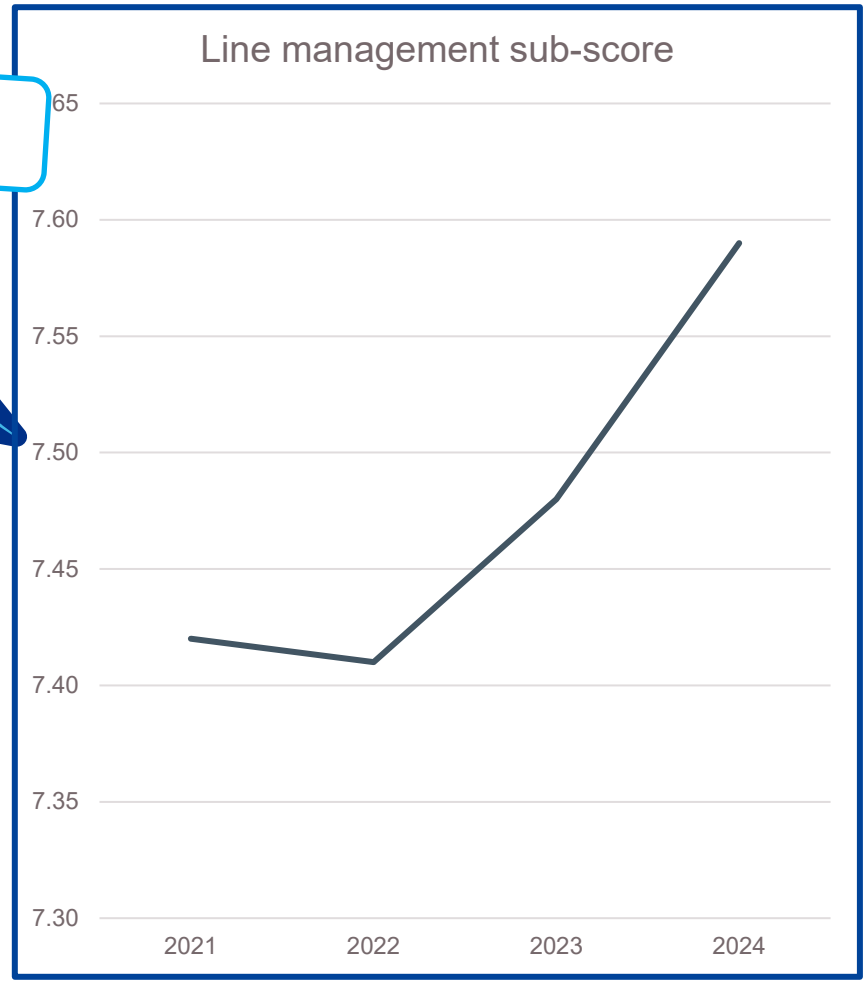
For female staff, it has historically been closer but has widened in the last two years.

Our leaders

Berkshire Healthcare NHS Foundation Trust

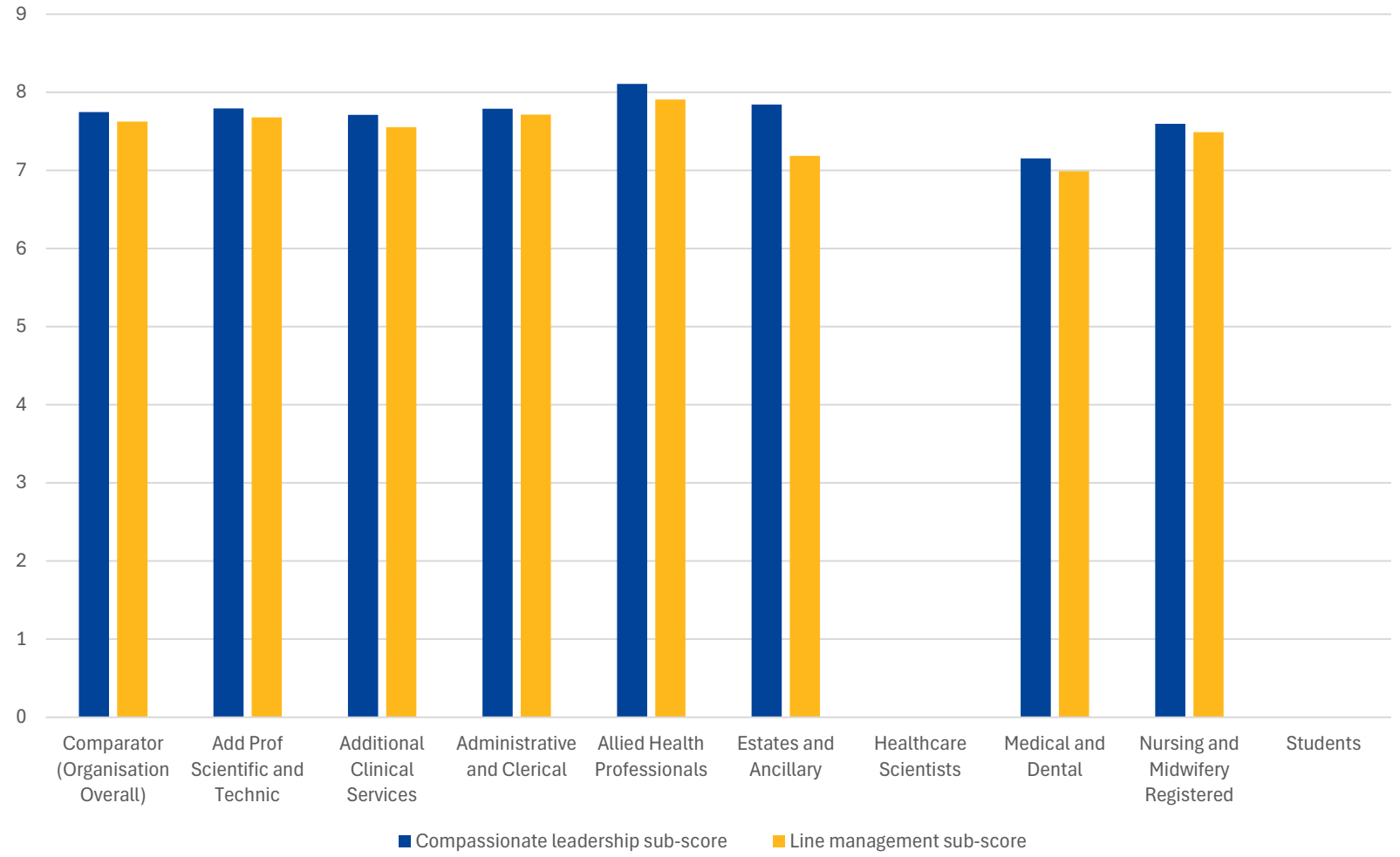


Over 0.1 increase on both sub-scores



Staff group variation

Berkshire Healthcare NHS Foundation Trust



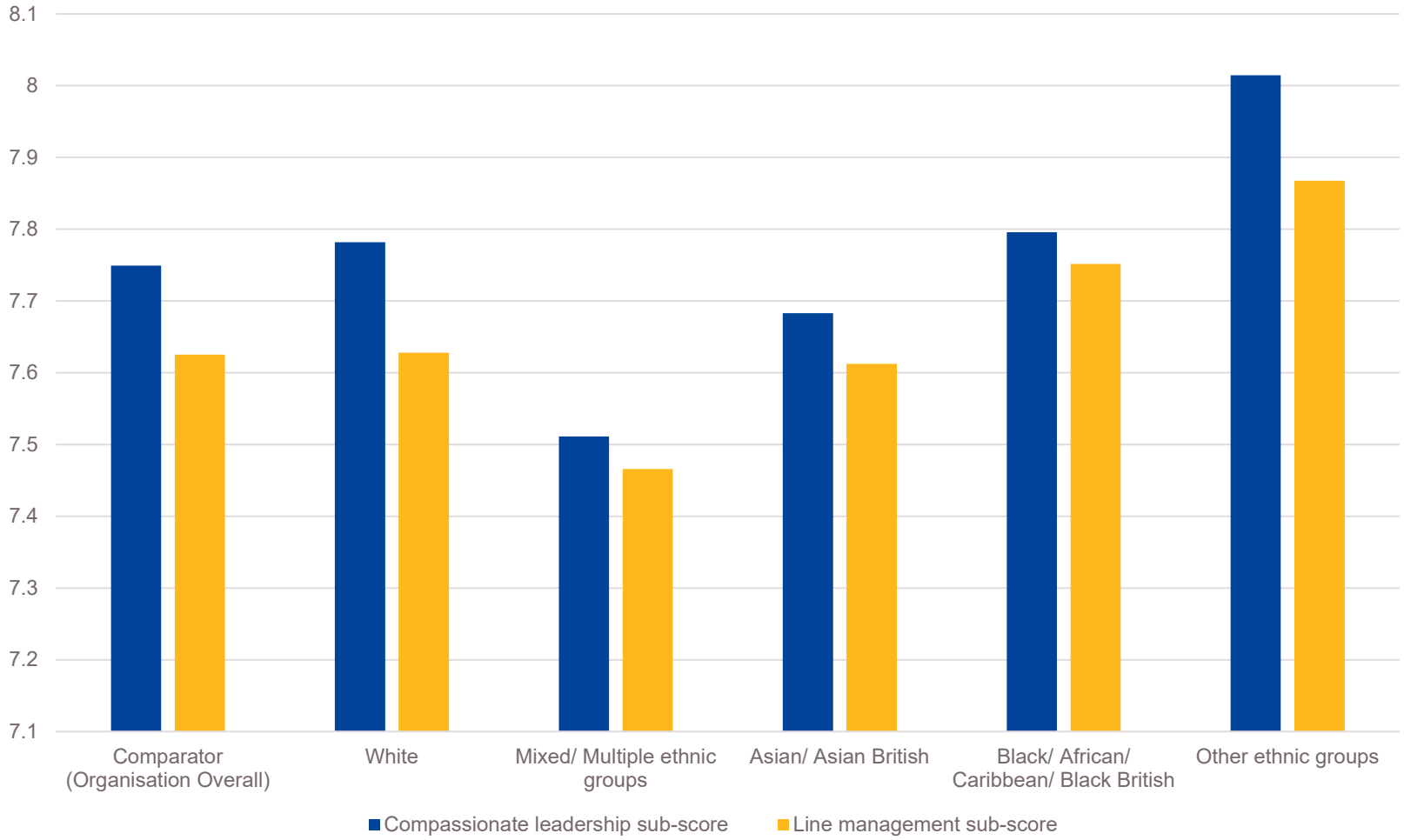
There is limited variation in leadership experiences across the different staff groups.

Medical and dental appear the lowest across the board.

Estates and ancillary show a greater difference in compassionate leadership and line management than other groups.

Ethnicity variation

Berkshire Healthcare NHS Foundation Trust

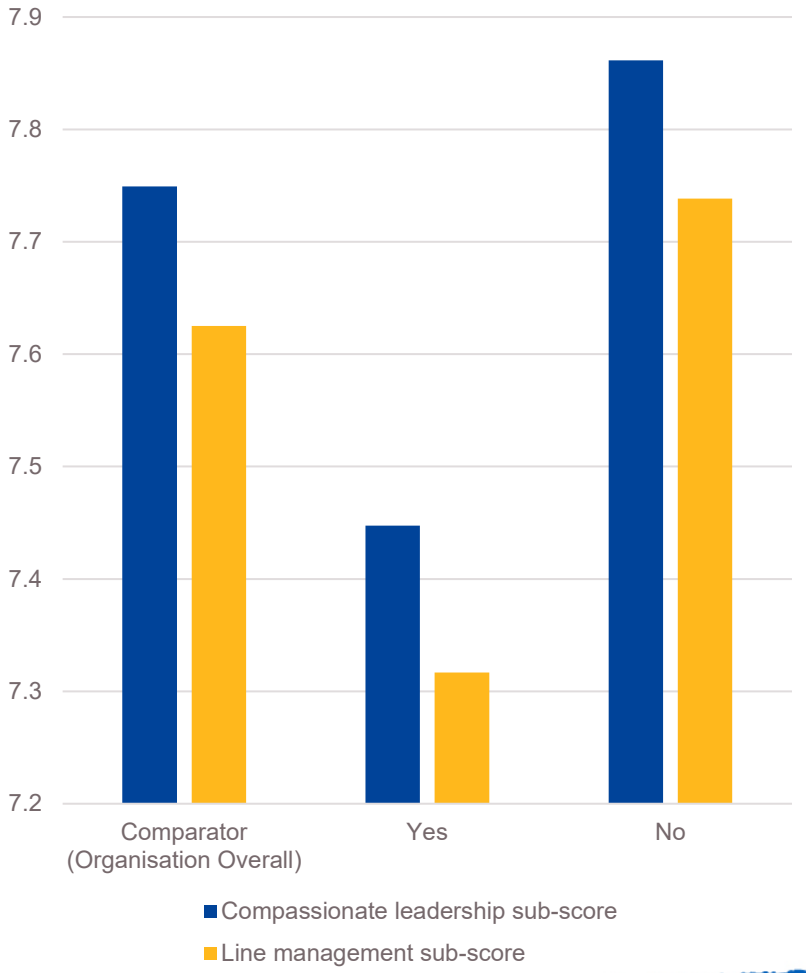


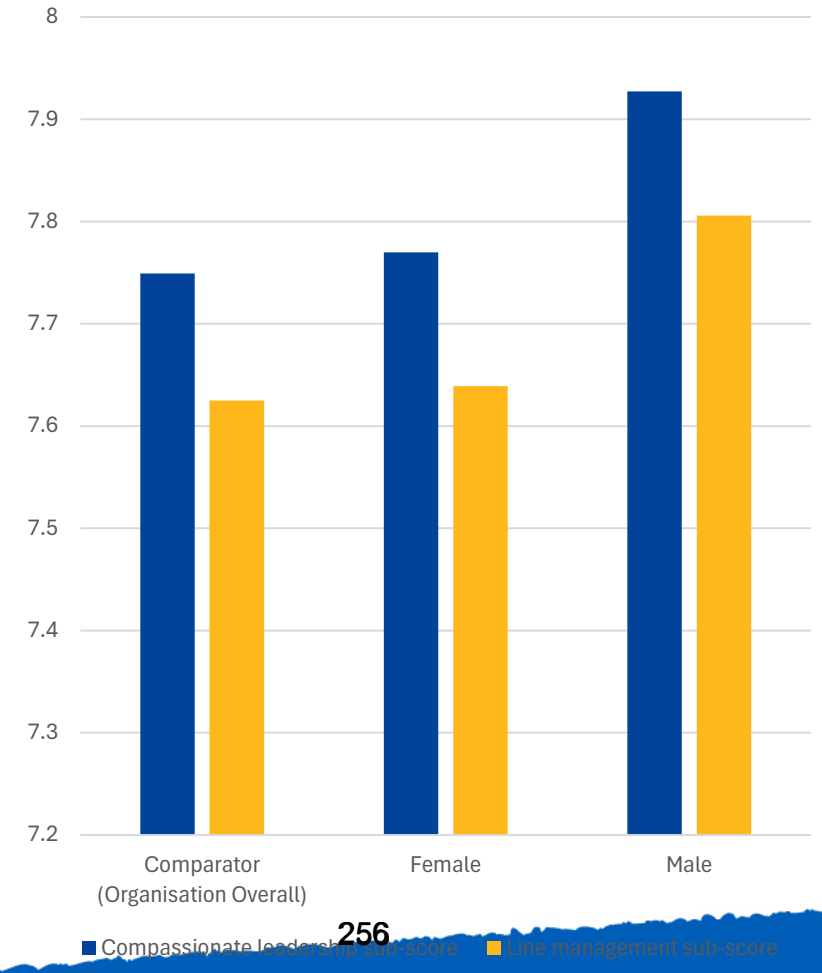
Mixed ethnic groups and Asian/Asian British report the lowest leadership scores with other ethnic groups reporting the highest.

The gap between compassionate leadership and line management appears smaller for most ethnic groups in comparison to both white and the organisation as a whole

Disability and gender variation

Berkshire Healthcare NHS Foundation Trust





Non-disabled and male staff reported higher levels of both compassionate leadership and line management.

Workforce Race Equality Standard (WRES)

Berkshire Healthcare NHS Foundation Trust

The experience of our ethnically diverse colleagues is poorer than those who are white, and this is not acceptable.

Question		2021	2022	2023	2024	3 year progress trend
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the general public in the last 12 months	White	19.9%	18.5%	16.3%	16.6%	
	Ethnically diverse	**29.4%**	**29.4%**	**25.5%**	**27.2%**	**2.2%**
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	14.1%	15.4%	13.7%	15.5%	
	Ethnically diverse	**22.9%**	**20.8%**	**20.4%**	**19.7%**	**3.2%**
Percentage believing that the trust provides equal opportunities for career progression or promotion	White	67.5%	68.1%	68.4%	68.6%	
	Ethnically diverse	**45.7%**	**51.7%**	**53.2%**	**56.4%**	**10.7%**
In the last 12 months, have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	White	5.3%	5.2%	5%	5.1%	
	Ethnically diverse	**14.5%**	**13.3%**	**13.3%**	**10.7%**	**3.8%**

We continue to see positive trends across the WRES staff survey indicators. The past 3 years have shown between a 2% and 10% improvement for our ethnically diverse colleagues across all indicators. Our scores remain better than the average, but we know there is still more to do

We also look to triangulate the experience with other data, such as success rates for job applications which are currently lower for ethnically diverse staff. Addressing this disparity is a priority in our new People Strategy and both our anti racism and recruitment improvement work aims to tackle this.

REN Race Equality Network

Workforce Disability Equality Standard (WDES)

NHS Berkshire Healthcare NHS Foundation Trust

The experience of colleagues with disabilities is poorer than those without, and this is not acceptable.

Question		2021	2022	2023	2024	3 year progress trend
Experienced harassment, bullying or abuse from patients, managers or colleagues in the last 12 months	Non-disabled	30.8%	28.6%	25.3%	26.2%	
	Disabled	**48.5%**	**40.3%**	**37.2%**	**36.5%**	**12%**
Reporting harassment, bullying or abuse after last incident	Non-disabled	63.4%	57.3%	62.3%	64.7%	
	Disabled	**55.5%**	**59.8%**	**58.1%**	**65.9%**	**10.4%**
Percentage believing that the trust provides equal opportunities for career progression or promotion	Non-disabled	64.3%	64.5%	66%	66.7%	
	Disabled	**52.9%**	**60.6%**	**57.8%**	**59.9%**	**7%**
Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Non-disabled	16.3%	16%	14.3%	11.1%	
	Disabled	**19.8%**	**22.5%**	**22.3%**	**21.1%**	**1.3%**
Percentage of staff satisfied with the extent to which their organisation values their work	Non-disabled	61.1%	61.4%	64.2%	64.8%	
	Disabled	**51.6%**	**51.9%**	**53.8%**	**55.2%**	**3.6%**
Employer has made reasonable adjustment(s) to enable them to carry out their work	**Disabled**	**80.8%**	**80.9%**	**80.9%**	**81.9%**	**1%**

Overall, we are making positive progress. Across the last 3 years we've seen improvements of between 2% and 12% across 7 indicators, with one metric declining by 1.3%.

We have triangulated the experience with other data, such as success rates for job applications which are lower for disabled colleagues. Our neurodiversity and recruitment work aim to tackle this inequality.

PURPLE Network

disability confident LEADER

Career Progression/Promotion

Berkshire Healthcare NHS Foundation Trust

Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

Berkshire Healthcare		**64.59%**	**% difference comparing underserved groups to more privileged groups**
Ethnicity	White	68.6%	**- 12.2 gap**
	Ethnically diverse	**56.4%**	
Disability	Non-disabled	66.7%	**- 6.8 gap**
	Disabled	**59.9%**	
Sexual Orientation	Straight	65.8%	**+ 1.8 gap**
	LGB	**67.6%**	
Gender	Male	66.1%	**- 0.5 gap**
	Female	**65.6%**	

*In the WRES and WDES, q15 is worded: Percentage believing that the trust provides equal opportunities for career progression or promotion. They are the same question and worded as above.

Shortlist and offer rates for internal applicants

Berkshire Healthcare NHS Foundation Trust

Actual recruitment data for internal applicants (April–September 2024)

	Likelihood to be shortlisted comparing underserved groups to more privileged groups	
Ethnicity	White	1.54
	Ethnically diverse	**0.64**
Disability	Non-disabled	0.97
	Disabled	**1.00**
Sexual Orientation	Straight	TBC
	LGBT	**TBC**
Gender	Male	0.74
	Female	**1.34**

	Likelihood to be offered a role after interview comparing underserved groups to more privileged groups:	
Ethnicity	White	1.37
	Ethnically diverse	**0.72**
Disability	Non-disabled	1.37
	Disabled	**0.72**
Sexual Orientation	Straight	TBC
	LGBT	**TBC**
Gender	Male	0.72
	Female	**1.33**

Internal promotion rates

Berkshire Healthcare NHS Foundation Trust

	% of staff promoted	% difference of staff promotions comparing underserved groups to more privileged groups
White	7.9%	**9.0 gap**
Ethnically diverse	**16.9%**	
Non-disabled	10.5%	**4.5 gap**
Disabled	**15.1%**	
Straight	10.9%	**0.9 gap**
LGBT	**11.8%**	
Male	12.1%	**-1.9 gap**
Female	**10.1%**	

Exploring the data more:

- Progression stagnates at 8A level: Noone disabled was promoted past 8B, or those ethnically diverse promoted past 8C, or those LGBT promoted past 8A.
- From B2 to B8b Ethnically diverse colleagues have a higher % of staff being promoted, peaking at B5, and becoming a ‘negative’ gap at band 8C upwards, with no promotions.
- LGBT colleagues have most success at bands 3 – 5, all other bands are a ‘negative’ gap compared to heterosexual colleagues.
- Disability is slightly more varied – bands 2 - 4, 6 and 7 are ‘positive’, the rest is ‘negative’.
- Female staff experience a negative gap across most grades except B2 and B6, which are ‘positive’ .

Internal movers: a staff member has made an internal move which has resulted in them going up at least 1 grade and only includes staff on the agenda for change pay scales. i.e. Band 5 to Band 6.

Summary

Berkshire Healthcare NHS Foundation Trust

- Data appears contradictory and needs further exploration.
- Deep dive into ethnicity differences has begun.
- A key factor appears to be the significant difference in application rates. Our ethnically diverse staff appear to apply for more roles.

For example:

- If there were 100 ethnically diverse staff, and 50 of them applied for a role, with 25 being successful, this would mean 25% of the ethnically diverse workforce progressed, and 50% of applicants were successful.
- If there were 300 white staff, and 40 applied, with 30 being successful, this would mean 10% of the white workforce progressed, but 75% of applicants were successful.

- When reviewing internal recruitment data, we received more applications from ethnically diverse staff than the total number of available roles – not the case for white staff.

Further areas to explore

Berkshire Healthcare NHS Foundation Trust

- Application clustering—whether certain roles attract disproportionately high numbers of applications from ethnically diverse staff but see little interest from white staff.

- Rate of unique applications—how many individuals submit multiple applications versus those applying only once.

- Progression in more senior bands

NHS
Berkshire Healthcare
NHS Foundation Trust

Thank you

Questions…?

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	May 2025
Title	**Gender, Ethnicity and Disability Pay Gap Reporting 2024/25**
Board required action	**FOR NOTING** The Board should note the pay gap findings, approve actions, monitor progress, champion inclusivity, and commit to ongoing transparency.
Reason for the Report going to the Trust Board	Gender Pay Gap reporting is mandated under the Equality Act 2010. Ethnicity and Disability are not yet mandated but are an aim of the Six High Impact actions in the NHS EDI Improvement plan. **Full detailed reports are available to the Board.**
Business Area	Organisational Experience and Development.
Author	Ash Ellis, Deputy Director for leadership, Inclusion and Organisational Experience. Alex Gild, Deputy Chief Executive (Exec Sponsor)
Relevant Strategic Objectives	The pay gap reports link through all of our organisational objectives but explicitly this is about pay equality and so these reports are intrinsically linked with our workforce objective: **Workforce** **Ambition:** We will make the Trust a great place to work for everyone
Summary	The Trust's 2024–25 pay gap reports for gender, ethnicity, and disability highlight a range of complex and overlapping factors influencing pay disparities. The **gender pay gap** shows a **mean gap of 15.99%** and a **median gap of 12.36%** in favour of men, driven by underrepresentation of women in senior roles, a female-dominated workforce in lower-paid bands, and structural barriers such as part-time work and career progression. The **ethnicity pay gap**, now in its third year of reporting, has **widened** with a **median gap of 7.03%** and a **mean gap of 1.06%** in favour of White staff, largely due to the concentration of Ethnically diverse staff in lower pay bands, younger average age, and underrepresentation in senior or specialist roles. The **disability pay gap** remains relatively small, with a **median gap of 0.49%** in favour of non-disabled staff and a **mean gap of -0.13%** still slightly favouring disabled staff; high levels of disability disclosure (93.33%) suggest a positive culture of inclusion, though some underreporting persists in senior bands. Across all three areas, the Trust remains committed to improving equity

	through inclusive practices, transparency, and collaboration with staff networks and stakeholders.

Gender Pay Gap

- Gender Pay Gap reporting is required under the Equality Act 2010.
- It measures the difference in average full-time equivalent pay between men and women, not unequal pay.
- Pay gap data summary:

Metric	23-24	24-25	Annual difference
Mean Pay Gap	15.54%	15.99%	▲ A ' –' increase
Median Pay Gap	13.25%	12.36%	▼ A '+' Improvement
Mean Bonus Pay	24.29%	3.42%	▼ A '+' big drop
Median Bonus Pay	0%	25%	▲ A '–' increase
Median Hourly Pay (M vs F)	£2.90 gap	£2.84 gap	▼ A '+' narrowing
Mean Hourly Pay (M vs F)	£3.81 gap	£4.20 gap	▲ A '–' Increase

- Our Median Gender Pay Gap for 24-25 is 12.36%, a drop of 0.85% from 23/24. This means men earn, on average, £2.84 more than women. Our Mean Gender Pay Gap is 15.99%, representing a 0.45% increase.
- Applying an intersectional lens; White males earn £4.64 more than Black males (an increase of £1.21) and £5.17 more than Black females (an increase of £0.92).
- Males are underrepresented at all pay bands by 32% compared to the Berkshire population. Although 82.77% of our workforce is female, only 74.91% are in the upper pay quartile, while 25.09% of the upper quartile is male.
- The proportion of females in the lowest pay quartile is 85.83%, slightly down from last year, but higher than the overall female representation of 83%.
- The gender pay gap is driven by complex, overlapping factors including a female-dominated workforce in lower-paid roles, underrepresentation of women in senior and full-time positions, slower progression beyond mid-bands, higher average age and longevity of male staff in top roles, and structural barriers that disadvantage part-time and non-linear career paths.
- The full report will be published on the Trust's website for at least three years. We are committed to continuously reviewing systems and practices to reduce the Gender Pay Gap, working closely with staff networks, unions, and stakeholders to develop effective actions.

Ethnicity Pay Gap

- Ethnicity pay gap reporting is not a specified requirement under the Equality Act 2010.
- It measures the difference in average the full-time equivalent pay between Ethnically diverse and White staff, not unequal pay.
- This is our third year of reporting the ethnicity pay gap.
- Pay gap data summary:

Metric	23-24	24-25	Annual difference

Mean Pay Gap	-3.36%	1.06%	▲ A ‘ –‘ increase
Median Pay Gap	3.92%	7.03%	▲ A ‘ –‘ increase
Median Hourly Pay	£0.71 gap	£1.39 gap	▲ A ‘–‘ Increase
Mean Hourly Pay	-£0.70 gap	£0.24 gap	▲ A ‘–‘ Increase

- Our median ethnicity pay gap in 2024-2025 was 7.03% compared to 3.92% last year**.** This means that on average our White colleagues earn £1.39p more than our Ethnically diverse colleagues, compared to £0.71p last year.
- The mean hourly pay for White staff is £0.24p more than Ethnically diverse staff, which is a mean pay gap in favour of White staff.
- Asian staff have a mean hourly pay that is £0.78p more than White staff
- Applying an intersectional lens; White males earn £4.64 more than Black males (an increase of £1.21) and £5.17 more than Black females (an increase of £0.92).
- 2.14% (118) of our workforce are ‘Not Stated’ needing more exploration to understand how this influences the pay gap, although reduced from 124 last year, by 6.
- There is a contrast between higher number of Ethnically diverse staff and lower number of White staff in the lower middle quartile (quartile 2).
- Our Ethnically diverse staff decreases among higher pay quartiles (band 7 – Board).
- The reasons for the ethnicity pay gap can be varied and complex, overlapping factors including; disproportionate representation at lower pay bands, age and career stage, workforce role type and professional registration patterns, promotion data showing positive trend but volume and role level matter.
- This report will be published on the Trust’s website for at least three years. We are committed to continuously reviewing systems and practices for inclusivity, working closely with staff networks, unions, and stakeholders to develop effective actions and deliver our anti-racism strategy.

Disability Pay Gap

- The aim of this disability pay gap report is to assess pay equality.
- Disability pay gap reporting is not a specified requirement under the Equality Act 2010.
- It is the difference between the full-time equivalent average pay of Disabled and non-disabled employees in an organisation.
- This is our third year of reporting the disability pay gap.
- Pay gap data summary:

Metric	23-24	24-25	Annual difference
Mean Pay Gap	-1.79%	-0.13%	Although narrowing, still in favour of Disabled staff.
Median Pay Gap	0%	0.49%	No pay gap to now a slight gap in favour of non-disabled.
Median Hourly Pay	£0 gap	£0.10 gap	No pay gap to now a slight gap in favour of non-disabled.
Mean Hourly Pay	£0.38 gap	£0.03 gap	Although narrowing, still in favour of Disabled staff.

- Our median disability pay gap in 2024-2025 was 0.49%**.** This means that on average our non-disabled colleagues earn £0.10p more than our disabled colleagues, this is an increase from 0% (no pay gap) last year.
- In comparison the 2021 Office of National Statistics states that the disability pay gap is 13.8% for the UK. There is still a lack of organisations reporting to do any comparisons.
- Our mean hourly pay for disabled colleagues is £0.03p more than non-disabled colleagues, which is a negative gap of -0.13% in favour of disabled colleagues.
- We have disability representation at every level.
- Most of our workforce (93.33%) are openly sharing their disability status, reflecting a 0.83% increase from the previous year. This is a positive indicator of inclusion and suggests that we are fostering a more psychologically safe culture.
- 6.67% which is 367 of our workforce are 'Not Stated' which has improved from 7.5% (389) last year. We need to understand how this could influence the pay gap.
- Colleagues in bands 8c, 9, Medical are our highest categories of staff who have 'Not Stated' their disability status.
- This report will be published on the Trust's website for at least three years. We are committed to continuously reviewing systems and practices for inclusivity, working closely with staff networks, unions, and stakeholders to develop effective actions.

Progress So Far on Tackling Pay Gaps

We've taken meaningful steps to address pay inequality by looking at how different aspects of identity – such as gender, ethnicity and disability – intersect. Our focus has included:

- **Inclusive Recruitment:** We introduced a guaranteed interview scheme for ethnically diverse applicants for senior roles, reviewed job descriptions to reduce bias, and expanded interview question banks to improve fairness and inclusion — benefiting groups including neurodivergent candidates and carers.
- **Fairer Development Opportunities:** We launched talent and career conversations during appraisals, created a CPD access dashboard to monitor equity, and promoted leadership development programmes for women and ethnically diverse staff.
- **Cultural Change:** We've co-produced actions with our staff networks, strengthened collaboration through our Equality Network Steering Group, and introduced a new behaviours framework to embed inclusive values across the Trust.
- **Supporting Needs and Wellbeing:** We ran a Quality Improvement project on reasonable adjustments, introduced an Inclusion Passport to help staff share their needs, and celebrated the success of our Women's Network through events focused on health, flexible working and career progression.

Further Action to Address Pay Gaps

At Berkshire Healthcare, we are committed to reducing pay gaps through an intersectional approach that recognises how gender, ethnicity, and disability can overlap to affect staff experiences. Our key actions include:

- **Inclusive Recruitment & Progression:** We're reviewing how we hire and promote to ensure fair access to roles and development opportunities for all staff.
- **Fair Access to Training:** We're analysing who accesses training and career development to remove barriers and support underrepresented groups to progress.
- **Collaborating with Staff Networks:** We're working with our staff networks to co-design targeted, meaningful actions that reflect lived experiences.
- **Improving Data Sharing:** We continue to encourage staff to share their diversity data so we can better understand and address inequalities.

- **Team-Level Insights**: We're expanding our Equality, Diversity and Inclusion dashboard to support local teams in taking action.
- **Embedding Inclusion:** We're raising awareness across the Trust through ongoing education, events and communications, encouraging everyone to play their part in fostering equity.

These actions support our wider ambition to make Berkshire Healthcare a truly inclusive and great place to work for everyone.

Contact for further information: Name: Ash Ellis ash.ellis@berkshire.nhs.uk 07342061967
See our Trust website for our full Gender, Disability, and Ethnicity Pay Gap reports, and previous years reports.

Gender Pay Gap Reporting (GPG) for the reporting year 2024-2025

Author	Ash Ellis, Deputy Director for Leadership, Inclusion and OD
Purpose of Report	This report sets out an analysis of the Trust's Gender Pay Gap Report for 2024-2025

Executive Summary

- This report aims to assess pay equality.
- Gender Pay Gap reporting is required under the Equality Act 2010.
- It measures the difference in average full-time equivalent pay between men and women, not unequal pay.
- Pay gap data summary:

Metric	23-24	24-25	Annual difference
Mean Pay Gap	15.54%	15.99%	▲ A ' –' increase
Median Pay Gap	13.25%	12.36%	▼ A '+' Improvement
Mean Bonus Pay	24.29%	3.42%	▼ A '+' big drop
Median Bonus Pay	0%	25%	▲ A '–' increase
Median Hourly Pay (M vs F)	£2.90 gap	£2.84 gap	▼ A '+' narrowing
Mean Hourly Pay (M vs F)	£3.81 gap	£4.20 gap	▲ A '–' Increase

- Our Median Gender Pay Gap for 24-25 is 12.36%, a drop of 0.85% from 23/24. This means men earn, on average, £2.84 more than women. Our Mean Gender Pay Gap is 15.99%, representing a 0.45% increase.

- Applying an intersectional lens; White males earn £4.64 more than Black males (an increase of £1.21) and £5.17 more than Black females (an increase of £0.92).

- Males are underrepresented at all pay bands by 32% compared to the Berkshire population. Although 82.77% of our workforce is female, only 74.91% are in the upper pay quartile, while 25.09% of the upper quartile is male.

- The proportion of females in the lowest pay quartile is 85.83%, slightly down from last year, but higher than the overall female representation of 83%.

- The gender pay gap is driven by complex, overlapping factors including a female-dominated workforce in lower-paid roles, underrepresentation of women in senior and full-time positions, slower progression beyond mid-bands, higher average age and longevity of male staff in top roles, and structural barriers that disadvantage part-time and non-linear career paths.

- This report will be published on the Trust's website for at least three years. We are committed to continuously reviewing systems and practices to reduce the Gender Pay Gap, working closely with staff networks, unions, and stakeholders to develop effective actions.

Recommendation	The Board is asked to acknowledge the report and subsequent approach to develop actions.

1. Background

Gender pay gap legislation was introduced in April 2017 as a regulation under the Equality Act 2010. We've been required to report since, enabling us to compare data to previous years. This provides a basis on which to build, ensuring we have equality in pay when it comes to gender.

2. Our Gender Pay Gap Report

We must publish and report specific information about our gender pay gap. Therefore our gender pay gap report for the 2024/2025, calculated through ESR, at a snapshot as at March 2025 include:

- The mean basic pay gap, and bonus pay.
- The median basic pay gap, and bonus pay.
- An analysis of the pay gap across specific staff pay bands and quartiles within BHFT.
- A comparison with the 2023/2024 reporting data.
- Future action to support reducing the gender pay gap.

A pay gap above 0% shows that on average female staff earn less than their male counterparts and the opposite would be true if the pay gap is below 0%.

Mean: The hourly pay for all female staff is added together and divided by the total number of female staff. The same is done for male staff. The mean gender pay gap is the difference (%) between the mean hourly pay for female and male staff.

Median: If all female staff were lined up in order of their hourly pay, and so were all male staff, the median would be the hourly rate of pay of the individual female and male staff in the middle of each line. The median gender pay gap is the difference (0%) between the hourly pay of the middle female employee compared to the middle male employee.

The median is the most representative measure as it voids a small amount of very high and low salaries skewing the results. Organisations use this figure when sharing their pay gap %.

3. Our Workforce Gender Profile

- Data collected shows that our workforce consists of 5,503 employees (up 284 from 23/24),
- 4,555 females (up 223 from 23/24), 650 more females in our workforce since 2021.
- 948 males (up 61 from 23/24), 132 more males in our workforce since 2021.

Figure 1: BHFT Gender Profile 2024/25

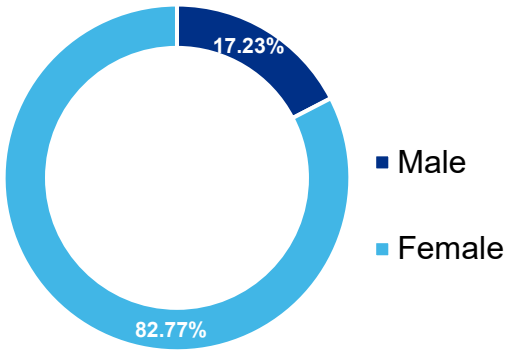


Figure 2a: BHFT Workforce compared to Berkshire Population (from census data, 2021)

	Female	Male
BHFT Workforce	82.77%	17.23%
Berkshire Population	50.61%	49.39%

- Comparing our workforce to the local population (Figure 2a) helps assess representation.
- The data shows that our male workforce is underrepresented by 32.16%, while females are overrepresented by the same percentage.
- To note, census includes non-working age individuals.

- To understand gender representation, we must consider role types, professional registration trends, and pay band distributions. This approach provides a clearer benchmark for evaluating gender equity and highlights factors influencing workforce demographics. Further analysis is in Appendix 1.

Figure 2b: Male and Female Workforce split at BHFT over 5 year period

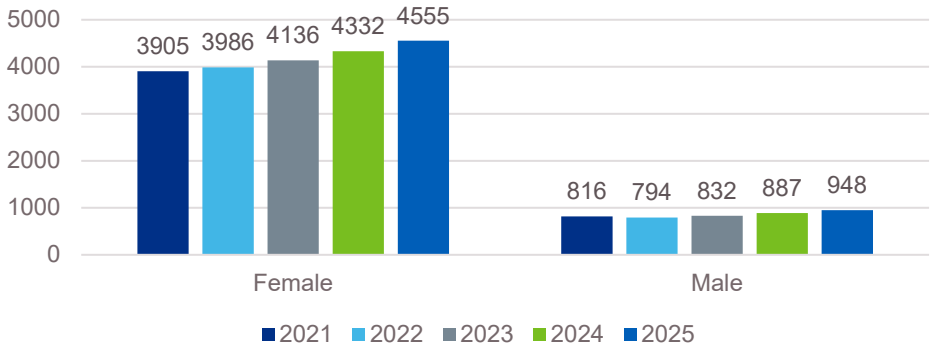


Figure 2b shows there has been a steady increase in the number of staff over 5 years since 2020/2021, with females increasing at a steady level and males increasing at a lower rate.

4. Median and Mean Pay gap

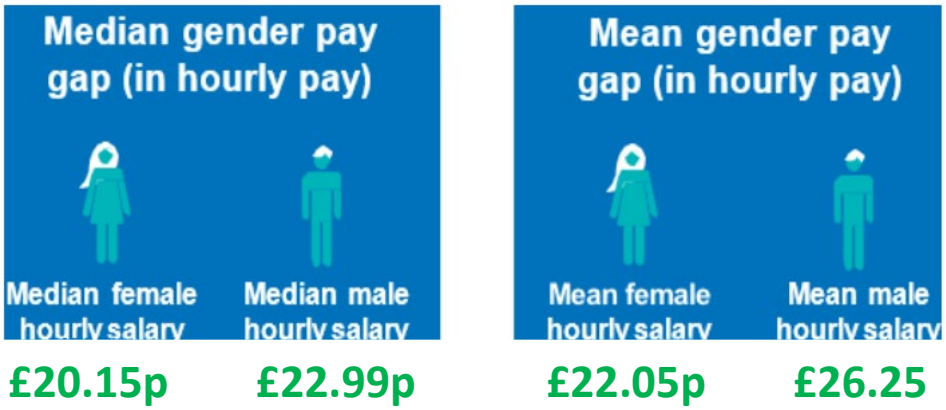
Figure 3: Median and Mean Pay gender gap data over the last 5 years

	Data for 2020-21				Data for 2021-22				Data for 2022-23				Data for 2023-24				Data for 2024-25			
Mean pay gap in hourly pay	19.14%				20.45 %				16.96%				15.54%				15.99%			
Median pay gap in hourly pay	14.5%				17.01%				16.46%				13.25%				12.36%			
Mean bonus pay gap	37%				25.97%				29.58%				24.29%				3.42%			
Median bonus pay gap	27.92%				0%				0%				0%				25%			
Males and Females receiving a bonus payment	Males		Females		Males		Females		Males		Females		Males		Females		Males		Females	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
	17	1.98	14	0.35%	38	4.63	40	1	34	3.88	37	0.88	43	4.61	42	0.96	16	1.61	12	0.26
Bonus pay Mean	£8,086.07		£5,094.43		£6,906.77		£5,113.12		£8,062.62		£5,677.54		£7,484.01		£5,666.37		£5,442.94		£5,256.94	
Difference	£2,991.63				£1,793.65				**£2,385.07**				**£1,817.65**				**£186.00**			
Bonus pay Median	£1,487.83		£1,413.44		£3,745.29		£3,745.29		£4,790		£4,790		£4,944.60		£4,944.60		£6,032.04		£4,524.00	
Difference	£74.39				£0				**£0**				**£0**				**£1,508.04**			
Gender Hourly rates	Males		Females		Males		Females		Males		Females		Males		Females		Males		Females	
Median					£20.90		£17.35		£21.66		£18.10		£21.91		£19.00		£22.99		£20.15	
Difference					£3.55				£3.57				**£2.90**				**£2.84**			
Mean	£22.29		£18.02		£23.74		£18.88		£23.89		£19.84		£24.52		£21.91		£26.25		£22.05	
Difference	£4.27				£4.85				**£4.05**				**£3.81**				**£4.20**			

Key: green represents a positive change and red a negative change.

- Figure 3 shows that while an equal number of males and females received a bonus, the percentage of males (1.61%) receiving a bonus is higher than females (0.26%), with a Median Bonus-Pay gap of £1,508.04.
- The **Mean** gender pay gap in hourly pay is 15.99%, a 0.45% increase from 2023-24, with a £4.20 hourly difference.
- The **Median** gender pay gap is 12.36%, a 0.85% decrease from 2023-24, with a £2.84 hourly difference, showing progress.
- **Bonus Pay:** The bonus data refers to Clinical Excellence Awards (CEA) for eligible Consultant Medical Staff with at least one year in post. Key points to note:
    - CEA is a contractual payment, not a one-off annual bonus, and is part of the Consultant's reward package for those who qualify.
    - The system, agreed by the British Medical Association (BMA) and NHS Employers, is nationally standardised.
    - Many CEAs are historic and will continue until the recipient's retirement or until end of the awarding period.
- In 2022-23, the Trust proposed equal bonus payments for all eligible Consultants, regardless of full-time or part-time status, to address the gender pay gap. However, this was rejected by the Local Negotiating Committee, and pro-rata calculations were implemented per BMA guidance.
- Legacy CEA payments awarded before 2018 also contribute to the gender pay gap, which will continue until retirement or until end of the awarding period.
- The drop in bonus payments is due to previous years when CEAs were distributed to all eligible doctors, but now only 28 Consultants, holding historic pensionable CEAs, remain eligible. In 2024/25, 2 retirees and 4 leavers have affected the figures. It is also because the local CEA's have now ceased and replaced by the national awards, not under Trust control.

Figure 4: Our hourly pay gap



5. Gender Profile by pay band and quartiles in BHFT 2023-2024

- All BHFT staff, except medical staff, Board members, and senior managers, are paid under the National Agenda for Change (AfC) system.
- Figure 5a below shows most bands reflect the overall workforce gender ratio.
- When comparing bands to overall workforce gender ratio, male staff are overrepresented in bands 2, 8a – 9, Medical and Dental, and Board. Female staff are underrepresented in bands 8a – 9 and Board.
- Band 2 has fewer females than the Trust's overall gender ratio, though females are still overrepresented in every pay band compared to the Berkshire gender population ratio.

Figure 5a: Gender Profile by Pay Band 24/25

	Female		Male		Total
Grouped Pay Scale	Headcount	%	Headcount	%	Headcount
Ad-Hoc	2	66.67%	1	33.33%	3
Apprentice	15	100.00%	0	0.00%	15
Band 2	76	69.72%	33	30.28%	109
Band 3	673	82.88%	139	17.12%	812
Band 4	752	87.24%	110	12.76%	862
Band 5	608	87.86%	84	12.14%	692
Band 6	832	83.70%	162	16.30%	994
Band 7	899	84.89%	160	15.11%	1059
Band 8a	336	79.06%	89	20.94%	425
Band 8b	141	77.90%	40	22.10%	181
Band 8c	52	74.29%	18	25.71%	70
Band 8d	24	75.00%	8	25.00%	32
Band 9	9	75.00%	3	25.00%	12
Board	6	42.86%	8	57.14%	14
Medical & Dental	130	58.30%	93	41.70%	223
Grand Total	**4555**	**82.77%**	**948**	**17.23%**	**5503**

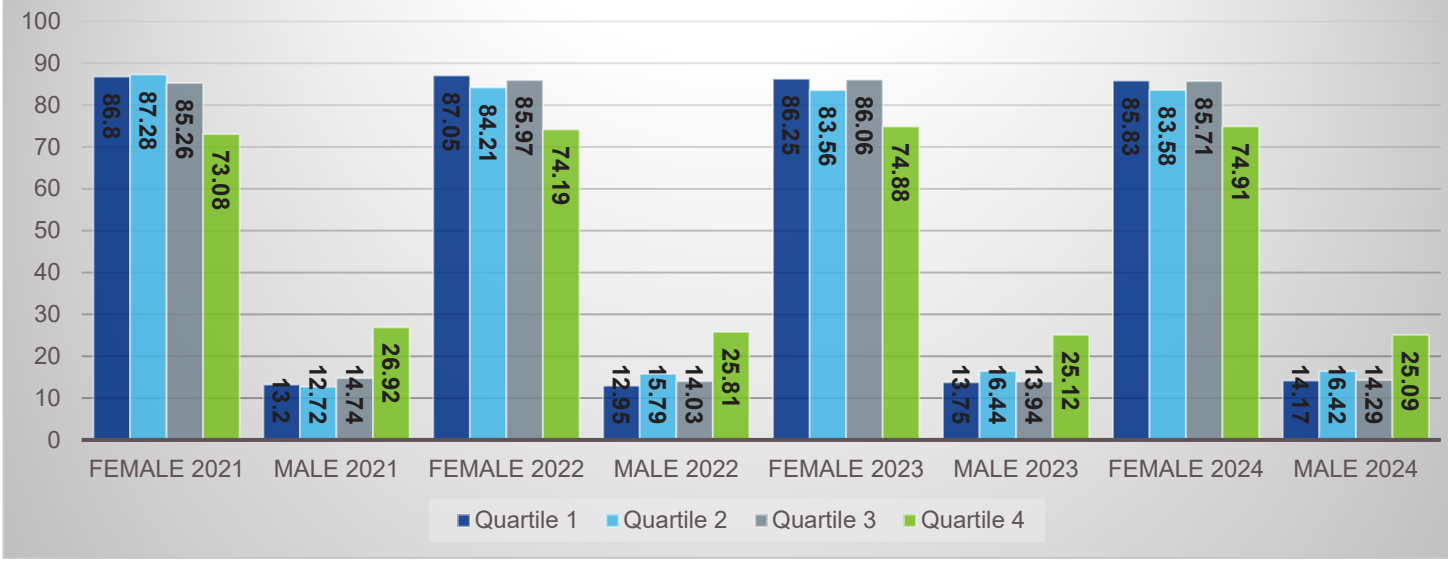
Figure 5b: Gender Profile by Pay Band 24/25

This table provides a visual composition of our workforce where we can assume the Berkshire population is 50/50 and seeing how each pay grade looks. E.g. 30% of those on ad-hoc pay grade are male

Pay Band	Gender % of workforce									
	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Ad-Hoc	Male	Male	Male	Female	Female	Female	Female	Female	Female	Female
Apprentice	Female	Female	Female	Female	Female	Female	Female	Female	Female	Female
Band 2	Male	Male	Male	Female	Female	Female	Female	Female	Female	Female
Band 3	Male	Male	Female	Female	Female	Female	Female	Female	Female	Female
Band 4	Male	Female	Female	Female	Female	Female	Female	Female	Female	Female
Band 5	Male	Female	Female	Female	Female	Female	Female	Female	Female	Female
Band 6	Male	Male	Female	Female	Female	Female	Female	Female	Female	Female
Band 7	Male	Female	Female	Female	Female	Female	Female	Female	Female	Female
Band 8a	Male	Male	Female	Female	Female	Female	Female	Female	Female	Female
Band 8b	Male	Male	Female	Female	Female	Female	Female	Female	Female	Female
Band 8c	Male	Male	Male	Female	Female	Female	Female	Female	Female	Female
Band 8d	Male	Male	Female	Female	Female	Female	Female	Female	Female	Female
Band 9	Male	Male	Female	Female	Female	Female	Female	Female	Female	Female
Board	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female
Medical & Dental	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female

- Figure 5b shows that at every level except Board the representation of males is notably lower, particularly for bands 4, band 5 and band 7.
- This may also demonstrate why efforts to recruit more female staff at more senior roles will likely increase the issue of male representation in the Trust to attain a closer gender gap figure which is extremely nuanced as to why the gap exists.
- Further analysis in Appendix 1.

Figure 6: Percentage of staff in each pay quartile last 4 years



Pay quartiles are created by ranking staff from lowest to highest paid and dividing the list into four equal groups, then analysing the gender distribution in each quartile.

- Figure 6 shows the pay gap is partly due to a higher proportion of men in senior bands and a lower proportion in lower bands.
- Females make up 83% of the workforce but only 74.91% of the top quartile,
- Males make up 17% of the workforce but 25.09% of the top quartile.
- Females in the lowest pay quartile decreased slightly to 85.83% from 86.25%, which has helped improve the pay gap this year.

6. Benchmarking and Comparison with Integrated Care System Partners (ICS)

- The 2024 Office for National Statistics shows the UK gender pay gap is 13.1%, meaning BHFT performs better than average with a median pay gap of 12.36%.
- Most NHS bodies have a higher ratio of females but a gender pay gap favouring men.
- Figure 7 shows our gender pay gap compared to our health and social care partners.

Figure 7: Gender Pay Gap comparison 2023-2024 reporting

Employer	Employer Size	Gender pay gap (hourly pay)		Percentage of women in each pay quarter				Who received bonus pay	
		% Mean	% Median	% lower	% lower middle	% upper middle	% Upper	% Women	% Men
Berkshire Healthcare	5000 to 19,999	15.99	12.36	85.83	83.58	85.71	74.91	0.26	1.61
Frimley Health	5000 to 19,999	19.65	2.83	75.9	75.5	82.2	65.7	56.88	43.12
Surrey & Borders Partnership	1000 to 4999	9.61	14.94	80	78.42	78.75	72.01	5.96	10.95
Royal Berkshire	5000 to 19,999	19.96	10.9	75.31	80.94	82.19	65.61	2.64	11.12
Oxford Health	5000 to 19,999	20.45	5.76	83.54	81.24	84.78	73.50	1.03	4.04
Buckingham shire HealthCare	5000 to 19,999	22.9	13.9	82.0	82.0	83.0	68.0	2.0	10

Oxford University Hospitals	5000 to 19,999	25.5	9.0	73.8	78.6	79.6	63.1	1.4	4.0
Frimley ICB	250 to 499	20.0	25.0	83.5	80.9	72.5	61.8	0	0
BOB ICB	250 to 499	21.4	12.7	90.7	77.8	71.8	67.5	0	0
BHFT Position in comparison to partners	BHFT is in the same size category as the majority	BHFT is 2nd lowest mean pay gap out of 9 in favour of males	BHFT is 5th lowest median pay gap out of 9 in favour of males	BHFT has the 2nd highest ratio of females in the lower pay quartile	BHFT has the highest ratio of females in the lower middle pay quartile	BHFT has the highest ratio of females in the upper middle pay quartile	BHFT has the highest ratio of females in the top pay quartile	BHFT has the 3rd lowest out of 9 number of females to receive bonus pay	BHFT has the 3rd lowest out of 9 number of males to receive bonus pay

From figure 7, it's worth noting that we also have one of the lowest number of medics so we will naturally have fewer female staff receiving a bonus.

7. Intersectionality – Gender and Ethnicity

- Intersectionality is key to achieving pay equity because it recognises that individuals can experience discrimination and inequality based on the intersection of multiple identities, such as race, gender, and age.
- Further work to understand the data from an intersectional point of view is underway to provide an insight into hidden gaps, such as those that can exist between gender and ethnicity.

Figure 8 – Gender and Ethnicity of staff in post 24/25 and comparison to last year

Gender	Ethnicity						Grand Total
	Asian	Black	Mixed	Not Stated	Other	White	
Female	660 *(14.49%)*	471 *(10.34%)*	140 *(3.07%)*	94 *(2.06%)*	70 *(1.54%)*	3120 *(68.50%)*	4555
Movement from 23/24	*+ 99*	*+ 64*	*+ 7*	*-3*	*+6*	*+50*	*+223*
Male	193 *(20.36%)*	222 *(23.42%)*	23 *(2.43%)*	24 *(3.04%)*	25 *(2.64%)*	461 *(48.63%)*	948
Movement from 23/24	*+ 16*	*+ 45*	*-2*	*-3*	*+4*	*+1*	*0*
Grand Total	**853** ***(15.50%)***	**693** ***(12.59%)***	**163** ***(2.96%)***	**118** ***(2.14%)***	**95** ***(1.73%)***	**3581** ***(65.07%)***	**5503**
Movement from 23/24	***+ 115***	***+ 109***	***+ 5***	***-6***	***+10***	***+51***	***+284***

- Figure 8 shows that we have increased our Asian, and Black staff the most, this is overall and for both male and female.
- Aside from 'not stated' Mixed males were the only group to decrease from last year.

Figure 9 – Intersectional (Gender and Ethnicity) Mean and Median pay in BHFT

	Male			Female		
Ethnicity	**Mean**	**Median**		**Mean**	**Median**	**Median Difference**
Asian	**£29.42**	**£23.68**		**£21.86**	**£19.09**	**£4.59 in favour of male**
Comparison to 23/24	*£28.38*	*£22.82*		*£20.97*	*£18.78*	*Increase of £0.55p*
Black	**£21.93**	**£20.05**		**£20.54**	**£19.52**	**£0.53 in favour of male**
Comparison to 23/24	*£20.80*	*£19.39*		*£19.33*	*£18.57*	***Decrease of £0.29p***
Mixed	**£27.23**	**£20.76**		**£21.42**	**£20.05**	**£0.71p in favour of male**
Comparison to 23/24	*£23.35*	*£20.06*		*£19.91*	*£18.10*	***Decrease of £1.25p***
Other	**£28.45**	**£22.62**		**£24.44**	**£21.16**	**£1.46 in favour of male**
Comparison to 23/24	*£27.54*	*£22.82*		*£21.14*	*£19.80*	***Decrease of £1.56p***
White	**£26.57**	**£24.69**		**£22.27**	**£21.16**	**£3.53 in favour of male**
Comparison to 23/24	*£24.18*	*£22.82*		*£20.83*	*£19.16*	***Decrease of £0.13p***
Not Stated	**£31.89**	**£27.12**		**£22.44**	**£21.16**	**£5.96 in favour of male**
Comparison to 23/24	*£28.54*	*£21.80*		*£22.34*	*£22.27*	*Increase of £5.49p*

- The total headcount for ethnicity is lower than gender because of an absence of data due to those 'not stated'.
- The median hourly rate of pay for all males is higher than that of all females, regardless of its intersection with ethnicity. This picture is consistent with our understanding of the current gender pay gap data.
- There is variance in the hourly rates between gender and ethnicity when examined through each collected ethnic identity.
- The highest difference is over £5 in median pay in favour of 'Not stated' males over 'Not stated' females, and a difference of over £9 more in mean hourly rate.
- The next biggest gap is in favour of Asian males compared to Asian females who earn over £4 more in median hourly pay, this is a similar picture for White colleagues in favour of males.
- White females have a £1.64 gap in their favour compared to Black females.
- White males have a £4.64 gap in their favour compared to Black males.
- White males have a £5.17 gap in their favour compared to Black females.
- Last year Black males had a £0.23 gap in their favour compared to White females but this year White females have a £1.11 gap in their favour compared to Black males.

Figure 10a – Intersectional distribution of gender and ethnicity by pay quartiles

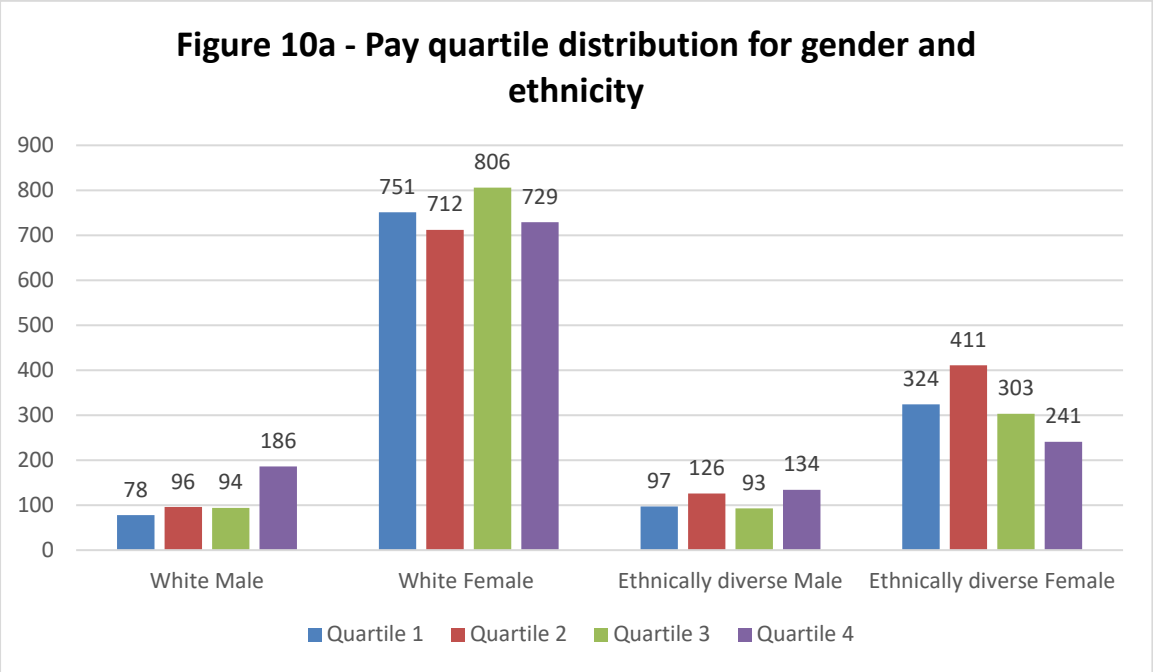


Figure 10a, shows that when considering pay quartiles through the intersectional lens of gender and ethnicity:

- White males generally increase up through the pay quartiles.
- White females remain at similar levels through the quartiles but lower in quartile 2 and 4.
- Ethnically diverse males generally increase up through the quartiles.
- Ethnically diverse females generally decrease through the quartiles but increase in quartile 2.

8. What are the causes of the gender pay gap?

Our median gender pay gap has steadily decreased from 17.01% in 2021/22 to 12.36% in 2024/25. However, the mean gender pay gap in 2024/25 rose slightly to 15.99%, a 0.45% increase from the previous year but a decrease overall since 2021/22 from 19.4%.
A deeper analysis of data has been undertaken which is found in Appendix 1. However, we will highlight some key points here, as the causes of the gender pay gap are complex and overlapping, some of the reasons for the gap could be attributed to:

Workforce gender composition

- Our workforce is 83% female, while the predicted composition based on national registration data is 65% female.
- Many healthcare roles (e.g. nursing, midwifery, speech therapy) are overwhelmingly female-dominated, which naturally skews the workforce composition.
- This gender distribution explains why more women are found in lower-banded roles, which tend to be essential clinical roles but are less well-paid.

Role Types and Pay Bandings

- At senior pay bands (8a–9 and Board), non-clinical roles like Admin & Clerical are more common (33.6% vs. 25% in Bands 1–7), and these roles are more gender-balanced or male-skewed.
- Senior clinical leadership roles are often in medical fields (e.g. consultant posts), which, in our trust, have higher male representation, further skewing high pay bands towards men.

Working Patterns: Full-Time vs. Part-Time

- 83.5% of male staff work full-time, versus 60.3% of female staff.
- Senior roles are predominantly full-time (e.g. Band 9 and Board are 100% full-time), making it harder for part-time-preferencing women to access them.

Internal Progression Trends

- While women represent the majority of staff, male staff have slightly higher internal promotion rates, especially from Band 5 upwards.
    - E.g., 12.1% of male staff were promoted vs. 10.1% of female staff overall.
- Progression slows for women at Band 7 and above — potentially due to a mix of structural and personal constraints (e.g. availability for full-time roles).

Age and Longevity in Senior Roles

- Male staff are on average 1.5 years older and more likely to work beyond pension age.
- Staff aged 66+ earn £33.70/hour on average, the highest of all age bands — contributing to the male-weighted top end of the pay distribution.

Contextual observations

- The pay gap could be attributed to a product of workforce design, career path choices, and work patterns. While this does not diminish the importance of equity, it highlights the need to interpret pay gap data in the context of occupational structures and gendered trends in career choices.
- The most significant disparities relate to career timing, especially how progression years overlap with caregiving responsibilities.
- NHS career structures favour linear, full-time progression, disadvantaging those (typically women) with non-linear or flexible career paths.
- In general, according to the national landscape women are still less likely to progress up the career ladder into high-paying senior roles, we need to help change this landscape.

9. Actions to close the gender pay gap.

Our gender pay gap has fallen over the last couple of years, this could be attributed to the fact that there has been a decrease in males in the upper quartiles, and an increase in males in the lower quartiles, whilst also seeing a higher decrease in females in the lower quartiles, and a slight increase in the upper quartiles.

We take an intersectional approach to action, so what has been our focus?

- Inclusive Recruitment: We introduced the guaranteed interview scheme for those who meet essential criteria and are ethnically diverse for roles at 8b and above, along with a reflection form, and debiasing job descriptions. Continuation of exploring sharing interview questions in advance and expanded interview question bank to improve standards of hire around inequality and anti-racism competence and experience. This can also assist neurodivergent, carers, racialised or under resourced people.
- Learning and Development: Introduced our talent and career conversations at Mid-year appraisal, developed an ‘access to CPD’ dashboard enabling deeper dives into our data. Promoted and encouraged our women and ethnically diverse colleagues in clinical and non-clinical Bands 5 to 8a, to access a leadership development programme running in March 2025 titled “Braver than Before”.
- Culture and Engagement: Shared pay gap reports and co-produced actions with staff networks. Continued our Equality Network Steering Group to enhance cross-collaboration and joint working. Developed and introduced our new behaviours framework. Undertaken a reasonable adjustments QI project to improve staff experience. Developed an Inclusion passport for staff that considers all their needs.

- Women's Network: celebrated a year of our Women's Network which has held events, webinars to support addressing gender inequality, support peer-to-peer support, and discuss work-life balance, flexible working, women's health, and promotion opportunities.

Actions to improve the Trust's gender pay gap align with the Trust's strategic ambitions and priorities, in particular making Berkshire HealthCare a great place to work for our people. To meet this goal our pay gap priorities for the year ahead include:

- We will continue to explore ways to enhance inclusivity into recruitment and onboarding and further embed our talent management and career progression work.
    - This includes reviewing our internal promotion data and staff survey results, as well as reviewing our Widening Participation initiatives.
- We will continue to offer education and engagement opportunities to better socialise the importance of inclusion and how we can all play a better role in taking action.
    - This includes better understanding who is accessing CPD and non-mandatory training, and what services we can support to remove inequality of access.
- We will support and work with our staff networks to collaborate on needs based interventions.
- We will further develop the EDI dashboard for staff to encourage localised action planning and improvements at a team level.
- We still have a number of colleagues not sharing their personal information and we will continue to promote and support colleagues sharing, helping them understand the reasons for this and how it can help us tailor better interventions.

Contact for further information:
Name: Ash Ellis ash.ellis@berkshire.nhs.uk 07342061967
See our Trust website for our Disability and Ethnicity pay gap reports, and previous years.

Appendix 1: Analysis of data helping to explore our gender pay gap

1. Gender representation in the workforce

If we were to assume that our workforce should reflect the gender distribution of the Berkshire population, we might expect roughly a 50/50 split between male and female staff.
However, it is important to consider the nature of our workforce, which is predominantly made up of healthcare professions. Nationally, these professions have a significantly higher proportion of female registrants – see figure 1 below.

Figure 1 – National registration rates for various professions

Profession	% of female clinicians
Art Therapists	83.6
Dentists	52.7
Dietitians	91.3
Drama Therapists	83.6
Music Therapists	83.6
Nurses (all types)	88.2
Occupational Therapists	89.2
Orthoptists	86.8
Pharmacy technicians	85.8
Pharmacists	62.5
Physiotherapists	69.8
Podiatrists	72.1
Qualified clinical psychologists	79.4
Qualified doctors	48.9
Radiographers	69.3
Social workers	83.4
Speech and Language Therapists	94.6
Dental Nurse	98

To better understand whether our workforce gender distribution is reflective of what might be expected, we can approach this by:

1. Identifying each professional group within our organisation.
2. Applying national registration data (e.g., from professional bodies like the NMC, HCPC, etc.) to determine the expected gender distribution for each profession.
3. Aggregating these expectations to generate a predicted overall gender profile for our organisation.

For roles that do not require professional registration, such as healthcare support workers, we would default to using the Berkshire population's gender distribution — meaning roughly a 50/50 split. However, it's still reasonable to expect a higher proportion of female staff in these unregistered roles, given the broader trend of women occupying healthcare-related roles.

Based on this method, we would predict a workforce that is approximately 65% female. Our workforce is currently 83% female. This significant difference highlights how heavily skewed our

workforce is towards female-dominated roles, which is important context when considering issues such as the gender pay gap.

2. Workforce Composition, type of role and professional registration

The composition of our workforce and the types of roles within different pay bandings are likely key contributors to our gender pay gap. For example:

- In Bands 1–7, 27% of roles are in Nursing and Midwifery.
- In Bands 8a–9 and at Board level, this drops to 20.7%.

Given that over 80% of registered nurses in the UK are female (NMC data), it's expected that the lower bandings will have a higher proportion of female staff due to the concentration of nursing roles.

Conversely, certain non-clinical staff groups such as Administrative & Clerical and Estates & Ancillary roles do not have the same gender imbalance in terms of professional registration, and can be transferable across many different sectors. These roles are also more likely to include male staff. In our workforce they make up 25% of the overall workforce.

- In Bands 1–7, 25% of roles are in Admin & Clerical or Estates & Ancillary.
- In Bands 8a–9 and Board level, this rises to 33.6%.

This suggests that there are proportionally more non-clinical (and potentially more gender-balanced) roles at the senior levels.

An analysis of registration rates across various healthcare roles within the Trust reveals that the percentage of registered males is significantly low. Consequently, achieving 50% gender representation in these roles is challenging. However, this restriction does not apply to staff groups such as "admin clerical" and "estates and ancillary." Therefore, demonstrating a higher rate of non-healthcare roles in senior bandings may partly explain the existing gender pay gap within our trust.

Figure 2 – our Trust workforce profession make up by gender

All staff	Female	% which are female	Male	% which are male	Grand Total	% of staff groups contribution to roles
Add Prof Scientific and Technic	515	87.1	76	12.9	591	10.7
Additional Clinical Services	1079	83.3	217	16.7	1296	23.6
Administrative and Clerical	1086	81	255	19	1341	24.4
Allied Health Professionals	501	84.3	93	15.7	594	10.8
Estates and Ancillary	11	34.4	21	65.6	32	0.6
Healthcare Scientists	10	76.9	3	23.1	13	0.2
Medical and Dental	130	57.8	95	42.2	225	4.1
Nursing and Midwifery Registered	1205	86.6	187	13.4	1392	25.3
Students	18	94.7	1	5.3	19	0.3

3. Recruitment data

A review of both external and internal recruitment data provides further insight into gender representation across our pay bands.

External Recruitment

Across all pay bands, the percentage of female external hires exceeded the predicted proportion of female staff based on the expected workforce composition for each band. This trend holds true across both lower and senior bands. This suggests there is no immediate concern of female candidates being disproportionately disadvantaged in the external recruitment process when compared to their male counterparts.

Internal Recruitment and Progression

When examining internal hires, the data reflects the AfC band that staff were recruited from rather than the band they moved to. Despite this limitation, the data still shows that women make up at least 50% of internal hires at every banding.

However, a clearer trend emerges: the rate of internal progression is notably higher at the lower bandings, and begins to decline at senior levels — particularly from Band 7 upwards. While the proportion of female internal hires decreases in these higher bands, it never falls below that of males. In other words, men are not being promoted at a significantly higher rate than women overall. There are several possible explanations for this pattern:

1. **Workforce Composition** – The types of staff groups found in higher bands may inherently include a lower proportion of female staff due to national registration trends and the distribution of professions.

2. **Work Pattern Flexibility** – Senior roles are often less accommodating of part-time working patterns. Given that a higher proportion of female staff seek or require part-time hours, this may present a structural barrier to progression.

3. **Bias** – While the data does not suggest overt bias, it remains important to continue reviewing our inclusive recruitment practices.

Overall, recruitment data suggests fair treatment of female candidates in both external and internal hiring processes. However, the decreasing proportion of female internal hires at senior levels highlights potential barriers to progression that warrant further investigation — including the types of roles available, flexibility in working arrangements, and possible systemic bias.

4. Considering the difference in age between male and female (and inclination to work beyond pension age)

Differences in the age of our workforce may contribute to the pay disparity. While age should not determine salary, older employees typically have more time to gain experience, qualifications, or meet the requirements for senior roles. The average age of male staff at the Trust is 1.52 years older than female staff.

The proportion of male staff within each age range is highest among those at state pension age and above, suggesting a difference between the genders, with one gender tending to work beyond state pension age more frequently than the other. This indicates that males are more likely to continue working and earning higher-than-average salaries, while females who retire may have had above-average salaries which are not included in the data set.

Figure 3 – Hourly rate for each age range in the Trust

Age range	Average hourly rate
16-25 years	14.2
26-35 years	20.2
36-45 years	26.3
46-55 years	30.6
56-65 years	30.5
66 plus years	33.7
Grand Total	**26.2**

- The most intense years for progression (late 20s to early 40s) overlap with childbearing and caregiving responsibilities, disproportionately affecting women.
- Many women move to part-time or flexible roles during these years, which can reduce progression opportunities and result in long-term earnings penalties.
- NHS and medical career pathways are designed around linear, full-time progression, making it harder for those who take breaks or work flexibly to catch up.

5. Considering the full time rate %

- There is a significant point of difference between male and female staff which is the % who work full time. Male staff work full time 23.2% points more than female staff.
- Currently, 64.3% of the positions within the trust are full-time posts.
- It is observed that in band 8c, band 8d, band 9, and Board director roles, the percentage of full-time roles exceeds the trust average of 64.3% and significantly surpasses the percentage of female staff occupying full-time roles, which stands at 60.3%.
- The difference between the average mean hourly rate and median hourly rate for full time staff only compared to all staff is much lower and allows us to contribute a significant portion of the gap disparity to this reason alone.
- From Band 3 upwards, within each pay bracket there are a much higher proportion of males who work full time than females.

According to the Trade Union Congress, women are far more likely to be working flexibly than men, and note that:

- Three times more likely to work part-time than men
- Over four times as likely to work term-time only.
- Three times more represented in job share arrangements.

Figure 4 – split of full time vs part time at each pay bracket

Pay scale	Full Time	Part Time	% full tome	Grand Total
Under Band 1	13		100.0	13
Band 2	61	48	56.0	109
Band 3	487	327	59.8	814
Band 4	610	252	70.8	862
Band 5	512	180	74.0	692
Band 6	629	364	63.3	993
Band 7	651	408	61.5	1059

Band 8 - Range A	252	173	59.3	425
Band 8 - Range B	110	71	60.8	181
Band 8 - Range C	46	24	65.7	70
Band 8 - Range D	22	10	68.8	32
Band 9	9	3	75.0	12
Board Director	7		100.0	7
Consultant	52	47	52.5	99
NED		7	0.0	7
Non-consultant Career Grade	42	42	50.0	84
Trainee Grades	32	8	80.0	40
VSM	3		100.0	3
Grand Total	**3538**	**1964**	**64.3**	**5502**

6. Average hourly rate for males and females at each pay grade.

Figure 5 below shows us that:

- 8 out of 18 pay bands females earn more per hour than males.
- 8 out of 18 pay bands males earn more per hour than females.
- 2 out of 18 pay bands males and females earn the same.

Pay Band	Female	Male	Difference	Grand Total
Band 2	12.08	12.08	0.00	12.08
Band 3	12.82	12.69	0.13	12.80
Band 4	14.22	14.03	0.19	14.19
Band 5	16.78	16.48	0.30	16.74
Band 6	21.22	20.96	0.26	21.18
Band 7	25.25	25.44	-0.19	25.28
Band 8 - Range A	29.16	29.17	-0.02	29.16
Band 8 - Range B	34.59	34.70	-0.12	34.61
Band 8 - Range C	41.66	41.40	0.26	41.60
Band 8 - Range D	50.10	48.20	1.90	49.62
Band 9	59.13	59.31	-0.18	59.18
Board Director	83.69	207.82	-124.13	172.36
Consultant	240.38	250.08	-9.70	245.18
NED			0.00	
Non-consultant Career Grade	117.42	124.33	-6.91	120.08
Trainee Grades	28.53	28.08	0.44	28.40
Under Band 1	6.40		6.40	6.40
VSM	67.08	76.54	-9.45	70.23
Grand Total	**23.87**	**37.61**	**-13.74**	**26.23**

Agenda Item

Ethnicity Pay Gap Reporting (EPG) for the year 2024-2025

Author	Ash Ellis, Deputy Director for Leadership, Inclusion and OD
Purpose of Report	This report sets out an analysis of the Trust's Ethnicity Pay Gap Report for 2024-2025

Executive Summary

- This report aims to assess pay equality, all through our anti-racism lens.
- Ethnicity pay gap reporting is not a specified requirement under the Equality Act 2010.
- It measures the difference in average the full-time equivalent pay between Ethnically diverse and White staff, not unequal pay.
- This is our third year of reporting the ethnicity pay gap.
- Pay gap data summary:

Metric	23-24	24-25	Annual difference
Mean Pay Gap	-3.36%	1.06%	▲ A ' –' increase
Median Pay Gap	3.92%	7.03%	▲ A ' –' increase
Median Hourly Pay	£0.71 gap	£1.39 gap	▲ A '–' Increase
Mean Hourly Pay	-£0.70 gap	£0.24 gap	▲ A '–' Increase

- Our median ethnicity pay gap in 2024-2025 was 7.03% compared to 3.92% last year**.** This means that on average our White colleagues earn £1.39p more than our Ethnically diverse colleagues, compared to £0.71p last year.
- The mean hourly pay for White staff is £0.24p more than Ethnically diverse staff, which is a mean pay gap in favour of White staff.
- Asian staff have a mean hourly pay that is £0.78p more than White staff

- Applying an intersectional lens; White males earn £4.64 more than Black males (an increase of £1.21) and £5.17 more than Black females (an increase of £0.92).

- 2.14% (118) of our workforce are 'Not Stated' needing more exploration to understand how this influences the pay gap, although reduced from 124 last year, by 6.

- There is a contrast between higher number of Ethnically diverse staff and lower number of White staff in the lower middle quartile (quartile 2).

- Our Ethnically diverse staff decreases among higher pay quartiles (band 7 – Board).

- The reasons for the ethnicity pay gap can be varied and complex, overlapping factors including; disproportionate representation at lower pay bands, age and career stage, workforce role type and professional registration patterns, promotion data showing positive trend but volume and role level matter.

- This report will be published on the Trust's website for at least three years. We are committed to continuously reviewing systems and practices for inclusivity, working closely with staff networks, unions, and stakeholders to develop effective actions and deliver our anti-racism strategy.

Recommendation	The Board is asked to acknowledge the report and subsequent approach to develop actions.

1. Background

We published our first ethnicity pay gap report in 2023. This is the third year we are reporting on this so we can compare the figures to previous years. This provides a basis on which to build and ensure that we have equality in pay when it comes to ethnicity.

2. Our Ethnicity Pay Gap Report

Our ethnicity pay gap report for 2024/2025 contains a few elements, using similar methodology to calculate our gender pay gap through ESR, at a snapshot as at March 2025:

- The mean basic pay gap, and bonus pay.
- The median basic pay gap, and bonus pay.
- An analysis of the pay gap across specific staff pay bands and quartiles within BHFT.
- A comparison with the 2023/2024 reporting data and future action.

A pay gap above 0% shows that on average Ethnically diverse staff earn less than their White counterparts and the opposite would be true if the pay gap is below 0%.

Mean: Hourly pay for all Ethnically diverse staff is added together and divided by the total number of Ethnically diverse staff. The same is done for White staff. The mean ethnicity pay gap is the difference (%) between the mean hourly pay for Ethnically diverse and White staff.
Median: If all Ethnically diverse staff were lined up in order of their hourly pay, and so were all White staff, the median would be the hourly rate of pay of the individual Ethnically diverse and White staff in the middle of each line. The median ethnicity pay gap is the difference (0%) between the hourly pay of the middle Ethnically diverse employee compared to the middle White employee.
The median is the most representative measure as it voids a small amount of very high and low salaries skewing the results. Organisations use this figure when sharing their pay gap %.

3. Our Ethnicity Profile – 2024/25

- Data collected shows that our workforce consists of 5,503 people (up 284 from 23/24).
- 1,804 are Ethnically diverse and 3,581 are White and 118 have not shared.
- 853 are Asian, 693 are Black, 163 are mixed and 95 are 'Other Ethnic Group'.
- Compared to last year, we have 109 more Black colleagues, 115 more Asian colleagues, 10 more Mixed colleague and 51 more White colleagues.

Figure 1: Workforce ethnicity profile 2024/2025

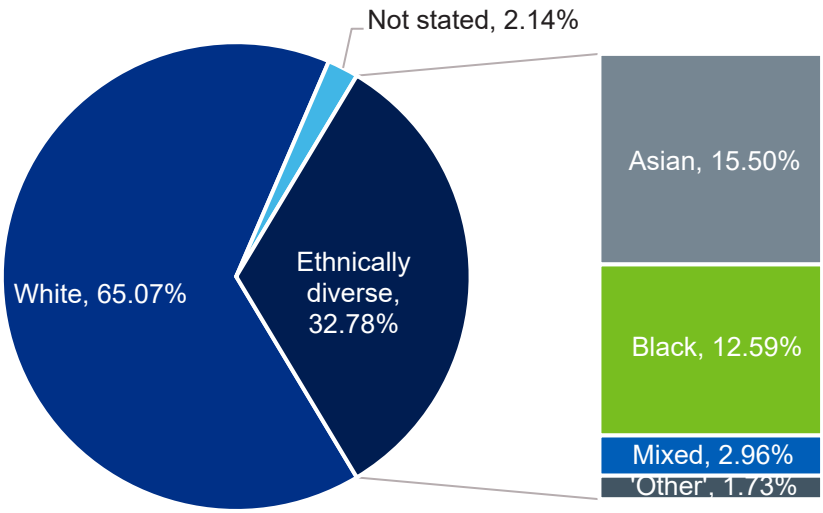


Figure 2: BHFT Workforce compared to Berkshire Population (from census data,2021)

	Ethnically diverse	White	Not stated
BHFT Workforce	32.78%	65.07%	2.14%
Berkshire Population	26.92%	73.08%	0

	Asian or Asian British	Black or Black British	Mixed	'Other' Ethnic Groups	White	Not stated
BHFT Workforce	15.50% (853)	12.59% (693)	2.96% (163)	1.73% (95)	65.07% (3581)	2.14% (118)
Berkshire Population	17.13%	3.33%	3.56%	2.42%	73.08%	0

- Comparing our workforce to the local population (Figure 2) helps assess representation.
- The data shows that our workforce is more ethnically diverse by 5.86% compared to overall Berkshire population.
- Our workforce is 8.01% less White compared to overall Berkshire population.
- We are underrepresented in our workforce population for 'Asian', 'Mixed' and 'Other 'Ethnic Groups' compared to the overall Berkshire population.
- We are overrepresented for Black groups compared to the overall Berkshire population.
- To note, census includes non-working age individuals.
- Further analysis in Appendix 1.

4. Median and Mean Hourly Rate in BHFT

Figure 3: Ethnicity Pay Gap 2024/25 difference between White and Ethnically diverse

	2022/23		2023/24		2024/25	
Ethnicity	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate
Ethnically diverse overall	£20.76	£18.10	£20.82	£18.10	£22.59	£19.77
Asian	£21.66	£18.10	£21.74	£18.10	£23.61	£19.60
Black	£19.71	£18.47	£19.71	£18.51	£20.99	£19.60
Mixed	£20.05	£18.10	£20.03	£18.12	£22.23	£20.05
Other	£20.87	£16.84	£21.42	£17.72	£26.40	£21.83
White	£20.36	£18.75	£20.12	£18.81	£22.83	£21.16
Not Stated	£22.26	£21.30	£22.26	£21.02	£24.40	£21.25
Difference	-£0.40	£0.65	-£0.70	£0.71	£0.24	£1.39
Pay Gap %	-1.93%	3.59%	-3.36%	3.92%	1.06%	7.03%

Mean

- ‘Other Ethnic groups’ have the highest mean hourly pay compared to all groups.
- ‘Not Stated’ has the second highest mean hourly pay.
- The mean hourly pay for White staff is £0.24p more than Ethnically diverse staff, which is a mean pay gap in favour of White employees.
- White staff mean hourly pay is £1.84 more than Black staff, rising from 23/24 by £1.53.
- Asian staff have a mean hourly pay that is £0.78p more than White staff.

Median

- The median pay for White staff is £1.39 more than Ethnically diverse staff. Meaning that, on average, White colleagues earn more than Ethnically diverse colleagues.
- White staff median pay is £1.56 higher than Black employees.
- ‘Other Ethnic groups’ have the highest median hourly pay compared to all groups.
- Then it is ‘Not Stated’, earning £1.48 more than Ethnically diverse staff.

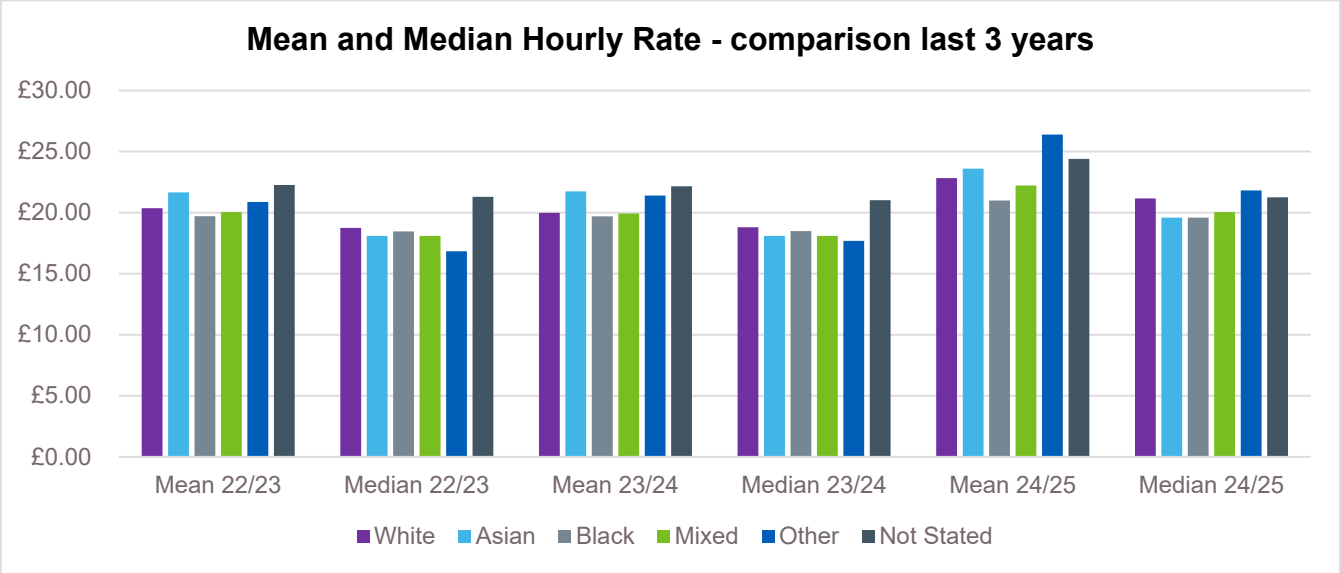
Observations

- The ‘not stated’ population as this is 2.14% (118) of the workforce, needing exploration.

Benchmarking

- According to the census 2021 data, Black, African, Caribbean or Black British employees earned less (£13.53) median gross hourly pay than White employees (£14.35), amounting to £0.82, which has been consistent since 2012.
- Our gap is more, our White staff earn £1.56 more than our Black colleagues per hour.
- ‘Other ethnic groups’ earned 6.3% more than White staff, which is similar to our data.

Figure 4: Our Median and Mean Pay Gap Comparison



- From Figure 4, we can see that the mean has increased for all colleagues but increased significantly for ‘Other Ethnic group’ colleagues.
- The median has also increased for all groups compared to last year, although more so for ‘White’ and ‘Other Ethnic Group’ colleagues, with ‘not stated’ increasing minimally.
- Although ‘Other Ethnic Group’ colleagues make up 1.73% of our workforce (95 people)

5. Ethnicity Profile by pay band and quartiles in BHFT 2024-2025

- All BHFT staff, except for medical staff, Board members and very senior managers are paid on the National Agenda for Change (AfC) system.
- Figure 5a below details the number and percentage of Ethnically diverse and white staff within each pay band.

- We can see more White staff as percentages increase in bands 8b, 8c, 8d and 9, and less Ethnically diverse staff in bands 7, 8a, 8b, 8c, 8d and 9, as Ethnically diverse percentages decrease. Pay band 9 is representative of just 1 Ethnically diverse individual.
- For Medical and Dental staff there are more Ethnically diverse staff than White staff.

Figure 5a: Ethnicity Profile by Pay Band and Pay Quartile

	Ethnically diverse		White		Not Stated		Total
Grouped Pay Scale	Headcount	%	Headcount	%	Headcount	%	Headcount
Ad-Hoc	0	0.00%	2	66.67%	1	33.33%	3
Apprentice	8	61.54%	5	38.46%	0	0.00%	13
Band 2	41	37.61%	65	59.63%	3	2.75%	109
Band 3	329	40.42%	469	57.62%	16	1.97%	814
Band 4	259	30.05%	589	68.33%	14	1.62%	862
Band 5	281	40.61%	398	57.51%	13	1.88%	692
Band 6	315	31.69%	653	65.69%	26	2.62%	994
Band 7	286	27.01%	754	71.20%	19	1.79%	1059
Band 8a	101	23.76%	316	74.35%	8	1.88%	425
Band 8b	34	18.78%	143	79.01%	4	2.21%	181
Band 8c	10	14.29%	59	84.29%	1	1.43%	70
Band 8d	3	9.38%	28	87.50%	1	3.13%	32
Band 9	1	8.33%	11	91.67%	0	0.00%	12
Board	5	35.71%	9	64.29%	0	0.00%	14
Medical & Dental	131	58.74%	80	35.87%	12	5.38%	223
Grand Total	1804	32.78%	3581	65.07%	118	2.14%	5503

- Figure 5a shows us that we have very high representation of Ethnically diverse staff in bands 2 (37%), 3 (40%) and 5 (40%) particularly, when comparing to our overall workforce Ethnically diverse ratio (33%) and also the Berkshire Ethnically diverse population (27%).

Figure 5b: Ethnicity Profile by Pay Band 24/25

This table provides a visual composition of our workforce where we can assume the Berkshire population is 27/73 and seeing how each pay grade looks. E.g. 40% of those on band 2 pay grade are Ethnically diverse

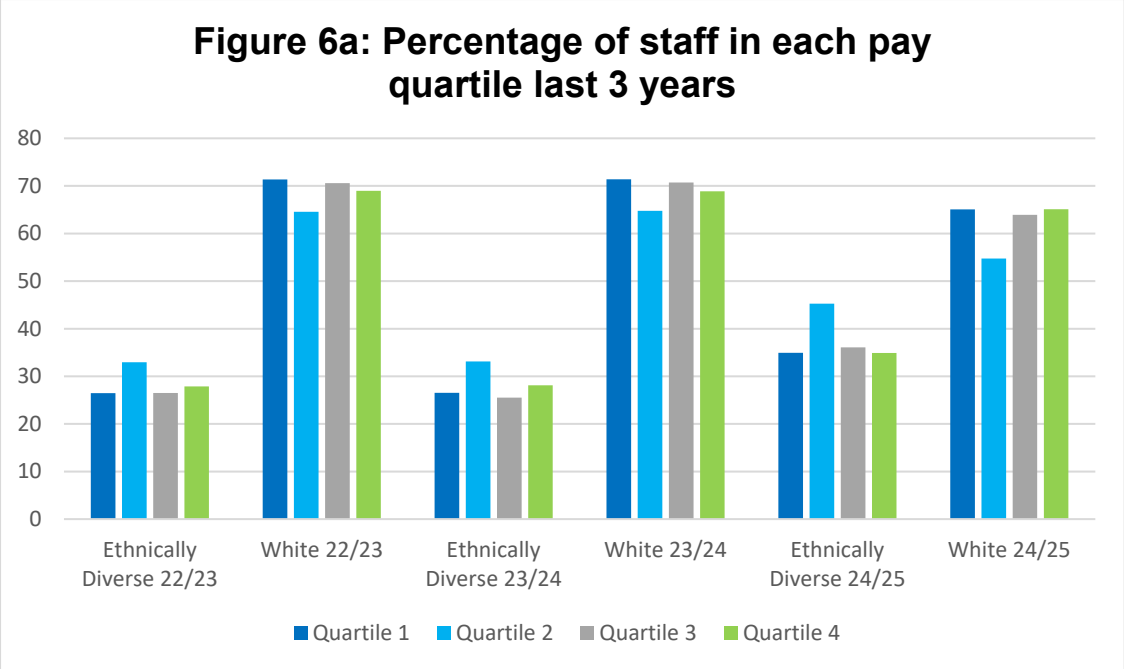
Pay Band	Ethnicity % of workforce									
	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Band 2	Ethnically Diverse	Ethnically Diverse	Ethnically Diverse	Ethnically Diverse	White	White	White	White	White	White
Band 3	Ethnically Diverse	Ethnically Diverse	Ethnically Diverse	Ethnically Diverse	White	White	White	White	White	White
Band 4	Ethnically Diverse	Ethnically Diverse	Ethnically Diverse	White	White	White	White	White	White	White
Band 5	Ethnically Diverse	Ethnically Diverse	Ethnically Diverse	Ethnically Diverse	White	White	White	White	White	White
Band 6	Ethnically Diverse	Ethnically Diverse	Ethnically Diverse	White	White	White	White	White	White	White
Band 7	Ethnically Diverse	Ethnically Diverse	Ethnically Diverse	White	White	White	White	White	White	White
Band 8a	Ethnically Diverse	Ethnically Diverse	White	White	White	White	White	White	White	White
Band 8b	Ethnically Diverse	Ethnically Diverse	White	White	White	White	White	White	White	White
Band 8c	Ethnically Diverse	White	White	White	White	White	White	White	White	White
Band 8d	Ethnically Diverse	White	White	White	White	White	White	White	White	White
Band 9	Ethnically Diverse	White	White	White	White	White	White	White	White	White
Board	Ethnically Diverse	Ethnically Diverse	Ethnically Diverse	Ethnically Diverse	White	White	White	White	White	White

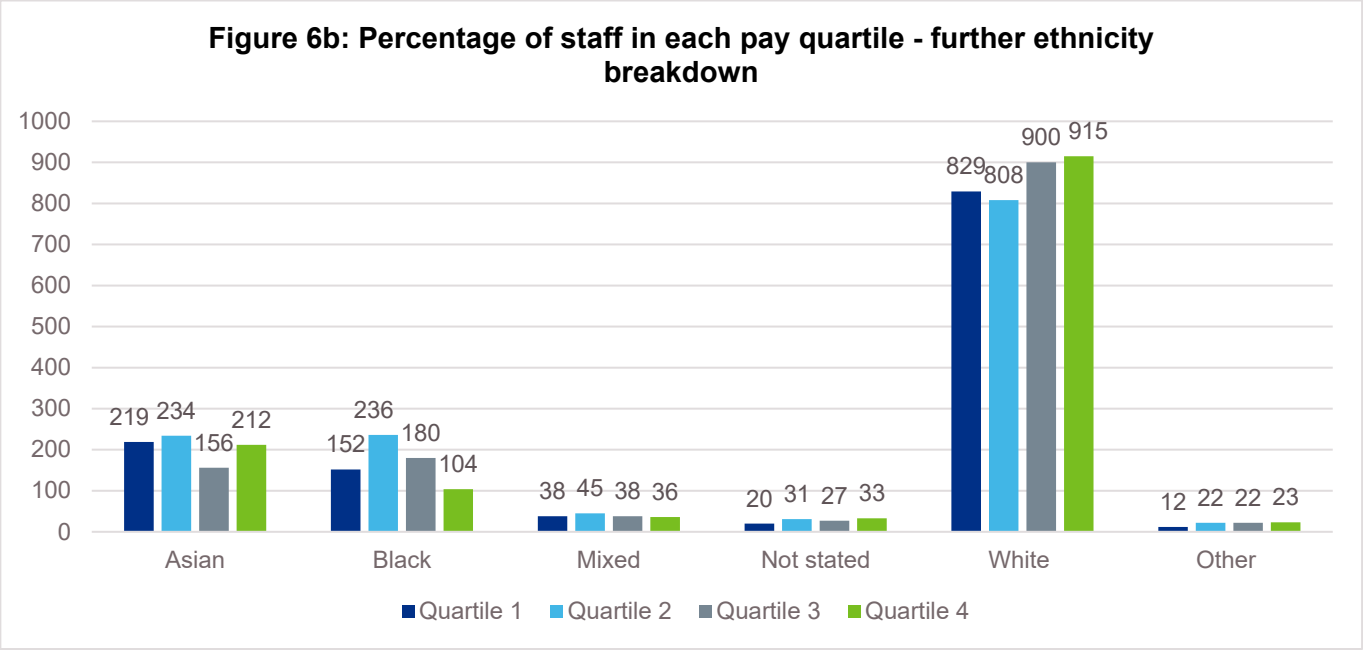
- From Figure 5b, bands 2 – 7 have an Ethnically diverse workforce that either aligns with or exceeds our predicted workforce, comparing to the Berkshire population.
- Band 8A falls below the predicted rates for Ethnically diverse representation. Band 8b matches the predicted workforce rates. However, bands 8C, 8D, and 9 are all below the predicted workforce rates, comparing to the Berkshire population.

Figure 5c: Ethnicity Profile by Pay Band and Pay Quartile – further breakdown

	Asian		Black		Mixed		Not Stated		Other		White		Total
Pay Scale	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount
Ad-Hoc	0	0.00%	0	0.00%	0	0.00%	1	33.33%	0	0.00%	2	66.67%	3
Apprentice	5	38.46%	2	15.38%	1	11.11%	0	0.00%	0	0.00%	5	38.46%	13
Band 2	16	14.68%	19	17.43%	8	3.24%	3	2.75%	1	0.92%	65	59.63%	109
Band 3	136	16.71%	153	18.80%	23	3.53%	16	1.97%	12	1.47%	469	57.62%	814
Band 4	149	17.29%	70	8.12%	25	3.05%	14	1.62%	14	1.62%	589	68.33%	862
Band 5	124	17.92%	122	17.63%	24	3.68%	13	1.88%	14	2.02%	398	57.51%	692
Band 6	128	12.88%	138	13.88%	28	2.96%	26	2.62%	19	1.91%	653	65.69%	994
Band 7	113	10.67%	129	12.18%	23	2.31%	19	1.79%	16	1.51%	754	71.20%	1059
Band 8a	59	13.88%	30	7.06%	9	2.30%	8	1.88%	3	0.71%	316	74.35%	425
Band 8b	14	7.73%	11	6.08%	9	5.36%	4	2.21%	2	1.10%	143	79.01%	181
Band 8c	3	4.29%	4	5.71%	1	1.43%	1	1.43%	1	1.43%	59	84.29%	70
Band 8d	2	6.25%	1	3.13%	0	0.00%	1	3.13%	0	0.00%	28	87.50%	32
Band 9	0	0.00%	1	8.33%	0	0.00%	0	0.00%	0	0.00%	11	91.67%	12
Board	2	14.29%	2	14.29%	1	7.69%	0	0.00%	0	0.00%	9	64.29%	14
Medical & Dental	102	45.74%	11	4.93%	6	2.88%	12	5.38%	13	5.83%	80	35.87%	223
Grand Total	**853**	**15.50%**	**693**	**12.59%**	**158**	**3.03%**	**118**	**2.14%**	**95**	**1.73%**	**3581**	**65.07%**	**5503**

- Black colleagues are overrepresented in all lower bands except band 4, and then the number of Black staff decreases in bands 8a up to Board, when comparing to overall workforce composition (12.59%). It is also the only ethnic group which has a higher staff rate (12.59%) than the Berkshire population (3.33%). At every pay band, except 8d, we have more Black staff compared to the Berkshire population.
- Mixed colleagues are broadly represented across most bands compared to overall workforce numbers, there is overrepresentation at 8b, and then underrepresentation at 8c, and none at band 8d, and 9 when comparing to overall workforce composition.
- White colleagues are underrepresented at band 2, 3, and band 5, but the overrepresentation then increases each band from band 7 upwards to Board, when comparing to overall workforce composition.





Pay quartiles are created by ranking staff from lowest to highest paid and dividing the list into four equal groups, then analysing the gender distribution in each quartile.

- Figure 6a below demonstrates that one of the reasons for the pay gap is that there is a higher proportion of White staff in more senior bands within the Trust.
- Ethnically diverse staff represent 32.78% of our workforce and 9.38% of Ethnically diverse staff make up the staffing in Band 8d.
- White staff represent 65.07% of our workforce but are represent 87.5% in band 8d and 91.67% in band 9.
- Ethnically diverse staff are underrepresented by 23.4%% in 8d and white staff overrepresented by 22.43%, compared to overall workforce percentages.
- 2.14% of the workforce have 'not stated' their ethnicity.
- There is a contrast between higher number of Ethnically diverse staff and lower number of White staff in the lower middle quartile as seen in figure 6a (quartile 2).

6. Ethnicity breakdown of staff who have received bonus pay – Medical Clinical Excellence Awards

Figure 7: Ethnicity breakdown of bonus payments in BHFT

	2022/2023		2023/2024		2024/2025	
	Count of Ethnicity	%	Count of Ethnicity	%	Count of Ethnicity	%
Ethnically diverse	38	53.52%	50	58.82%	11	42.31%
White	32	45.07%	34	40.00%	15	57.69%
Not Stated	1	1.41%	1	1.18%	0	0
Further breakdown of 'ethnically diverse'						
Asian	32	45.07%	44	88.00%	10	90.91%
Black	2	2.82%	1	2.00%	0	0
Mixed	1	1.41%	2	4.00%	0	0
Other	3	4.23%	3	6.00%	1	9.09%
Grand Total	71	100%	85	100%	26	100%

- Figure 7 shows that 15.38% (4) more White colleagues received bonus pay compared to our Ethnically diverse colleagues, with the majority of these being our Asian colleagues (10), making up most of our medical workforce.

- The bonus data refers to Clinical Excellence Awards (CEA) for eligible Consultant Medical Staff with at least one year in post. Key points to note:
    - CEA is a contractual payment, not a one-off annual bonus, and is part of the Consultant's reward package for those who qualify.
    - The system, agreed by the British Medical Association (BMA) and NHS Employers, is nationally standardized.
    - Many CEAs are historic and will continue until the recipient's retirement or until end of the awarding period.
- In 2022-23, the Trust proposed equal bonus payments for all eligible Consultants, regardless of full-time or part-time status. However, this was rejected by the Local Negotiating Committee, and pro-rata calculations were implemented per BMA guidance.
- Legacy CEA payments awarded before 2018 also contribute to the gender pay gap, which will continue until retirement or until end of the awarding period.
- The drop in bonus payments is due to previous years when CEAs were distributed to all eligible doctors, but now only 26 Consultants, holding historic pensionable CEAs, remain eligible. In 2024/25, 2 retirees and 4 leavers have affected the figures. It is also because the local CEA's have now ceased and replaced by the national awards, not under Trust control.

7. Intersectionality – Ethnicity and Gender

- Intersectionality is key to achieving pay equity because it recognises that individuals can experience discrimination and inequality based on the intersection of multiple identities, such as race, gender, and age.

- Further work to understand the data from an intersectional point of view is underway to provide an insight into hidden gaps, such as those that can exist between gender and ethnicity.

Figure 8 – Gender and Ethnicity of staff in post 24/25 and comparison to last year

Gender	Ethnicity			Grand Total
	Ethnically diverse	Not Stated	White	
Female	1,341 (29.44%)	94 *(2.06%)*	3120 *(68.50%)*	4555
Movement from 23/24	*+176*	*-3*	*+50*	*+223*
Male	463 (48.33%)	24 *(3.04%)*	461 *(48.63%)*	948
Movement from 23/24	*+63*	*-3*	*+1*	*+61*
Grand Total	**1,804 (32.79%)**	**118 *(2.14%)***	**3581 *(65.07%)***	**5503**
Movement from 23/24	***+239***	***-6***	***+51***	***+284***

Gender	Ethnicity						Grand Total
	Asian	Black	Mixed	Not Stated	Other	White	
Female	660 *(14.49%)*	471 *(10.34%)*	140 *(3.07%)*	94 *(2.06%)*	70 *(1.54%)*	3120 *(68.50%)*	4555
Movement from 23/24	*+ 99*	*+ 64*	*+ 7*	*-3*	*+6*	*+50*	*+223*
Male	193 *(20.36%)*	222 *(23.42%)*	23 *(2.43%)*	24 *(3.04%)*	25 *(2.64%)*	461 *(48.63%)*	948
Movement from 23/24	*+ 16*	*+ 45*	*-2*	*-3*	*+4*	*+1*	*+61*
Grand Total	**853 *(15.50%)***	**693 *(12.59%)***	**163 *(2.96%)***	**118 *(2.14%)***	**95 *(1.73%)***	**3581 *(65.07%)***	**5503**
Movement from 23/24	***+ 115***	***+ 109***	***+ 5***	***-6***	***+10***	***+51***	***+284***

- Figure 8 shows that we have increased our Asian, and Black staff the most, this is overall and for both male and female.
- Aside from 'not stated' Mixed males were the only group to decrease from last year.
- The total headcount for ethnicity is lower (5,385) than gender (5503) because of an absence of data due to those 'not stated'.

Figure 9 – Intersectional (Gender and Ethnicity) Mean and Median pay in BHFT

	Male			Female		
Ethnicity	**Mean**	**Median**		**Mean**	**Median**	**Median Difference**
Asian	**£29.42**	**£23.68**		**£21.86**	**£19.09**	**£4.59 in favour of male**
Comparison to 23/24	*£28.38*	*£22.82*		*£20.97*	*£18.78*	*Increase of £0.55p*
Black	**£21.93**	**£20.05**		**£20.54**	**£19.52**	**£0.53 in favour of male**
Comparison to 23/24	*£20.80*	*£19.39*		*£19.33*	*£18.57*	***Decrease of £0.29p***
Mixed	**£27.23**	**£20.76**		**£21.42**	**£20.05**	**£0.71p in favour of male**

Comparison to 23/24	*£23.35*	*£20.06*		*£19.91*	*£18.10*	***Decrease of £1.25p***
Other	**£28.45**	**£22.62**		**£24.44**	**£21.16**	**£1.46 in favour of male**
Comparison to 23/24	*£27.54*	*£22.82*		*£21.14*	*£19.80*	***Decrease of £1.56p***
White	**£26.57**	**£24.69**		**£22.27**	**£21.16**	**£3.53 in favour of male**
Comparison to 23/24	*£24.18*	*£22.82*		*£20.83*	*£19.16*	***Decrease of £0.13p***
Not Stated	**£31.89**	**£27.12**		**£22.44**	**£21.16**	**£5.96 in favour of male**
Comparison to 23/24	*£28.54*	*£21.80*		*£22.34*	*£22.27*	*Increase of £5.49p*

- The median hourly rate of pay for all males is higher than that of all females, regardless of its intersection with ethnicity.
- Our gender pay gap report shared various factors that also need to be considered here, such as;
    - The staff group composition at certain pay bands, combined with national registration rates for those staff groups varying.
    - The significant difference in males that work full time compared to females that work part time.
    - The difference between bandings which have full time roles, where it seems to be the case that this is less possible in higher bands.
    - The difference in age of our male and female workforce and the significant difference in males that choose to work past the state pension age compared to females, when the age bracket ‘66 and above’ is the age range which has the highest average hourly rate.
- The highest difference is over £5 in median pay in favour of ‘Not stated’ males over ‘Not stated’ females, and a difference of over £9 more in mean hourly rate.
- The next biggest gap is in favour of Asian males compared to Asian females who earn over £4 more in median hourly pay, this is a similar picture for White colleagues in favour of males.
- White females have a £1.64 gap in their favour compared to Black females.
- White males have a £4.64 gap in their favour compared to Black males.
- White males have a £5.17 gap in their favour compared to Black females.
- Last year Black males had a £0.23 gap in their favour compared to White females but this year White females have a £1.11 gap in their favour compared to Black males.

Figure 10 – Intersectional distribution of gender and ethnicity by pay quartiles

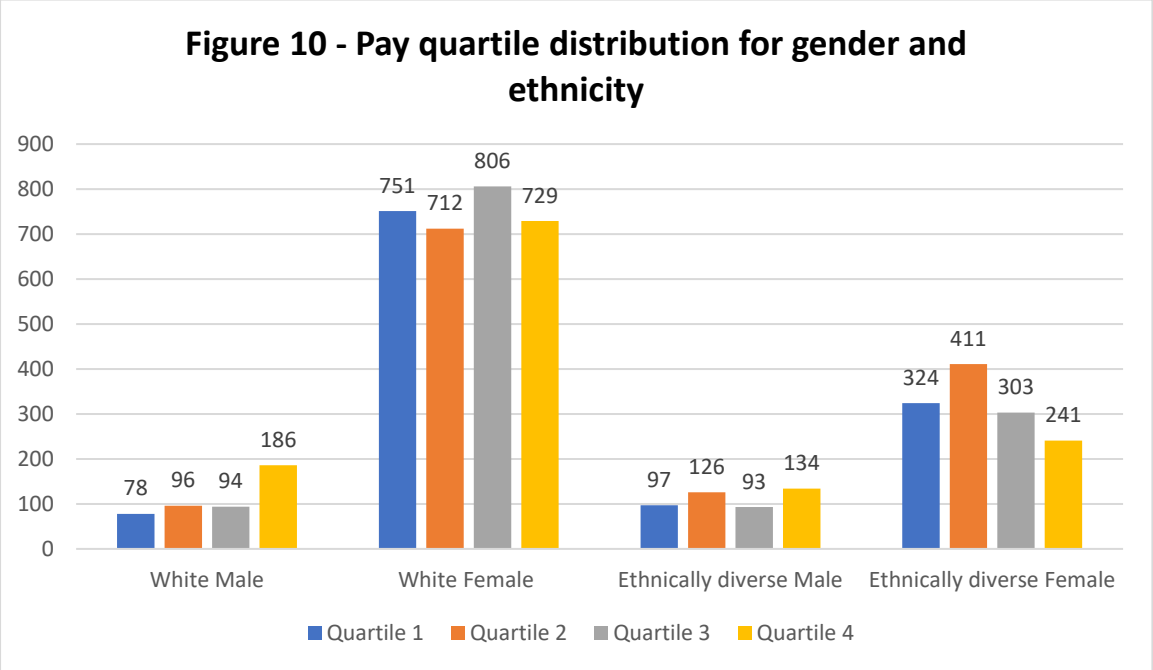


Figure 10, shows that when considering pay quartiles through the intersectional lens of gender and ethnicity:

- White males generally increase up through the pay quartiles.
- White females remain at similar levels through the quartiles but lower in quartile 2 and 4.
- Ethnically diverse males generally increase up through the quartiles.
- Ethnically diverse females generally decrease through the quartiles but increase in quartile 2.

.

8. What are the causes of the ethnicity pay gap?

Our median ethnicity pay gap has increased from 3.59% in 2022/23 to 7.03% in 2024/25. A deeper analysis of data has been undertaken which is found in Appendix 1. However, we will highlight some key points here, as the causes of the ethnicity pay gap are complex and overlapping, some of the reasons for the gap could be attributed to:

1. Disproportionate Representation at Lower Pay Bands

- High recruitment of Ethnically diverse staff at lower bands (e.g. Bands 2–6 where 40%–55% of hires were Ethnically diverse) leads to overrepresentation in lower-paid roles.
- In contrast, Ethnically diverse representation drops at senior levels (e.g. only 23% of hires in Bands 8a–9 and Board level), which is below the local population benchmark of 26.92%.
- Because these hires at lower bands are high in volume, they have a greater impact on overall pay averages, pulling the median pay for Ethnically diverse staff down compared to White staff.

2. Age and Career Stage

- White staff are older on average and more likely to be found in senior roles, reflecting accumulated experience and qualifications over time.

- Ethnically diverse staff skew younger, and younger staff tend to be in earlier career stages with lower pay. This demographic imbalance results in fewer Ethnically diverse staff in senior, higher-paid positions.
- Nationally and locally, the 56–65 age group (which dominates senior roles) is disproportionately White, reinforcing this structural imbalance.

3. Workforce Role Type and Professional Registration Patterns

- Certain professions common at senior levels (e.g., Clinical Psychology, Scientific & Technical roles) have very low national registration rates of Ethnically diverse individuals (e.g. only 12.1% for clinical psychologists).
- Conversely, roles with higher diversity (e.g. nursing) are concentrated in lower pay bands (Bands 1–7), limiting progression to more diverse leadership without broader structural changes.
- As a result, senior band compositions are skewed toward less diverse professions, creating systemic barriers to equitable representation at higher pay levels.

4. Promotion Data Shows Positive Trend – But Volume and Role Level Matter

- While promotion rates for Ethnically diverse staff exceed those for White staff overall (16.9% vs. 7.9%), most promotions still occur within lower to mid bands (Bands 2–6).
- At Bands 8C, 8D, and 9, where roles are limited but carry significant pay weight, promotions of Ethnically diverse staff are absent or minimal.
- This reinforces a glass ceiling effect—ethnically diverse staff may be progressing but not yet breaking into the upper pay tiers in meaningful numbers.

We take an intersectional approach to action, so what has been our focus?

- Inclusive Recruitment: We introduced the guaranteed interview scheme for those who meet essential criteria and are ethnically diverse for roles at 8b and above, along with a reflection form, and debiasing job descriptions. Continuation of exploring sharing interview questions in advance and expanded interview question bank to improve standards of hire around inequality and anti-racism competence and experience. This can also assist neurodivergent, carers, racialised or under resourced people.
- Learning and Development: Introduced our talent and career conversations at Mid-year appraisal, developed an ‘access to CPD’ dashboard enabling deeper dives into our data. Promoted and encouraged our women and ethnically diverse colleagues in clinical and non-clinical Bands 5 to 8a, to access a leadership development programme running in March 2025 titled “Braver than Before”.
- Culture and Engagement: Shared pay gap reports and co-produced actions with staff networks. Continued our Equality Network Steering Group to enhance cross-collaboration and joint working. Developed and introduced our new behaviours framework. Undertaken a reasonable adjustments QI project to improve staff experience. Developed an Inclusion passport for staff that considers all their needs.
- Women’s Network: celebrated a year of our Women’s Network which has held events, webinars to support addressing gender inequality, support peer-to-peer support, and discuss work-life balance, flexible working, women’s health, and promotion opportunities.
- Anti-racism: delivering on our Unity Against racism programme, where we have a comprehensive action plan that focuses on recruitment, conditions and progression, education and engagement, policy and practice, incidents empowerment and support. A number of actions have been undertaken including events, campaigns, regular communications and developing resources such as dealing with racism from patients.

We continue work in making Berkshire HealthCare a great place to work for our people. To meet this goal our pay gap priorities for the year ahead include:

- We will continue to explore ways to enhance inclusivity into recruitment and onboarding and further embed our talent management and career progression work.
    - This includes reviewing our internal promotion data and staff survey results, as well as reviewing our Widening Participation initiatives.
- We will continue to offer education and engagement opportunities to better socialise the importance of inclusion and how we can all play a better role in taking action.
    - This includes better understanding who is accessing CPD and non-mandatory training, and what services we can support to remove inequality of access.
- We will support and work with our staff networks to collaborate on needs based interventions.
- We will further develop the EDI dashboard for staff to encourage localised action planning and improvements at a team level.
- We still have a number of colleagues not sharing their personal information and we will continue to promote and support colleagues sharing, helping them understand the reasons for this and how it can help us tailor better interventions.

Contact for further information:
Name: Ash Ellis ash.ellis@berkshire.nhs.uk 07342061967
See our Trust website for our Disability and Gender pay gap reports, and previous years.

Appendix 1: Analysis of data helping to explore our ethnicity pay gap

1. Recruitment

External Hires

- The population of Ethnically diverse individuals in Berkshire from census data is 26.92%.
- Examining external hires across the pay scales from bands 1 to 9, except for bands 8A, 8B, and 8C, reveals that the percentage of Ethnically diverse external hires exceeds the percentage of Ethnically diverse individuals in the Berkshire community.
- These rates are significantly higher than the population rates, suggesting that the proportion of Ethnically diverse employees will likely continue to increase.
- Currently, the percentage of Ethnically diverse staff already surpasses the percentage within the Berkshire population.
- When reviewing external hires at lower bands, the representation of Ethnically diverse staff far exceeds this benchmark:
    - Band 2: 55% of hires were Ethnically diverse
    - Band 3: 53% of hires were Ethnically diverse
    - Band 4: 40% of hires were Ethnically diverse
    - Band 5: 50% of hires were Ethnically diverse
    - Band 6: 44% of hires were Ethnically diverse
    - Band 7: 29% of hires were Ethnically diverse

  These figures are substantially higher than the underlying population rate — in some cases, more than double — and importantly, they apply to a very large volume of hires (811 new starters across these bands).
- In contrast, at senior levels (Bands 8a to 9 and Board level), there were only 39 external hires in total, with 23% of those hires being from Ethnically diverse backgrounds. This is slightly below the Berkshire population benchmark (by 3.9 percentage points)
- At the lower bands, the discrepancies are much larger — up to 28.1 percentage points above the population rate — and apply to a significantly greater number of hires, therefore exerting a much greater influence on the overall pay figures.
- This suggests that the primary driver of the pay gap increasing in favour of White staff this year is the large volume of Ethnically diverse hires made at lower pay bands.

Promotions

- Across bands 2 to 8B, a higher percentage of Ethnically diverse staff were promoted compared to White staff. It is only in bands 8C and 8D where the promotion rate was higher among White staff – although only 1 promotion at 8C and 2 at 8D
- Overall, 7.9% of White staff received a promotion during the 2024–2025 financial year, while 16.9% of Ethnically diverse staff were promoted.

Table 1 – Staff in post, ethnicity and promotion activity

	Staff in post - 2/4/2024		April 24 - March 25 internal promotions		% of staff promoted	
	White	Ethnically Diverse	White	Ethnically Diverse	White	Ethnically Diverse
Band 2	118	123	22	26	18.6	21.1
Band 3	460	197	38	32	8.3	16.2
Band 4	613	208	64	43	10.4	20.7

Band 5	371	254	46	66	12.4	26
Band 6	673	280	51	53	7.6	18.9
Band 7	733	257	41	20	5.6	7.8
Band 8a	300	92	12	6	4	6.5
Band 8b	140	35	2	1	1.4	2.9
Band 8c	62	10	1	0	1.6	0
Band 8d	36	2	2	0	5.6	0
Band 9	9	2	0	0	0	0
Grand Total	3515	1460	279	247	7.9	16.9

2. Age

- Currently, the average age of White staff at the trust is 2 years higher than that of Ethnically diverse staff. Furthermore, when examining the workforce by ethnicity and age, White staff are overrepresented in the oldest age brackets—including those beyond state pension age—compared to Ethnically diverse staff. This suggests that White staff may be more likely to continue working beyond pension age, contributing further to their overrepresentation in senior, higher-paid positions.
- Although age should not determine suitability for a role, senior posts often require years of experience and qualifications that typically take time to accumulate. The average age of staff at the trust is 43.9 years. However, for every band at Agenda for Change Band 7 and above, the average age is higher than 43.9, supporting the view that more senior roles tend to be held by older employees.
- When this workforce data is considered alongside data from the Office for National Statistics, the age-ethnicity correlation becomes even clearer. Nationally, 31% of people aged 16–25 are from Ethnically diverse backgrounds, compared to just 16% of those aged 56–65.

Table 2 – Workforce average age within each pay band

	Average of Age
Under Band 1	18.9
Band 2	43.4
Band 3	45.0
Band 4	41.4
Band 5	40.2
Band 6	43.4
Band 7	45.0
Band 8 - Range A	45.8
Band 8 - Range B	48.3
Band 8 - Range C	52.0
Band 8 - Range D	55.3
Band 9	56.3
Board Director	54.7

Consultant	51.2
NED	61.7
Non-consultant Career Grade	48.2
Trainee Grades	34.0
VSM	57.0
Grand Total	**43.9**

Table 3 – Age and average salary of BHFT staff aligned with census population data

		2021 census population data England and Wales	
Age range	**Average hourly rate (BHFT)**	**% which are White: English, Welsh, Sottish, Northern Irish or British**	**% which are Ethnically diverse**
16-25 years	14.2	69	31
26-35 years	20.2	68	32
36-45 years	26.3	65	35
46-55 years	30.6	77	23
56-65 years	30.5	84	16
66 plus years	33.7	90	10
Grand Total	**26.2**		

3. Workforce role type

- The composition of our workforce and the types of roles within different pay bandings are likely key contributors to our ethnicity pay gap. For example:
    - In Bands 1–7, 27% of roles are in Nursing and Midwifery.
    - In Bands 8a–9 and at Board level, this drops to 20.7%.
    - Nearly 38% of registered nurses in the UK are Ethnically diverse (NMC data), it's expected that the lower bandings will have a higher proportion of Ethnically diverse staff due to the concentration of nursing roles.
    - The staff group "Add Prof Scientific and Technic":
    - makes up 8% of roles banded up to band 7
    - makes up 34.2% of roles band 8a to 9 and board level
    - 60% are clinical Psychologists positions.
    - Only 12.1% of registered clinical psychologists in the UK are stated as being Ethnically diverse and so the expectation that our workforce can represent the composition of our community at these senior bands, when the roles that make up these senior bands exhibit such lower registration rates of Ethically diverse staff (compared to the Berkshire population), is a challenge.

Table 4 – National registration rates for various professions

Profession	% of registered ethnically diverse clinicians
Art Therapists	14.7

Audiologists	16.0
Dentists	38.1
Dietitians	15.4
Drama Therapists	14.7
Music Therapists	14.7
Nurses (all types)	38.0
Occupational Therapists	12.7
Orthoptists	28.7
Paramedics	4.5
Pharmacy technicians	19.0
Pharmacists	58.8
Physiotherapists	20.4
Podiatrists	11.2
Qualified clinical psychologists	12.1
Qualified doctors	44.9
Radiographers	40.3
Social workers	32.1
Speech and Language Therapists	10.1

Agenda Item

Disability Pay Gap Reporting (DPG) for the year 2024-2025

Author	Ash Ellis, Deputy Director for Leadership, Inclusion and OD
Purpose of Report	This report sets out an analysis of the Trust's Disability Pay Gap Report for 2024-2025

Executive Summary

- The aim of this disability pay gap report is to assess pay equality.
- Disability pay gap reporting is not a specified requirement under the Equality Act 2010.
- It is the difference between the full-time equivalent average pay of Disabled and non-disabled employees in an organisation.
- This is our third year of reporting the disability pay gap.
- Pay gap data summary:

Metric	23-24	24-25	Annual difference
Mean Pay Gap	-1.79%	-0.13%	Although narrowing, still in favour of Disabled staff.
Median Pay Gap	0%	0.49%	No pay gap to now a slight gap in favour of non-disabled.
Median Hourly Pay	£0 gap	£0.10 gap	No pay gap to now a slight gap in favour of non-disabled.
Mean Hourly Pay	£0.38 gap	£0.03 gap	Although narrowing, still in favour of Disabled staff.

- Our median disability pay gap in 2024-2025 was 0.49%**.** This means that on average our non-disabled colleagues earn £0.10p more than our disabled colleagues, this is an increase from 0% (no pay gap) last year.

- In comparison the 2021 Office of National Statistics states that the disability pay gap is 13.8% for the UK. There is still a lack of organisations reporting to do any comparisons.

- Our mean hourly pay for disabled colleagues is £0.03p more than non-disabled colleagues, which is a negative gap of -0.13% in favour of disabled colleagues.

- We have disability representation at every level.

- Most of our workforce (93.33%) are openly sharing their disability status, reflecting a 0.83% increase from the previous year. This is a positive indicator of inclusion and suggests that we are fostering a more psychologically safe culture.

- 6.67% which is 367 of our workforce are 'Not Stated' which has improved from 7.5% (389) last year. We need to understand how this could influence the pay gap.
- Colleagues in bands 8c, 9, Medical are our highest categories of staff who have 'Not Stated' their disability status.

- This report will be published on the Trust's website for at least three years. We are committed to continuously reviewing systems and practices for inclusivity, working closely with staff networks, unions, and stakeholders to develop effective actions.

Recommendation	The Board is asked to acknowledge the report and subsequent approach to actions.

1. Background

We published our first Disability Pay Gap report in 2023. This is the third year we are reporting, enabling us to compare data to previous years. This provides a basis on which to build, ensuring we have equality in pay when it comes to disability.

2. Our Disability Pay Gap Report

Our Disability pay gap report for 2024/2025 contains a few elements, using similar methodology to calculate our gender pay gap through ESR, at a snapshot as at March 2025:

- The mean basic pay gap.
- The median basic pay gap.
- An analysis of the pay gap across specific staff pay bands and quartiles within BHFT.
- A comparison with the 2023/2024 reporting data.

A pay gap above 0% shows that on average disabled staff earn less than their non-disabled counterparts and the opposite would be true if the pay gap is below 0%.

Mean: The hourly pay for all disabled staff is added together and divided by the total number of disabled staff. The same is done for non-disabled staff. The mean disability pay gap is the difference (%) between the mean hourly pay for disabled and non-disabled staff.

Median: If all disabled staff were lined up in order of their hourly pay, and so were all non-disabled staff, the median would be the hourly rate of pay of the individual disabled and non-disabled staff in the middle of each line. The median disability pay gap is the difference (0%) between the hourly pay of the middle disabled employee compared to the middle non-disabled employee.

The median is the most representative measure as it voids a small amount of very high and low salaries skewing the results. Organisations use this figure when sharing their pay gap %.

3. Our Disability Profile– 2024/25

- Data collected shows that our workforce consists of 5,503 people. (up 284 from 23/24)
- Disabled colleagues have increased by 99 to 477 from 378. (8.67% compared to 7.2% last year) and 6.4% the year prior and 5.3% the year before that).
- 4,659 are non-disabled and 367 (6.67%) have not stated, compared to 389 (7.5%) last year an improvement of 0.83% with 22 more colleagues sharing their disability status

Figure 1: BHFT Disabled Profile 2024/25

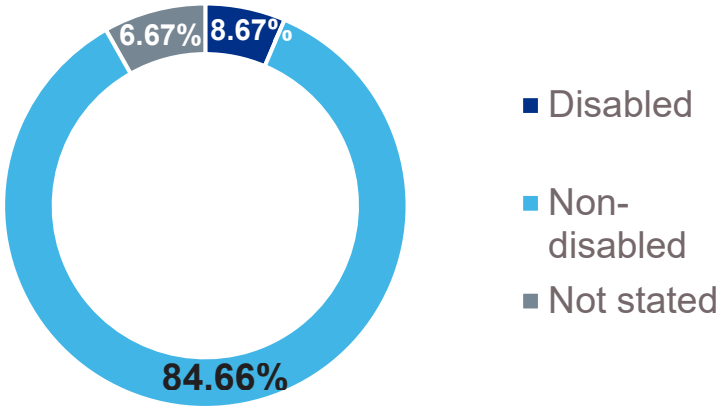


Figure 2: BHFT Workforce compared to Berkshire Population (from census data, 2021)

	Disabled	Non-disabled	Not stated
BHFT Workforce	8.67%	84.66%	6.67%
Berkshire Population	13%	87%	0

- The data shows that BHFT disabled workforce is underrepresented by 4.33% compared to overall Berkshire population.
- The caveat is that we still have 6.67% of our workforce who have not shared their disability status which could potentially increase the representation in line with the Berkshire population (caveat, the census includes non-working age).
- Whilst it may look like we are employing 4.3% less compared to people in the population, the whole population figure also includes those who are unable to work due to their disability.
- While specific Berkshire population data on how many of the 13% have disabilities preventing them from entering the workforce cannot be attained, nationally, 42.3% of individuals with disabilities were neither working nor actively seeking work. (Gov.UK, 2023)
- Applying this figure to our Berkshire population rates implies that approximately 7.5% of the assumed population of Berkshire with disabilities can enter the workforce. Consequently, this indicates that we have more staff with disabilities than the proportion of the Berkshire population with disabilities.

4. Disability confident

As Disability Confident Leaders, which we gained re-accreditation for this year, we've made a commitment as an organisation that should someone share with us that they are disabled at the job application stage and select that they want to take part in the scheme, they're guaranteed an interview if they meet the advert's minimum requirements.

disability confident LEADER

Disability Confident and Inclusive Recruitment

In our 2024 NHS National Staff Survey results 81.9% of staff said that we made reasonable adjustments to help them carry out their work. The national average for Trusts was 75.12%.

5. Median and Mean Hourly Rate in BHFT

Figure 3: Disability Pay Gap 24/25 – with 3 year comparison

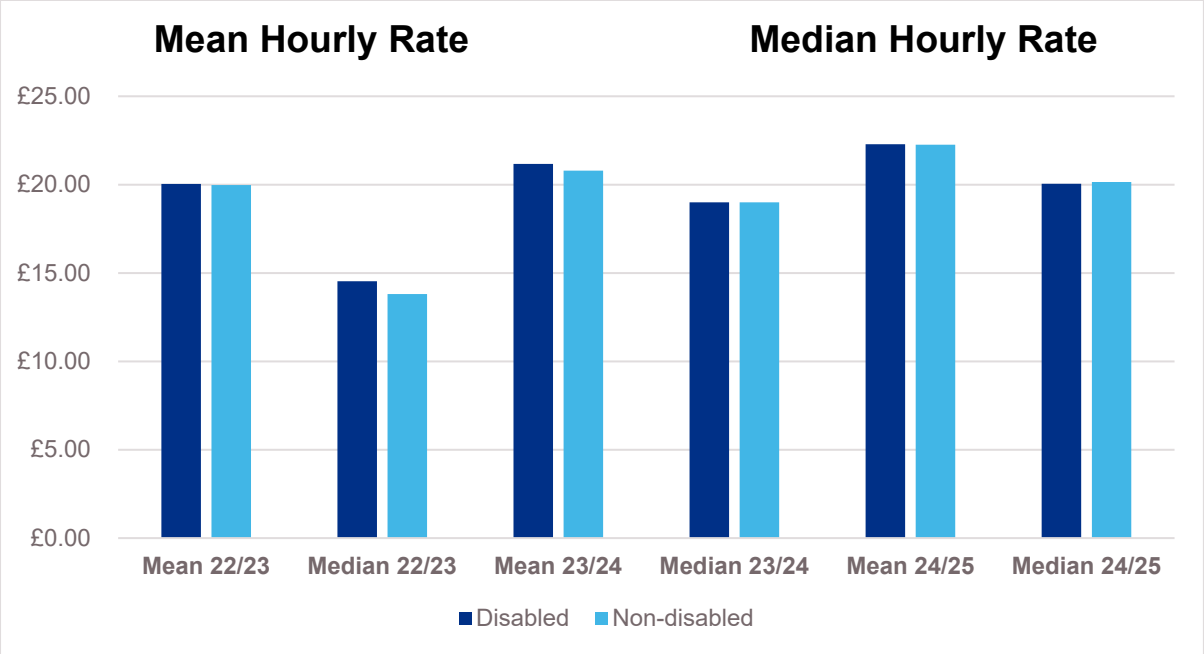
	2022/23		2023/24		2024/25	
Disability	**Mean Hourly Rate**	**Median Hourly Rate**	**Mean Hourly Rate**	**Median Hourly Rate**	**Mean Hourly Rate**	**Median Hourly Rate**
Yes	£20.04	£14.53	£21.17	£19.00	£22.29	£20.05
No	£19.98	£13.81	£20.79	£19.00	£22.26	£20.15
Not Stated	£26.48	£14.11	£28.01	£24.55	£30.12	£25.90
Difference	0.06	0.72	0.38	0.00	0.03	0.10
Pay Gap %	-0.30%	-4.95%	-1.79%	0.00%	-0.13%	0.49%

- The mean hourly pay for disabled colleagues is £0.03 more than non-disabled colleagues, which is a gap of -0.13% in favour of disabled colleagues. Reduced last year down from £0.38p by £0.35p.
- The median pay for non-disabled colleagues is £0.10p more than disabled colleagues, therefore a gap of 0.49%. This means that, disabled colleagues earn slightly less than non-disabled colleagues. There was no gap last year.
- The 'Not Stated' population is 6.67% (367) of the workforce, and this group on average earns over £7 more an hour than both our disabled and non-disabled colleagues.
- Therefore, to give us a true reflection of our pay gap, we need more colleagues to share their disability status on our equality monitoring system.

Benchmarking

In comparing our Disability Pay Gap to other organisations, the latest 2021 Office of National Statistics states that the disability pay gap is 13.8% for the UK. Meaning we are better than average based on our current declarations, and current pay gap of 0.49%.

Figure 4: Median and Mean Pay Gap comparison last 3 years



- From Figure 4, we can see that the mean and median has increased for both disabled, non-disabled, although the mean more so for non-disabled staff.

6. Disability Profile by pay band and quartiles in BHFT 24/25

All BHFT staff, except for medical staff, Board members, and very senior managers (VSM), are paid on the National Agenda for Change (AfC) pay, terms and conditions of service. The terms and conditions set out band structures and pay for all employees to ensure transparency, fairness and equal treatment for all.

Figure 5: Disability Profile by Pay Band and Pay Quartile 24/25

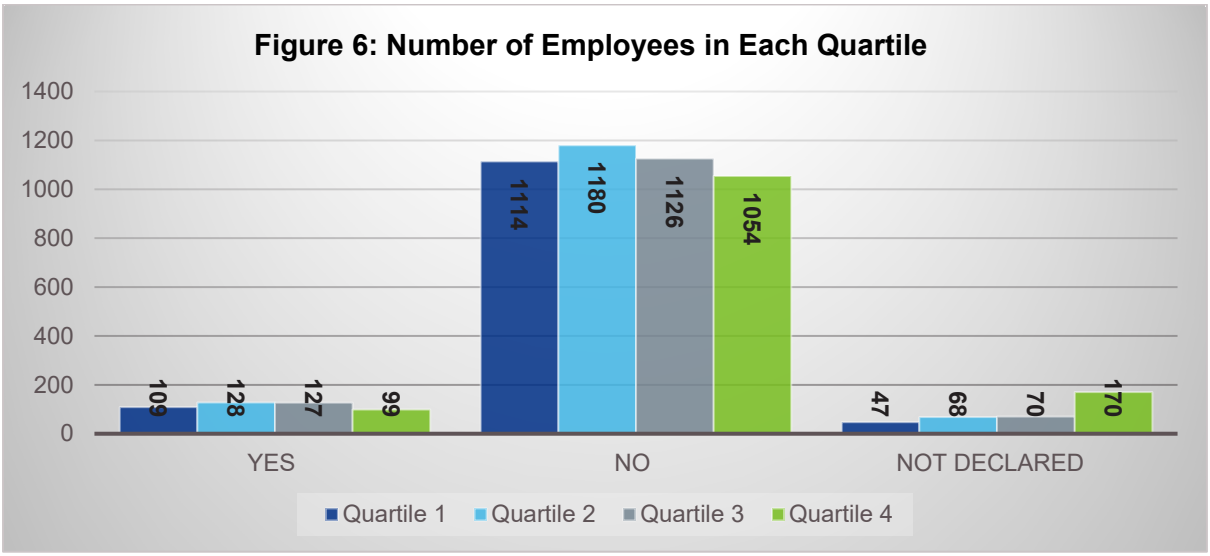
	Yes		No		Not Shared		Total
Pay Scale	Headcount	%	Headcount	%	Headcount	%	Headcount
Ad-Hoc	0	0.00%	2	66.67%	1	33.33%	3
Apprentice	3	23.08%	10	76.92%	0	0.00%	13
Band 2	8	7.34%	93	85.32%	8	7.34%	109
Band 3	34	4.18%	745	91.52%	35	4.30%	814
Band 4	102	11.83%	714	82.83%	46	5.34%	862
Band 5	68	9.83%	591	85.40%	33	4.77%	692
Band 6	90	9.05%	857	86.22%	47	4.73%	994
Band 7	101	9.54%	901	85.08%	57	5.38%	1059
Band 8a	33	7.76%	378	88.94%	14	3.29%	425
Band 8b	17	9.39%	158	87.29%	6	3.31%	181
Band 8c	2	2.86%	60	85.71%	8	11.43%	70
Band 8d	3	9.38%	27	84.38%	2	6.25%	32
Band 9	2	16.67%	8	66.67%	2	16.67%	12
Board	1	7.14%	13	92.86%	0	0.00%	14
Medical & Dental	13	5.83%	102	45.74%	108	48.43%	223
Grand Total	477	8.67%	4659	84.66%	367	6.67%	5503

- Figure 5 details the number and percentage of disabled and non-disabled colleagues within each pay band.
- Most of the pay bands are within 2-3% disability representation of the organisation's overall workforce disability ratio (8.67%).
- There is larger underrepresentation of disabled colleagues compared to overall workforce disability ratio in bands 3 (4.18%), 8c (2.86%)
- There is larger overrepresentation of disabled colleagues compared to overall workforce disability ratio in Apprentice (23.08%), band 4 (11.83%) and 9 (16.67%).

Improving staff Equality Monitoring

- We have disability representation at all bands for the second year running,
- Increases in sharing at most Bands except a decrease at Band 2 and Band 7.
- Band 8d, 9 remained the same as last year.
- Colleagues in bands 8c, 9, and Medical are our highest categories of staff who have not shared their disability status.
- A QI project to increase disability declaration rates within Medical Staffing has shown good progress, particularly among Resident Doctors, resulting in 17 more medics sharing this year. A planned second countermeasure will try to address the issue in existing Medical staff.

- Further efforts include promoting data completion during Trust induction, through staff networks, and at educational events.
- Senior leaders have also encouraged Board-level participation, resulting in improved data sharing and a stronger sense of safety and belonging for all staff.
- We now have one of the highest levels of declaration for an NHS trust.



- Figure 6, shows the breakdown into pay quartiles.
- We have the most people sharing a disability in the lower middle quartile (2)
- The most who don't have a disability in the lower middle quartile (2),
- The most who have not shared in the upper quartile (4).

7. Disability breakdown of staff who have received bonus pay – Medical Clinical Excellence Awards

Figure 7: Disability breakdown of bonus payments in BHFT

	2022/23		2023/24		2024/25	
	Count of Disability	%	Count of Disability	%	Count of Disability	%
No	43	60.56%	47	55.29%	19	67.86%
Yes	2	2.82%	4	4.71%	2	7.14%
Not Stated	26	36.62%	34	40.00%	7	25%
Grand Total	71	100%	85	100%	28	100%

- **Bonus Pay:** The bonus data refers to Clinical Excellence Awards (CEA) for eligible Consultant Medical Staff with at least one year in post. Key points to note:
  - CEA is a contractual payment, not a one-off annual bonus, and is part of the Consultant's reward package for those who qualify.
  - The system, agreed by the British Medical Association (BMA) and NHS Employers, is nationally standardised.
  - Many CEAs are historic and will continue until the recipient's retirement or until end of the awarding period.
- In 2022-23, the Trust proposed equal bonus payments for all eligible Consultants, regardless of full-time or part-time status. However, this was rejected by the Local Negotiating Committee, and pro-rata calculations were implemented per BMA guidance.
- The drop in bonus payments is due to previous years when CEAs were distributed to all eligible doctors, but now only 28 Consultants, holding historic pensionable CEAs,

remain eligible. In 2024/25, 2 retirees and 4 leavers have affected the figures. It is also because the local CEA's have now ceased and replaced by the national awards, not under Trust control.

- It's also helpful to point out that over 48% (108) of our medical and dental staff have not shared their disability status.

8. Conclusion and actions

Although our disability pay gap has increased since last year, it is under 1%. While this isn't what we want to see, the picture is still positive, and work continues to improve this. Most of our colleagues are openly sharing their disability data, which is a positive statistic. With more to do, below outlines what has been the focus and where we will go next.

We take an intersectional approach to action, so what has been our focus?

- Inclusive Recruitment: We introduced the guaranteed interview scheme for those who meet essential criteria and are ethnically diverse for roles at 8b and above, along with a reflection form, and debiasing job descriptions. Continuation of exploring sharing interview questions in advance and expanded values based interview question bank to improve standards of hire around inequality and anti-racism competence and experience. This can also assist neurodivergent, carers, racialised or under-resourced people.
- Learning and Development: Introduced our talent and career conversations at Mid-year appraisal, developed an 'access to CPD' dashboard enabling deeper dives into our data. Promoted and encouraged our women and ethnically diverse colleagues in clinical and non-clinical Bands 5 to 8a, to access a leadership development programme running in March 2025 titled "Braver than Before".
- Culture and Engagement: Shared pay gap reports and co-produced actions with staff networks. Continued our Equality Network Steering Group to enhance cross-collaboration and joint working. Developed and introduced our new Trust behaviours framework. Undertaken a reasonable adjustments QI project to improve staff experience. Developed an Inclusion passport for staff that considers all their needs.
- Women's Network: celebrated a year of our Women's Network which has held events, webinars to support addressing gender inequality, support peer-to-peer support, and discuss work-life balance, flexible working, women's health, and promotion opportunities.

We continue work in making Berkshire HealthCare a great place to work for our people. To meet this goal our pay gap priorities for the year ahead include:

- We will continue to explore ways to enhance inclusivity into recruitment and onboarding and further embed our talent management and career progression work.
    - This includes reviewing our internal promotion data and staff survey results, as well as reviewing our Widening Participation initiatives.
- We will continue to offer education and engagement opportunities to better socialise the importance of inclusion and how we can all play a better role in taking action.
    - This includes better understanding who is accessing CPD and non-mandatory training, and what services we can support to remove inequality of access.
- We will support and work with our staff networks to collaborate on needs based interventions.
- We will further develop the EDI dashboard for staff to encourage localised action planning and improvements at a team level.
- We still have a number of colleagues not sharing their personal information and we will continue to promote and support colleagues sharing, helping them understand the reasons for this and how it can help us tailor better interventions.

Contact for further information: Name: Ash Ellis ash.ellis@berkshire.nhs.uk 07342061967
See our Trust website for our Gender and Ethnicity Pay Gap reports, and previous years.

Berkshire Healthcare NHS Foundation Trust

Trust Board Meeting Paper

Board Meeting Date	Tuesday 13th May 2025
Title	**Health & Wellbeing Update**
	Discussion
Reason for the Report going to the Trust Board	The health and wellbeing update is scheduled for review every six months. The paper is presented for information and discussion.
Business Area	People Directorate
Author	Jane Nicholson, Director of People Steph Moakes, Health, Wellbeing & Engagement Lead
Relevant Strategic Objectives	**Workforce** **Ambition:** We will make the Trust a great place to work for everyone **Our health and wellbeing offer is a key part of our employee retention strategy**

Report to Trust Board – May 2025

Health, Wellbeing, Engagement & Rewards Update

Executive Summary

The Health & Wellbeing Update report provides a comprehensive overview of the Trust's initiatives and progress in enhancing staff health, wellbeing, engagement, and rewards. The report highlights the following key points:

1. **Strategic Objectives**: The health and wellbeing offer is a crucial part of the Trust's employee retention strategy, aiming to make the Trust a great place to work for everyone.
2. **National Staff Survey**: The Trust achieved the top score in its comparator group for staff reporting positive action on health and well-being, with a score of 74.34%, ranking third best across all NHS organisations in England.
3. **Wellbeing Review**: A review conducted between July and October 2024 led to the implementation of several short-term actions and progress on longer-term projects. Key completed actions include launching a wellbeing webinar series, expanding the wellbeing line, and improving policies and systems.
4. **Wellbeing Matters**: The internal psychological support service for staff showed significant positive impact, with increased engagement and satisfaction in various support activities.
5. **Wellbeing at Work Series**: Launched in March 2025, this series includes regular sessions dedicated to supporting staff wellbeing, covering various themes and practical advice.
6. **NHS Charities Together Projects**: Updates on rest areas and staff kitchens across the Trust, with positive feedback on the improved working environment.
7. **Peppy Health**: The extended contract with Peppy Health will end in October 2025, and alternative options are being explored.
8. **Ongoing Wellbeing Support**: Various wellbeing support and benefits continue to be offered, including eye test vouchers, physio services, salary finance, milestone awards, and cycle to work schemes.

Introduction

Health, wellbeing and rewards continues to be a high priority and profile activity. This is reflected in the new People and Culture strategy, with an aim under the 'retain' area being to "ensure that staff wellbeing and recognition offers are compassionate, inclusive and affordable and recognise, support and value the diversity and contribution of our staff".

The National Staff Survey gives a good indication of our progress in this area, and we're pleased that this year, we achieved the top score in our comparator group for staff reporting "my organisation takes positive action on health and well-being". Our score of 74.34% was top for our comparator group and third best across all NHS organisations in England. The health, wellbeing and rewards activity also contributes to our wider high scores across the staff survey.

This paper looks to update on the work that has happened since the last report and give an indication of the planned milestones ahead.

Review:

The Health and Wellbeing team have delivered the following outcomes, since the last board update in November 2024.

Activity	**Target staff group**	**Data and impact** (including feedback and uptake where appropriate)
Wellbeing Review Between July and October 2024, a review of the trust wellbeing provision was conducted, in line with the People Directorate 24/25 strategic workstreams and a briefing was given in the last paper about the process that this took. At the end of the engagement period, an action plan was generated with quick wins and longer-term projects. Over the	All Staff	We are planning to conduct the wellbeing survey every two years to be able to track progress and impact.

Activity	**Target staff group**	**Data and impact** (including feedback and uptake where appropriate)
past six months, we have completed several of the shorter-term actions and progress has been made on the longer-term areas as well. Some of the completed actions include: - Launching a wellbeing at work webinar series (more details below) - Expanded our wellbeing line to include support for all wellbeing queries (not just Wellbeing Matters) - Linked with the neurodiversity workstream to improve best practice and look at ongoing work - Adapted policies to ensure that specialist equipment can follow an individual around jobs, rather than stay within the team that purchased the equipment - Ongoing work to improve nexus – a button has been added to the home page and we are updating the wording to make the pages simpler to find the support needed - Blue light card offer was extended for a year with generous funding from the Berkshire Healthcare Charity - Improved the ergonomics booking system - Introduced a comms schedule for the year Some of the longer-term projects are outlined in next section. Regular updates are being sent out to all staff about the changes that are happening because of the review.		
Wellbeing Matters is our internal psychological support service for staff and teams.	All Staff	User data and feedback between July and December 2024:

Activity	**Target staff group**	**Data and impact** (including feedback and uptake where appropriate)
The most recent six-monthly data report from July – December 2024 has the key points summarised below: 1) Demand for support on the Wellbeing Line continues to grow (an increase of 11%) and evaluation data continues to show significant positive impact in relation to goal-based change, psychological wellbeing and supporting staff to feel valued. 2) Engagement with individual Staff Support Post Incident has increased by 38%, with particular increase in engagement by PPH staff (up by 24%). Opt-in via Datix and subsequent uptake of support has also increased. 3) Satisfaction and engagement with Team Support remains consistently positive, with both usefulness and impact on working life being reported positively. 4) New innovations based on the growing evidence-base in psychological staff support is informing training, and are being trialled across the Trust, with initial outcomes being very positive. The full report is available here.		**Wellbeing Line Assessments** – 110 (+ 282 follow up appointments) Average rating of 4.9/5 stars. Additional satisfaction measures and analysis of qualitative feedback are now being captured and can be found in the full report **Goal Based Outcome Measure (GBO)** GBO's are rated from 0-10 in terms goal achievement (0 being not at all and 10 fully achieved). **All individuals made positive improvements in their GBO** when comparing pre and post WBL support. Average improvement was 2.8 steps (range 1-7 steps) which is statistically significant **WEMWBS (Warwick Edinburgh Mental Wellbeing Scale)** The WEMWBS total score is between 14 and 70, with higher scores representing better wellbeing. **The vast majority of those supported on WBL (71%) experienced "meaningful" (Johnson et al. 2012) positive change to their wellbeing as indicated by their WEMWBS scores. 18% made 8 points or greater change.** All individuals had improved WEMWBS scores after WBL support with the average improved from 36 to 41 – an increase of 5 points on average, which is statistically significant. **Investigative support – 2** **Psychological skills/coaching – 2**

Activity	**Target staff group**	**Data and impact** (including feedback and uptake where appropriate)
		Wellbeing Hubs – 17 with 114 attendees Average rating of 4.3/5 for how valuable staff found these sessions. **Workshops – 12 with 334 attendees** Average rating of 4.3/5 for how valuable staff found these sessions. **Staff Support Post Incident (SSPI):** Team – 24 with 153 attendees 100% of staff reporting that the session was useful and 75% saying that they agreed or strongly agreed that it supported them to continue in their work. Individual – 94 **Facilitated Group Process – 10 with 235 attendees** **Professional Tree of Life – 10 teams engaged with 226 attendees.** Feedback showed 83% of staff rated it 4 or 5 stars and there was a positive move in all pre and post workshop indicators (e.g. I feel a sense of connection to my team) **Feedback** We also collect qualitative feedback and wanted to include the following quotes. This first quote was from a caller to the wellbeing line:

Activity	**Target staff group**	**Data and impact** (including feedback and uptake where appropriate)
		"The support and directions to services that [clinician] gave to me was over and beyond. I was really struggling and with [clinician's] help, I have made some big changes and also on the road to make some more changes. I really can't thank them enough." The second quote came from a participant within a Professional Tree of Life workshop: *"Confirming that as a team we do have shared values and are happy with the support we provide to each other which makes us stronger."*
As an action from the Wellbeing Review, we launched our **Wellbeing at Work** series – regular sessions dedicated to supporting our people's wellbeing. Each session will focus on a different theme, providing practical advice, expert insights and a chance to connect with colleagues. The sessions cover both general wellbeing, an introduction to particular offers or benefits available and psychoeducation from the Wellbeing Matters team. Since the start at the beginning of March, we have run 5 sessions with over 650 attendees and have approximately 3-4 planned for each month going forward.	All staff	Sessions run since 4 March: Managing Cognitive Overwhelm – 261 attendees Introduction to Salary Finance – 117 attendees The emotional impact of patient care – 98 attendees Understanding the impact of trauma events – 193 attendees
Our **NHS Charities Together funded projects** are coming towards the end. The Wellbeing Facilitator project has finished and an update on the rest rooms is below: **Project 2: Update rest areas and staff kitchens** across the trust.	Staff in teams who received the grant funding	Improved working environment. Limited feedback that we have gathered so far show that there is a self-reported increase in usage of the room. When asked how the rest room refurbishment has impacted on the individuals wellbeing, answers include that the room is now more inviting, and positive to have a designated space to go to, away from work. We are working to collect more feedback.

Activity	**Target staff group**	**Data and impact** (including feedback and uptake where appropriate)
This project is nearly complete with the final £400 due to be spent in April and the end of project report will be submitted to NHS Charities Together in May. The final rooms completed were: • Fir Tree House - CAMHS • Upton Hospital – General wellbeing room • PPH – Staff wellbeing room, Snowdrop and Sorrel wards • Skimped Hill • St Marks – Physio team • King Edward VII – Hearing and Balance team		
Our extended contact with **Peppy Health** is due to finish in October 2025 and the decision has been taken that we will be unable to extend the contract again due to finances. We will now work to build resources that we can signpost to but also engage with staff about alternative options that may fill the gap that Peppy will leave.	All eligible staff	**Oct 21 – Dec 24** 432 Menopause users, 84 Men's Health users. They have accessed: 622 Live events 646 courses 12344 articles 26095 WhatsApp messages 103 consultations 54% of users are still actively using Peppy after 1 year, 76% after 180 days. Net Promoter Score (NPS) is 75.
We continue to offer and administrate various wellbeing support and benefits as part of business as usual. This includes: - Access to eye test vouchers	All eligible staff	**Salary Finance** Jul 23 – Mar 24 **Borrow:** 178 applications 51 full loans offered 14 starter loans offered

Activity	**Target staff group**	**Data and impact** (including feedback and uptake where appropriate)
- Early access physio service (provided by Optima Health) - Salary Finance - Milestone awards including Long Service - Cycle to Work and access to vouchers through Vivup We have highlighted some key data from these services on the right		76 rejected and debt advice signposted Of the 65 loans issued. 28 – debt consolidation 7 – Home 7 – car 23 – other **Advance:** 96 active users 1484 advances @ average £156.05 **Save:** 17 active save accounts £112.06 average savings (£7530 total) **Milestone Awards** In 2024, we have issued: BHFT service milestone (1-40 years): 2327 NHS Milestones (5-40 years): 871 Retirement and new starter card data unavailable at this point but will be provided in the next report. **Vivup** (14 Apr 24 – 15 Apr 25) Cycle to Work 22 orders, 18 accepted, 2 cancelled, 1 pending, 1 rejected Average order value £633 Employer savings £3200

Activity	**Target staff group**	**Data and impact** (including feedback and uptake where appropriate)
		Lifestyle Savings (Vouchers) 733 gift cards purchased £84,021* (£4381 savings) Top suppliers: Sainsbury's, Tesco & Asda Most saved: Sainsbury's, Airbnb & Ikea
Health Assured Following the BBC articles around Health Assured, the BACP have conducted a visit to the Health Assured offices in November 2024. Health Assured report that the BACP has acknowledged the steps they have taken and confirmed within their assessment report that the conditions required to meet as an accredited service provider have either been met, or met in part. Health Assured have been asked to take some additional actions to support the reinstatement of their (organizational) accreditation in line with the scheduled annual review in June. Health Assured report to me that these actions have now been completed and they are awaiting BACP confirmation. As a reminder, the organisational accreditation being suspended had no effect on Health Assured's BACP membership status or their ability to provide counselling services. They were the only large EAP with organisational accreditation so meant that they are at the same membership level as other providers while the BACP reviewed. We have continued to work with Health Assured closely and have had no complaints from staff recently.	All Staff	**Health Assured** (Feb 24 – Jan 25) Calls – 536 452 for emotional support/counselling (top themes - anxiety, low mood and bereavement) 78 for advice (top themes – employment, consumer and divorce & separation) 6 for coaching After engaging in structured therapy: • 52.6% improvement in the Generalised Anxiety Disorder (GAD-7) scores • 68.4% improvement in the Patient Health Questionnaire (PHQ-9) scores Workplace Outcomes Suite (WOS): • At the start of therapy **17.9%** of employees were not at work (sickness etc) • After engaging in therapy this reduced to 16.1**%**

Activity	**Target staff group**	**Data and impact** (including feedback and uptake where appropriate)
We are now part of a procurement exercise with 3 additional trusts in BOB to find a supplier once our contract with Health Assured ends in July 2025. Health Assured are on the framework that is being used. An outcome of this tender exercise is expected in May 2025. Trusts will then contract with the chosen supplier individually. By tendering together, we are hoping to achieve a cost saving.		
We have continued to provide MHFA training (and the refresher training after three years) for Oxford University Hospital staff at a significantly reduced rate compared to the market. This has created a small income generation opportunity with the ability to expand if resourcing allows.	System partners	15 OUH attendees to date, generating £1440 income

Future Roadmap:

Upcoming project delivery and likely timescales are captured below.

Activity	**Target staff group**	**Intended benefit**
Wellbeing Review As mentioned above, work is continuing on the longer term actions that have been agreed from the Wellbeing Review. Some of these actions include: - Closer working and regular updates from estates on staff wellbeing areas - Improving training/guidance on completing DSE assessments	All staff	An effective, cost-efficient service which meets the needs of our staff

- Reviewing induction and welcome comms to ensure health and wellbeing support is key - Exploring health checks, access to private insurance or rapid access to GPs - Look at both drivers (systemic issues), self-compassion and managers approach to wellbeing at work as a longer-term approach to questions around protected wellbeing time, leadership training - Reviewing the Wellbeing Champion role		
Wellbeing Matters areas of focus over the next six months include: <u>Launch of digital system:</u> Contracts have been signed and the co-construction of database/ system is in final stages. The DPIA and SOP are in development. <u>Compassion focused staff support</u>: We aim to deliver introductory workshops on compassion and develop Compassionate Mind Training groups for staff/teams. <u>Recruitment of additional SPACE facilitators</u>: Growth via training (PNAs) and psychological workforce.	All staff	Development of the service in line with organisational need.
NHS Charities Together have launched the Workforce Wellbeing Grant and applications for the first wave are due in June. Over May, we will be working with the charity to develop an application. This will include engaging with staff and use data from the recent wellbeing review to identify areas of need. There are three funding streams available to apply for: 1. Immediate impact grants (£10,000 - £50,000) - Projects will need to make a tangible difference to	TBC	TBC

the health and wellbeing of NHS staff by responding to a currently unmet need. 2. Innovation grants (£10,000 - £50,000) - Support projects which seek to innovate and find creative solutions to long-standing issues. 3. Transformation (£100,000 - £250,000) - funding a small number of projects which will deliver significant change and improvements for NHS staff, especially where there are hidden needs not being met by current provision. The timeframe for all these streams is 18 months from October 2025 – April 2027		
The ergonomics team are focused on improving the DSE assessment experience. The team will be promoting guidance on how to undertake a first level DSE assessment as well as piloting some DSE assessor training for managers/wellbeing champions. The team are also aiming to create more capacity in the clinical team and enable them to start targeting (through data) hotspots areas and take a more proactive approach. This has been started through working with teams who have reached out but the aim is to move to a more proactive approach.	All staff	Improved waiting times for ergonomic assessments and reports. Capacity for proactive approach to tackling MSK issues and potential sickness

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	13th May 2025
Title	**Reducing, Preventing and Managing Violence and Aggression Assurance Report**
	for Noting
Reason for the Report going to the Trust Board	Information and assurance in relation to our actions and progress towards reducing violence and aggression experienced by staff which is a key initiative for us. The paper also provides assurance in relation to: 1. The Woker Protection (amendment of Equality Act 2010) Act 2023 which came into force in October 2024, placing a legal duty on employers to take reasonable steps to prevent sexual harassment and create a safe working environment. 2. National violence prevention standards and self-assessment, which are part of the NHS contract and requires us to share our violence prevention and reduction performance with the Board.
Business Area	Organisational
Author	Ash Ellis, Deputy Directo Leadership, Inclusion and organisational Experience and Development. Debbie Fulton Director Nursing and Therapies – Highlight report
Relevant Strategic Objectives	The Plan is relevant to all strategic objectives **Workforce** **Ambition:** We will make the Trust a great place to work for everyone **Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value

Highlight Report
Violence Prevention and Reduction 6 monthly Update

1. Why is this coming to the Board?

This report is written to provide information and assurance to the Board around our actions and progress towards reducing violence and aggression experienced by staff; this includes provision of assurance in relation to the Woker Protection (amendment of Equality Act 2010) Act 2023 which came into force in October 2024, placing a legal duty on employers to take reasonable steps to prevent sexual harassment and create a safe working environment.

To support this work, we are using national frameworks as detailed below.

- The NHSE England Violence ,prevention and Reduction standards (latest revision Dec 2024)

- The Sexual Safety Charter which we singed up to in September 2023, and that commits us to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, set out through 10 core principles.

- The Employers Initiative Domestic Abuse Charter which we signed up to in March 2024, this sets out 5 commitments to support staff affected by domestic abuse.

2. What are the key points?

This report builds on previous reports presented to the Board including updates and progress since the last report in November 2024, the most significant updates are:

1. Re-development of our Violence Prevention and Reduction strategy with the overall aim being to ensure that our people are supported and feel safe and secure at work through:
    - Seeking to understand the causes of behaviour to prevent, manage and reduce occurrences of violence and abuse.
    - Confirming that appropriate sanctions are taken against perpetrators of violence and abuse.
    - Providing timely, accessible support to colleagues and others affected by violence and abuse.
    - Actively encouraging all staff to not accept it, report it, and try to prevent it.
    - Ensuring our people have the education and training appropriate and relevant to their roles and responsibilities.

2. Review and RAG rating of the revised (Dec 2024) NHS England Violence, Prevention and Reduction standards. We have self-assessed to have no red ratings and a mix of green and amber, primarily due to the need for a formal VPR policy and strategy with an Equality Impact Assessment (EqIA) in place. The changes from the previous 2021 standards include a more comprehensive approach to staff safety, wellbeing, and organisational accountability.

3. Trust -wide workforce risk assessment has now been completed, and this will be used to inform a training needs analysis of the training required across differing services to help staff prevent, reduce and manage violence and aggression.

4. A quality Improvement approach has been taken address bullying and harassment to date actions agreed from this include:

- Clear definitions of both Bullying and Harassment will be included in all relevant People Policies to include a clear indication of actions that will be taken to both support victims and address the behaviour of those alleged to have perpetrated such behaviour. Revised policies are anticipated to be in place for Q2 2025/26.

5. A new Trust behavioural framework was launched in November 2024 and continues to be embedded.

6. A resolution pathway for staff has been developed, to support this we have 17 colleagues trained in workplace mediation.

7. Actions are in place to ensure achievement of all commitments detailed within the Sexual Safety Charter and we continue to embed these as detailed in the main report.

8. We have self-assessed ourselves against the commitments within the Domestic Abuse Charter and have actions in place for all commitments. Communication, engagement and awareness raising activity has been a key focus during the last few months as detailed within the main report.

On 9 April 2025 the government announced measures to address violence against NHS staff, with the 2024 NHS Staff Survey revealing 1 in 7 workers experienced physical violence. (For us it is more like 1 in 8, with 12.2% experiencing violence) A quarter of staff faced harassment, bullying, or abuse in the past year, with many incidents going unreported (a similar position for us, and with only 65.2% reporting incidents). The government plans to implement mandatory reporting of violence and aggression, with national-level data collection and analysis to identify disproportionate risks faced by staff based on race, gender, disability, or role.

Appendix 1 contains data and analysis in relation to violence, Prevention and Reduction; including national benchmarking using the national staff survey.

3. What are the implications for EDI and the Environment?

Data (as detailed in appendix 1) demonstrates that staff across our mental health division continue to be most likely to experience physical and non-physical assaults as well as racial abuse, with these assaults being predominantly perpetrated by patients/ public. We have received an increased number of reports of non-physical assaults and racial abuse toward staff compared to last year and slightly lower numbers of physical assaults.

Physical assaults against staff remain a breakthrough objective for the organisation and Prospect Park Hospital has specific actions being undertaken using a Quality Improvement approach to support violence reduction of all forms including racial abuse. These are being undertaken alongside our more general organisational actions being undertaken.

Violence Prevention and Reduction Assurance Report

1. Introduction

This paper provides an update on our assessment of, and our focus on Violence Prevention and Reduction (VPR) in Berkshire Healthcare. This work overlaps with our Unity Against Racism programme, and includes our work on sexual safety, domestic abuse as well as violence, abuse and aggression.

Our Trust VPR Working Group continues to meet 6 weekly chaired by the Deputy Director for Leadership, Inclusion and Organisational experience with representatives from across the organisation including staff networks and unions. The Group reports to the Safety Culture Steering Group.

In November 2024 our last assurance report came to Board which outlined our position, and progress. This paper builds on that and provides further progress as to our updated position.

On April 9, 2025, the government announced measures to address violence against NHS staff, with the 2024 NHS Staff Survey revealing 1 in 7 workers experienced physical violence. (For us it is more like 1 in 8, with 12.2% experiencing violence) A quarter of staff faced harassment, bullying, or abuse in the past year, with many incidents going unreported (a similar position for us, and with only 65.2% reporting incidents). The government plans to implement mandatory reporting of violence and aggression, with national-level data collection and analysis to identify disproportionate risks faced by staff based on race, gender, disability, or role.

2. Our Progress

1. VPR Strategy

Through a Berkshire Healthcare staff abuse survey, NHS National Staff Survey feedback and talking with staff on site, we have re-developed our VPR strategy. The VPR Working Group, Safety Culture Group as well as our Diversity Steering Group have collectively input to the design and focus of this strategy. Violence, aggression and abuse toward colleagues is one of the variables that can have a devastating and lasting impact on health and wellbeing. Therefore, a fundamental part of our work around staff experience and wellbeing is focused on VPR. The strategic objectives and priorities for the 2025-28 VPR Strategy have been developed with consideration of the Trust's policies and its journey over the previous few years. A comprehensive review of national policies has also been conducted to ensure that the strategy aligns seamlessly with wider priorities.
Goal: The overall aim of our VPR strategy is for our people to be supported and feel safe and secure at work. **Objectives**: We will do this by:

1. Seeking to understand the causes of behaviour to prevent, manage and reduce occurrences of violence and abuse.
2. Confirming that appropriate sanctions are taken against perpetrators of violence and abuse.
3. Providing timely, accessible support to colleagues and others affected by violence and abuse.
4. Actively encouraging all staff to not accept it, report it, and try to prevent it.

5. Ensuring our people have the education and training appropriate and relevant to their roles and responsibilities.

2. VPR Standards

In December 2024, NHS England released an updated *Violence Prevention and Reduction (VPR) Standard*, building on the 2021 version with a more detailed, risk-based framework that includes real-time support for managers, enhanced data collection, targeted training via new eLearning modules, and stronger alignment with wider NHS policies like the Sexual Safety Charter. We have now completed a RAG rating against the new standard, with no red ratings and a mix of green and amber, primarily due to the need for a formal VPR policy and strategy with an Equality Impact Assessment (EqIA) in place. These changes reflect a more comprehensive approach to staff safety, wellbeing, and organisational accountability.
Data on violence is shared in Appendix 1.

3. Workforce Risk Assessments and Training Needs Analysis

A Trust-wide workforce risk assessment has been undertaken to understand and establish the level of risk of violence and aggression (physical and non-physical) to all roles and services – we have now risk assessed most services (clinical and non-clinical). A workforce Training Needs Analysis (TNA) has been undertaken, which guidance and recommendations have been formed about the training required by our staff in supporting them to prevent, reduce and manage violence and aggression. Next steps include working out the changes to audience groups for 5,000 staff and discussing the implications of implementing these changes.
We also recently achieved Centre Status which now enables us to deliver Royal Society for Public Health VPR Level 3 and 4 qualifications for operational leads and those working in high-risk environments. We'll be piloting a course soon for an initial cohort of managers.

4. Bullying and Harassment

A task and finish group was established from the VPR Group, taking a QI approach to addressing bullying and harassment. The following progress has been made:

- Clear definitions of both Bullying and Harassment will be included in all relevant People Policies.
- This will include a clear indication of actions that will be taken to both support victims and address the behaviour of those alleged to have perpetrated such behaviour.
- Coupled with a Comms. plan, this will enable the Board & Exec to lead on publicising these changes. This will include Manager Support Network sessions, Webinars, and information on our intranet.
- Revised policies are expected to be ratified and in place at the start of Q2 in 25/26.

Data on bullying is shared in Appendix 1.

5. Behaviours, and Resolution pathway

We launched our new Trust behavioural framework in November 2024 and continue to embed this over the coming months throughout all of our systems, structures, people processes, training and policies. This will help with setting the behaviours expected and also make it easier to identify the unwanted behaviours and reduce these, particularly when thinking about violence, abuse, and conflict.
We have developed a resolution pathway for staff, this includes our challenging conversations training session including kindness and civility, our internal network of accredited Coaches, and an internal mediation scheme that we developed and soft launched in March 2025. We trained 17 colleagues in their workplace mediation certification training.

We have had several contacts already, with 3 formal mediation cases, all with the theme of relationship differences, and all 3 mediations closed having agreed to a resolution.

6. Sexual Safety Charter

As part of our commitment to the sexual safety charter and ensuring the organisation is actively trying to prevent and address sexual harassment as part of Workers Protection Act 2023, we continue to make progress in several areas since the last report which include:

- Promoting our new Sexual Safety learning package that we developed, which has seen 224 colleagues undertake it since we launched at the end of October 2024. There has been a focus on getting our HR and Wellbeing teams through this.
- Further developed our sexual safety intranet pages with a number of resources to support staff, which has seen over 270 hits since we launched it.
- Development of our sexual safety champions at Prospect Park Hospital with several workshops.
- Our Trust Plan On A Page for the year ahead circulated to all staff has a priority around acting against any form of abuse. This has been further embedded by the People Directorate Plan On A Page referencing sexual safety as priority for the year ahead.
- Wellbeing support to staff; where staff have opted in to support from Wellbeing Matters (See Figure 15 in Appendix) – From July-Dec 2024 11 of the 227 incidents had a sexual aspect or alleged sexual assault.

We continue to have active actions in place for all principles and commitments of the Charter. Although we have more to do, this is around engagement, awareness raising and education, we will also need to continuously monitor quantitative and qualitative data to respond pro-actively to any learning and trends.
Data on sexual safety is shared in Appendix 1 including, students, staff, and HR cases.

7. Domestic Abuse Charter

After signing the Employers Initiative Domestic Abuse (EIDA) charter we self assessed ourselves against the EIDA charter commitments and the recommended implementation plan. We have been working on several key actions such as communication and awareness raising, and some of our activity includes:

- November 2024- to date, 9 discussions with either the staff member themselves or a line manager seeking advice.
- The Women's Network hosted a panel session discussing the influence of gender and culture on domestic abuse.
- From July-Dec 2024 we worked with 3 people on the wellbeing line where domestic violence was the main theme.

We have active actions in place for all commitments of the Charter. Although we have more to do, this is generally around continuous engagement, awareness raising and education. Also to note, is the ending of the BRAVE programme which BHFT provided is a big loss. This worked with people who had been affected by domestic abuse to support psychological recovery and was very successful. Unfortunately it was funded by the Police and Crime Commissioner and they cut the funding so much that they could no longer provide a viable service. We referred 4-5 BHFT staff to it. It leaves a gap for victim/survivors who benefit greatly from the support specifically focussed on recovery from domestic abuse.

8. Incidents, Empowerment and Support Anti-racism Workstream

The VPR Group also oversees the action plan for one of the five Exec led antiracism workstreams. Some good progress has been made, some progress includes:

- Developing a standard work flow for consistency and quality in response from our mangers for when they are supporting their staff who have received abuse.
- On the back of feedback from staff and managers in challenging racism, we have developed a ‘dealing with racism from patients’ toolkit for managers.
- Wellbeing support to staff; where staff have opted in to support from Wellbeing Matters (See Figure 15 in Appendix) – From July-Dec 2024 27 of the 227 incidents were of a racism/racist nature.

Appendix 1 – Violence and Aggression prevalence in Berkshire Healthcare

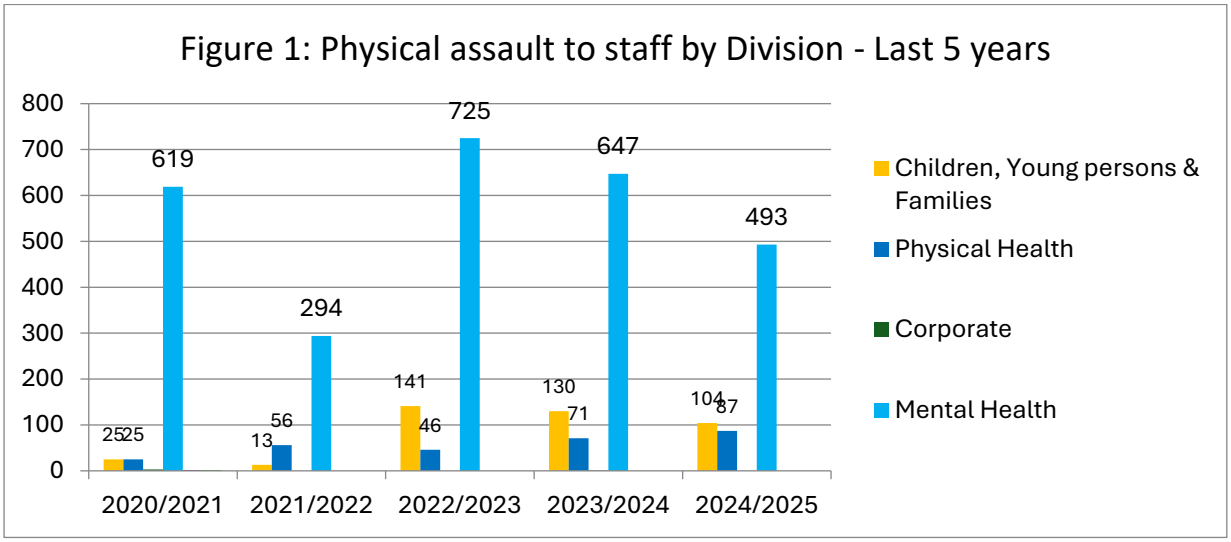


Figure 1 shows that most of our physical assaults happen within our mental health services, although the last 3 years this looks to be decreasing but with our physical health services the last 3 years shows an upward trend.

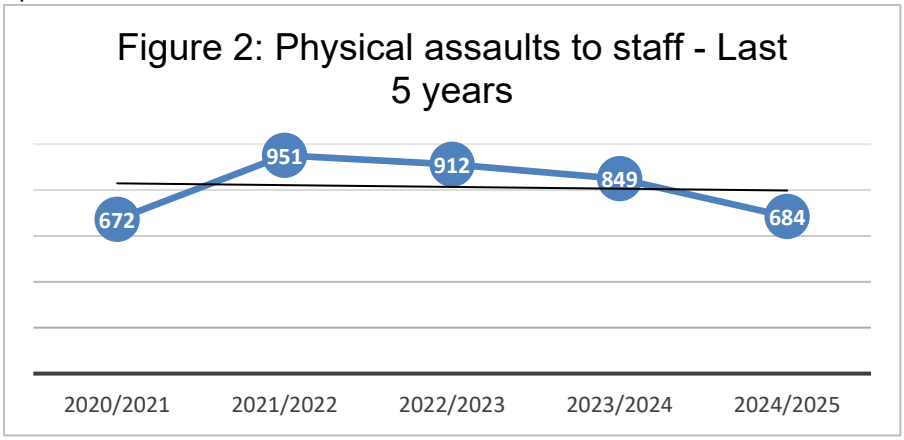


Figure 2 shows that the last 4 years have seen a decrease each year in assaults reported, coming back to a similar position from 5 years ago.

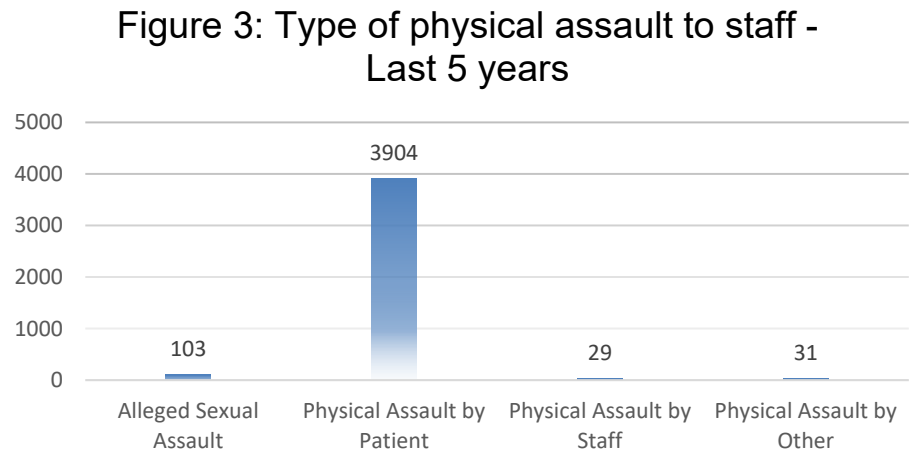


Figure 3 shows the type of physical assault across the last 5 years, which is mostly from patients to staff.

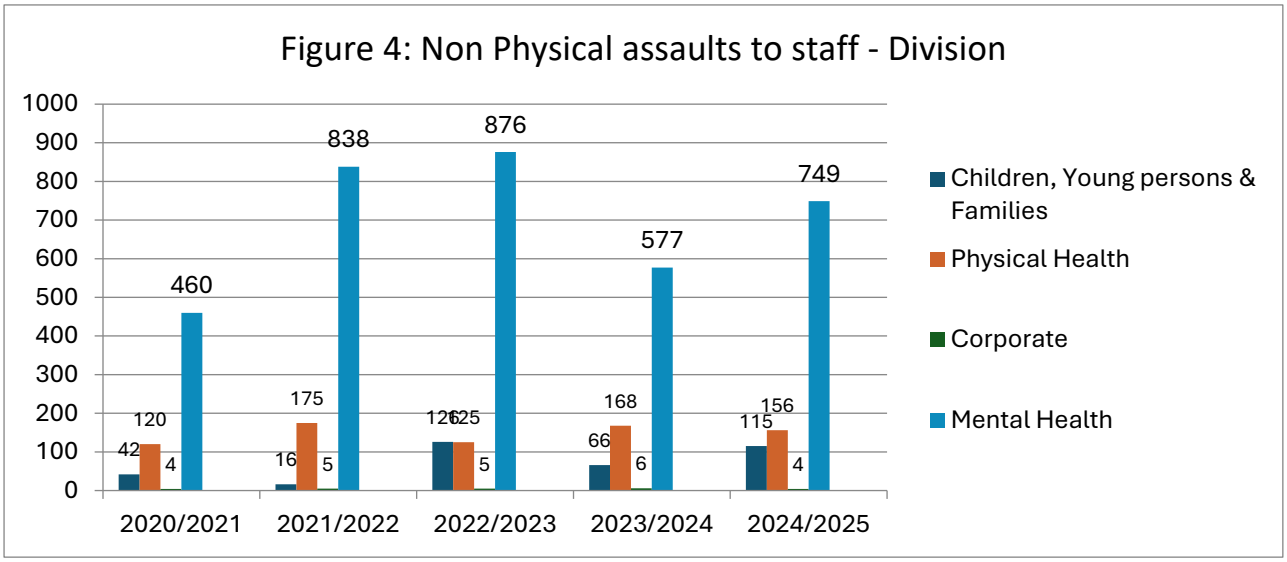


Figure 4 shows that the majority of non-physical assaults happen in our mental health services, which has risen over the past year.

Figure 5: Non-Physical Assaults and type reported over the last 3 years

	Sexual	Racial	threat	allegations	Disability	Religious	Gender or sexual identity	Other type of abuse	Total
Abuse by Patient	303	745	1461	238	3	21	84	906	3761
Abuse by Staff	3	6	30	15	0	0	2	48	104
Abuse by Other	7	31	81	33	0	5	4	149	310
Total	313	782	1572	286	3	26	90	1103	4175

Figure 5 shows that the majority of non-physical assaults over the last 3 years are that of a threatening nature.

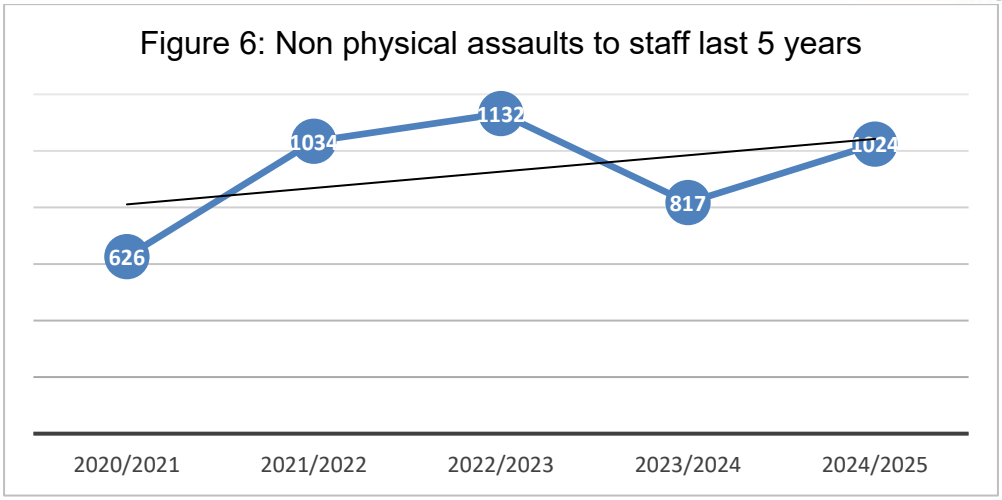


Figure 6 shows us that non-physical assaults have increased overall across the past 5 years and are on an upward gradual increase, with an increase of over 220 since last year.

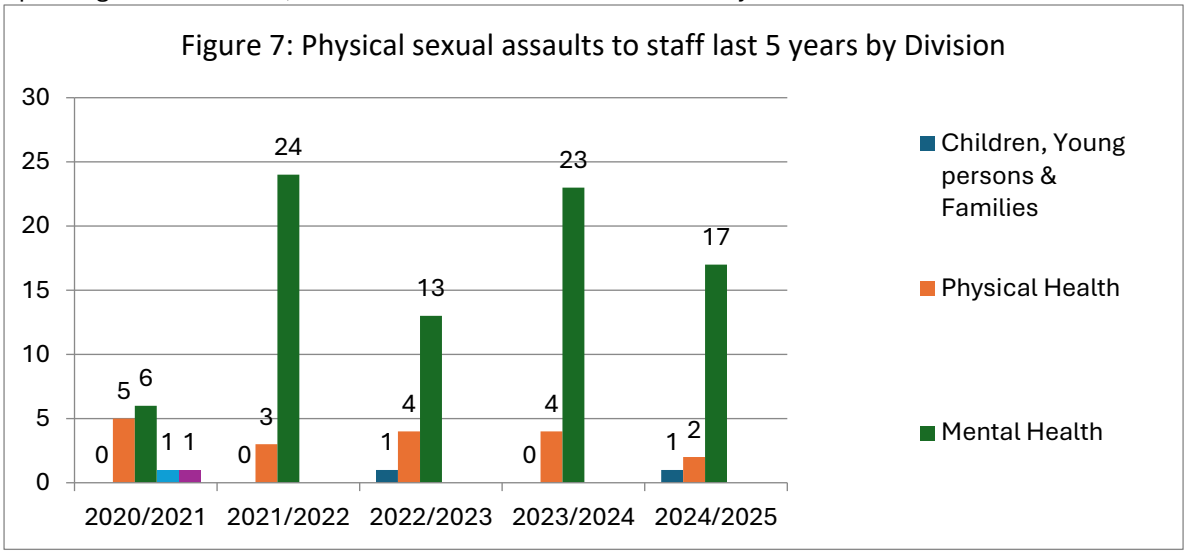


Figure 7 shows that the majority of physical sexual assaults happen in our mental health services, which is a continuing trend each year.

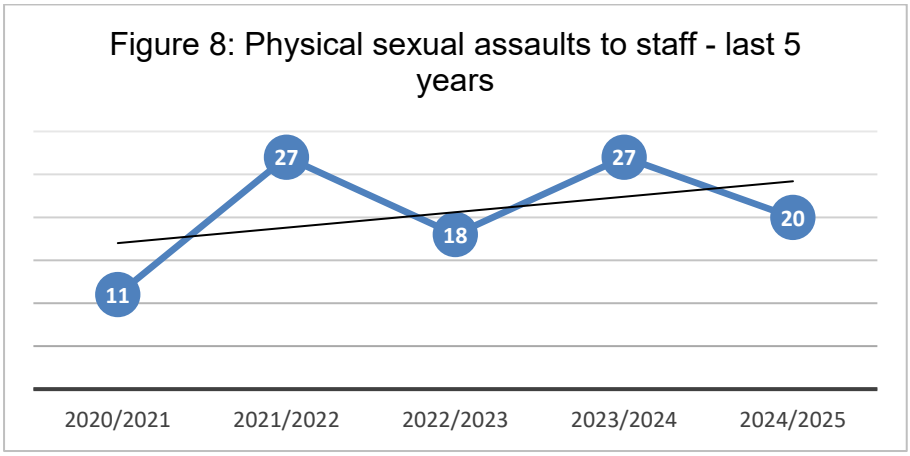


Figure 8 shows physical sexual assaults appear to be on a gradual upward trend across the last 5 years.

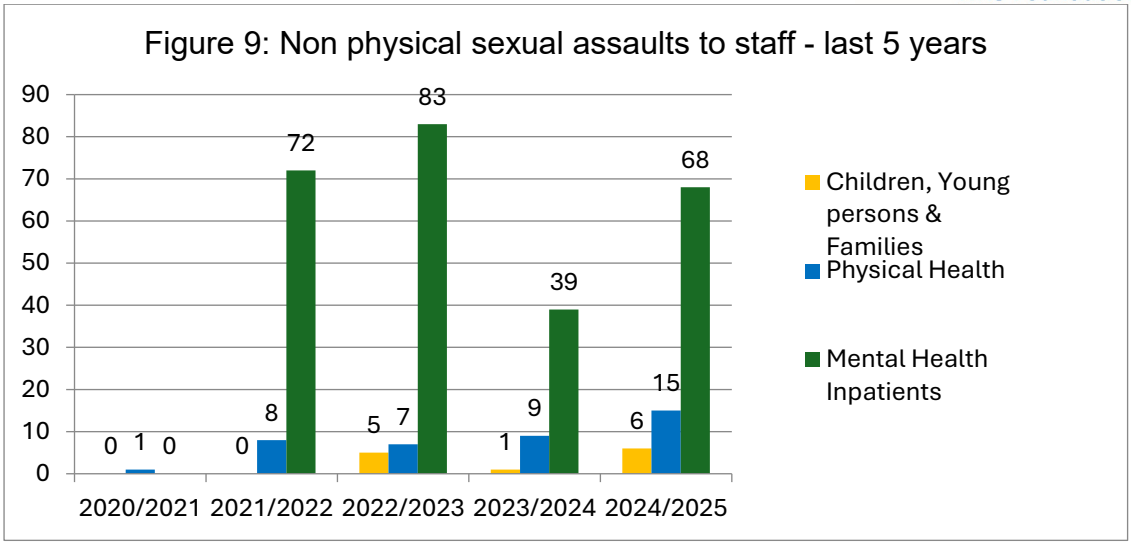


Figure 9 shows that non-physical sexual assaults almost doubled compared to last year, happening mainly in our mental health services. This could correlate with our sexual safety work and encouraging staff to report.

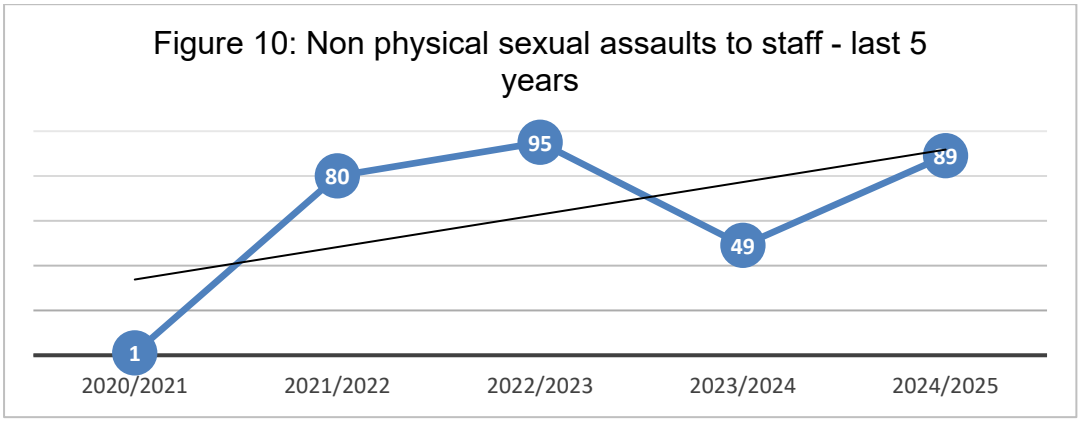


Figure 10 shows that non-physical sexual assaults are on an upward trajectory across the last 5 years.

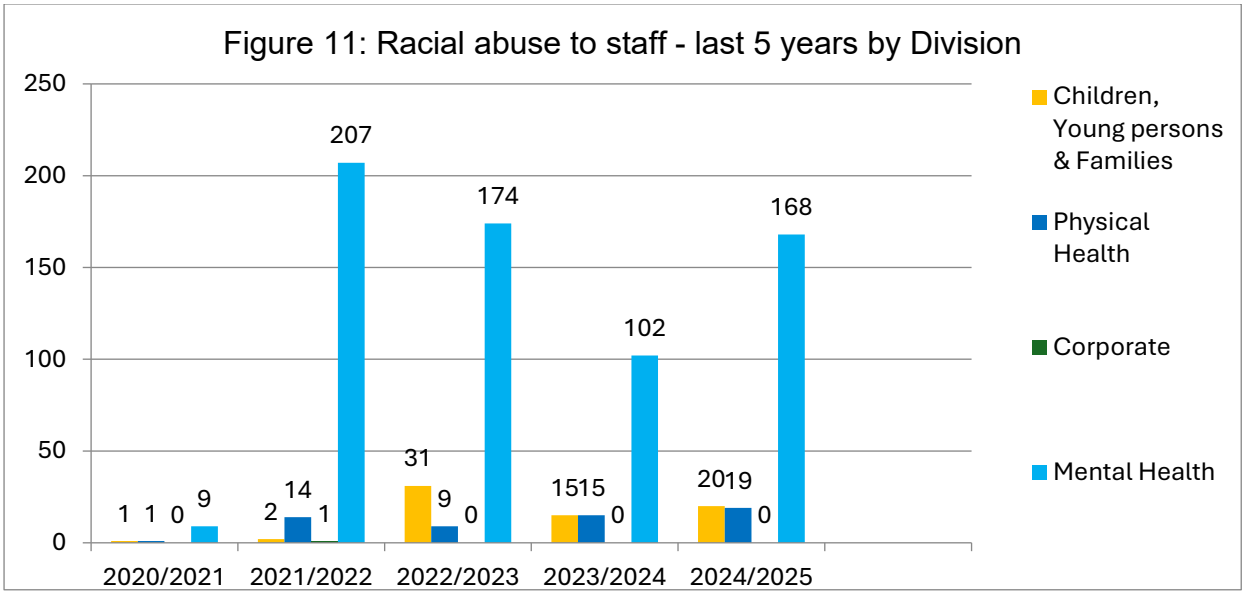


Figure 11 shows that the majority of racial abuse happens in our mental health services, the same for the last 4 years. We also have a high proportion of Ethnically diverse staff who work in mental health inpatients with over 60%.

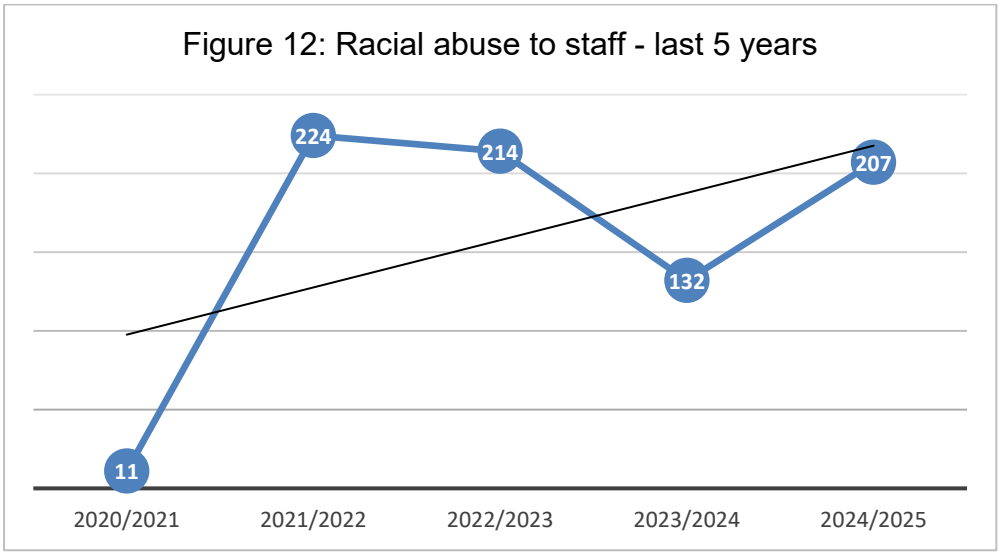


Figure 12 shows that racial abuse across 5 years is on an upward trend, our anti-racism programme and work to support staff reporting could be a factor for this.

Figure 13: NHS National Education and Training Survey – experience of Sexually Inappropriate behaviours for students/learners/trainees

	Yes		No	
Question	**%**	**Count**	**%**	**Count**
Have you experienced unwanted, harmful and/or inappropriate sexual behaviours, by other staff, during your placement / training post?	5.77	3	94.23	49
Have you experienced unwanted, harmful and/or inappropriate sexual behaviours, by patients, during your placement?	7.69	4	92.31	48
Have you witnessed unwanted, harmful and/or inappropriate sexual behaviours, by patients, during your placement / training post?	9.62	5	90.38	47
Have you witnessed unwanted, harmful and/or inappropriate sexual behaviours, by other staff, during your placement / training post?	3.85	2	96.15	50
Did you report the inappropriate sexual behaviours that you have experienced/witnessed?	7.69	4	1.92	1
Do you feel that appropriate and timely action against alleged perpetrators was taken?	3.85	2	1.92	1

Figure 13 shows that most of our learners/students didn't experience sexual incidents, and those who did generally reported it. However, there are still some having poor experiences.

Figure 14: Sexual Safety HR Cases April 2019 to March 2025

Date	Early Resolution	Disciplinary	Whistleblowing
April 2024 – March 2025	1	3	0
April 2023 – March 2024	0	2	0
April 2022 – March 2023	1	4	0
April 2021 – March 2022	0	1	0
April 2020 – March 2021	0*	11	0
April 2019 – March 2020	0*	4	0

*Grievance and Dignity at Work Policy. We made some changes to our policies and trackers in April 2021 (replaced grievance and dignity at work policies with early resolution)

Notes:

- Most allegations are against males and of these, the majority are from ethnically diverse backgrounds.
- Most incidents occurred in mental health services and pertain to allegations between patients and staff members.
- Most cases close at fact find with no case to answer; where cases have progressed to a hearing via a disciplinary process, the staff members have all been summarily dismissed.

In April 2020 – March 2021, 3/11 cases related to simultaneous allegations (i.e. same allegation opened on the same day) from the same patient towards different staff members and a further 2/11 cases relate to the simultaneous allegation from the same patient towards different staff members

Figure 14 shows that there are no real trends or patterns for sexual safety HR casework across the last 6 years, with disciplinaries averaging around 4 per year.

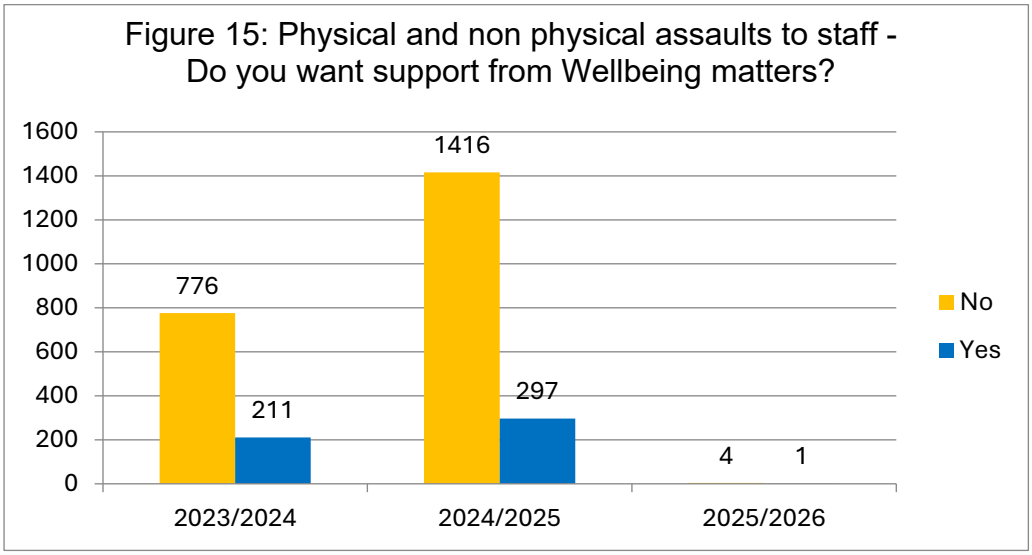


Figure 15; when staff report incidents they are asked whether they want support from our Wellbeing Matters service, which is then followed up by our wellbeing team. This shows that more staff choose not to access support, although there is still a fair amount of staff that say yes to wanting wellbeing support.

2024 NHS National Staff Survey – VPR Sub Scores.

Staff experiences of the various forms of abuse, shared through the NHS staff survey, can be explored by creating 4 sub-scores relating to physical violence, bullying, discrimination & sexual safety. By analysing these sub-scores, it can be shown that the most impactful (negative) experience of staff relates, in general, towards instances of bullying. The table below depicts how the sub scores are made up from which questions in the staff survey.

VIOLENCE PREVENTION & REDUCTION (VPR) Sub Score	PHYSICAL VIOLENCE	q13a	Not experienced physical violence from patients/service users, their relatives or other members of the public
		q13b	Not experienced physical violence from managers
		q13c	Not experienced physical violence from other colleagues
		q13d	Last experience of physical violence reported
	BULLYING	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
		q14b	Not experienced harassment, bullying or abuse from managers
		q14c	Not experienced harassment, bullying or abuse from other colleagues
		q14d	Last experience of harassment/bullying/abuse reported
	DISCRIMINATION	q16a	Not experienced discrimination from patients/service users, their relatives or other members of the public
		q16b	Not experienced discrimination from manager/team leader or other colleagues
	SEXUAL SAFETY	q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public
		q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues

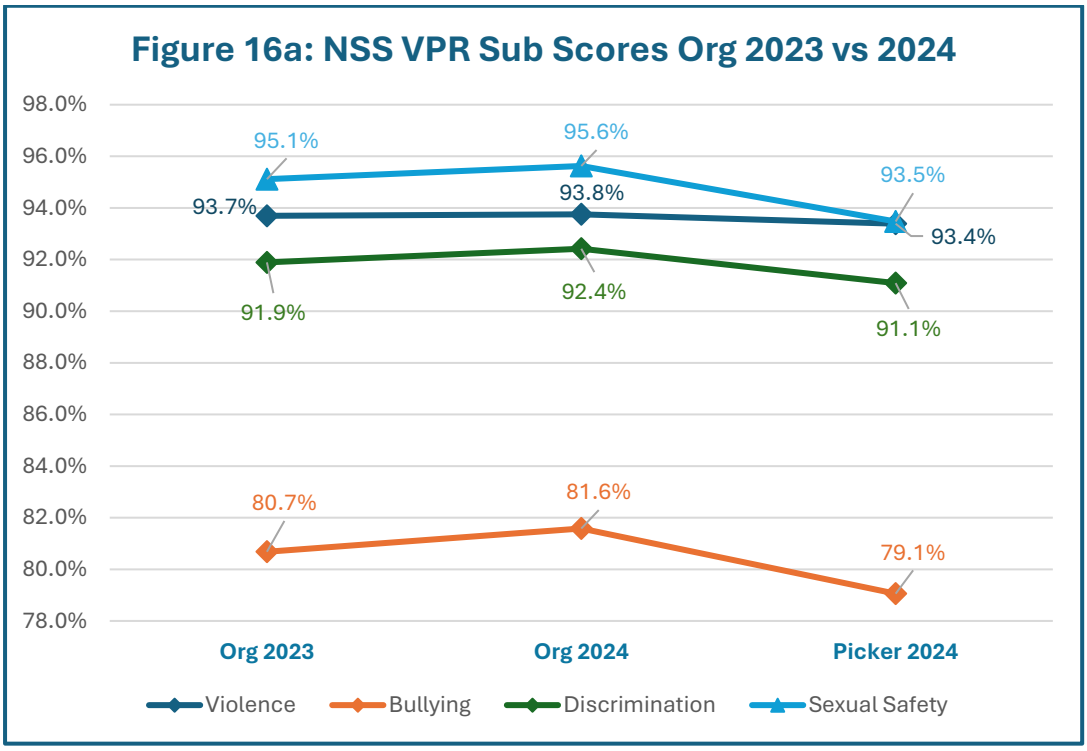


Figure 16a shows the Trust average response to these 4 areas of abuse across the last two years compared to the Picker Average. This shows who is not experiencing these 4 areas of abuse. It shows that we are better than national average for all. More people experience bullying than any form of abuse.

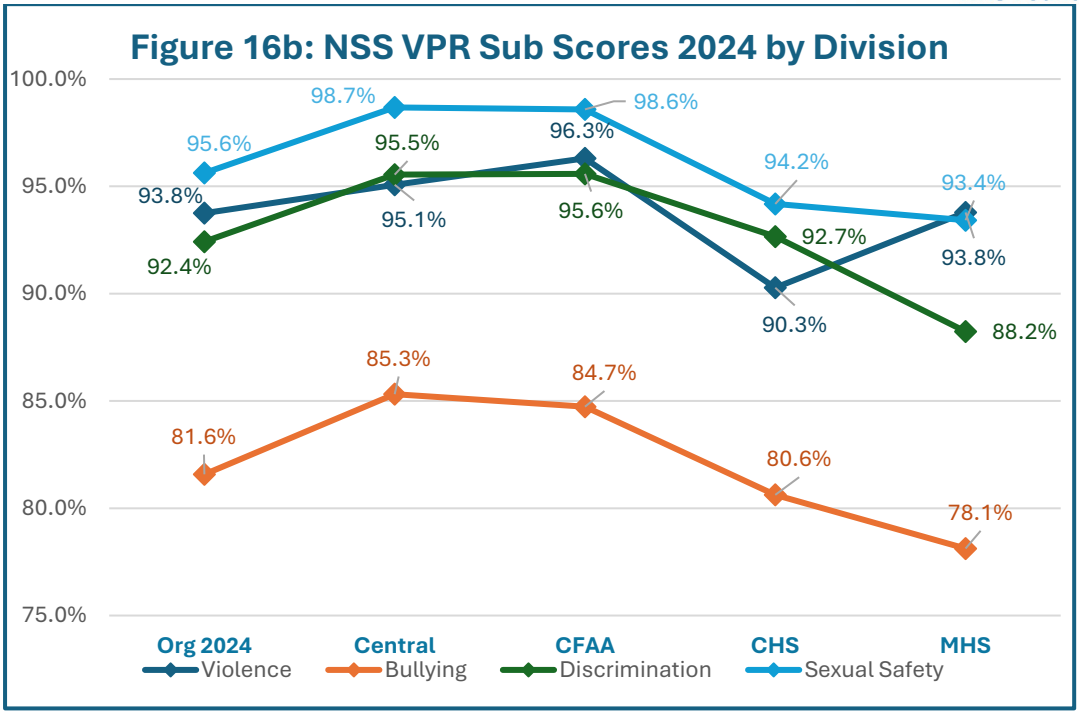


Figure 16b shows the Trust overall response to these 4 areas of abuse compared to each divisions response. Our central services generally experience these forms of abuse less than other divisions, with our mental health services generally experiencing these types of abuse more than any other division.

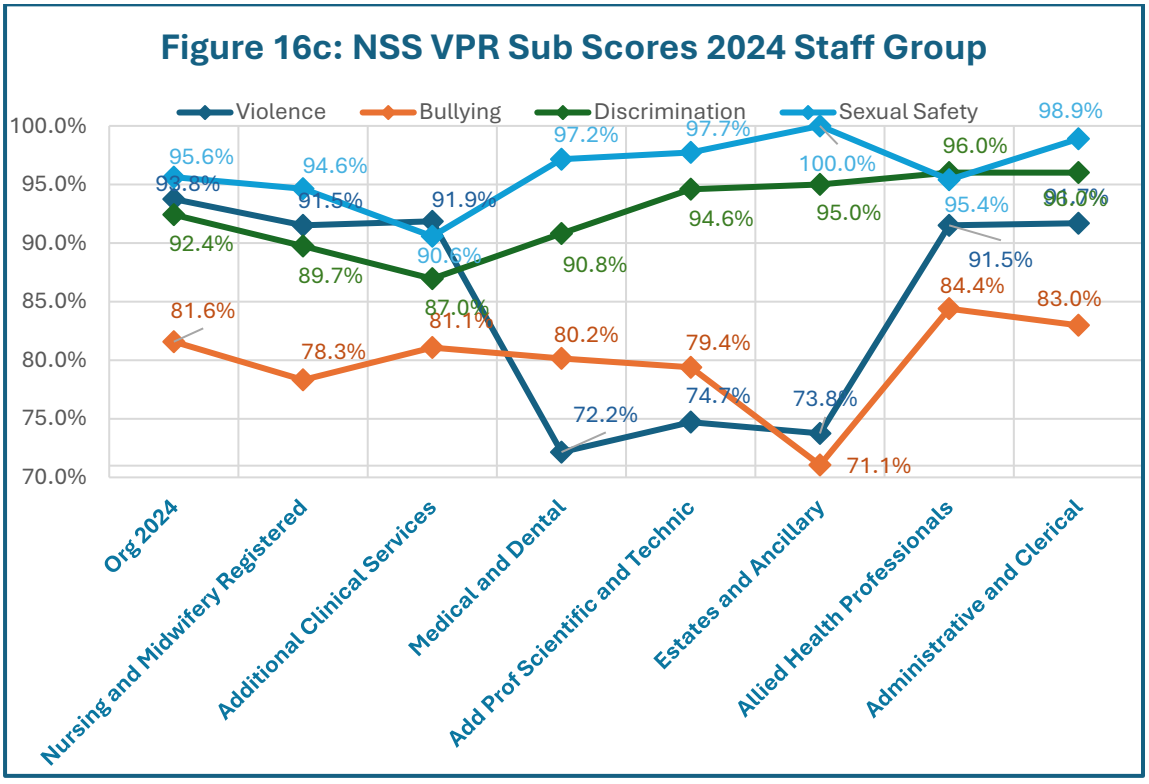


Figure 16c shows Trust overall response to the 4 areas of abuse compared to each professions response. Our additional clinical services staff appear to experience discrimination and sexual abuse more than any other group. Our Medical and Dental staff experience violence more than any other group. Our Estates staff experience bullying more than any other group. Our admin staff appear to generally have better experiences in comparison to other groups.

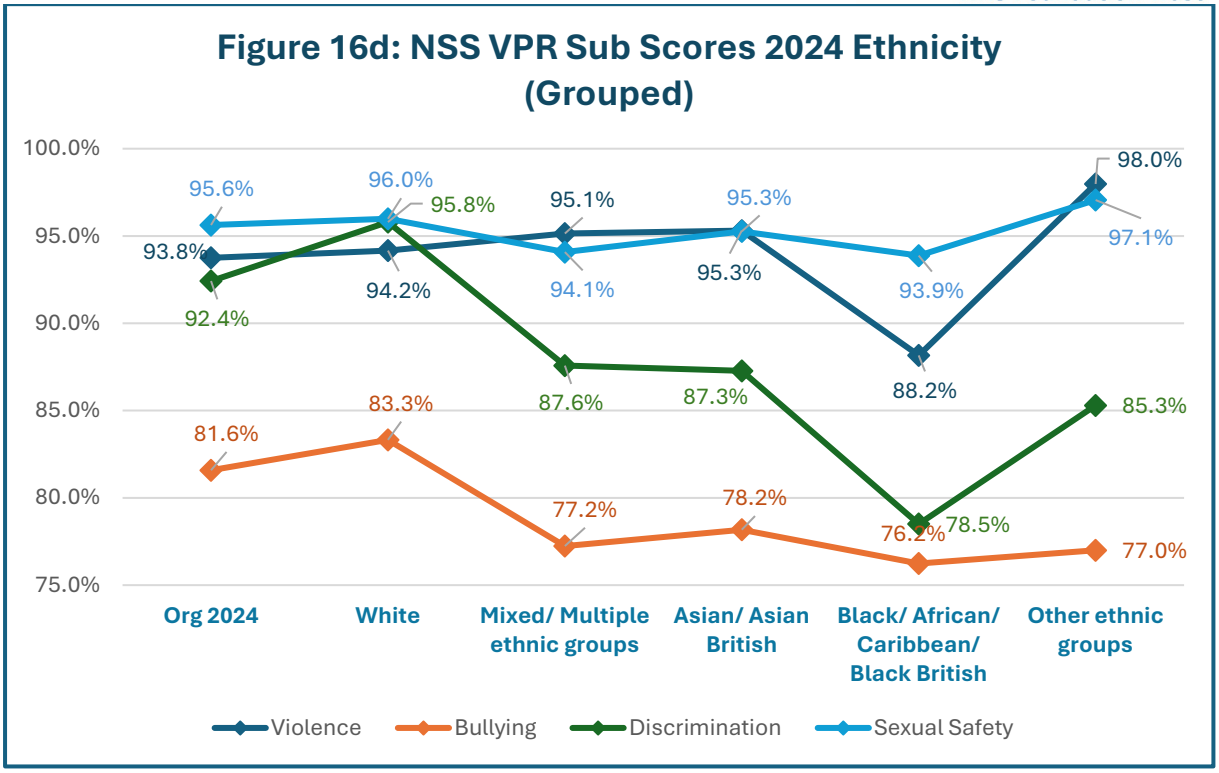


Figure 16d shows us the Trust overall response to the 4 areas of abuse compared to each ethnicity overall response. Our 'Black / African / Caribbean / Black British' staff generally have poorer experiences in all 4 area of abuse compared to other ethnicities. Our 'Other ethnic groups' generally have better experiences when it comes to sexual safety and violence compared to other ethnic groups but have some of the poorest experiences of bullying and discrimination compared other ethnic groups. Our White staff generally have better experiences in most areas compared to other ethnic groups but one of the poorest experiences for violence.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper – In Committee Paper

Board Meeting Date	13 May 2025
Title	**Workforce Retention and Recruitment Update Report**
	ITEM FOR NOTING
Reasons for the Report going to the Trust Board	The Finance, Investment and Performance Committee held on 23 April 2025 discussed the paper and suggested that the report should be presented to the Public Trust Board to provide an update to the Trust's work around increasing retention and reducing staff turnover. The Chair agreed that the report would be submitted to the May 2025 Trust Board meeting.
Business Area	People Directorate
Author	Stephen Strang, Workforce Planning and Insights Manager (on behalf of Jane Nicholson, Director of People)
Relevant Strategic Objectives	Recruitment and retention of our workforce supports all four of our 2025/26 Plan on a Page objectives • Supporting our People • Harm Free Care • Good Patient Experience • Efficient Use of Resources
Summary	The paper is intended as an update on the factors influencing retention and subsequently explore recruitment outcomes. It is not intended to address wider issues around recruitment transformation or diversity and inclusion, both of which are addressed through other strands of work.

Berkshire Healthcare
NHS Foundation Trust

Workforce, Recruitment & Retention Update

FIP April 2025 and Trust Board May 2025

Author: Stephen Strang

Contents

Introduction:

Welcome to the update on Recruitment, Retention, and Workforce for Berkshire Healthcare NHS Foundation Trust. This paper provides an overview of our workforce, recent trends in recruitment and retention, and the progress and challenges we face. The aim is to align our workforce strategies with our mission to deliver high-quality healthcare services to our community.

Management Summary:

Overview

This update summarises the Trust's workforce position as of January 2025, showing key trends, achievements and areas for improvement

Workforce Growth

Click here for workforce data

The Trust has seen notable growth in its workforce, increasing by 240.3 Full-Time Equivalents (FTEs), equating to a 5% rise since January 2024. This increase in growth was also funded because of new services and not just existing workforce.

- The Mental Health division experienced the highest growth at 7.5%, adding 112 FTEs.
- Community health services followed with a 5.3% increase, adding 77 FTEs.
- Central services grew by 5.4%, adding 37 FTEs, despite a previous reduction of 6.7% from January 2023 to January 2024.
- Children's services had a stable growth of 1.6%, adding 14 FTEs.

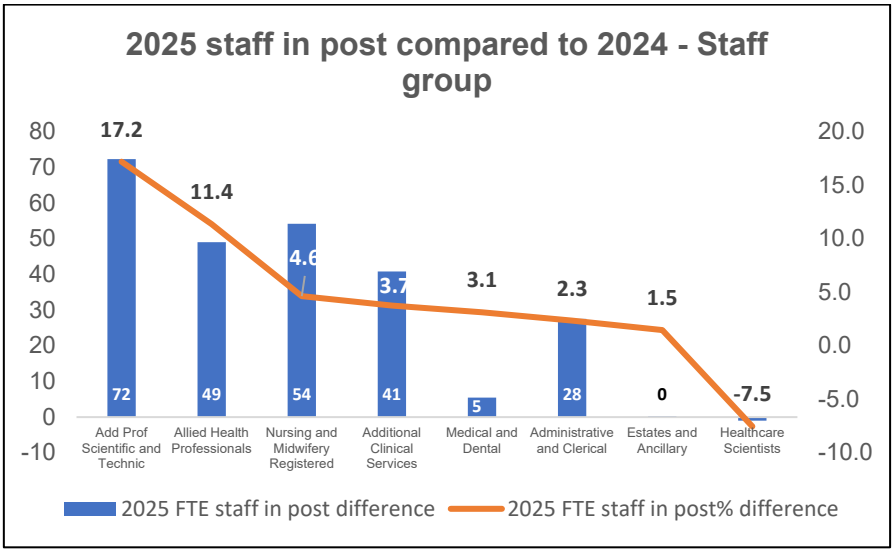
Alongside the growth of the Trust's substantive workforce, there has been a significant reduction in the FTE usage of temporary staff. In January 2025, the Trust recorded a decrease of 108.3 FTE in agency and bank staff usage vs January 2024, indicating that efforts to reduce reliance on temporary staffing have been effective.

Fixed Term Substantive Workforce **Click here for workforce data**

The Trust's Fixed Term Substantive workforce decreased significantly in January 2025, offsetting permanent workforce growth, reaching the lowest level in four years at 196.8 FTEs, a reduction of 6.9% from the previous year. This decrease may be attributed to the Trust's financial position, where fixed-term roles are often reviewed to achieve payroll savings.

Focus on Frontline Services **Click here for workforce data**

Staff groups experienced varied growth. The professional scientific and technical workforce increased by 17.2% (72 FTEs). Allied health professionals grew by 11.4% (49 FTEs), and nursing and midwifery staff by 4.6% (54 FTEs). Additional clinical services staff grew by 3.7% (41 FTEs), and admin clerical staff saw the smallest growth at 2.3% (28 FTEs). This suggests a focus on recruitment to frontline services and increased automation and process improvements reducing the need for back-office staff.



Retention and Turnover **Click here for turnover data**

The Trust achieved notable improvements in retention and turnover rates. By January 2025, turnover had decreased to 11.6%, down 0.6 percentage points from January 2024. In November 2024, the Trust recorded its lowest turnover rate at 11.5%, continuing a positive trend from 16.3% in January 2023.

Leavers **Click here for leaver data**

Staff leavers reduced to a four-year low, with 562 leavers in 2024, 21 fewer than in 2023, and 160 fewer than in 2022. The decrease in turnover rates and total leavers indicates a healthier retention strategy.

External Influences **Click here for turnover data**

Despite the positive trend, external factors beyond the Trust's control often influence turnover rates. Evidence from ICS turnover rates shows similar patterns across all six NHS trusts, highlighting the importance of comparing the Trust's performance with other NHS trusts.

Band 6 Staff Retention **Click here for leaver data**

A notable reduction in leavers among band 6 staff was observed in 2024, with 27 fewer leavers than the previous year, amounting to a 26% reduction. This is significant given workforce projections indicating that band 6 posts across most clinical professions are anticipated to have the most workforce gaps.

as not all growth was in existing services but due to new business.

Work-Life Balance **Click here for leaver data**

An encouraging insight from the leaver data is the reduction in staff leaving due to work-life balance issues, with 36 fewer staff leaving for this reason compared to the previous year, representing a 35% reduction. However, the Trust experienced a 52% increase in staff leaving due to relocation, requiring further investigation.

Recruitment **Click here for external hire data**

External hires remained nearly unchanged in 2024, with 869 hires, just three fewer than in 2023. Despite the decrease in hiring rate, there was a discrepancy of 307 between the number of leavers and the number of external hires made.

Recruitment Times and Efficiency Improvements **Click here for recruitment process data**

The Trust reduced the hiring time by 10.4 weekdays between February 2024 and January 2025, now averaging 45.4 days. The employment check stage also saw a reduction of 6.5 working days. This improvement, with 869 hires in 2024, equates to an extra 50 FTE of staff being ready to work. Satisfaction levels within the recruitment team and feedback from hiring managers have significantly improved, with candidates consistently giving high satisfaction scores and manager survey satisfaction rising from 60% to 90% over the year.

Application Surge **Click here for recruitment process data**

Despite advertising fewer positions in 2024, the Trust received 44,700 applications—over 13,000 more than the previous year. Managers now receive an average of 17 applications per advert, compared to 6 in 2022. Interventions are needed to reduce shortlisting time.

Interview Attendance **Click here for recruitment process data**

Interview attendance rates increased significantly in 2024, reaching 75.3%, marking a 2.7 percentage point increase from 2023 and a 5.7 percentage point increase compared to 2022.

Exit Surveys **Click here for completion data**

Completion rates for exit surveys dropped from 65% in 2023 to 30% in 2024, likely due to the removal of an HR post responsible for scheduling calls with departing staff. These surveys provide valuable insights into why staff leave and their experiences and we need to conder how we can increase completion of these surveys.

Experience Scores **Click here for experience data**

The reduction in completed exit surveys may affect the reliability of experience scores due to a smaller sample size. In 2024, the rate of leavers stating their workload was manageable reached a record high. However, there was a notable decrease in staff who felt their line manager was a good leader, with a nine-percentage point drop from the previous year.

Areas for Improvement

The Trust needs to investigate several areas for improvement, including the increasing number of staff leaving due to "promotion" elsewhere; the rising number of additional clinical services staff departing; the decreasing satisfaction rates relating to staff relationships with their managers, and the exit survey process.

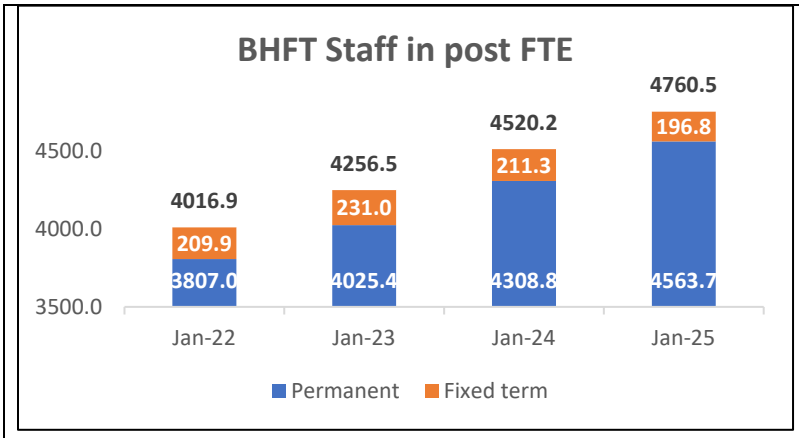
Future Recommendations **Click here for recommendations**

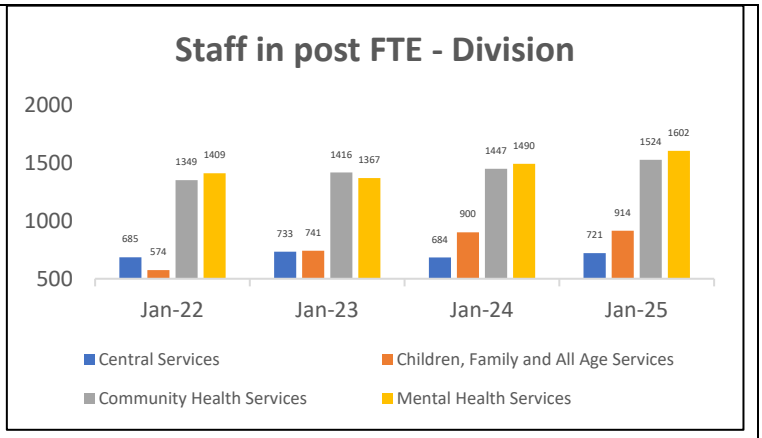
The Trust should examine why additional clinical services staff and band three and four staff are leaving. It's important to address relocation-related departures and improve staff-manager relationships. Increasing exit survey completion rates can offer valuable insights for future workforce strategies.

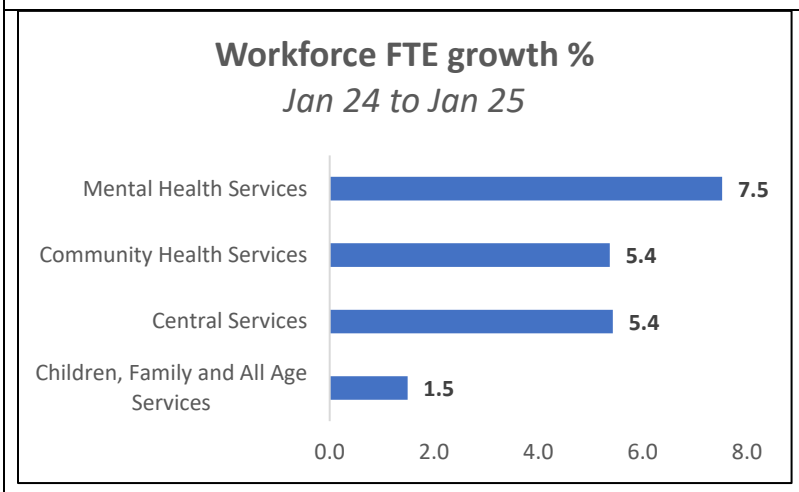
Appendices:

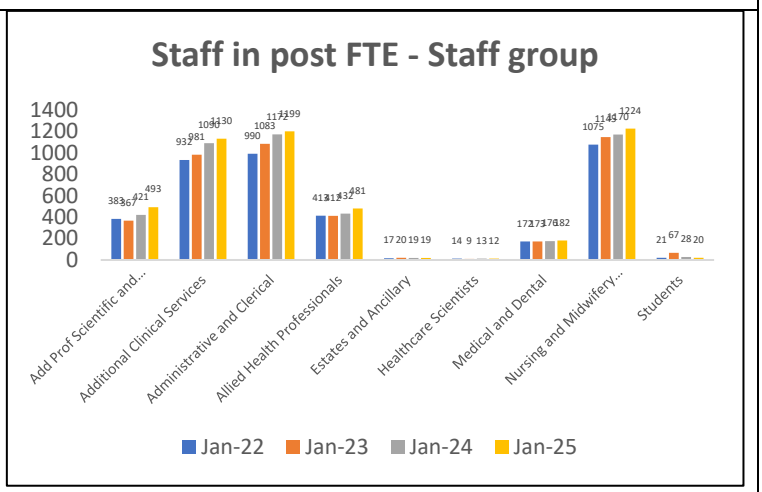
Workforce data:

[Click here to return to management summary]









By January 2025, Berkshire Healthcare NHS Foundation Trust's workforce grew by 240 full-time equivalents, a 5.3% increase. This was less than previous years: 6.2% in January 2024 and 6% in January 2023. The temporary workforce in January 2025 was the lowest in four years at 196.8 FTE, a 6.9% reduction from the previous year, likely due to the trust's financial constraints.

	Fixed Term	Perm	Overall
2022	209.9	3807	4016.9
2023	231	4025.4	4256.5
% change (23 vs 22)	10.1	5.7	6.0
2024	211.3	4308.8	4520.2
% change (24 vs 23	-8.5	7.0	6.2
2025	196.8	4563.7	4760.5
% change (25 vs 24)	-6.9	5.9	5.3

Mental health services grew by 112 FTEs (7.5%) between January 2024 and January 2025. Community health services saw a rise of 77 FTEs (5.3%). Central services increased by 37 FTEs (5.4%), following a previous reduction of 6.7%. Children's services had a stable growth of 14 FTEs (1.6%), after a significant 21.5% increase from January 2023 to January 2024.

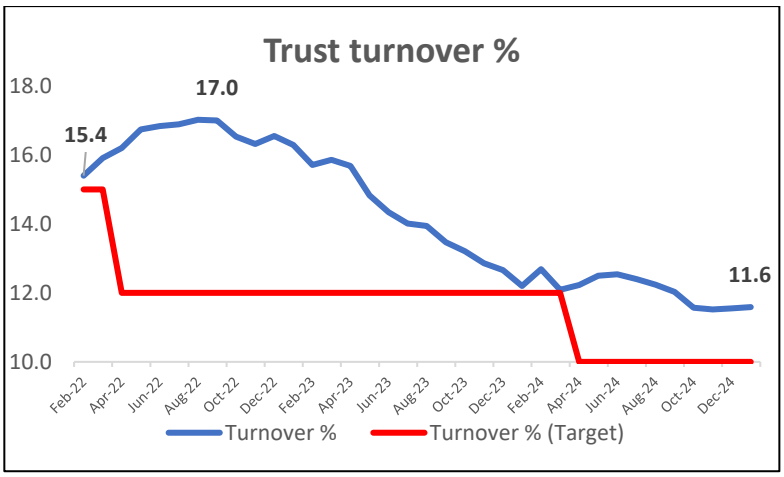
	Central	Children's	Community Health	Mental Health
2022	685	574	1349	1409
2023	733	741	1416	1367
% change (23 vs 22)	7.0	29.1	5.0	-3.0
2024	684	900	1447	1490
% change (24 vs 23	-6.7	21.5	2.2	9.0
2025	721	914	1524	1602
% change (25 vs 24)	5.4	1.6	5.3	7.5

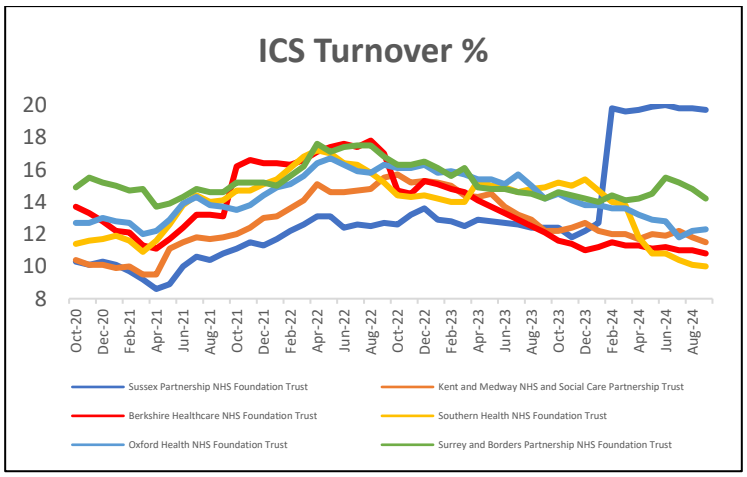
Professional scientific and technical staff grew by 17.2% (72 FTE), allied health by 11.4% (49 FTE), nursing and midwifery by 4.6% (54 FTE), clinical services by 3.7% (41 FTE), and admin clerical staff by 2.3% (28 FTE). This indicates a focus on frontline workforce growth rather than back-office roles, likely due to technological advancements.

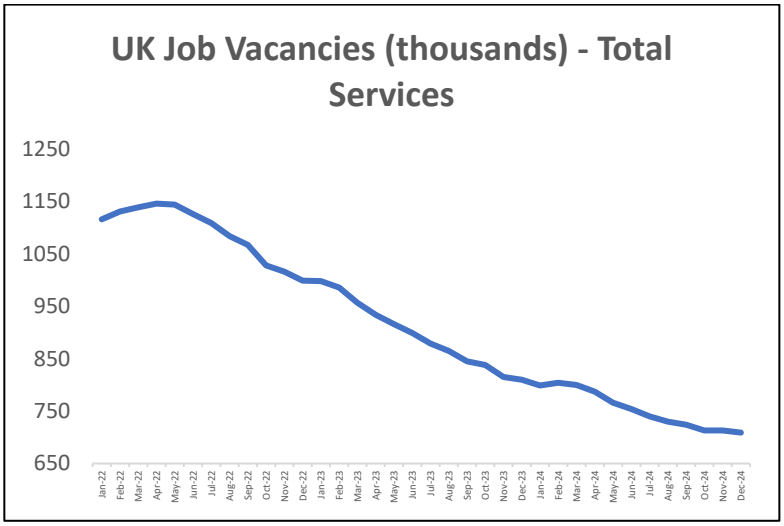
Staff Group	FTE Change	Workforce Growth (%)
Add Prof Scientific and Technic	72	17.2
Allied Health Professionals	49	11.4
Nursing and Midwifery Registered	54	4.6
Additional Clinical Services	41	3.7
Medical and Dental	5	3.1
Administrative and Clerical	28	2.3
Estates and Ancillary	0	1.5
Healthcare Scientists	-1	-7.5
Students	-8	-29.1

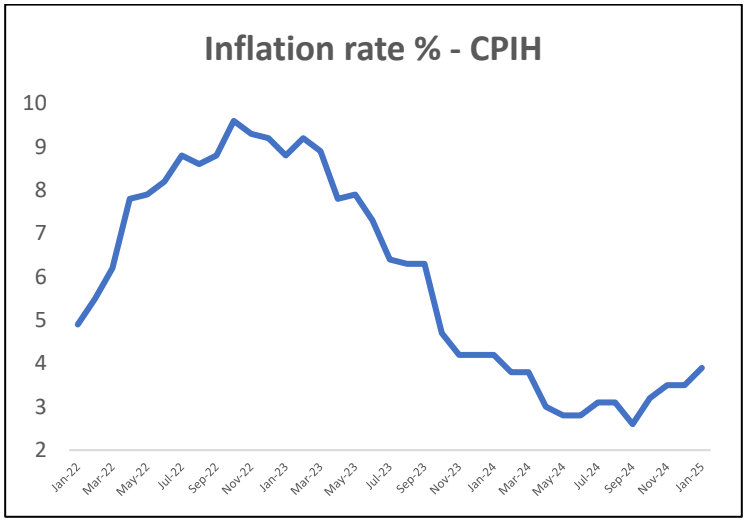
Turnover data:

Click here to return to management summary









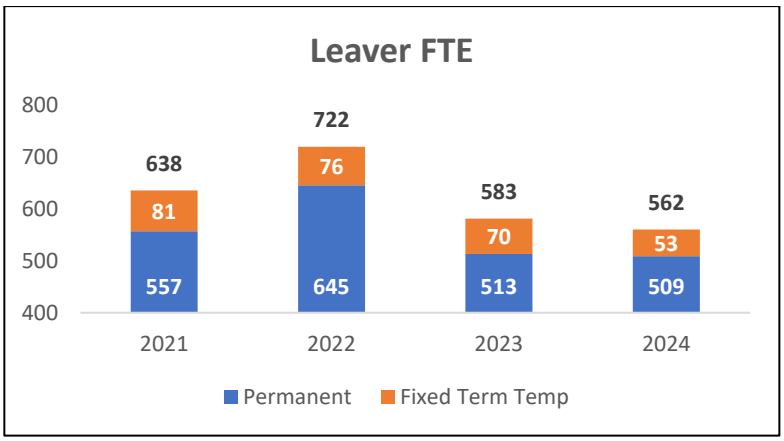
The trust's turnover rates have shown a steady decrease, with the rate for January 2025 at 11.6%, which is 0.6 percentage points lower than in 2024. This trend has been consistent over several years. If the trust had maintained a 16.3% turnover rate in January 2025, it would have resulted in **an additional 206 leavers** within the calendar year.

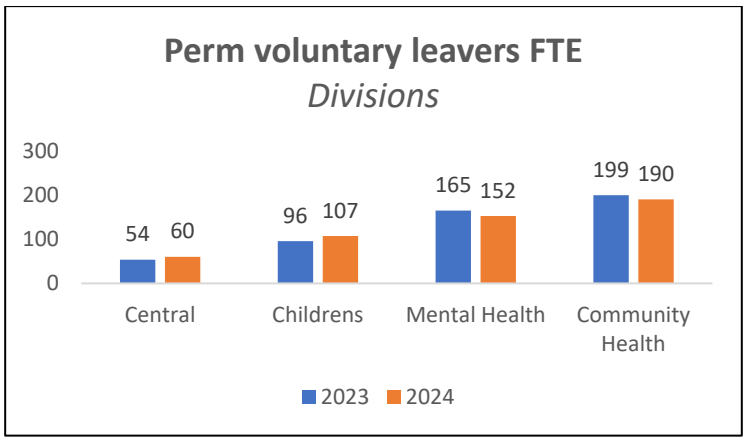
Although decreasing turnover is positive for the trust, it is important to note that external factors beyond the organisation's control often influence turnover rates. Evidence of this can be seen when examining the ICS turnover rates, where similar turnover reductions are observed across all six NHS trusts. Consequently, while monitoring our turnover rate is crucial, it is equally important to compare it with those of other NHS trusts to accurately assess our performance.

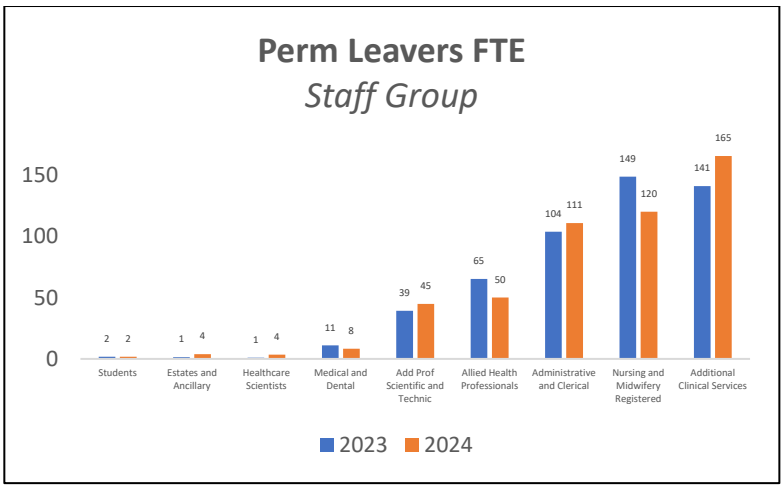
In August 2022, the Trust had the highest turnover rate among our six ICS partners and we were frequently among the worst-performing trusts for turnover in previous months. Following our Retention Event in September 2022, we are now the second-best performing Trust regarding staff turnover, with some months where we ranked as the best-performing trust.

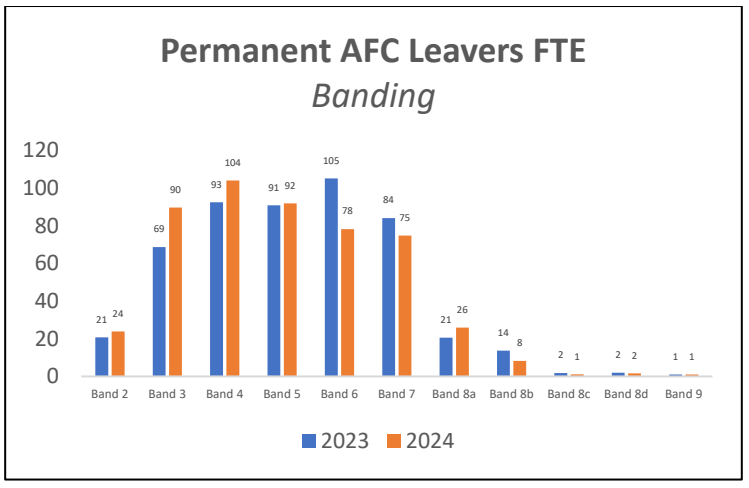
Retention (leavers data):

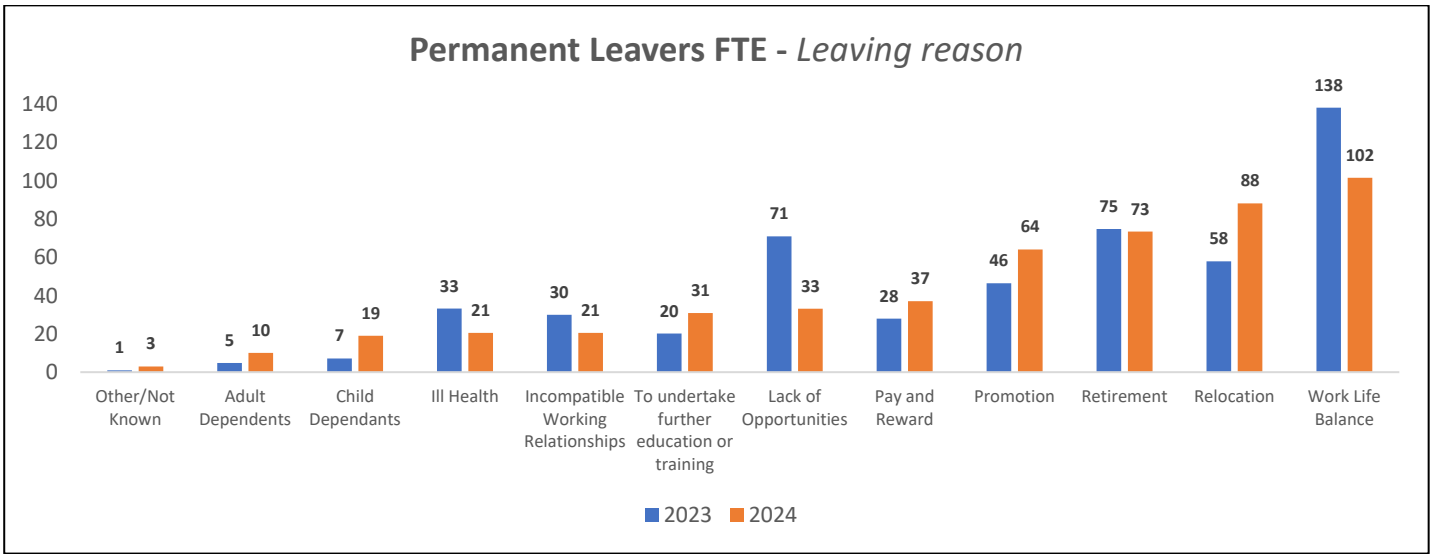
Click here to return to management summary











% of total leavers

	Other - Not Known	Adult Dependents	Child Dependants	Ill Health	Incompatible Working Relationships	To undertake further education or training	Lack of Opportunities	Pay and Reward	Promotion	Retirement	Relocation	Work Life Balance
2023	0	1	1	6	6	4	14	5	9	15	11	27
2024	1	2	4	4	4	6	7	7	13	15	18	20

In 2024 the Trust had 509 permanent leavers versus 513 in 2023 and 645 in 2022.

Mental health and community health services saw fewer permanent leavers, while central services and children's services had a slight increase.

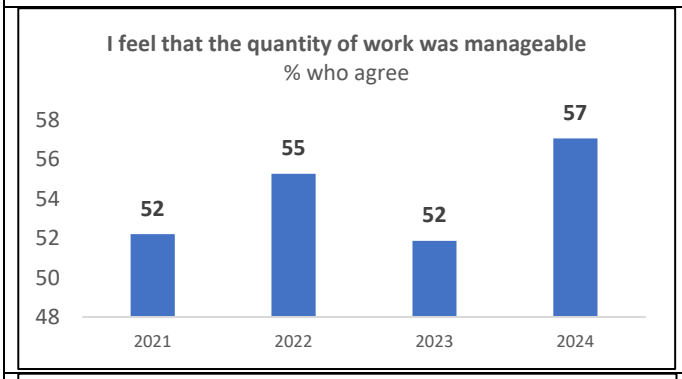
There was, however, a 17% rise in additional clinical services staff leaving us, with an increase of 24 FTE. Nursing and midwifery staff turnover fell by 20%, with 29 fewer FTE leavers compared to the previous year. Allied health professionals also saw a 25% reduction in leavers and were notably our most engaged staff in the recent staff survey.

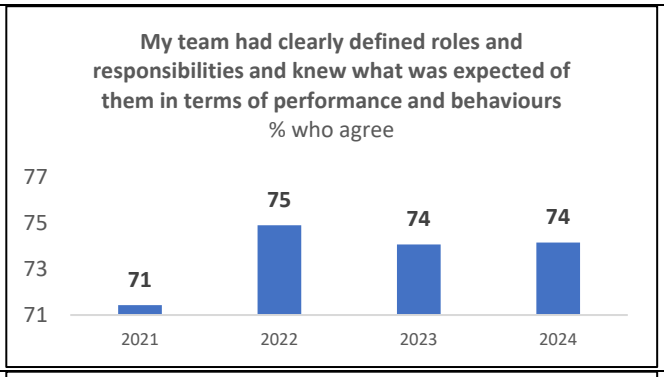
Band 6 staff departures dropped by 26%, with 27 fewer leavers. **This is significant given workforce projections indicating gaps at this grade.**

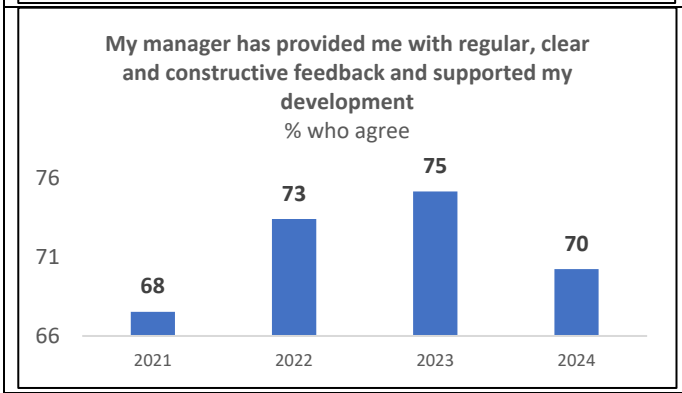
Staff leaving due to work-life balance issues decreased by 35%, with 36 fewer leavers. This reason remains the main cause for departure, though the gap between this and the second highest reason has narrowed.

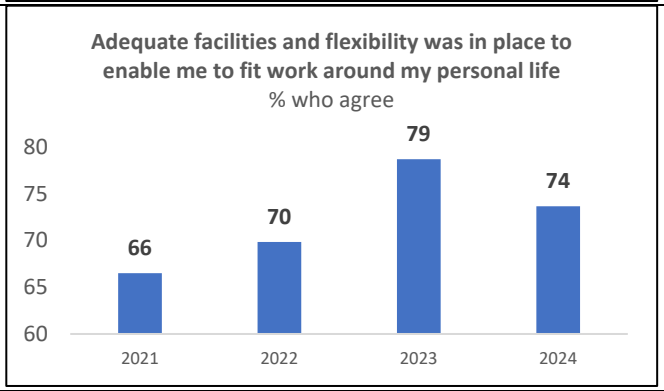
The trust experienced a 52% increase in staff leaving due to relocation, with 30 more leavers for this reason than the previous year. Relocation was the second highest reason for staff leaving.

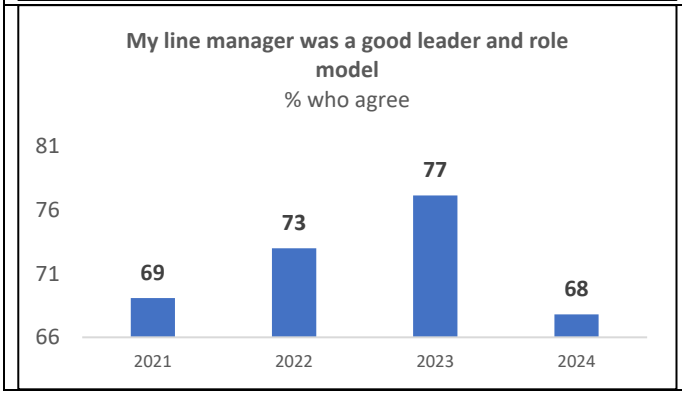
Exit survey – Experience scores: Click here to return to management summary

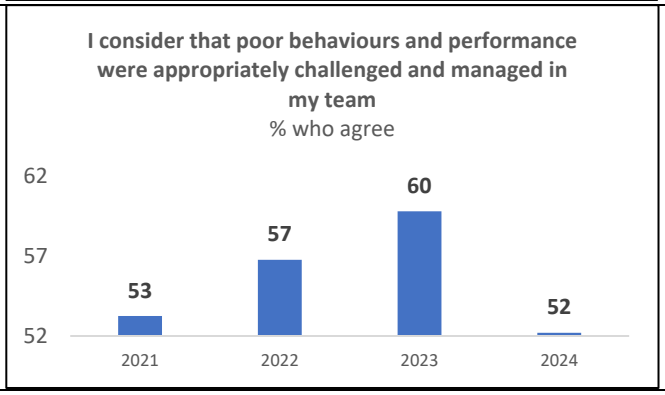


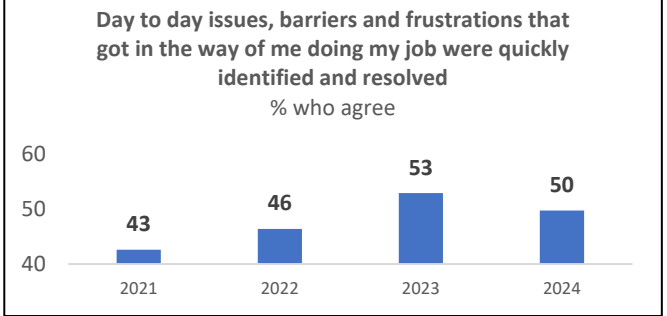


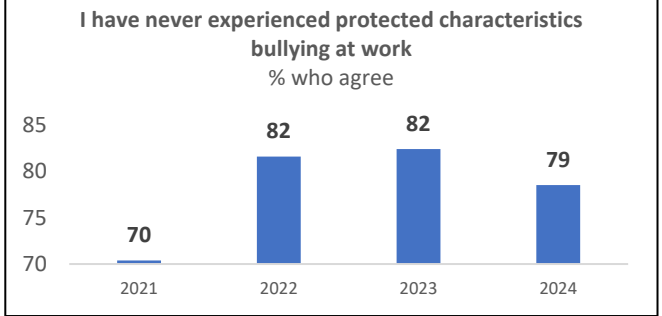


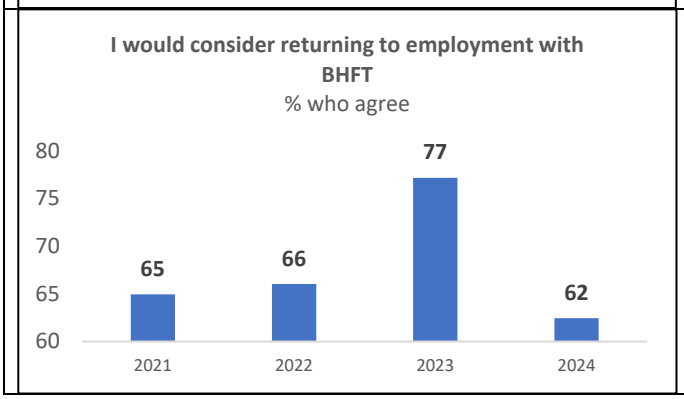


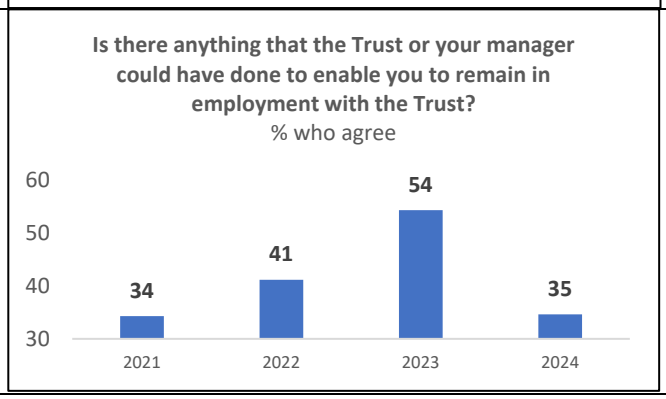












The reduced rate of completed exit surveys may not affect the percentage rates of some experience scores, but it could impact their reliability due to the smaller sample size.

Low exit survey completion rates could reduce reliability of insights due to fewer responses.

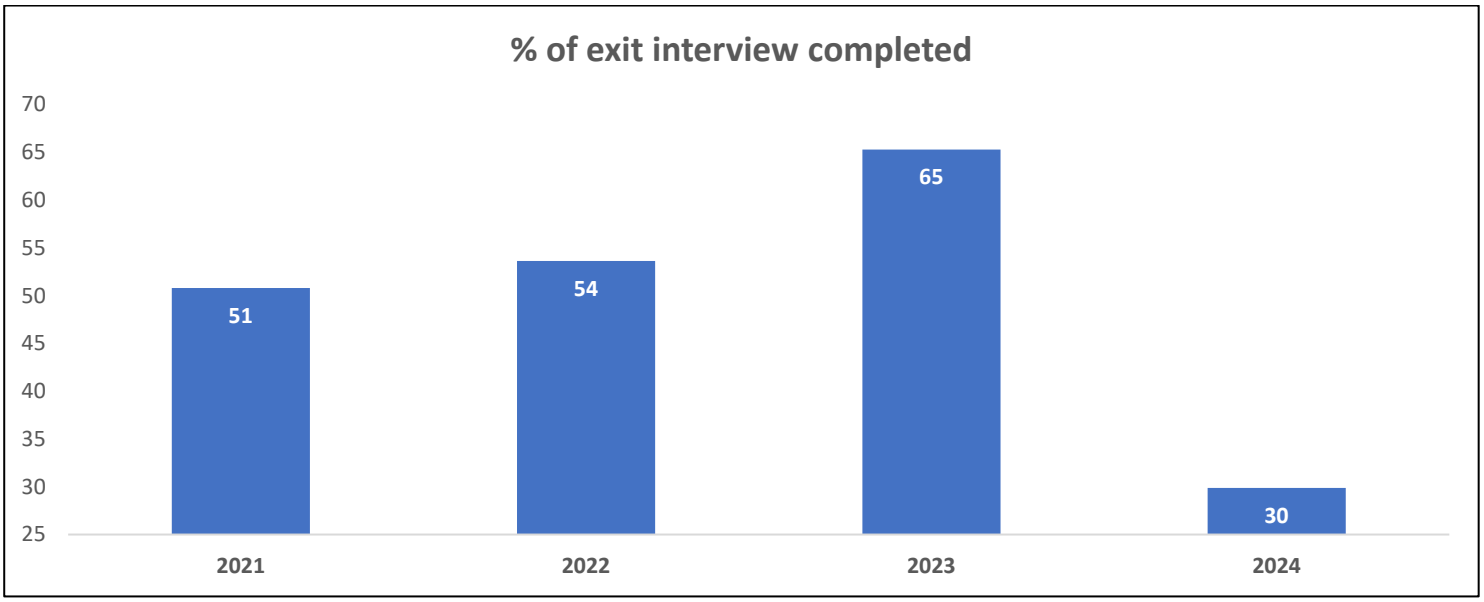
In 2024, a higher number of leavers reported manageable workloads, likely reducing work-life balance departures.

Concerns include a nine-point drop in staff agreeing their manager was a good leader and role model, marking the lowest score on record. Similarly, agreement that "poor behaviours and performance were appropriately managed in my team" fell by eight points. We have in the last wo years invested again in our leadership development programme and have this year launched our new behaviours model.

Encouragingly, fewer regrettable leavers were noted, with a 19-point decrease in agreement that "the Trust or your manager could have done something to keep you employed."

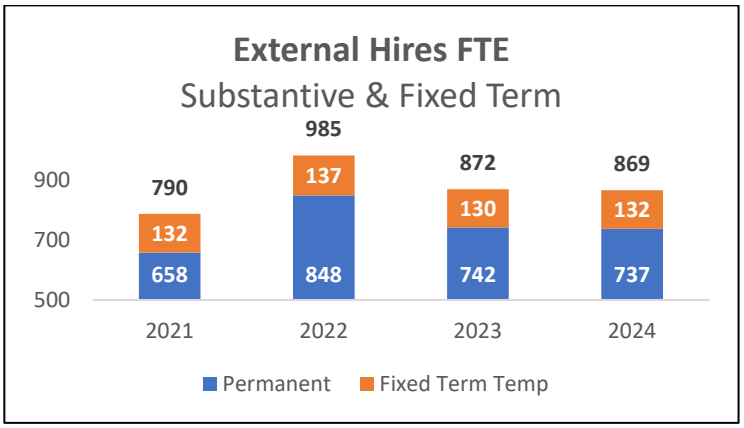
Exit survey (completion rate):

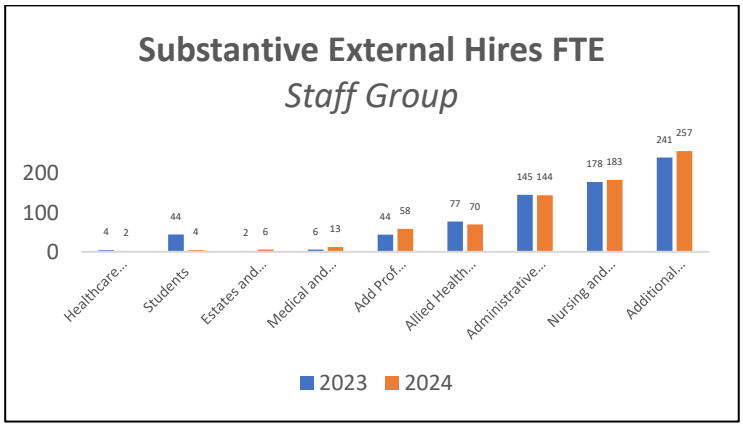
[Click here to return to management summary]

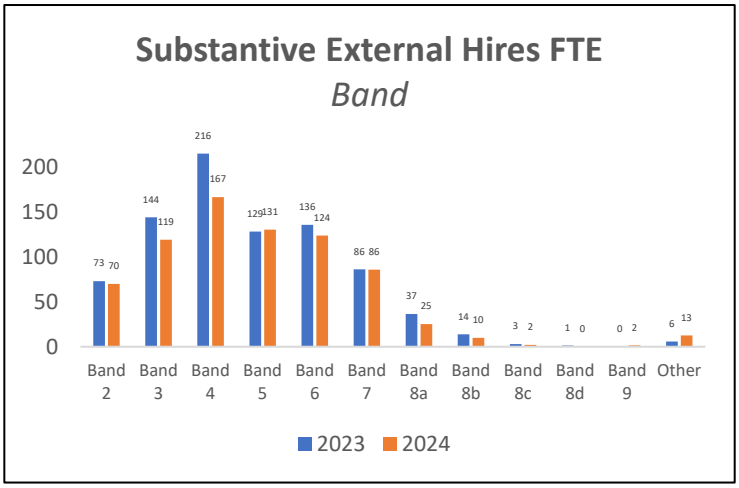


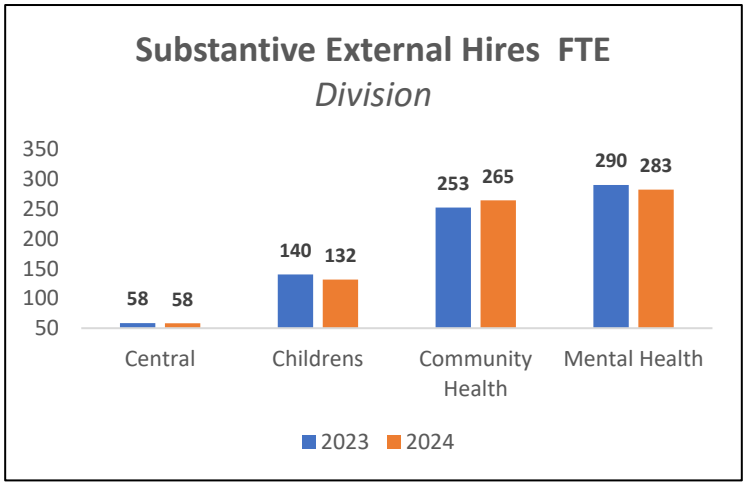
In 2024, exit survey completion rates fell from 65% to 30% due to the removal of an HR role that managed these interviews. These surveys are vital for understanding staff departures. The trust should assess the value of this data for its goals and develop an alternative strategy to improve completion rates if necessary.

Recruitment (external hire breakdown): Click here to return to management summary









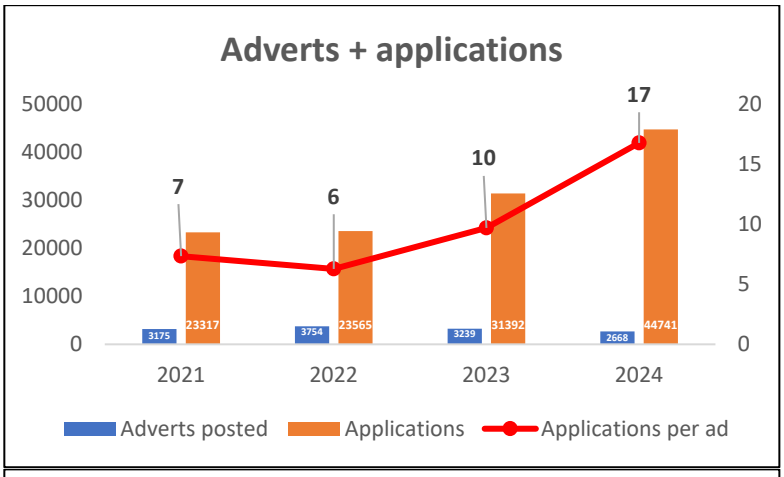
While there was a notable increase in our workforce numbers in 2024 compared to 2023, the trust actually saw a slight decrease in the number of hires made in the previous year. Each year, there tends to be a significant difference between the number of staff that leave the trust and the number of staff that the trust recruits, and this trend continued in 2024.

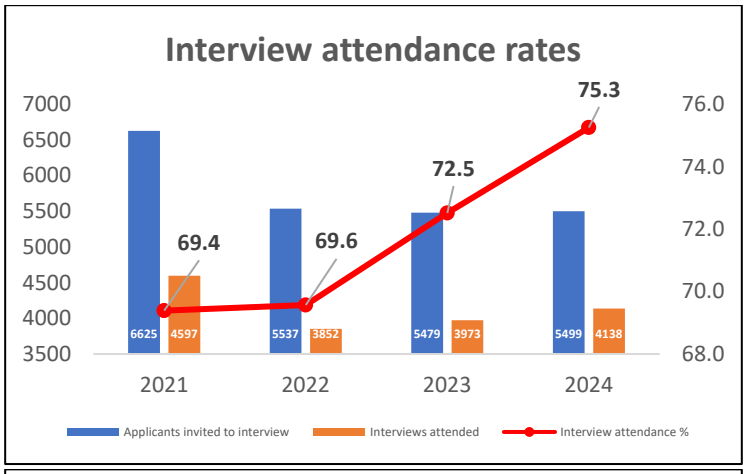
The biggest variance in 2024 versus 2023 is the reduction in band 4 hires, with the trust recruiting 52 fewer staff in 2024 than in the previous year, equating to a 24% reduction.

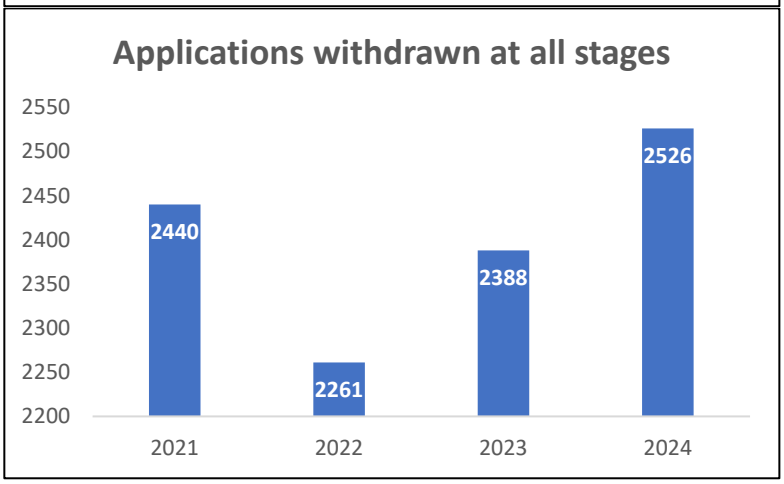
One of the most notable variances from the perspective of the divisions is in community health, typically an area with hard to fill roles, where there was an increase of 12 new hires in 2024 compared to 2023, representing a 5% increase. This occurred despite the fact that the division experienced 9 fewer leavers in 2024 compared to 2023 and reflects the work of our Talent Partners in this space.

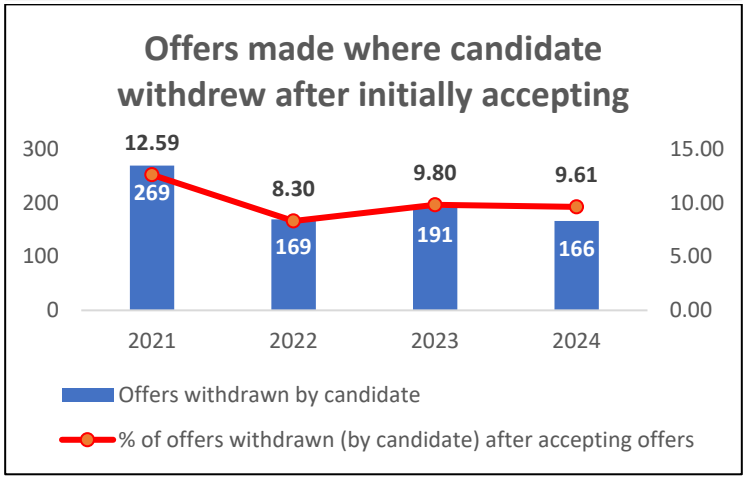
Recruitment (process data):

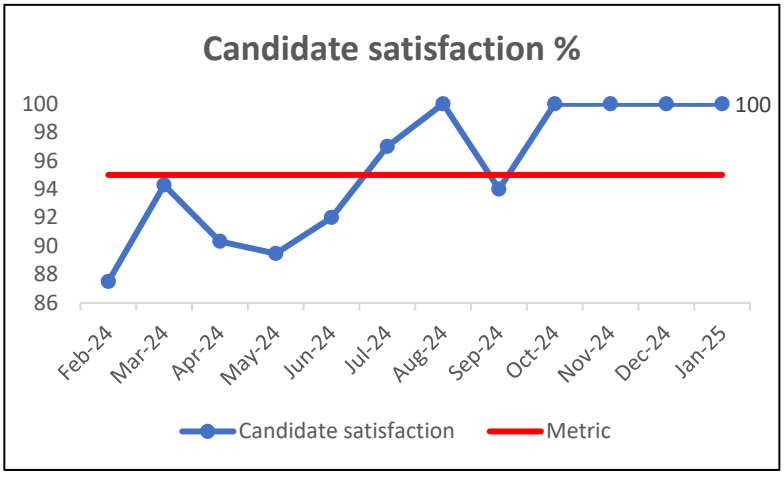
Click here to return to management summary

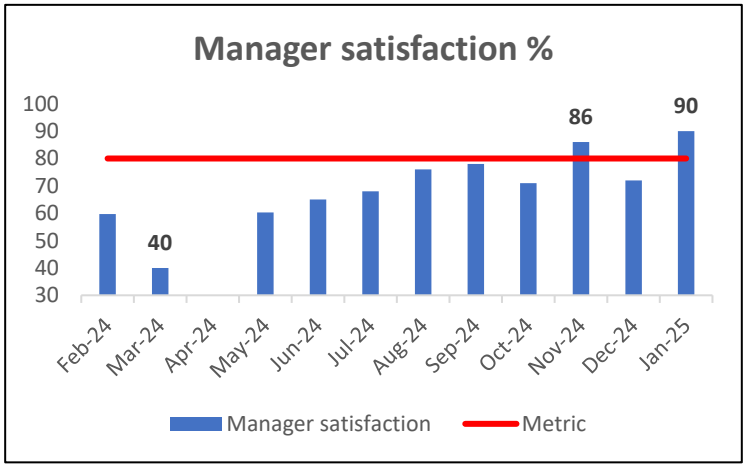


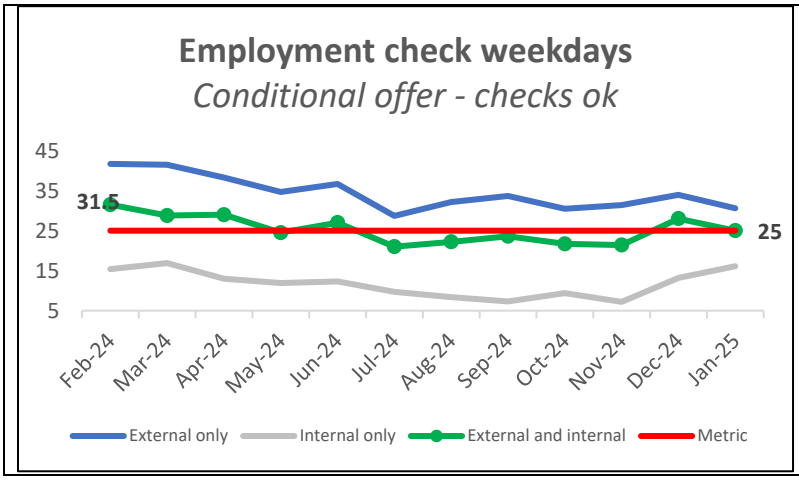


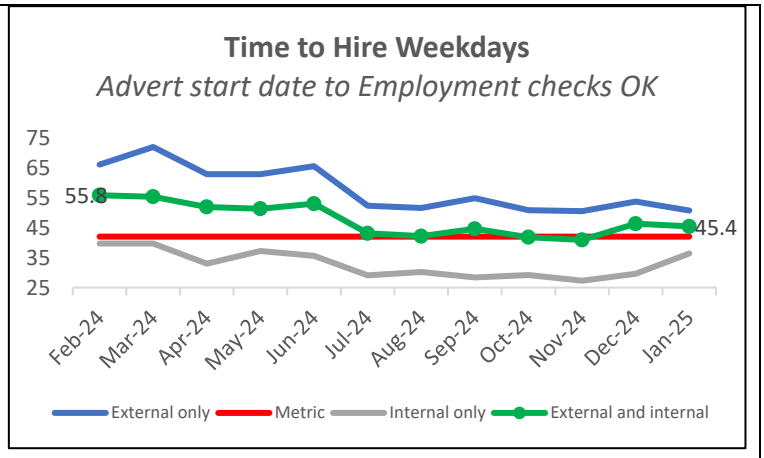










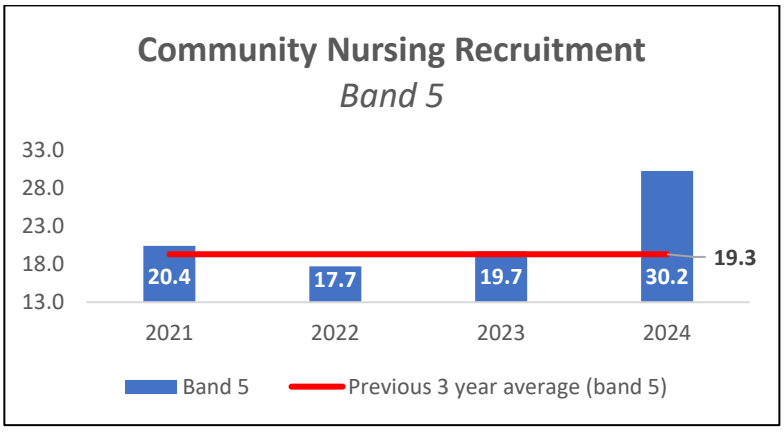


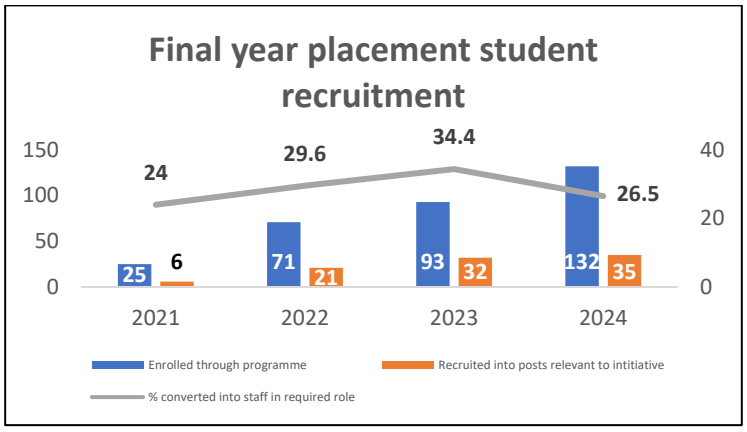
Data shows a significant shift in recruitment market conditions in 2024. Despite fewer advertised positions, the trust received 44,700 applications—over 13,000 more than the previous year. Managers now receive an average of 17 applications per advert, nearly three times more than in 2022, many of which are AI generated. The trust should consider the implications and support for managers to focus on their roles rather than extensive shortlisting.

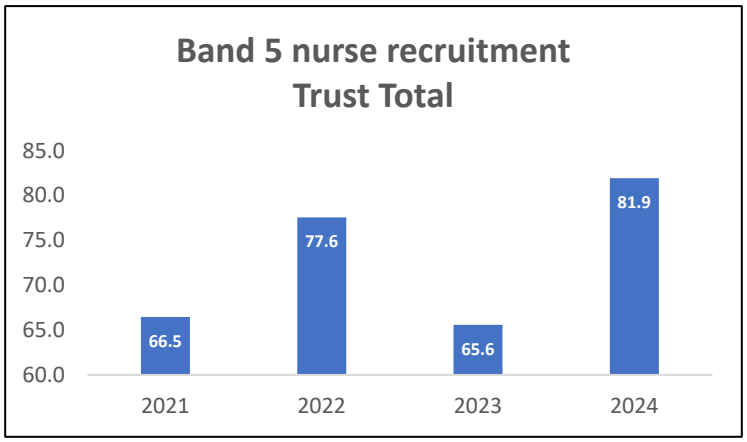
In 2024, 75.3% of candidates offered an interview attended, marking an increase from previous years. This improvement could lead to more hires and enhanced quality. The recruitment admin team reduced the time to hire by 15 weekdays, equating to the FTE equivalent of 50 staff over the year, potentially reducing reliance on temporary workforce.

The QI work within the recruitment team led to significant enhancements in satisfaction levels. The trust achieved 100% satisfaction in five of the last six months, compared to once within a 12-month period. The team introduced a manager feedback survey, with satisfaction rates improving from 60% in February 2024 to 90% in January 2025.

Talent Acquisition & Recruitment Initiatives: **Click here to return to management summary**







Our Talent Acquisition team significantly supported recruitment for the trust's challenging vacancies in 2024, leading to 208 candidate acceptances for hard-to-recruit roles. Collaborative efforts with managers, enhanced job ads, social media campaigns, and recruitment events for mental health nursing, community nursing, nursery staff, and health visiting resulted in numerous hires.

For instance, District Nursing saw a record hire of 30.2 FTE band 5 nurses, a 54% increase from the previous year. Similarly, Band 5 nurses at PPH experienced the highest number of hires on record.

Our social media recruitment marketing excelled, with a 65% increase in LinkedIn followers since 2023 and expanded presence on newer platforms like Nextdoor. In 2024, job postings reached 468.6K people, generating 8.3K clicks to vacancies.

The wider Candidate Attraction team also successfully converted final-year placement students, increasing recruits from 21 in 2022 to 35 in 2024.

Recruitment Transformation and Improvement Work:

Proactively Plan for, Select, and Place Pipeline Candidates

This workstream focuses on effectively integrating pipeline candidates such as students and apprentices into the workforce. Quick wins include guaranteeing jobs to students without an interview once they are qualified, while long-term efforts involve developing local workforce plans for each service that contribute to the overall Trust workforce plan.

Improving Recruitment and Talent Management Processes

Aiming to better support the progression of internal staff, this workstream seeks to enhance recruitment and talent management. Immediate actions include raising awareness about opportunities outside of individual services or directorates. In the long term, it proposes establishing two distinct pools: one for staff ready for new roles and another for those interested in exploring different career paths.

Process Improvements and Automations

This workstream targets further improvements and automations within HR processes. Quick wins involve stopping employment checks for internal staff and using more welcoming and clearer language in recruitment emails. Long-term goals include consolidating multiple HR systems into a single interface to simplify management tasks.

Support for Neurodivergent Candidates

To better support neurodivergent candidates, this workstream promotes the use of the Neurodiversity toolkit for managers and suggests reconsidering the language used in adverts and job descriptions. A long-term creative solution involves adopting task-based recruitment methods as alternatives to traditional interviews.

Attracting and Supporting Ethnically Diverse Staff

This workstream aims to enhance the attraction and progression of ethnically diverse staff across all professions. Immediate actions include prioritizing internal job advertisements, allowing staff first refusal on new positions. In the long term, it proposes a catalogue of options to guide managers in sign-posting staff seeking new opportunities.

Areas to consider moving forward:

Summary of suggested actions from the data.

- In 2024, the trust saw its largest number of leavers among additional clinical services staff with a rise to 165 from 141 in 2023. This significant increase may warrant an investigation into its causes.
- Additional analysis may be required to understand the increase in leavers among band three and four staff, which could be related to the concentration of additional clinical services staff within these bands.
- The trust may wish to examine the underlying causes relating to the increase in the number of leavers due to relocation, which rose from 58 in 2023 to 88 in 2024.

- Exit survey data showed low agreement with questions about staff experiences with line managers, including feedback, leadership, and managing poor behaviours. Due to the impact of these relationships on retention, further exploration is needed to prevent potential staff turnover.
-
- The leaver survey completion rate dropped from 65% in 2023 to 30% in 2024 after removing the dedicated HR role. We need to look at alternative ways to gather leaver intelligence.
- The significant increase in applications that the trust means managers now face almost three times as many applications to shortlist. To help address this, In April 2025, the trust will launch the “Our People First” Pilot, focusing on internal staff recruitment before external hiring. However, we need to consider ways to tackle the unprecedented numbers of AI and automatically generated applications we receive.
- Interview attendance increased significantly in 2024, reaching 75.3%, compared to 72.5% in 2023. Further research could help understand this improvement and identify changes that could lead to even greater efficiencies and reduced waste within our processes.

These recommendations aim to address each area of concern and provide actionable steps for improvement.

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	13 May 2025
Title	**Finance Report March 2025**
	The paper is for noting.
Reason for the Report going to the Trust Board	This is a regular report which provides an update to the Board on the Trust's Financial Performance. The report provides the Trust's final outturn position for 2024/25, which is now subject to audit.
Business Area	Finance
Author	Chief Finance Officer
Relevant Strategic Objectives	**Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value The report gives an overview of the Trust's financial performance including use of revenue and capital funding and delivery against the cost improvement programme. The Trust's results contribute to the performance of BOB ICS.

Berkshire Healthcare NHS
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2024/25

March 2025

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 31 March 2025.

Document Control

Version	*Date*	*Author*	*Comments*
1.0	14/04/25	Rebecca Clegg	Draft
2.0	14/04/25	Paul Gray	Final

Distribution

All Directors.

All staff as appropriate.

Dashboard & Summary Narrative

Target		Outturn Actual £m	Outturn Plan £m	Achieved
1a	Income and Expenditure Plan	4.9	1.9	Yes
2a	CIP - Identification of Schemes	13.6	13.6	Yes
2b	CIP - Delivery of Identified Schemes	13.6	8.8	Yes
3a	Cash Balance	54.0	46.8	Yes
3b	Better Payment Practice Code Volume Non-NHS	98%	95%	Yes
3c	Better Payment Practice Code Value Non-NHS	98%	95%	Yes
3d	Better Payment Practice Code Volume NHS	98%	95%	Yes
3e	Better Payment Practice Code Value NHS	96%	95%	Yes
4	Capital Expenditure not exceeding CDEL	8.6	8.6	Yes
5	Agency Ceiling	2.7%	3.2%	Yes

Key Messages

The table above provides a high level summary of the Trust's performance against key financial duties and other financial indicators. The final outturn is positive with all targets achieved or exceeded in year. The key points to note are:

- The planned outturn position for the Trust was a £1.9m surplus. Following receipt of £3m funding from BOB ICB for 2023/2024 elective activity, the Trust agreed to deliver a surplus of £4.9m, the final position being £4.9m surplus.
- The Trust has delivered a £13.6m Cost Improvement Plan.
- The closing cash balance was higher than planned due to the receipt of the funding for 2023/2024 elective performance and in year over-performance.
- The Better Payment Practice Code is achieved for all 4 targets.
- Capital expenditure spend is in line with CDEL.
- The Trust is working below the agency ceiling.

System Position

- BOB ICS submitted a combined plan of £60m deficit which is in line with the control total agreed by NHSE. NHSE have provided offsetting, but repayable £60m of deficit support funding to the system in order to mitigate potential liquidity issues that may arise in year. Frimley ICS submitted a combined plan of £25m deficit, again, in line with NHSE's expectations and offset with support funding.
- A revised forecast outturn of £14m deficit was agreed for BOB ICS and it is expected that this will be achieved.

1. Income & Expenditure

Mar-25	In Month			YTD			2024/25
	Act	Plan	Var	Act	Plan	Var	Plan
	£'m	£'m	£'m	£'m	£'m	£'m	£'m
Operating Income	49.7	31.2	18.4	392.4	373.8	18.6	373.8
Elective Recovery Fund	2.3	0.3	2.0	12.2	4.1	8.1	4.1
Donated Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Income	**52.0**	**31.6**	20.4	**404.5**	**377.9**	26.7	**377.9**
Staff In Post	40.5	21.8	(18.7)	277.6	258.0	(19.6)	258.0
Bank Spend	2.4	2.2	(0.2)	24.5	25.8	1.2	25.8
Agency Spend	0.5	0.7	0.2	7.8	8.3	0.5	8.3
Total Pay	**43.4**	**24.7**	**(18.7)**	**309.9**	**292.1**	**(17.8)**	**292.1**
Purchase of Healthcare	2.0	1.5	(0.4)	20.8	19.5	(1.3)	19.5
Drugs	0.6	0.5	(0.1)	6.8	6.1	(0.7)	6.1
Premises	2.2	1.4	(0.8)	19.5	17.1	(2.4)	17.1
Other Non Pay	2.1	1.5	(0.6)	21.2	18.4	(2.8)	18.4
PFI Lease	0.7	0.7	0.0	8.5	8.8	0.4	8.8
Total Non Pay	**7.6**	**5.7**	**(2.0)**	**76.7**	**70.0**	**(6.8)**	**70.0**
Total Operating Costs	**51.0**	**30.3**	**(20.7)**	**386.7**	**362.1**	**(24.6)**	**362.1**
EBITDA	**1.0**	**1.2**	**(0.2)**	**17.9**	**15.8**	**2.1**	**15.8**
Interest (Net)	0.1	0.1	(0.0)	0.2	1.0	0.7	1.0
Depreciation	0.9	1.0	0.0	11.1	11.2	0.2	11.2
Impairments	0.0	0.0	(0.0)	0.3	0.0	(0.3)	0.0
Disposals	0.0	0.0	0.0	(0.0)	0.0	0.1	0.0
Remeasurement of PFI	0.0	0.0	0.0	1.3	2.0	0.7	2.0
PDC	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Financing	**1.1**	**1.1**	**(0.0)**	**12.9**	**14.3**	**1.4**	**14.3**
Reported Surplus/(Deficit)	**(0.1)**	**0.1**	**(0.3)**	**5.0**	**1.5**	**3.4**	**1.5**
Adjustments	**0.3**	**0.0**	**0.3**	**0.3**	**0.1**	**0.3**	**0.1**
PFI IFRS16 Adjustment	**(0.2)**	**(0.1)**	**(0.1)**	**(0.4)**	**0.3**	**(0.7)**	**0.3**
Adjusted Surplus/(Deficit)	**(0.0)**	**(0.0)**	**(0.0)**	**4.9**	**1.9**	**3.0**	**1.9**

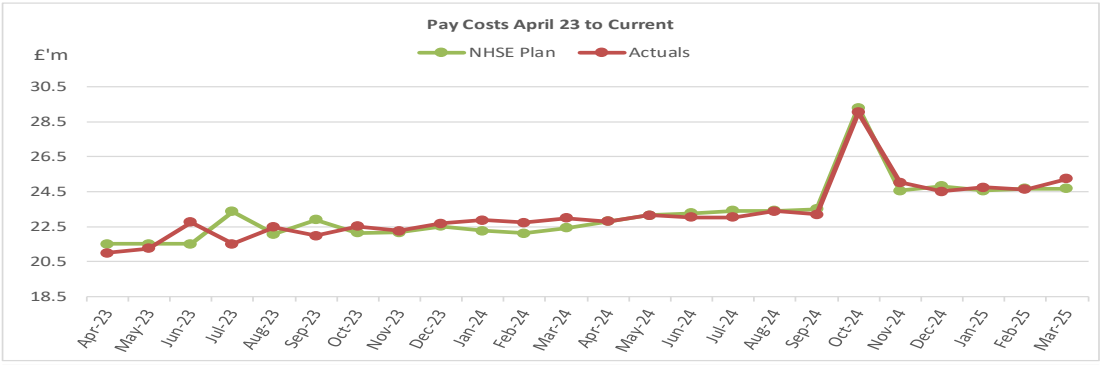
Key Messages

The table above gives the financial performance against the Trust's income and expenditure plan as at 31 March 2025. This is the final outturn for the year, which is subject to audit.

The Trust was planning for a £1.9m surplus but agreed to deliver a £4.9m surplus following receipt of funding from 2023/24 for over performance. The final outturn was £4.9m.

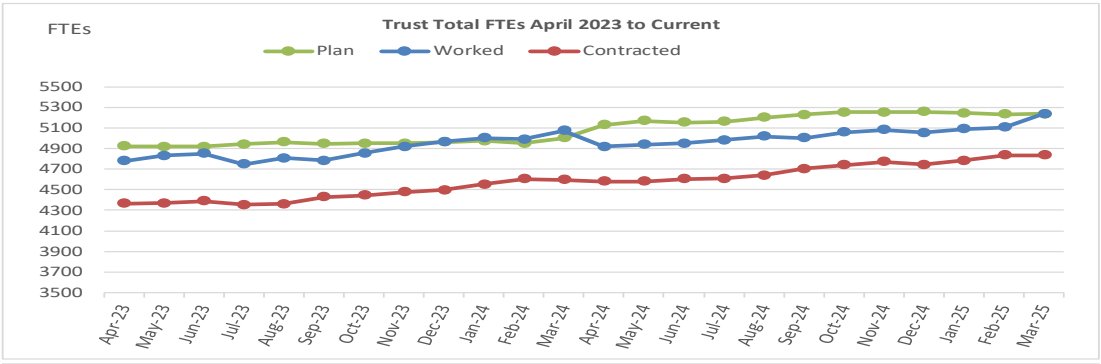
On pay and income, the in month variances relate to the centrally funded pension costs of £18.1m. This is an adjustment that Trusts are required to make at month 12 each year with values being notified by NHSE.

Workforce



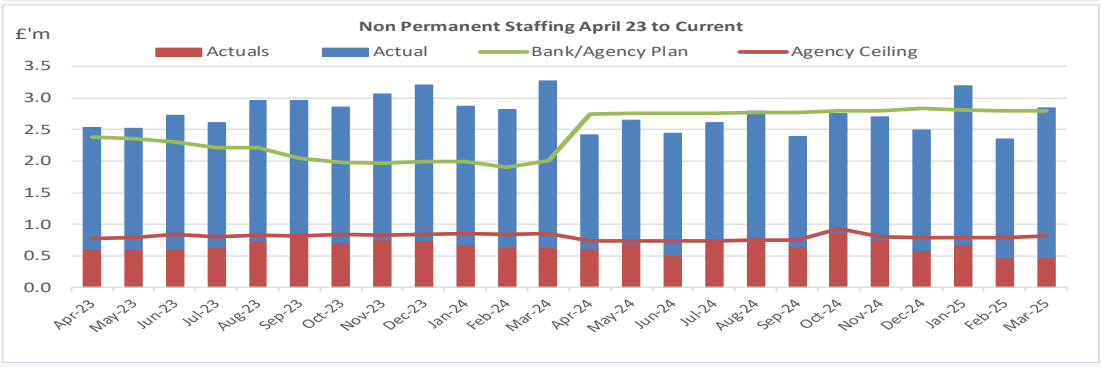
Staff Costs

YTD	£'m
2024/25	291.8
2023/24	267.1
▲	9%
Prior Yr	**£'m**
Mar-25	25.2
Mar-24	23.0
▲	10%



FTE's

Prior Mth	CFTE	WFTE
Mar-25	4,834	5,238
Feb-25	4,834	5,106
	0% ▼	3% ▲
Prior Yr		
Mar-25	4,834	5,238
Mar-24	4,596	5,076
	5% ▲	3% ▲



Staff Costs

YTD	Bank £'m	Agency £'m
2024/25	24.5	7.8
2023/24	23.6	8.2
	4% ▲	-4% ▼
Prior Yr	**£'m**	**£'m**
Mar-25	2.4	0.5
Mar-24	2.6	0.6
	-10% ▼	-26% ▼

Key Messages

Pay costs in month were £24.7m. In month, contracted WTEs did not change but worked WTEs increased by 132. The increase in worked WTEs is linked to staff taking annual leave in March and work is required to ensure that this is phased more evening across the year ahead.

The chart has been adjusted to remove the £18.1m centrally funded employer's pension contributions. This is to aid comparisons with the previous year.

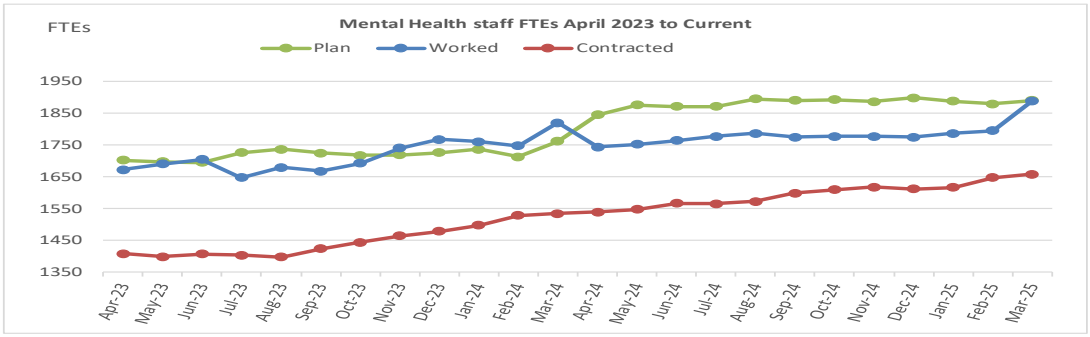
We are operating below the NHSE System Agency Ceiling of 3.2%, currently running at 2.7%. Overall temporary staffing costs are lower than in the previous year. Our bank fill rate has remained strong, currently meeting 87% of our temporary staffing requirements.

Off-framework agency usage remains stable at 6%, primarily concentrated in our dental and nursery services. To address this, we are proactively engaging additional framework suppliers with the aim of fully phasing out off-framework reliance. As part of this effort, we will be piloting a new framework supplier in our nursery service in the coming weeks.

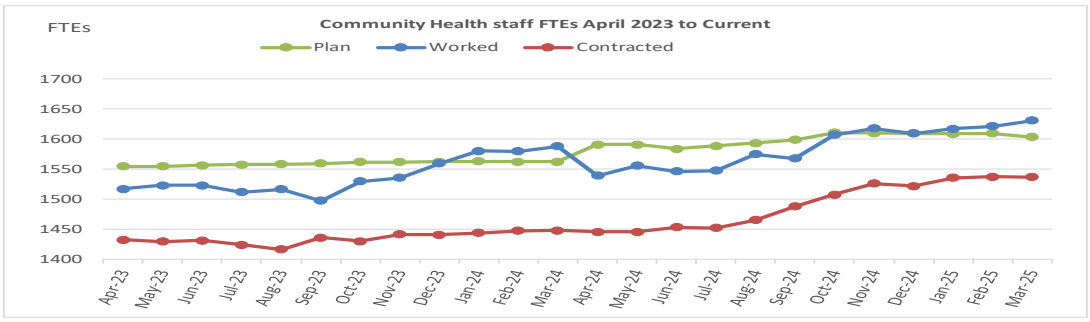
Non-medical price cap breaches continued to decline in March, reducing to 43 shifts, with remaining breaches limited to the CAMHS Rapid Response services. Targeted support remains in place to ensure a smooth transition to agreed end dates and bank migration where feasible.

Due to staff sickness and patient acuity, a small number of unqualified shifts in two inpatient wards required agency staff. However, the number of these shifts remains minimal. Our focus remains on supporting the wards by prioritising the use of bank workers whenever possible.

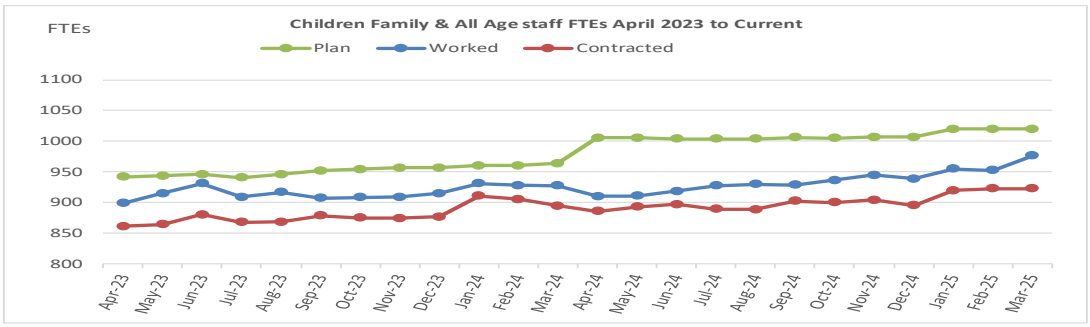
Staff Detail (Division)



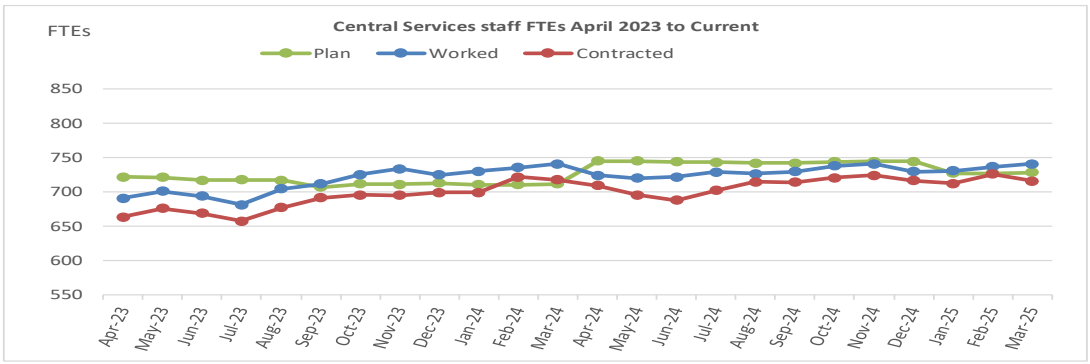
FTE's		
Prior Mth	CFTE	WFTE
Mar-25	1,659	1,890
Feb-25	1,648	1,796
	1% ▲	5% ▲
Prior Yr		
Mar-25	1,659	1,890
Mar-24	1,535	1,821
	8% ▲	4% ▲



FTE's		
Prior Mth	CFTE	WFTE
Mar-25	1,537	1,631
Feb-25	1,538	1,622
	0% ▼	1% ▲
Prior Yr		
Mar-25	1,537	1,631
Mar-24	1,448	1,588
	6% ▲	3% ▲



FTE's		
Prior Mth	CFTE	WFTE
Mar-25	922	976
Feb-25	922	952
	0% ▲	3% ▲
Prior Yr		
Mar-25	922	976
Mar-24	895	928
	3% ▲	5% ▲

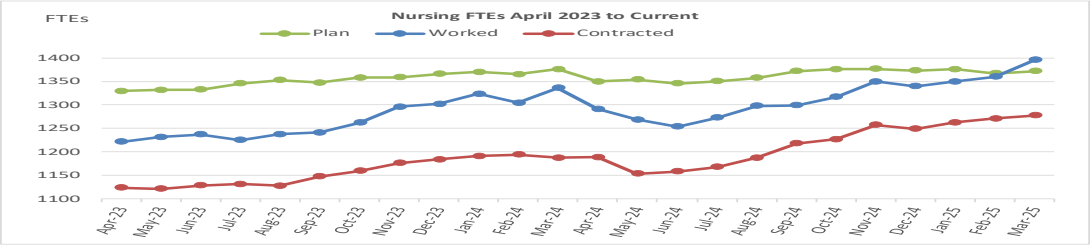


FTE's		
Prior Mth	CFTE	WFTE
Mar-25	716	741
Feb-25	726	737
	-1% ▼	1% ▲
Prior Yr		
Mar-25	716	741
Mar-24	718	741
	0% ▼	0% ▼

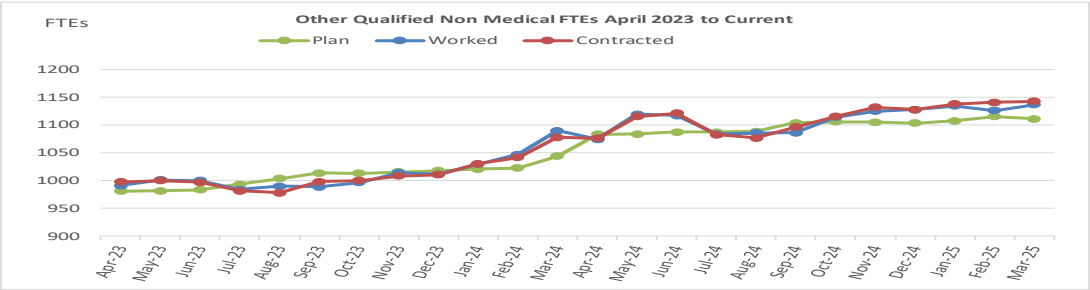
Key Messages

Worked WTEs are below plan for MH and CFAA division and slightly above plan for CH and Central Services.

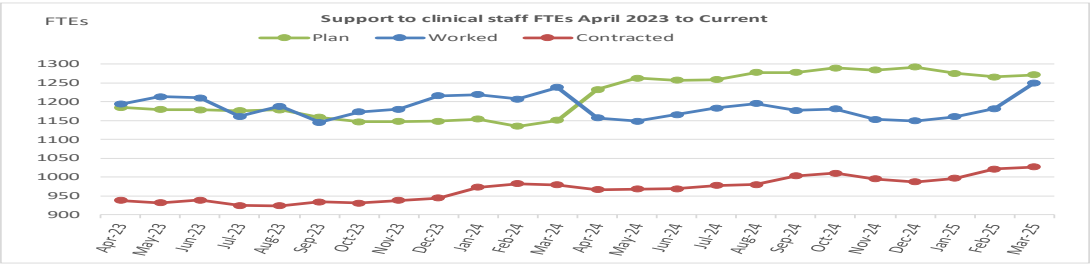
Staff Detail (Staff Group)



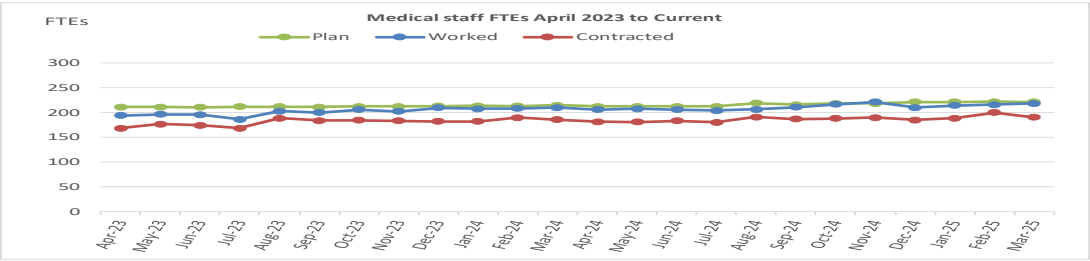
FTE's		
Prior Mth	CFTE	WFTE
Mar-25	1,277	1,396
Feb-25	1,271	1,360
	0% ▲	3% ▲
Prior Yr		
Mar-25	1,277	1,396
Mar-24	1,188	1,336
	8% ▲	5% ▲



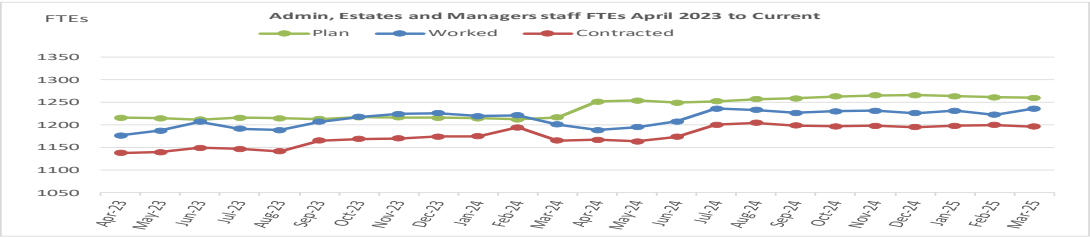
FTE's		
Prior Mth	CFTE	WFTE
Mar-25	1,143	1,137
Feb-25	1,141	1,127
	0% ▲	1% ▲
Prior Yr		
Mar-25	1,143	1,137
Mar-24	1,078	1,090
	6% ▲	4% ▲



FTE's		
Prior Mth	CFTE	WFTE
Mar-25	1,027	1,250
Feb-25	1,021	1,182
	1% ▲	6% ▲
Prior Yr		
Mar-25	1,027	1,250
Mar-24	979	1,238
	5% ▲	1% ▲



FTE's		
Prior Mth	CFTE	WFTE
Mar-25	190	219
Feb-25	200	216
	-5% ▼	1% ▲
Prior Yr		
Mar-25	190	219
Mar-24	186	210
	3% ▲	4% ▲



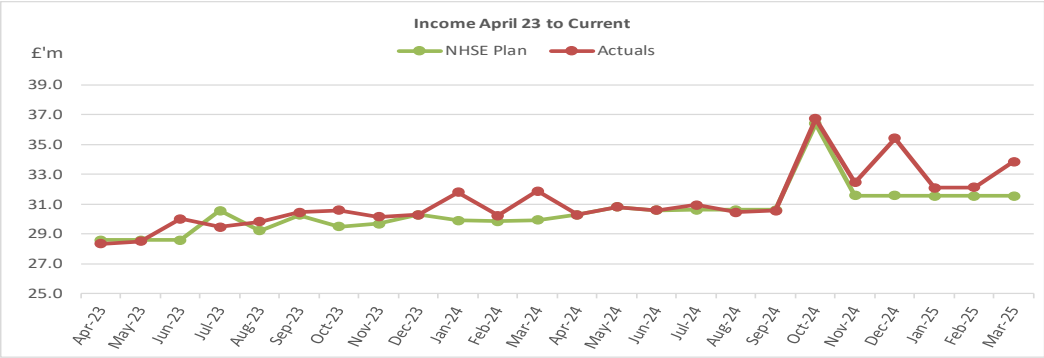
FTE's		
Prior Mth	CFTE	WFTE
Mar-25	1,196	1,237
Feb-25	1,200	1,223
	0% ▼	1% ▲
Prior Yr		
Mar-25	1,196	1,237
Mar-24	1,165	1,201
	3% ▲	3% ▲

Key Messages

Worked WTE actuals are much closer to plan since the 2022/23 financial reset.

We are still seeing a gap between worked and contracted WTEs for some staff groups which highlights the continued use of agency and bank staff to fill substantive vacancies. The increased WTEs in March are linked to annual leave taken.

Income & Elective Recovery Fund



Income	
YTD	**£'m**
2024/25	386.4
2023/24	361.6
▲	**7%**
Prior Yr	**£'m**
Mar-25	33.9
Mar-24	31.9
▲	**6%**

Key Messages

Income is ahead of plan due to the recognition of variable income for elective performance which is offset in part by some deferral of income for use in later months. The chart has been adjusted to remove the £18.1m notional funding which offsets the centrally funded costs of the employer's pension contributions. This is to aid comparisons with the previous year.

The financial plan for elective activity has been set at £4m but we targeted higher performance and added a further CIP of £1m. Additional income for 2023/24 elective overperformance was recognised in month 9.

Elective Activity Performance

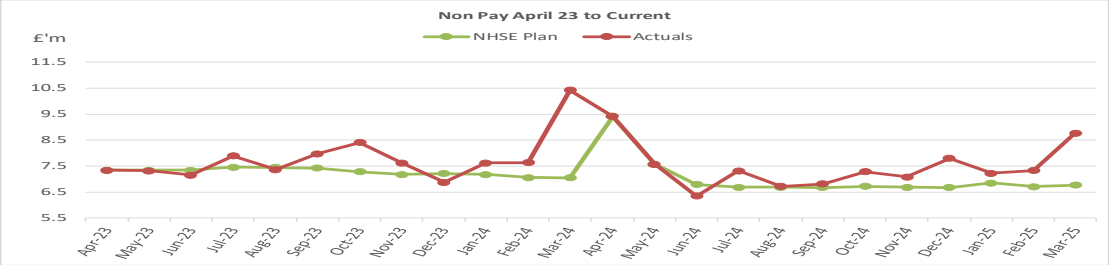
ERF Performance against target	BOB	Frimley	Total
Year to Date	**£000s**	**£000s**	**£000s**
Baseline	15,454	15,518	30,973
Actual	23,947	16,218	40,165
Value of activity above baseline	8,493	699	9,192
Income target			4,100
CIP £1m			1,000
Variance (+/-)			4,092

The Trust will receive payment for all activity above the 2019/2020 baseline which is higher than for 2023/2024 as it has been adjusted for working days and the current activity prices.

Final outturn for 2023/2024 for BOB ICS was £3m higher than forecast and this has been reflect in our year to date and outturn position in addition to the in year over-performance.

We are incurring additional cost for outsourcing to deliver Frimley activity which will need to be offset against any over performance but which is included in the Trust's run rate.

Non Pay & Placement Costs



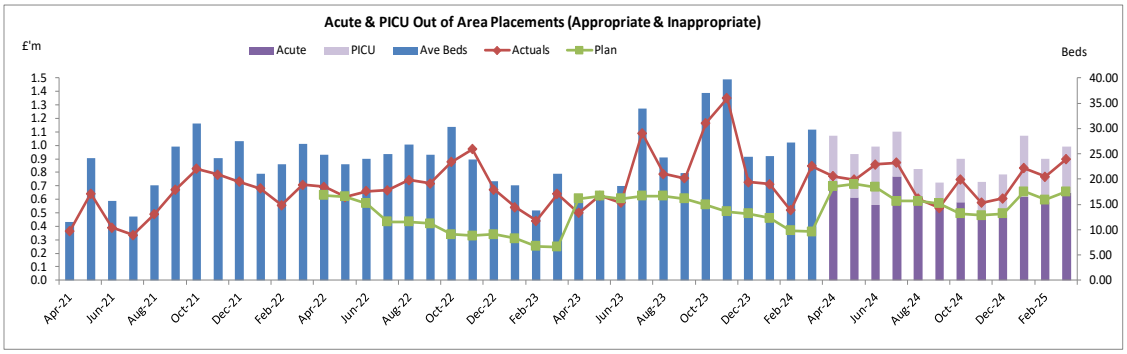
Non Pay

YTD	£'m
2024/25	89.7
2023/24	93.6
▲	-4%

Prior Yr	£'m
Mar-25	8.8
Mar-24	10.4
▲	-16%

Key Messages

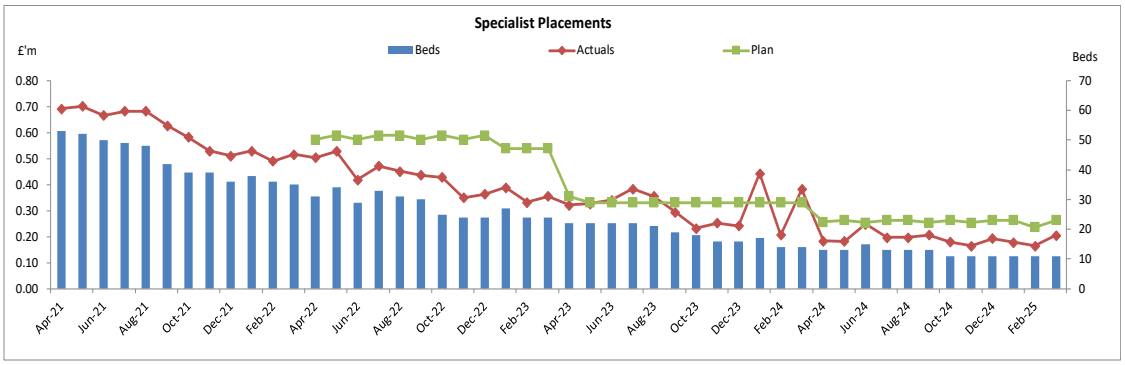
The non-pay variance includes an overspend on OAPs and LD placements year to date.



Specialist Placements

YTD	£'m
2024/25	2.3
2023/24	3.8
▼	*-39%*

Prior Yr	£'m
Mar-25	0.2
Mar-24	0.4
▼	*-46%*



Specialist Placements

YTD	£'m
2024/25	2.3
2023/24	3.8
▼	*-39%*

Prior Yr	£'m
Mar-25	0.2
Mar-24	0.4
▼	*-46%*

Key Messages

Out of Area Placements. The average number of placements was 24 in February rising to 26 in March. Analysis highlights that the high level of placements continues to be driven by demand, and that flow through the hospital continues to improve, with more discharges and fewer lost bed days per patient. The monthly costs were £0.9m which is above plan and reflects the high level of PICU placements.

We have a dedicated clinical lead for the delivery of the bed optimisation programme, and this post has supported improving flow, including through daily bed flow meetings, development of a new bed flow dashboard which has provided improved visibility and locality oversight of admission numbers and LOS and also improved identification and escalation of MOFD/CRFD patients. We have agreed that reducing lost bed days linked to patients who are CRFD as a breakthrough objective and set a very ambitious target of 250 bed days per month. Progress against this target is monitored in QPEG. We will continue to spot purchase PICU beds where they are clinically required. We continue to have significant demand for PICU beds especially for patients with forensic backgrounds, which do not count as an inappropriate out of area bed against the OAPs trajectory but which do have a financial impact.

We are now opening our new outsourced 18 bedded Poppy Ward on a phased basis before reducing the beds at PPH from 80 to 72. Additionally, we continue to have 3 male discharge to assess beds to support flow from PHH when patients are CRFD but a placement or support package is delayed.

Specialist Placements. The average number of placements remains at 11.

LD placements. We have had 2 LD placements in year but both of these have now ended.

Cost Improvement Programme

Description	Directorate	Development Status	Risk	Plan £k	YTD Actual £k	YTD Plan £k	Variance £K
Contribution from new income - CJLD	Mental Health	Fully developed	Low	354	354	354	0
Contribution from new income - MHICS	Mental Health	Fully developed	Low	175	175	175	0
Contribution from new income - Imms	Children families and All Age Services	Fully developed	Low	444	444	444	0
Contribution from new income - small CH schemes	Cimmunity Health	Fully developed	Low	124	124	124	0
Contribution from new income - small CYP schemes	Children families and All Age Services	Fully developed	Low	154	154	154	0
Contribution from new income - seasonal bed occupancy	Community Health	Fully developed	Medium	80	80	80	0
Other small divisional schemes	Various	Fully developed	Low	670	670	670	0
New contract with EE	Central Services - IM&T	Fully developed	Low	106	106	106	0
Estates & Facilities Control Total review	Central Services - Estates & Facilities	Fully developed	Low	376	376	376	0
Increased Contribution to Central Costs	Central Services - Pharmacy Procurement	Fully developed	Low	98	98	98	0
LPS Admin Posts	Central Services - Nursing & Governance	Fully developed	Low	66	66	66	0
Increased Contribution to Central Costs	Central Services - R&D	Fully developed	Low	102	102	102	0
PICU Placement reduction	Mental Health	Fully Developed - not yet started	Medium	1,049	0	1,049	-1,049
Asset revaluation to Modern Equivalent Asset	Central Services - Finance	Fully Developed	Low	670	672	670	2
Opt to tax - frimley	Central Services - Finance	Plans in progress	Medium	300	0	300	-300
Liaison VAT, AP review etc	Central Services - Finance	Plans in progress	Medium	100	120	100	20
Overseas Visitors	Central Services - Finance	Opportunity	Medium	50	0	50	-50
Bank Interest	Central Services - Finance	Fully Developed	Low	230	1,071	230	841
Balance Sheet Review	Central Services - Finance	Fully Developed - not yet started	Medium	2,106	0	2,106	-2,106
Scheduled Care Cost Avoidance	Community Health	Fully Developed	Low	399	399	399	0
Expenses Controls	Community Health	Fully Developed	Low	120	70	120	-50
Elective Recovery	Community Health	Fully Developed	Medium	1,000	5,092	1,000	4,092
Operational Slippage Against Control Total	Operations	Fully Developed	Low		2,928	0	2,928
Agreed Investment Slippage	Operations	Fully Developed	Low	500	500	500	0
Recurrent Schemes to be developed	To be confirmed	Opportunity	High	4,327	0	4,327	-4,327
			Total	13,600	13,600	13,600	0

Key Messages

The Trust's initial financial plan included £12.8m of CIPs to get to breakeven. A further £0.8m was added due to the Trust agreeing a final plan of £1.9m.

Schemes were broadly phased in equal 12ths.

The PICU placement reduction scheme was phased in line with the MH beds paper approved by the Trust Board and was behind plan due to demand pressure on our beds.

We are recognising ERF income in line with current forecasts.

Most of the divisional schemes were in place from the start of the year and operating with control totals. Further slippage against control total was used to balance the overall position. Historic balance sheet release was not required in year.

Some schemes were not started and therefore variances against plan are shown. These will be carried forward into 2025/26.

The VAT scheme is complete with £120k of savings (net of fees), slightly higher than plan.

Bank interest continues to be higher than planned due to higher than expected average cash balances.

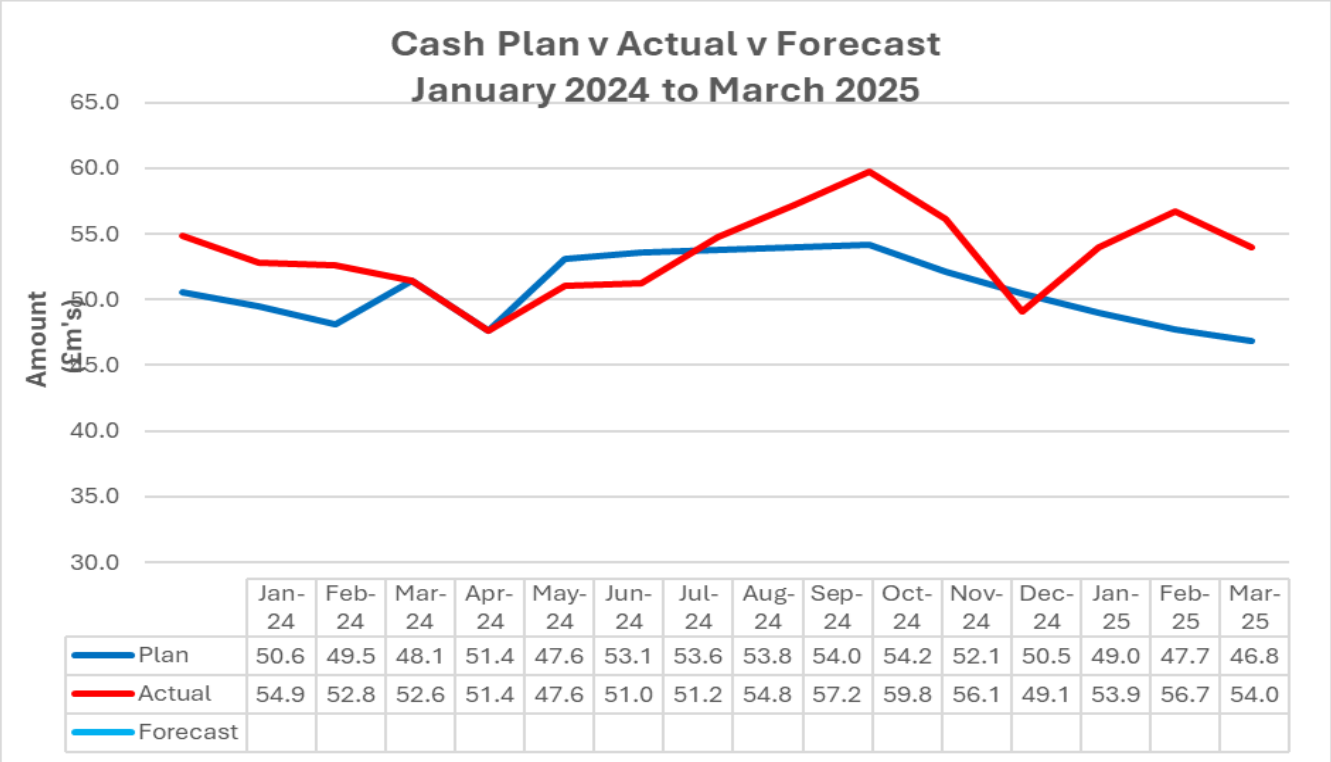
Recurrent schemes are to be developed.

Balance Sheet & Cash

	2023/24 Actual (Audited) £'m	Current Month			YTD		
		Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m
Intangibles	1.8	0.9	0.8	0.1	0.9	0.8	0.1
Property, Plant & Equipment (non PFI)	33.0	38.2	35.3	2.9	38.2	35.3	2.9
Property, Plant & Equipment (PFI)	45.9	44.5	48.9	(4.4)	44.5	48.9	(4.4)
Property, Plant & Equipment (RoU Asset)	15.2	12.8	14.2	(1.4)	12.8	14.2	(1.4)
Receivables	0.2	0.2	0.2	0.0	0.2	0.2	0.0
Total Non Current Assets	**96.1**	**96.6**	**99.4**	**(2.8)**	**96.6**	**99.4**	**(2.8)**
Trade Receivables & Accruals	12.1	14.2	16.9	(2.7)	14.2	16.9	(2.7)
Other Receivables	0.3	0.3	0.3	0.0	0.3	0.3	0.0
Cash	52.6	54.0	46.8	7.2	54.0	46.8	7.2
Trade Payables & Accruals	(37.2)	(40.9)	(39.5)	(1.4)	(40.9)	(39.5)	(1.4)
Borrowings (PFI and RoU Lease Liability)	(6.2)	(4.4)	(6.7)	2.3	(4.4)	(6.7)	2.3
Other Current Payables	(12.0)	(12.0)	(13.2)	1.2	(12.0)	(13.2)	1.2
Total Net Current Assets / (Liabilities)	**9.6**	**11.2**	**4.6**	**6.6**	**11.2**	**4.6**	**6.6**
Non Current Borrowings (PFI and RoU Lease Liability)	(54.9)	(52.2)	(51.8)	(0.4)	(52.2)	(51.8)	(0.4)
Other Non Current Payables	(2.1)	(1.6)	(2.2)	0.6	(1.6)	(2.2)	0.6
Total Net Assets	**48.7**	**54.0**	**50.0**	**4.0**	**54.0**	**50.0**	**4.0**
Income & Expenditure Reserve	5.3	10.2	19.6	(9.4)	10.2	19.6	(9.4)
Public Dividend Capital Reserve	21.4	21.8	21.4	0.4	21.8	21.4	0.4
Revaluation Reserve	22.0	22.0	9.0	13.0	22.0	9.0	13.0
Total Taxpayers Equity	**48.7**	**54.0**	**50.0**	**4.0**	**54.0**	**50.0**	**4.0**

Key Messages

Our cash balance is now better than plan due to the receipt of income for elective over performance for the year to date and 2023/24.



Capital Expenditure

Schemes	Current Month			Year to Date			FY	Forecast	FY
	Actual	Plan	Variance	Actual	Plan	Variance	Plan	Outturn	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Estates Maintenance & Replacement Expenditure									
Trust Owned Properties	507	0	507	947	440	507	440	947	507
Nicholson House Relocation	0	167	(167)	0	500	(500)	500	0	(500)
Jubilee Ward Relocation Upton/St Marks	0	50	(50)	0	150	(150)	150	0	(150)
Additional Dental Surgery St Marks	225	22	203	316	185	131	185	316	131
Leased Non Commercial (NHSPS)	174	15	159	477	275	202	275	477	202
West/Reading Consolidation - Bath Road, Cremyll Road, Coley Cli	538	0	538	969	800	169	800	969	169
Leased Commercial	86	0	86	125	115	10	115	125	10
Environment & Sustainability	53	7	47	381	267	114	267	381	114
Audiology Equipment	74	0	74	160	181	(21)	181	160	(21)
Various All Sites	11	15	(4)	124	246	(122)	246	124	(122)
Statutory Compliance	6	3	2	43	160	(117)	160	43	(117)
Subtotal Estates Maintenance & Replacement	**1,674**	**278**	**1,396**	**3,543**	**3,319**	**224**	**3,319**	**3,543**	**224**
IM&T Expenditure									
Business Intelligence and Reporting	38	18	20	102	160	(58)	160	102	(58)
Hardware Purchases - Refresh & Replacement	912	420	492	3,469	3,517	(48)	3,517	3,469	(48)
Teams Rooms Refresh ONLY	66	17	50	77	100	(23)	100	77	(23)
Additional Divisional Spend & Teams Room Additions	148	62	86	683	517	166	517	683	166
Digital Strategy	216	55	161	695	650	45	650	695	45
Pharmacy System Procurement (EMIS & ePMA)	0	44	(44)	0	307	(307)	307	0	(307)
Subtotal IM&T Expenditure	**1,380**	**616**	**764**	**5,026**	**5,251**	**(225)**	**5,251**	**5,026**	**(225)**
Subtotal CapEx Within Control Total	**3,054**	**894**	**2,160**	**8,570**	**8,570**	**(0)**	**8,570**	**8,570**	**(0)**
CapEx Expenditure Outside of Control Total									
Place of Safety	697	467	230	1,796	2,600	(804)	2,600	1,796	(804)
Anti-Ligature Toilet Pans & Basins	0	0	0	433	681	(248)	681	433	(248)
Low Carbon Heating Scheme	13	67	(53)	205	406	(201)	406	205	(201)
LED Lighting Upgrades	0	33	(33)	0	250	(250)	250	0	(250)
Other PFI projects	10	50	(40)	90	575	(485)	575	90	(485)
Subtotal Capex Outside of Control Totals	**721**	**617**	**104**	**2,525**	**4,512**	**(1,987)**	**4,512**	**2,525**	**(1,987)**
Central Funding									
Critical Infrustructure Risk funding	334	0	334	364	0	364	0	364	364
Subtotal Central Funding	**334**	**0**	**334**	**364**	**0**	**364**	**0**	**364**	**364**
Sub Total Central Funding &Outside of ControlTotals	**1,055**	**617**	**438**	**2,889**	**4,512**	**(1,623)**	**4,512**	**2,889**	**(1,623)**
Total Capital Expenditure - all funding sources	**4,109**	**1,511**	**2,598**	**11,459**	**13,082**	**(1,623)**	**13,082**	**11,459**	**(1,623)**
IFRS16 RoU ASSETS - New Leases Net of Disposals and Remeasurements									
Lower Henwick Farm lease	0	0	0	169	200	(31)	200	169	(31)
Cremyll Road Lease	0	0	0	99	450	(351)	450	99	(351)
Chalvey Lease	0	0	0	0	750	(750)	750	0	(750)
Bath Road	0	0	0	0	100	(100)	100	0	(100)
Bracknell Healthspace	0	0	0	0	500	(500)	500	0	(500)
Calcot Surgery	0	0	0	23	24	(1)	24	23	(1)
Lake Road Health Centre - rent remeasurement	0	0	0	7	0	7	0	7	7
Harry Pitt Property lease	69	0	69	69	0	69	0	69	69
Lease cars	72	0	72	70	0	70	0	70	70
CoIN	800	42	758	849	500	349	500	849	349
Total IFRS 16 RoU Assets - New leases	**941**	**42**	**899**	**1,286**	**2,524**	**(1,238)**	**2,524**	**1,286**	**(1,238)**

Key Messages

At M12, CDEL schemes were in line with plan. Estates was overspent by £0.2m mainly due to the West Reading consolidation project where Estate were able to bring forward some works into this year. This was offset by underspend of £0.2m in IM&T. Underspend was mainly due to Pharmacy System re-procurement offset in part by additional expenditure on divisional IT and Teams rooms.

Non-CDEL spend for PFI sites was underspent by £2m for the year, mainly due to the Place of Safety delayed start and expected completion moving to May 2025.

There is an underspend on IFRS16 Right of Use Assets of £1.3m for the year. This was mainly as a result of slippage on projects which involve system partners i.e. West Reading Consolidation (Cremyll Road and Bath Road), Bracknell Healthspace and Chalvey. This was partially offset by overspend on CoIN leases by £0.3m due to the timing difference between the financial plan and lease agreements being in place.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	13th May 2025
Title	**True North Performance Scorecard Month 12 (March 2025) 2024/25**
	The Board is asked to note the True North Scorecard.
Reason for the Report going to the Trust Board	To provide the Board with the True North Performance Scorecard, aligning divisional driver metric focus to corporate level (Executive and Board) improvement accountability against our True North ambitions, and Quality Improvement (QI) break through objectives for 2024/25.
Business Area	Trust-wide Performance
Author	Chief Operating Officer
Relevant Strategic Objectives	The True North Performance scorecard consolidates metrics across all domains. To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care, and consistently meet or exceed the standards of Care Quality Commission (CQC) and other stakeholders. **Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients **Patient experience and voice** **Ambition:** We will leverage our patient experience and voice to inform improvement **Health inequalities**

	Ambition: We will reduce health inequalities for our most vulnerable patients and communities **Workforce** **Ambition:** We will make the Trust a great place to work for everyone **Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value

True North Performance Scorecard Highlight Report – March 2025

The True North Performance Scorecard for Month 12 2024/25 (March 2025) is included. Performance business rule exceptions, red rated with the True North domain in brackets.

The business-based rules and definitions are included, along with an explanation of Statistical Process Control (SPC) Charts, which are used to support the presentation of Breakthrough metrics: Definitions and Business Rules and Understanding Statistical Process Control Charts are attached to the report.

Breakthrough and Driver Metrics

- Restrictive Interventions **(Harm Free Care)** – 351 against a revised target of 241.
    - The number of patients requiring rapid tranquilisation has an upward trend since November 2024. A total of 69 patients have contributed to this month's total. Patient complexity, time in seclusion and incidents where the patient has requested via their care plan an intervention when attempting to self-harm when other strategies have failed are contributory factors. This metric is changing to focus on the use of rapid tranquilisation which has been identified as a key contributor to restrictive interventions.
- Clinically Ready for Discharge by Wards including Out of Area Placements (OAPs) (Mental Health) – **(Patient Experience)** – is at 360 against a 250-bed day target.
    - The data now includes Out of Area Placements and Psychiatric Intensive Care Unit (PICU), older adults but excludes Learning Disability patients. The 360 bed days were attributed to 25 patients. Top contributing area is Reading with 200 bed days lost for 8 patients. Slough were the lowest contributor with 12 days lost. Top contributing ward was Bluebell with 118 bed days lost for 6 patients. Poppy ward at the Priory has all 18 beds filled with good flow through the unit. This metric will retire in place of Length of Stay, with an A3 being developed with community colleagues as the new breakthrough objective for 2025/26.
- Bed Days Occupied by Patients who are Discharge Ready (Community Physical Health) – **(Patient Experience)** – at 583 against a 500-bed day target.
    - Reduced from last month to 603 bed days lost to 583 for 116 patients. The highest contributing factor was Package of Care. There has been a reducing trend since November 2024. The team have refocused on Length of Stay with the target being less than 21 days.
- Physical Assaults on Staff **(Supporting our Staff)** – 85 against a target of 36.
    - Stretch target revised to 36 incidents per month. 22 patients contributed to the total. Top contributing wards/locations were Rose (30), Bluebell (23) and Campion (10). There is a downward trend in incidents since January 2023 with monthly variation due to complex patients. The Prospect Park senior leadership are ensuring staff are supported and following post incident protocols. The team are meeting with Oxford Health colleagues to understand their processes and align our approaches.

The following Breakthrough metrics are Green and are performing better than agreed trajectories or plan.

Driver Metrics

The following metrics are Red and not performing to plan.

- I Want Great Care Patient Experience Compliance Rate **(Patient Experience)** – at 7.79% against a 10% target.

The following metrics are Green and are performing better than agreed trajectories or plan.

- I Want Great Care Positive Patient Experience Score **(Patient Experience)** – at 95.39% against a 95% target.
- Staff turnover (excluding fixed-term posts) **(Supporting our Staff)** – at 11.09% against a stretch target of 10% target by March 2025. Although not met was a reduction against an ambitious target.
- Year to Date Variance from Control Total (£'k) **(Efficient Use of Resources)** – at -£3,000k against a target of 0.
- Inappropriate Out of Area Placements (OAPs) at the end of the month (Mental Health) – **(Patient Experience)** – at 0 against a quarter 4 target of 1 patient.

Tracker Metrics

The following metrics are Red and not performing to plan according to business rules.

- Sickness rate **(Supporting Our Staff)** – red at 4.3% against a target of 3.5%.
- Number of Older Adults receiving a course of treatment (2+ contacts) as a % of total (Frimley) **(Patient Experience) –** 6% against a target of 7%.
- Talking Therapies in Treatment pathway waits of 90 days for 2nd appointment (Frimley) **(Patient Experience)** – 24% against a target of less than 10%.
- Talking Therapies in Treatment pathway waits of 90 days for 2nd appointment (BOB) **(Patient Experience)** – 22% against a target of less than 10%.
- Access to Perinatal Services – Assessments (BOB) **(Patient Experience)** – 22 against a target of 37 per month.
- Access to Perinatal Services – Assessments (Frimley) **(Patient Experience)** – 30 against a target of 51 per month.
- Estimated Diagnosis Rate for Dementia (Frimley) **(Patient Experience)** – 65.10% against a target 66.67%.
- Estimated Diagnosis Rate for Dementia (BOB) **(Patient Experience)** – 65.10% against a target 66.67%.
- Patient Safety Alerts Not Completed by Deadline (year to date) **(Harm Free Care)** – 1 year to date against a target of 0.
- Community Inpatient Average Length of Stay (bed days) **(Efficient Use of Resources)** – at 23.7 days against a target of less than 21 days.
- Mental Health Acute Occupancy rate (excluding home leave) **(Efficient Use of Resources)** – at 89.6% against an 85% target.

- Mental Health: Acute Average Length of Stay (bed days) **(Efficient Use of Resources)** – at 63.1 days against a target of 30 days.
- Mental Health: Non-Acute Occupancy Rate (excluding home leave) **(Efficient Use of Resources)** – at 89.05% days against a target 80%.

True North Performance Scorecard – Business Rules & Definitions

The following metrics are defined as and associated business rules applied to the True North Performance Scorecard:

Driver - True North / break through objective that has been prioritised by the organisation as its area of focus	**Tracker Level 1-** metrics that have an impact due to regulatory compliance	**Tracker -** important metrics that require oversight but not focus at this stage in our performance methodology

Rule #	Metric	Business Rule	Meeting Action
1	**Driver** is **Green** in current reporting period	Share success and move on	**No action** required
2	**Driver** is **Red** in current reporting period	Share top **contributing reason**, the amount this contributor impacts the metric, and **summary of initial action(s)** being taken	Standard structured **verbal** update
3	**Driver** is **Red** for **2+** reporting periods	Produce full structured **countermeasure summary**	Present full written **countermeasure analysis and summary**
4	**Driver** is **Green** for **6** reporting periods	Retire to **Tracker** level status	Standard structured **verbal** update and retire to **Tracker**
5	**Tracker 1 (or Tracker)** is **Green** in current reporting period	**No action** required	**No action** required
6	**Tracker** is **Red** in current reporting period	Note metric performance and move on unless they are a **Tracker Level 1**	If **Tracker Level 1,** then structured **verbal** update
7	**Tracker** is **Red** for **4** reporting periods	Switch to **Driver** metric	Switch and replace to **Driver** metric (decide on how to make capacity i.e. which **Driver** can be a **Tracker**)

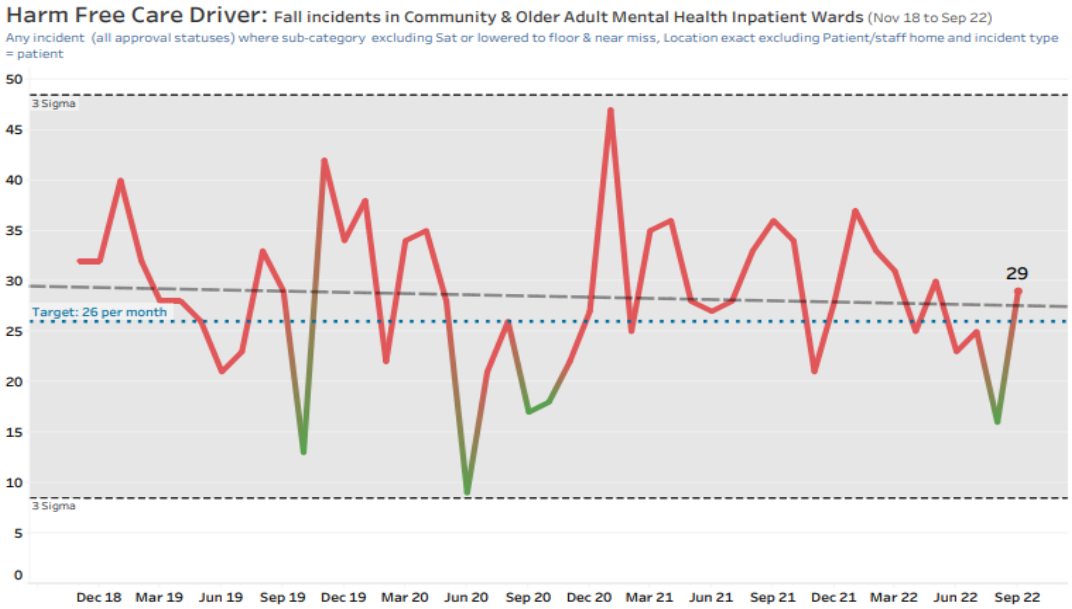
Business Rules for Statistical Process Control (SPC) Charts

Why Use SPC Charts

We intend to use SPC charts to gain a better understanding about what our data is telling us. We can use this understanding to support making improvements. It will ensure we don't overreact to normal variation within a system.

Components of an SPC Chart

The charts have the following components with an example below:



- A target line (the blue dotted line)
- A longer series of data points
- Upper Control Limit (UCL) to 3 Sigma
- Lower Control Limit (LCL) to 3 Sigma
    - These process limits (UCL & LCL) are defined by our data and calculated automatically. If nothing changes with the process, we can expect 99% of data points to be within these limits. They tell us what our system is capable of delivering. Our data will vary around these process limits. It provides a context for targeting improvement.

Variation

There are 2 types of variation:

1. Common cause variation, which is 'normal' variation (within the UCL & LCL)
2. Special cause variation (or unusual variation) which is something outside of the normal variation and outside of the process control limits (UCL & LCL)

Rules

- A series of 6 or more data points above or below the target is statistically relevant. It indicates that something in process has changed.
- A trend: either rising or falling of more than 6 data points – we should investigate what has happened.
    - We should reset baseline following a run of 6 data points (either up or down).
- Follow the True North Performance business rules for other metric actions.

Performance Scorecard - True North Drivers

Harm Free Care

Metric	Target	External/Internal	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Breakthrough Restrictive Interventions in Mental Health Inpatient Wards	241 from 1st August 2024 previously 309	Internal	213	274	242	263	233	183	186	246	257	284	262	351

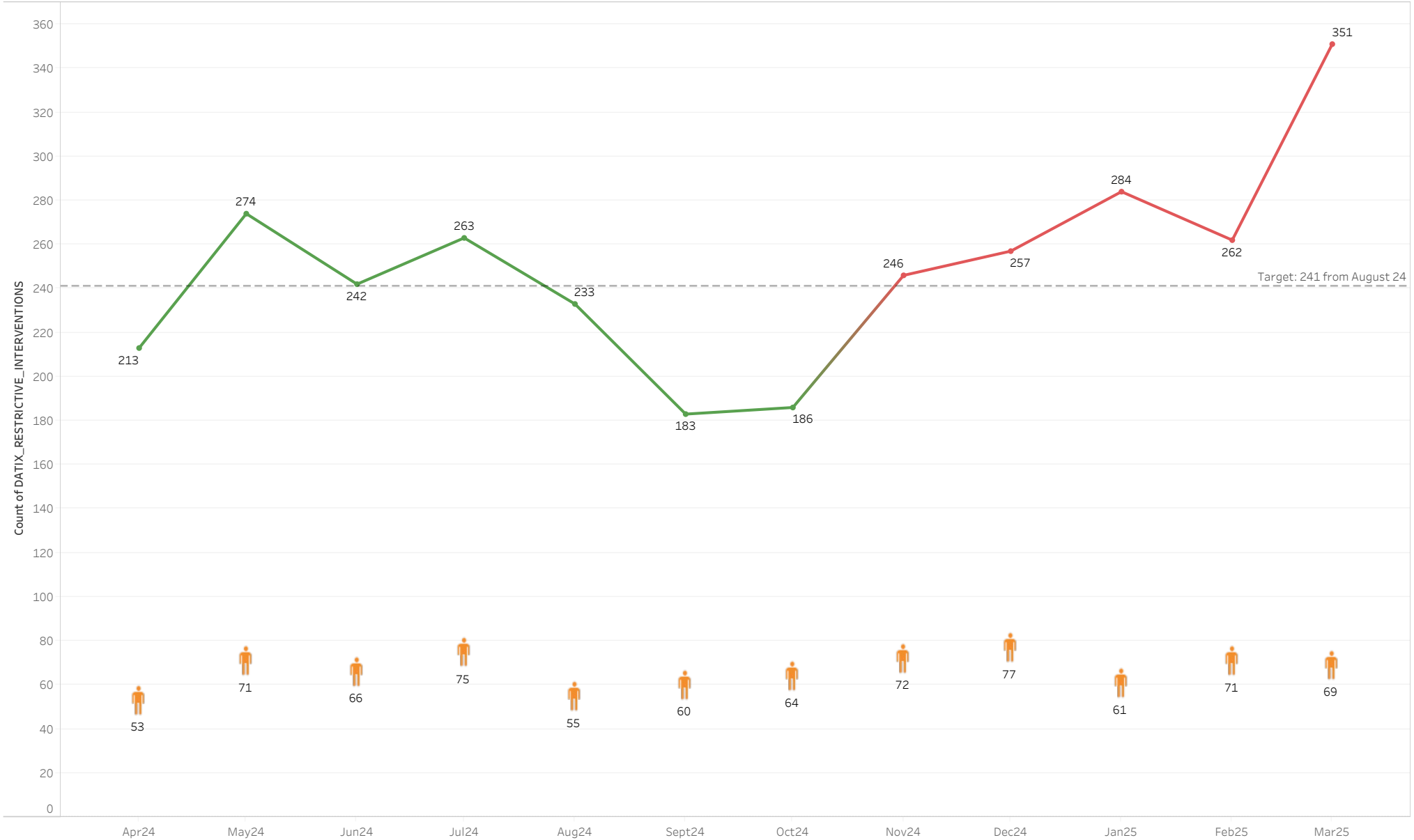
Patient Experience

Metric	Target	External/Internal	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Positive Patient Experience Score %	95% compliance	External	93.67%	94.37%	93.97%	94.19%	94.19%	95.09%	94.19%	95.09%	94.71%	95.19%	95.89%	95.39%
Patient Experience Compliance Rate %	10% compliance	External	7.09%	7.39%	6.5%	5.70%	6.20%	4.39%	4.29%	4.10%	5.24%	5.89%	7.29%	7.79%

Metric	Target	External/Internal	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Breakthrough Clinically Ready for Discharge by Wards MH (including OAPS)	250 bed days	External	353	248	351	275	249	248	291	147	186	224	240	301	360

Metric	Target	External/Internal	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Breakthrough Bed days occupied by patients who are discharge ready Community	500 bed days	External	554	643	812	999	830	886	876	849	977	890	603	583

Harm Free care-Breakthrough Objective: Restrictive Interventions in Mental Health Inpatient Wards (Apr24 to Mar25)



Performance Scorecard - True North Drivers

Supporting our Staff

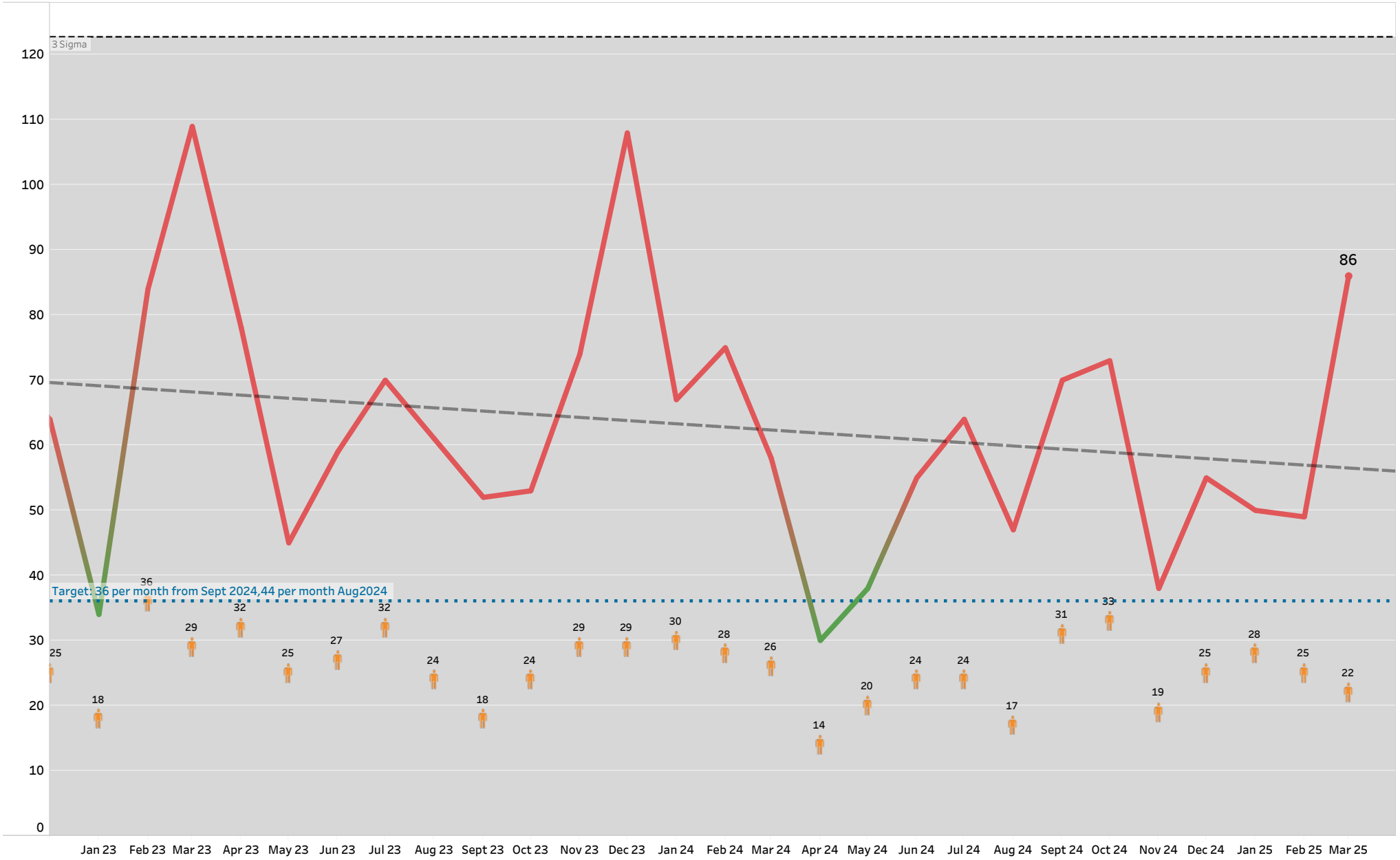
Metric	Threshold / Target	External/Internal	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Breakthrough Physical Assaults on Staff	36 per month Sept 2024	Internal	30	38	55	64	47	70	73	38	55	50	47	85
Staff turnover (excluding fixed term posts)	10% by March 2025	External	12.4%	12.60%	12.59%	12.49%	12.32%	12.07%	11.54%	11.57%	11.51%	11.57%	11.16%	11.09%

Efficient Use of Resources

			Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
YTD variance from control total (£'k)	0	External	0	0	-26	-103	-9	-16	-17	-2	-1	-3000	-3000	-3000
Active Inappropriate OAPS at end of month	< 8 Q1, 5 Q2, 3 Q3 , 1 Q4	External	5	3	4	3	4	7	4	0	1	1	1	0

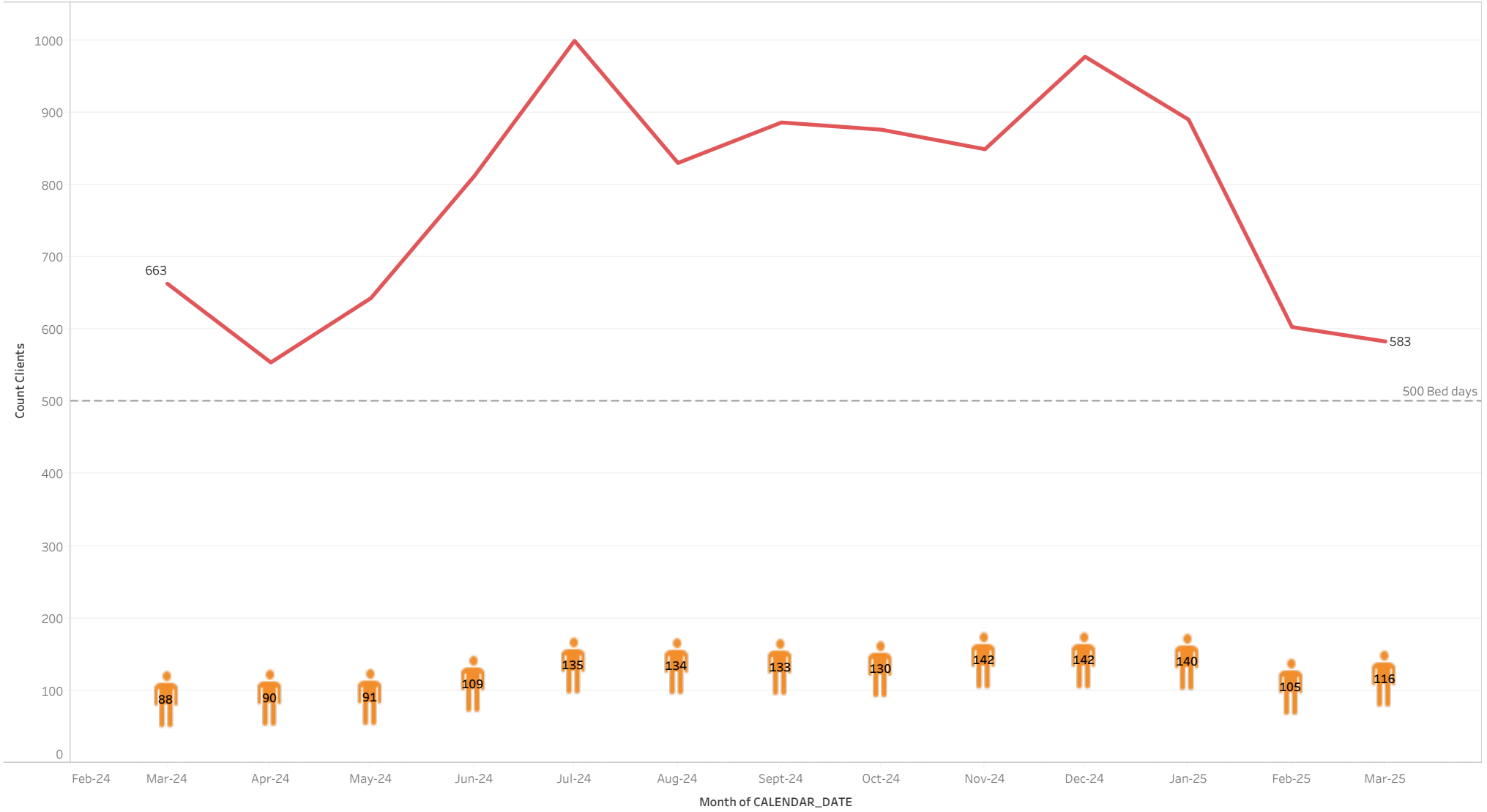
Supporting Our Staff - Breakthrough Objective :Physical Assaults on Staff (Mar 21 to Mar 25)

Any incident where sub-category = assault by patient and incident type = staff



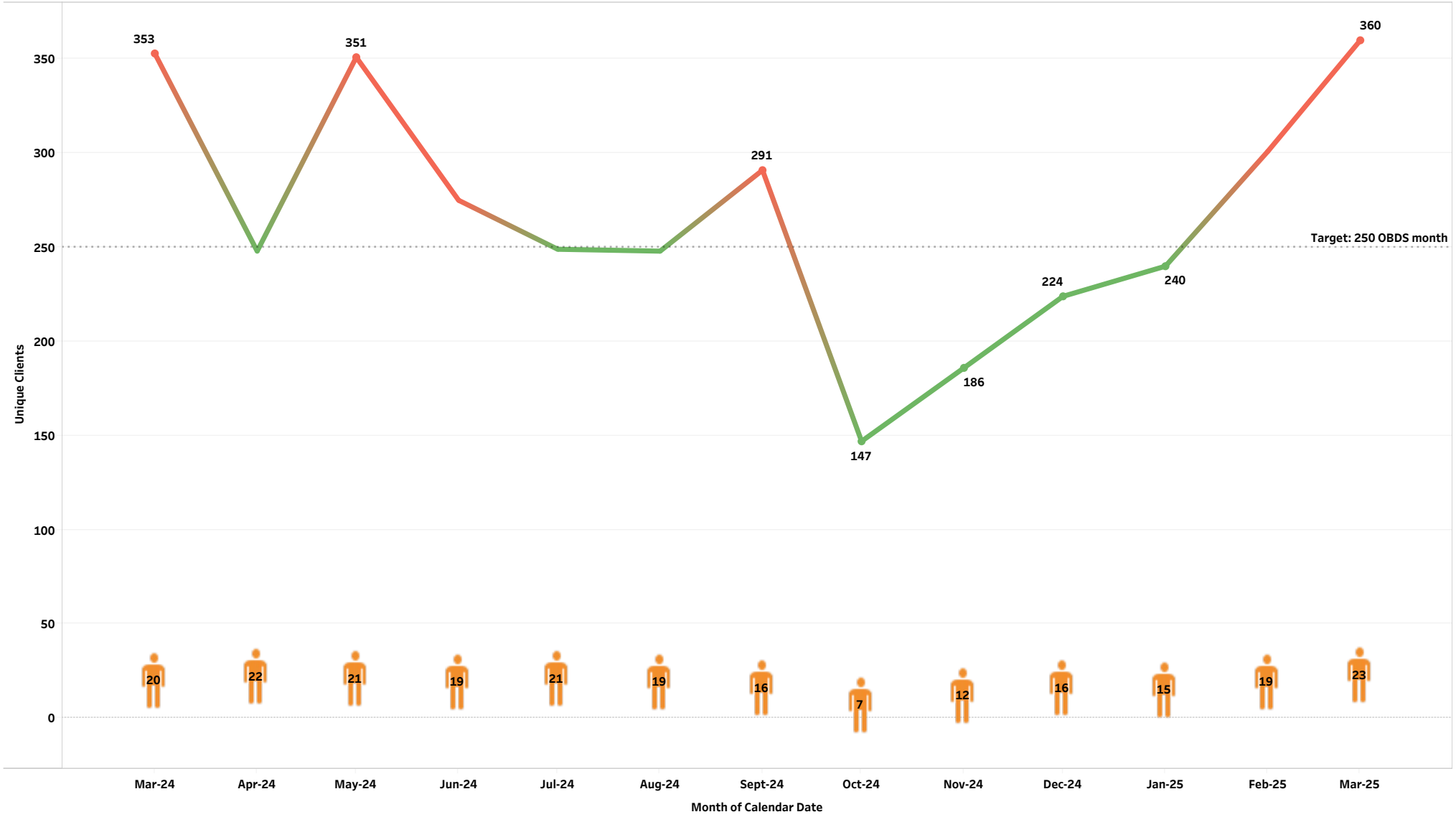
Patient Experience- Breakthrough Objective: Bed days occupied by patients who are discharge ready Community (Jan 2024- Jan 2025)

All Community health wards

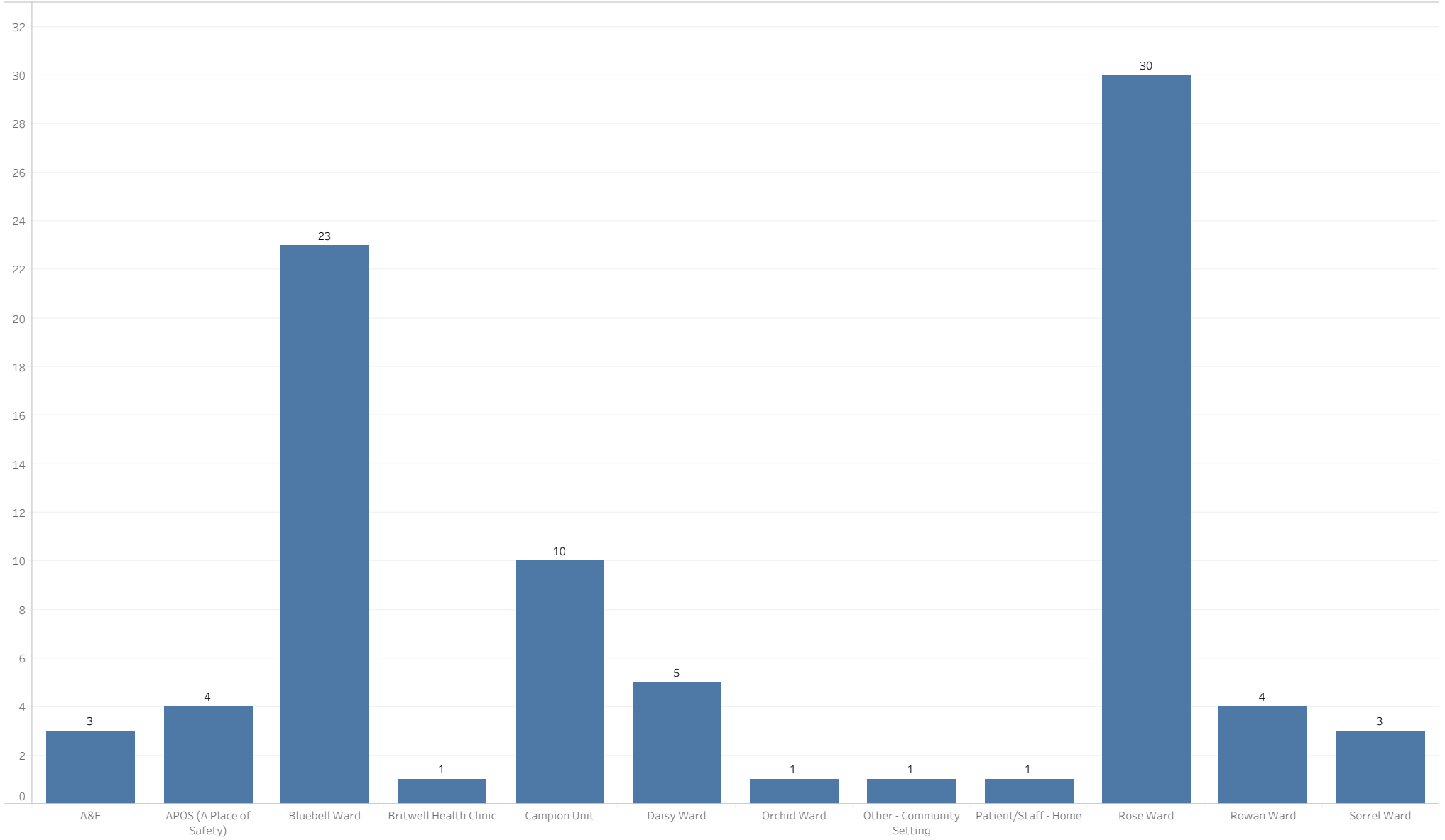


Patient Experience: Breakthrough Objective Clinically Ready for Discharge by Wards MH (Including OAPS) (Jan 2025- Jan 2025)

All Mental Health wards excludes Campion ward (Learning Disability)



Supporting Our Staff : Physical Assaults on Staff by Location (March 2025)



True North Supporting Our Staff Summary

Metric	Threshold / Target	External/Internal	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Statutory Training: Fire: %	90% compliance	Internal	94.6%	95.5%	95.3%	95.7%	95.5%	95.9%	96.0%	96.1%	96.2%	94.2%	94.8%	94.2%
Statutory Training: Health & Safety: %	90% compliance	Internal	96.9%	97.0%	97.3%	97.3%	97.6%	97.6%	97.6%	97.8%	98%	98.0%	98.2%	98.1%
Statutory Training: Manual Handling: %	90% compliance	Internal	93.7%	93.7%	94.3%	94.8%	94.9%	94.2%	94.5%	93.7%	94.9%	94.6%	94.1%	94.4%
Mandatory Training: Information Governance: %	95% compliance	Internal	97.7%	98.2%	98.1%	98.2%	98.4%	98.5%	97.9%	98.9%	98.2%	98.1%	97.5%	97.1%
Sickness Rate: %	<3.5%	External	3.9%	3.8%	3.7%	4.1%	4.1%	4.5%	4.7%	4.8%	4.8%	4.8%	4.3%	

True North Patient Experience

Metric	Target	External/Internal	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
A&E: Maximum wait of four hours from arrival to admission/transfer /discharge: %	95%	External	98.60	99.37	98.89	98.76	99.31	99.17	99.05	99.31	99.03	98.72	99.22	96.40
Community Health Services: 2 Hour Urgent Community Response %.	80%+	External	86.2%	84.6%	84.7%	88.7%	91.4%	89.2%	91.4%	90.9%	91.9%	91%	91.1%	92.2%
Number of Adults on community Health waiting lists by system (BOB)	No Trust Target	External	6936	7231	7432	7102	7409	7786	7523	7092	7342	7603	7999	8280
Number of Adult on community Health waiting lists by system (Frimley)	No Trust Target	External	6124	6376	6223	5882	6188	6307	5968	5792	5716	5908	5527	5935
Community Dentistry Activity (ytd)	Total Trust UDA per Annum 9037 CDS & 2000 DAC. 919 per month	External	725	1441	2116	2314	4560	4723	5576	6383	7167	8248	8910	9671
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	External	100	100	100	100	100	100	100	100	100	100	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	External	100	100	100	99.59	100	100	100	100	100	100	99	100
Number of Patients not seen on RTT waiting over 52 weeks	0	External	0	1	0	0	0	0	0	0	0	0	0	0
Number of Patients not seen on RTT waiting over 65+ weeks	0	External	0	1	0	0	0	0	0	0	0	0	0	0
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% seen	External	98.21	71	98.92	96.20	96.39	98.40	98.62	98.48	96.32	96.81	100	99.14

True North Patient Experience

Metric	Target	External/Internal	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	26 per month	Internal	23	15	19	27	28	37	10	18	22	17	27	24
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	Internal	80.2%	86.6%	85.8%	96.6%	94.6%	90.2%	84.3%	89.1%	90.1%	83.1%	90.6%	91.1%
Number of CYP (0-17 years) on Community Health waiting lists by system Frimley (YTD)	No Trust Target	External	2206	2359	2347	2113	2081	2149	2100	2047	2000	1954	1954	1880
Number of CYP (0-17 years) on Community Health waiting lists by system BOB (YTD)	No Trust Target	External	1281	1370	1433	1305	1241	1351	1315	1282	1273	1308	1339	1309
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	Internal	40%	50%	100%	100%	60%	100%	100%	100%	100%	80%	100%	100%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	Internal	100%	90.9%	66.7%	80%	100%	100%	100%	100%	100%	100%	100%	100%
Access to Children and Young People's Mental Health Service 0-17 1+ Contact Frimley	Cumulative Year to Date Target for Frimley for 2024/25 Minimum 2353. Cumulative YtD figures shown	External	5481	5645	5808	6071	6221	6370	6538	6719	6857	7002	7161	7328
Access to Children and Young People's Mental Health Service 0-17 1+ Contacts BOB	Cumulative Year to Date Target for Frimley for 2024/25 Minimum 2353.Cumulative YtD figures shown	External	7801	8030	8234	8478	8638	8821	9054	9275	9466	9677	9852	10076
Access to Children and Young People's Mental Health Service Aged 18-24 1+ Contacts measured from Data Set BOB	Cumulative Year to Date figure given 2024/25 Minimum BOB target 222	External	3025	3112	3179	3279	3339	3430	3546	3653	3716	3824	3925	4012
Access to Children and Young People's Mental Health Service 18-24 1+ Contact Frimley	Cumulative Year to Date figure given 2024/25 Minimum BOB target 222	External	2087	2156	2194	2263	2327	2385	2446	2511	2569	2632	2700	2758

True North Patient Experience

Metric	Target	External/Internal	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Talking Therapies Referral to Treatment 75% within 6 weeks BOB	75%	External	99%	91%	91%	88%	87%	90%	93%	94%	94%	93%	95%	94%
Talking Therapies Referral to Treatment 75% within 6 weeks Frimley	75%	External	90%	91%	93%	87%	87%	90%	91%	92%	92%	93%	94%	93%
Talking Therapies Referral to Treatment 95% within 18 weeks BOB	95%	External	100%	100%	100%	99%	100%	100%	99%	100%	100%	100%	100%	100%
Talking Therapies Referral to Treatment 95% within 18 weeks Frimley	95%	External	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%	100%
Numbers of OA receiving a course of treatment (2+ contacts) as a % of total BOB	6%	External	5.7%	6.5%	7.0%	7.0%	7.0%	7.7%	5.2%	6%	7.0%	6%	4.7%	7.0%
Numbers of OA receiving a course of treat (2+ contacts) as a % of total Frimley	7%	External	9%	5.7%	6.2%	10%	7.7%	6.7%	7.0%	6%	6.9%	8%	5%	6%
Talking Therapies Overall receiving a course of treatment (2+ contacts) BOB	60%	External		61%	64%	63%	64%	61%	64%	65%	61%	67%	66%	62%
Talking Therapies Overall receiving a course of treatment (2+ contacts) Frimley	60%	External		56%	61%	55%	60%	56%	57%	53%	60%	60%	60%	61%

True North Patient Experience

Metric	Proposed Target..	External/Internal	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Talking Therapies Recovery rates BOB	50%	External	50%	52.80%	46%	53%	52.5%	51.60%	52.70%	52.70%	48.39%	54%	55.30%	53.80%
Talking Therapies Recovery rates Frimley	50%	External	45%	51%	47%	50%	51.39%	54.40%	51.80%	54.60%	53.20%	50%	46.40%	55.70%
Talking Therapies Reliable Improvement for those completing a course of treatment Frimley	67%	External	59%	63.80%	65%	62%	65.40%	69%	68%	66%	67.60%	67%	62.5%	70.09%
Talking Therapies Reliable Improvement for those completing a course of treatment BOB	67%	External	64%	62.79%	63%	64%	64.5%	69%	69%	71%	64.60%	65%	71.09%	68.10%
Talking Therapies Reliable Recovery for those completing a course of treatment Frimley	48%	External	43%	45.5%	44%	47%	51.39%	52%	50%	51%	50.20%	49%	43.20%	51.5%
Talking Therapies Reliable Recovery for those completing a course of treatment BOB	48%	External	46%	48.5%	46%	49%	48.19%	48%	50%	51%	45.70%	50%	51%	51.10%
Talking Therapies In treatment pathway waits 90 day for 2nd Appointment Frimley	<10%	External	15.2%	16.1%	18.6%	20%	14.7%	18.5%	20%	22%	22%	28.0%	25%	24%
Talking Therapies in treatment pathway waits 90 day for 2nd Appointment BOB	<10%	External	16.4%	15.9%	15.1%	18%	19.4%	20%	18%	23%	20%	25%	22%	22%

True North Patient Experience

			Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
EIP: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral: %	60% treated	External	100	100	100	83	100	100	100	100	100	67	100	83.32
Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illness 2+ contacts BOB	Cumulative Year to Date 24/25 Minimum BOB Target 7860	External	6903	7869	8076	8370	8569	8799	9582	9857	10035	10315	10518	10762
Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illness 2+ contacts Frimley	Cumulative Year to Date 24/25 Minimum Frimley Target 7860	External	5509	6172	6325	6508	6676	6834	7399	7581	7717	7903	8056	8209
Access to Perinatal Services- Assessments Frimley	7.5% live birth rate - 409 Oct 23 439 March 2023. 37 per Month	External	20	22	32	34	25	23	30	29	18	28	23	22
Access to Perinatal Services - Assessments BOB	10% live birth rate - 611 per annum 51 per month	External	44	30	38	50	27	38	33	35	42	37	30	30
Access to Perinatal Services - % Birth Rate BOB	Target 10% live birth rate per Quarter	External												
Access to Perinatal Services- % Birth Rate Frimley	7.5 % live birth rate per Quarter	External												
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	90% from 1st July 2024. Previously 85%	Internal	90%	93%	94%	95%	94%	90%	91%	93%	94%	91%	92%	93%
Mixed Sex Breaches on Ward	0	External	0	0	0	0	0	0	0	0	0	0	0	0
Patient on Patient Assaults (MH Inpatients)	25 per month	Internal	17	14	10	10	5	8	7	9	14	10	10	13
Estimated Diagnosis rate for Dementia Frimley	66.67%	External	66.10%	66.14%	66.53%	68%	68%	66.71%	66.49%	66.85%	66.29%	65.93%	65.25%	65.10%
Estimated Diagnosis rate for Dementia BOB	66.67%	External	65.60%	65.36%	64.92%	64.90%	64.90%	66.14%	66.04%	66.25%	66.37%	65.67%	65.06%	65.10%

True North Harm Free Care Summary

Metric	Threshold / Target	External/Internal	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Mental Health: AWOLs on MHA Section	10 per month	Internal	5	7	5	7	7	9	5	3	11	7	4	4
Mental Health: Absconsions on MHA section (Excl: Failure to return)	8 per month	Internal	1	1	1	1	1	1	1	1	1	2	0	0
Mental Health: Readmission Rate within 28 days: %	<8% per month	Internal	0	0	0	3.45	5.25	3.83	0	1.53	1.47	1.62	1.5	0
Pressure Ulcer with Learning	Tbc	Internal	2	4	1	4	0	0	2	1	1	4	4	3
Mental Health 72 Hour Follow Up after Inpatient discharge	80%+	External	91.5%	93.1%	94.1%	91.0%	91.4%	100%	91.0%	88.3%	93.4%	89.4%	91.6%	96.6%
Self-Harm Incidents on Mental Health Inpatient Wards (ex LD)	61 per month	Internal	79	66	63	64	46	72	68	101	55	94	60	67
Self-Harm Incidents within the Community	31 per month	Internal	28	29	10	10	7	17	15	25	23	30	21	15
Gram Negative Bacteraemia	No Trust target	External	0	0	0	0	0	0	0	0	0	1	0	1
E-Coli Number of Cases identified	< 8 Q1, 5 Q2, 3 Q3 , 1 Q4	External	1	0	0	1	0	1	4	0	0	0	1	0
C.Diff with learning (Cumulative YTD)	0	External	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	0	External	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias (YTD)	0	External	0	0	0	0	0	0	0	0	0	0	0	0
Count of Never Events (Safe Domain)	0	Internal	0	0	0	0	0	0	0	0	0	0	0	0
Patient Safety Alerts not completed by deadline ytd	0	External	1	1	1	1	1	1	1	1	1	1	1	1
Unnatural MH inpatient deaths	0	Null	0	0	0	0	0	0	0	0	0	0	0	0
PHSO Upheld Complaints	0	Null	0	0	0	0	0	0	0	0	0	0	0	0

Efficient Use of Resources

Metric	Threshold / Target	External/Internal	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Community Inpatient Occupancy	85%	Internal	90.6%	91.8%	91.6%	88.8%	86.9%	92.4%	91.7%	91.3%	91.8%	93.9%	86.2%	84.6%
Community Inpatient Average Length of Stay (bed days)	<21 days	Internal	33.3	25.8	26.2	21.7	24.5	24.7	24.6	24.3	24.9	23.9	24.1	23.7
Mental Health: Adult Acute LOS over 60 days % of total discharges	TBC	External	31%	28.0%	28.0%	33%	35.1%	24.3%	29.3%	24%	16.9%	26.4%	24%	27.0%
Mental Health: Older Adult Acute LOS over 90 days % of total discharges	TBC	External	59%	63%	63%	50%	41.6%	55.5%	50%	61.5%	60%	50%	45.4%	56.2%
DNA Rate: %	5% DNAs	Internal	4.70%	5.26%	4.79%	4.83%	4.97%	4.96%	4.91%	4.87%	4.47%	4.66%	4.5%	4.42%
Mental Health: Acute Occupancy rate (excluding Home Leave):%	85% Occupancy	Internal	98.5%	97.7%	97.1%	97.3%	99.2%	96.8%	97.4%	97.6%	98.4%	98.2%	99.0%	89.6%
Mental Health: Acute Average Length of Stay (bed days)	30 days	Internal	60.6	58.7	47.2	49.6	58.8	46.1	50.8	40.5	36	60.8	40.0	63.1
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): %	80% Occupancy	Internal	95.34%	82.42%	81.71%	83.87%	88.40%	90.10%	80.82%	86.14%	87.79%	89.75%	92.56%	89.05%
Community Virtual Ward Occupancy Frimley	80%	External	42.19%	50.60%	52.5%	57.59%	51.30%	61.29%	77.29%	84%	73.5%	79.80%	80.5%	69%
Community Virtual Ward Occupancy BOB	80%	External	88.90%	91.90%	94.79%	82.59%	87.90%	79.40%	76.90%	79.60%	91.29%	100.2%	76.59%	85%
Agency Spend within Ceiling	3.2%	External	2.70%	3%	2.19%	3.10%	3.20%	2.90%	2.90%	3%	2.39%	2.70%	1.89%	2%
Elective Recovery Performance vs Target	11,614	External	12238	11898	12179	13710	11888	12951	13862	13180	11808	13567	12010	12565

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	13th May 2025
Title	**Annual Health & Safety Report 2024/25** **Inc Annual Statement of Fire Safety**
	The H&S report is for noting and the Annual Statement of Fire Risk Safety for approval
Reason for the Report going to the Trust Board	To provide the Board with the Trust's annual Health & Safety Report, highlighting key areas of performance and providing assurance on relevant internal processes.
Business Area	Operations and Estates
Author	Jill Griffiths, Risk Team Manager
Relevant Strategic Objectives	Patient safety Ambition: We will reduce harm risk for our patients and staff Workforce Ambition: We will make the Trust a great place to work for everyone

Berkshire Healthcare
Health & Safety - Annual Report 2024/2025

Executive Summary

This report provides an update to the Board on Berkshire Healthcare's Health and Safety performance statistics for the financial year 2024/2025.

The report reviews Trust 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 HSE or the Local Authorities in 2024/2025.
- There were five incidents reported under the RIDDOR regulations in the year 2024/2025, (with no false reports) showing a decrease of six incidents compared to 2023.
- 690 physical assaults against staff were reported during the period, which is a decrease of 119 (13%) compared to 2023/24.
- 1026 non-physical assaults against staff were reported during the period, an increase of 101 (10%) on the previous year.
- During 2024/2025, following on from an incident at Prospect Park Hospital the Royal Berkshire Fire and Rescue Service undertook one fire safety visits to ensure the Trust was compliant with the Regulatory Reform (Fire Safety) Order 2005, and to complete a post incident inspection.
- There were six cases of arson reported for 2024/2025, and eleven cases of a risk of fire being identified. Six out of eleven of the incidents were community based with the remainder being on Trust property. Three of the eleven incidents occurred at Prospect Park Hospital (PPH) which is the same number of PPH incidents for this category as the previous year.
- Compliancy in statutory training: Fire Awareness - The number of staff trained throughout 2023 has averaged **93.85**%. This is a 0.46% increase from last year (2023/24 average = 92.71%). This falls 1.15% short of the Trust's fire training target of **95%** compliance.
- Compliancy in statutory training: Health & Safety - The number of staff trained throughout 2024/25 has averaged **97.5** % (1.3 % increase). This is above the Trust's target of **90%** compliance.
- The overall sickness rate for 2024/2025 was 4.28%, an increase from 4.15% in 2023/2024. The most common reason for absence remains anxiety/stress/depression, accounting for 27.2% of all sickness in the 12-month period. Covid related sickness accounted for 2.55% of all sickness in 2024, a decrease from 4.90% in 2023/2024. Absences attributed to musculoskeletal/back problems accounts for 8.5% an increase from 6.8%.
- The number of FTE days lost to sickness in 2024/2025 has increased by 8.77% when compared to 2023/2024. The overall sickness rate for Covid related sickness for the year was 0.14%. If Covid related sickness is excluded from the figures, the overall sickness rate for 2024/2025 was 4.17%, an increase from 3.95% in 2023/2024.

1. Key Figures for Great Britain 2024

The most recent data from the Health and Safety Executive highlights the following issues:

- **1.7 million** working people were suffering from a work-related illness (down 0.1 million).
  - ✓ **776,000** workers suffering work-related stress, depression or anxiety
  - ✓ **543,000** workers suffering from a work-related musculoskeletal disorder
- **138** workers were killed at work (up from 135 in 2023).
- **61,663** injuries to employees reported under RIDDOR (up from **60,645**).
- **604,000** injuries occurred at work according to the Labour Force Survey (up from **561,00**).
- **33.7 million** working days lost due to work-related illness and workplace injury
- **£21.6 billion** estimated cost of injuries and ill health from current working conditions
- **2,257** mesothelioma deaths due to past asbestos exposures

2. Enforcement

There have been no enforcement actions from the Royal Berkshire Fire & Rescue Service or the Health & Safety Executive during 2024/2025.

3. The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)

During 2024/2025 there were 5 RIDDOR incidents which fell into the following categories:

RIDDOR Incident Type	2022/23	2023/24	2024/25
Manual Handling	2	1	-
Assault	1	1	2
Injured during physical restraint	-	-	-
Slip, Trip or Fall	1	6	3
Sharps Injury	-	-	-
Collision, struck by moving object	1	3	-
Case of disease	-	-	-
False reports	-	-	-
Total	**5**	**11**	**5**

RIDDOR incident reports, including root cause analysis and remedial actions taken, are included in quarterly Trust performance reports at the Non-Clinical Risk Committee and tabled at the Joint Staff Consultative Committee. No further Health & Safety Executive Investigations resulted from these incidents.

4. Health & Safety

Training Compliancy 2024 / 2025

All staff under-take statutory training in Health & Safety and Moving & Handling every 5 years.

The number of staff trained in Health & Safety throughout 2024/2025 has averaged **97.5 %.** This is above the training target of 90% and is the same average as the previous year.

The number of staff trained in Low Risk Moving & Handling in 2024/2025 has averaged: **95.06 %**.
The number of staff trained in Medium Risk MH throughout 2024/2025 has averaged: **94.68 %**.
The number of staff trained in High Risk MH throughout 2024/2025 has averaged: **93.40 %**.

This is above the training target of **90%**.

Health & Safety Training Compliancy 2024/2025 (Statistics provided by Tableau - Trust Summary Dashboard)												
Statutory Training	**Apr 2024 %**	**May 2024 %**	**Jun 2024 %**	**Jul 2024 %**	**Aug 2024 %**	**Sep 2024 %**	**Oct 2024 %**	**Nov 2024 %**	**Dec 2024 %**	**Jan 2025 %**	**Feb 2025 %**	**Mar 2025 %**
Health & Safety	**95.91**	**95.60**	**97.32**	**97.35**	**97.61**	**97.69**	**97.64**	**97.81**	**98.00**	**98.02**	**98.20**	**98.15**
LR* Moving & Handling	**95.06**	**95.12**	**94.94**	**94.75**	**95.52**	**95.03**	**94.54**	**94.85**	**94.79**	**95.29**	**95.45**	**95.35**
MR* Moving & Handling	**93.16**	**93.10**	**94.84**	**95.47**	**95.58**	**95.66**	**95.13**	**94.68**	**95.15**	**96.05**	**94.79**	**92.52**
HR* Moving & Handling	**92.35**	**91.17**	**92.11**	**93.13**	**93.54**	**93.95**	**94.08**	**94.43**	**94.02**	**93.92**	**92.46**	**95.63**

LR* = Low Risk Moving & Handling - Refreshed every 5 Years.
MR* = Medium Risk Moving & Handling – Refreshed every 3 Years
HR* = High Risk Moving and Handling – Refreshed every 3 years

Slips, Trips & Falls

The Trust monitors the health and safety hot spots where slips, trips and falls to staff and the general public occur. This enables the organisation to investigate fully and to put remedials actions in place in the quickest timeframes. Please see the tables below which show the monthly breakdown for slips, trips and falls in **2023/2024** and **2024/2025** which are categorised as Staff or General Public incidents.

Slips, Trips & Falls by Month 2024 / 2025

Person/Month	**Q1 Apr 24**	**Q1 May 24**	**Q1 Jun 24**	**Q2 Jul 24**	**Q2 Aug 24**	**Q2 Sep 24**	**Q3 Oct 24**	**Q3 Nov 24**	**Q3 Dec 24**	**Q4 Jan 25**	**Q4 Feb 25**	**Q4 Mar 25**	**Total**
Staff	1	4	1	2	3	2	5	5	3	2	4	1	**33**
General Public	1	1	0	1	1	1	1	2	1	0	4	0	**13**
Total	**2**	**5**	**1**	**3**	**4**	**3**	**6**	**7**	**4**	**2**	**8**	**1**	**46**

Slips, Trips & Falls by Month 2023 / 2024

Person/Month	Q1 Apr 23	Q1 May 23	Q1 Jun 23	Q2 Jul 23	Q2 Aug 23	Q2 Sep 23	Q3 Oct 23	Q3 Nov 23	Q3 Dec 23	Q4 Jan 24	Q4 Feb 24	Q4 Mar 24	Total
Staff	3	4	5	3	4	4	4	1	7	5	3	1	**44**
General Public	1	2	2	0	0	1	0	0	0	0	1	1	**8**
Total	**4**	**6**	**7**	**3**	**4**	**5**	**4**	**1**	**7**	**5**	**4**	**2**	**52**

2023/2024 = **52** Staff Incidents **2024/2025 = 46** Staff Incidents

Year on year the number of staff slips, trips and falls recorded for non-clinical events has reduced by **13%.** The District Nursing Team had the highest number of slips trips and falls with a total of 7 for the year, which is 15% of the total number of staff slip, trip and falls across all sites.

Ligature Management

The assessment and management of fixed ligature points is a key requirement in Berkshire Healthcare mental health services. Over the last year discussions focusing on current data from the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), shared learning from the National Mental Health and Learning Disability Nurse Directors Forum and local incident reports, have all contributed to a greater understanding of which areas the Organisation should focus for learning opportunities and environmental changes. We have actively considered the holistic impact of the built environment when managing ligature harm risks (for example, therapeutic environments) and have used a co-design, evidence based approach to ligature harm reduction planning.

Our annual fixed-ligature risk assessment process incorporates local expertise through colllaborations with staff and experts. Work at Prospect Park Hospital has continued with anti – ligature upgrades in all patient ensuite bathrooms, fixed furniture upgrades, and replacement of the fixed wall mounted soap dispensers in all patient areas.

Providing the best approach to ligature harm reduction requires planning, and in Berkshire Healthcare we have used a systematic approach that incorporates current understanding at a national level, local intelligence (Datix incident data) and co-design that draws on the workforce experience.

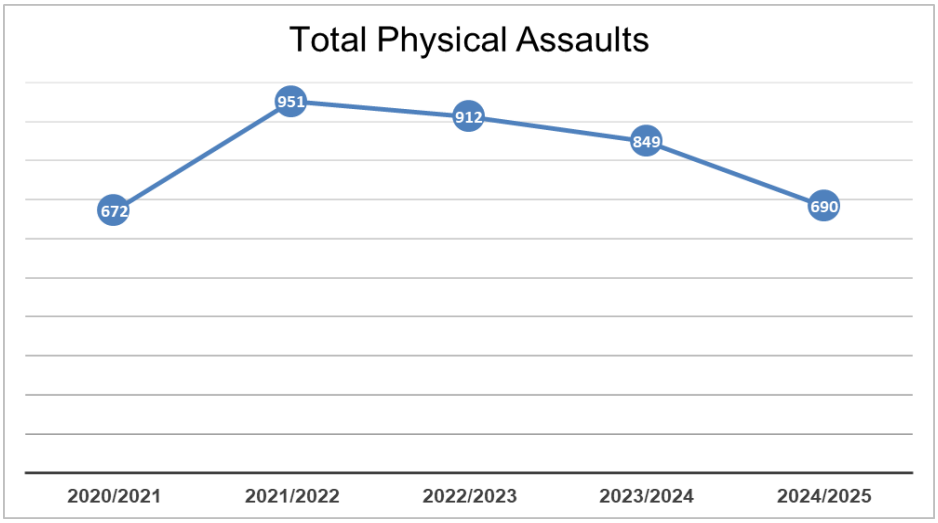
All Mental Health Services review their Ligature Risk Assessments annually and report all findings to the Compliance and Risk Team where a prioritised risk reduction programme is implemented and managed by the Estates and Facilities Directorate.

5. Violence and Aggression

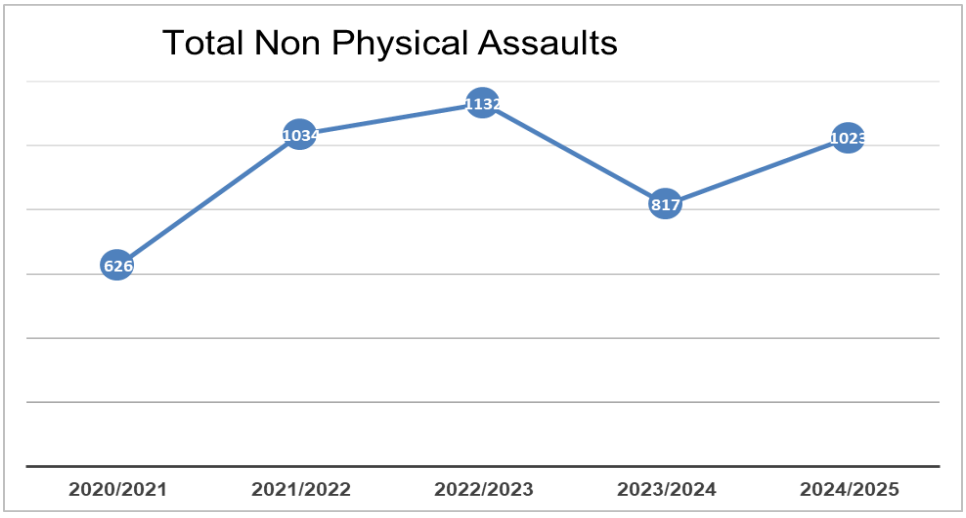
- 690 physical assaults against staff were reported during the period, which is a decrease of 119 (**13%**) compared to 2023/24.
- In **2024/2025,** there were 690 Trust Physical Assaults recorded and finally approved on Datix. **81%** (560) of the physical assaults reported in the Trust for 2024/2025 occurred at Prospect Park Hospital. This is a **5%** increase on the previous year.
- The number of reported non-physical assaults has increased from 925 to 1026 which is a **10%** year on year increase. 920 of these incidents were carried out by patients (**90%**).

- **64%** of physical assaults against staff were categorised as “Low – no injury/harm”
- **85%** of non-physical assaults were categorised as “Low -no injury /harm”
- **2.75%** of physical assaults and **2.5%** of non-physical assaults against staff were categorised as Moderate – significant but non-permanent harm.

Total number of Physical Assaults for the last five years



Total number of Non- Physical Assaults for the last five years



During 2024/2025 we have seen a 13% drop in the number of physical assaults recored in the Trust, but an increase of 10% when it comes to reporting non-physical assaults. When the raw data is analysed further there are examples of spikes where specific individual patients have caused consistent daily issues and repeated incidents have been reported on certain wards at Prospect Park Hospital. This often scews the data and steers us towards believing there are many perpetrators, when in fact our staff are often consistently abused and physically assaulted by the same patient during their admittance to the hospital. The majority of physical and non-physical assaults are the result of a patient’s mental health or medical condition.

All assaults, abuse & behavior incidents against staff by subcategory 2024/2025

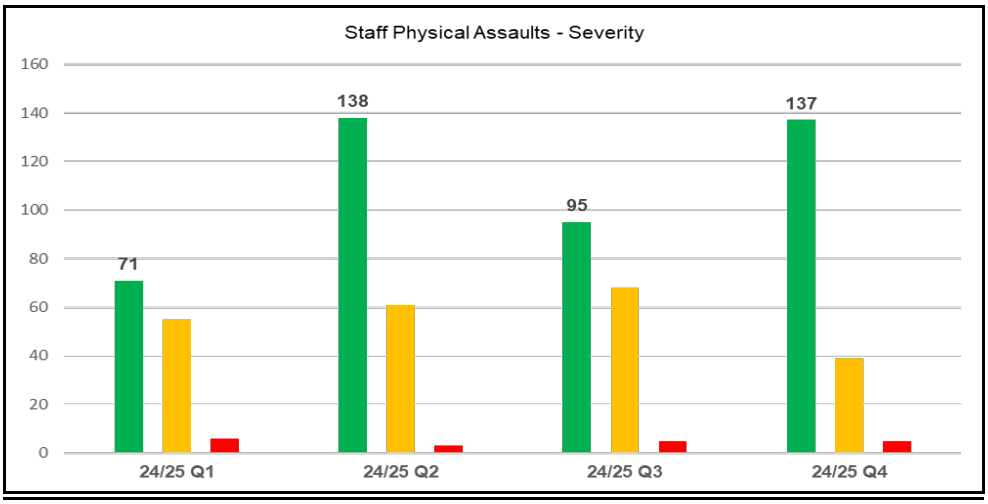
Finally approved incidents only – at the time of producing report

Type of abuse	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Total
Abuse by Patient	72	68	82	80	66	97	65	71	71	64	77	108	**920**
Physical Assault (Patient)	31	40	57	67	48	73	74	38	52	47	46	81	**655**
Abuse by Other	5	6	6	8	7	11	6	9	6	2	5	3	**74**
Abuse by Staff	1	4	6	7	2	2	2	2	1	2	2	1	**32**
Alleged Sexual Assault	0	0	2	3	1	4	1	2	0	1	4	2	**20**
Physical Assault by Other	0	0	0	3	1	1	0	1	0	2	1	1	**10**
Property/Criminal damage	1	0	1	1	1	1	0	0	0	0	0	0	**5**
Physical Assault by Staff	1	1	0	0	0	1	0	0	0	0	0	1	**4**
Dirty Protest	0	0	0	1	0	0	0	0	0	0	0	0	**1**
Patient refusing treatment	0	0	0	0	1	0	0	0	0	0	0	0	**1**
Abuse of Drugs or Alcohol	0	0	0	0	0	0	0	0	0	0	1	0	**1**
Total	**111**	**119**	**154**	**170**	**127**	**190**	**148**	**123**	**130**	**118**	**136**	**197**	**1723**

The severity of the physical assaults across the Trust in 2024/2025 can be seen in the table below. The table shows the quarterly breakdown for the year, which shows **64%** of physical assaults resulted in Low – No injury, **32%** resulted in Minor – superficial harm, and **4%** resulted in Moderate – significant but non-permanent harm.

Moderate harm incidents have increased from 2% - 4% over the last financial year.

Severity of Staff Physical Assaults (Year on Year)



Staff Physical Assaults by Service 2024/2025

Incidents by Service / Month	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Total
Adult Acute - Rose Ward	3	3	9	15	3	13	4	0	8	0	2	28	**88**
Adult Acute - Snowdrop	3	9	4	2	13	17	4	6	9	6	8	0	**81**
LD Service IP - Campion Unit	1	2	5	18	4	8	11	6	4	8	3	10	**80**
Adult Acute- Bluebell Ward	0	2	2	5	2	3	5	4	4	11	14	25	**77**
Older Adults IP - Rowan	7	6	5	2	7	3	14	4	1	1	5	5	**60**
A Place of Safety	0	3	5	5	4	8	14	0	2	7	1	4	**53**
Adult Acute - Daisy Ward	5	3	7	3	1	2	6	7	5	2	3	4	**48**
PICU - Sorrel Ward	1	1	11	1	5	7	7	1	3	1	4	4	**46**

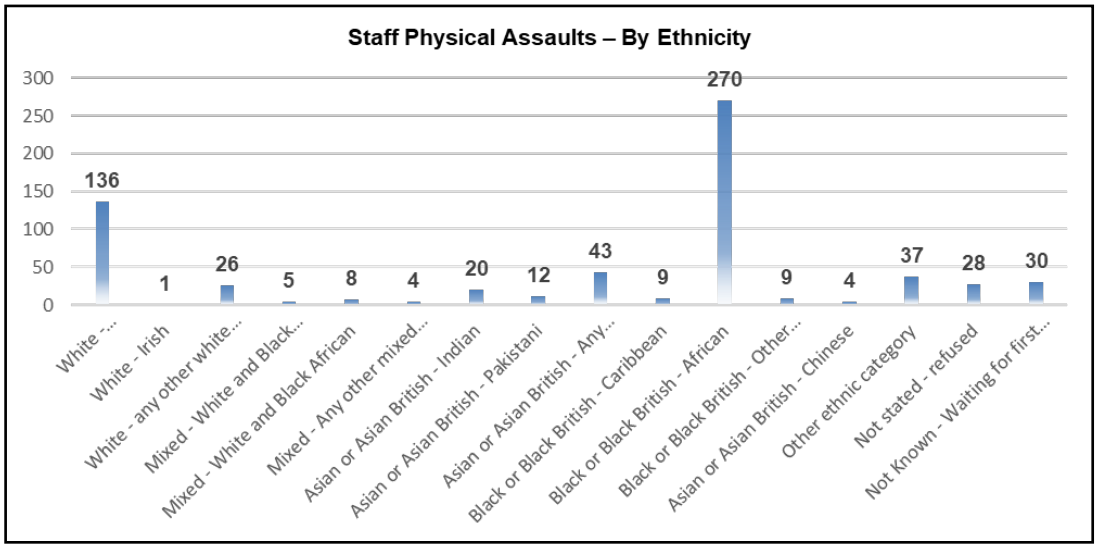
Locations where the highest number of staff were physically assaulted in 2024/2025

1. Rose Ward
2. Snowdrop Ward
3. Campion Unit
4. Bluebell Ward
5. Rowan Ward
6. PICU – Sorrel ward
7. APOS
8. Daisy Ward

Total number of assaults on the above 8 wards = 533

In **2024/2025,** there were **690** Trust Physical Assaults recorded and finally approved on Datix.
81% of physical assaults reported in the Trust for 2024/2025 occurred at Prospect Park Hospital.
77% of all physical assaults in Berkshire Healthcare occurred on the 8 wards above.

Staff Physical Assaults by Ethnicity 2024/2025



Of the 690 physical assaults that occurred in 2024/2025, **42%** were against our black or black British, Caribbean and African colleagues, and **24%** were against our white colleagues. The table above shows the remaining split for the **32%** that is spread over other declared ethnic groups.

When our main mental health hospital is scrutinised in more detail we can see that 440 (**78%**) of the physical assault incidents that occurred at Prospect Park Hospital took place in four main locations. These can be seen highlighted in the table below. Patient bedrooms, corridors and communal spaces, are the most likely places where physical assaults occur on the wards.

Prospect Park Incidents by Location

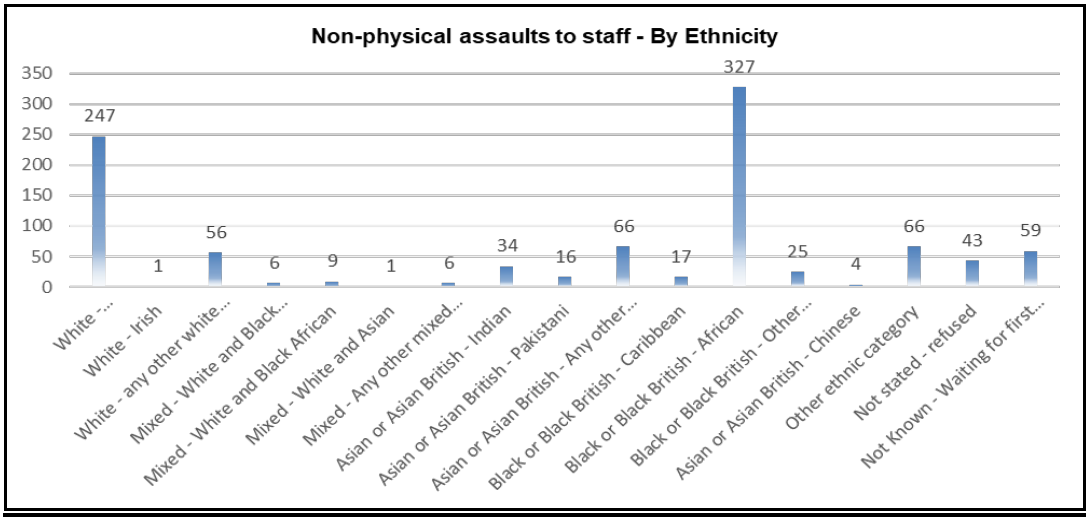
PPH Incidents by location	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Total
Complaints Office	0	0	0	1	0	3	0	1	0	0	0	0	**5**
Activity room	0	0	1	2	3	0	1	3	1	1	0	2	**14**
Air lock	0	0	0	0	0	0	0	0	0	0	1	0	**1**
APOS- A Place of Safety	0	3	5	5	6	10	14	0	5	8	1	4	**61**
Assessment/Clinic	0	2	0	0	0	1	0	1	0	0	0	0	**4**
Bedroom	9	9	7	4	17	19	15	10	9	2	6	23	**130**
Bedroom toilet	0	3	1	0	1	0	0	0	0	0	0	0	**5**
Canteen	0	0	0	1	0	0	0	0	0	0	0	1	**2**
Communal area	7	4	14	27	0	11	3	5	7	13	17	23	**131**
Communal toilet	1	1	0	0	1	0	0	1	0	0	0	0	**4**
Corridor	4	6	10	10	9	12	19	4	12	8	9	16	**119**
De-escalation room	0	0	0	0	0	0	4	0	3	4	0	2	**13**
Dining room	1	0	0	0	1	1	1	0	2	0	3	1	**10**
Extra Care Area (ECA)	0	0	1	0	1	4	5	0	0	0	0	1	**12**
Garden	0	0	2	0	1	1	2	0	0	0	0	2	**8**
Kitchen	0	0	0	0	0	1	0	0	0	1	5	1	**8**
Laundry room	0	0	1	0	0	0	0	0	0	0	0	0	**1**
Other location	0	4	0	0	0	1	0	0	1	0	0	0	**6**
Public Place/Street	0	0	0	0	0	0	0	0	1	0	0	0	**1**
Seclusion room	0	0	5	1	3	0	0	0	0	0	0	0	**9**
TV Areas	1	0	1	2	1	0	0	2	0	0	0	2	**9**
Ward office	0	0	0	0	2	0	1	2	0	0	0	2	**7**
Total	**23**	**32**	**48**	**53**	**46**	**64**	**65**	**29**	**41**	**37**	**42**	**80**	**560**

Staff non-physical assaults are categorised as seen in the tables below:

Staff Non Physical Assaults	Q1 Apr 24	Q1 May 24	Q1 Jun 24	Q2 July 24	Q2 Aug 24	Q2 Sep 24	Q3 Oct 24	Q3 Nov 24	Q3 Dec 24	Q4 Jan 25	Q4 Feb 25	Q4 Mar 25	Total
Abuse by Patient	72	68	82	80	66	97	65	71	71	63	77	108	920
Abuse by Staff	1	4	6	7	2	2	2	2	1	2	2	1	32
Abuse by Other	5	6	6	8	7	11	6	9	6	2	5	3	74
Total	**78**	**78**	**94**	**95**	**75**	**110**	**73**	**82**	**78**	**67**	**84**	**112**	**1026**

90% of all non-physical assaults (920) are caused by abusive patients, with 7% categorised as "abuse by other" and 3% of all recorded incidents being caused by abusive staff.

Non-Physical Assaults by Ethnicity



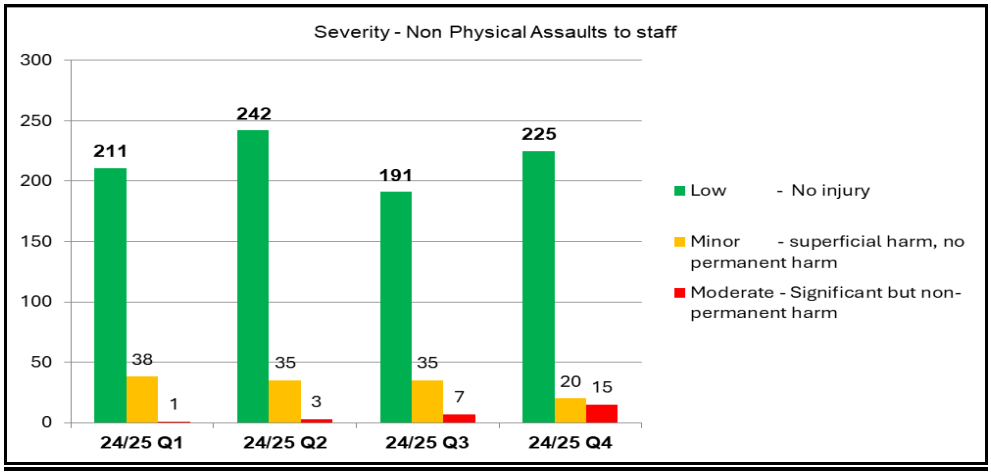
Of the 1026 non - physical assaults that occurred in 2024/2025, **36%** were against our black or black British, Caribbean and African colleagues, and **30%** were against our white colleagues. The table above shows the remaining split for the **34%** that is spread over other declared ethnic groups.

When physical and non-physical assault data is compared by ethnic group, almost twice as many physical assaults are against black or black British, Caribbean and African colleagues, as compared to only a **6%** difference for these groups when it comes to non-physical assaults.

Non-Physical Assaults by Month 2024/2025

Non-Physical Assaults 2024/25	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Total
Mental Health Inpatients	51	41	55	53	45	74	37	43	45	40	60	81	**625**
Physical Health	12	9	19	10	11	8	12	5	11	7	5	5	**114**
Community Mental Health East	5	8	4	7	4	5	10	11	10	7	5	15	**91**
Community Mental Health West	2	3	3	2	1	4	4	9	2	1	4	4	**39**
Children, Young persons & Families	2	7	1	8	5	6	2	3	3	8	3	3	**51**
Corporate	0	0	0	0	0	0	0	0	0	0	0	0	**0**
	72	**68**	**82**	**80**	**66**	**97**	**65**	**71**	**71**	**63**	**77**	**108**	**920**

Severity of Staff Non - Physical Assaults (Year on Year)



Whilst more than 50% of the non-physical assaults occur at Prospect Park Hospital, the district Nursing Teams and the Community Mental Health Teams are also experiencing unacceptable levels of abuse on a day to day basis. There has been an increase in verbal aggression towards staff since Covid-19, and this is logged both in face to face contact, or via electronic/telephone communications with staff.

85% of non-physical assaults resulted in "Low" impact on staff, but it is concerning that 15% of all non-physical assaults have "Minor" or Moderate impact on staff and often result in staff becoming increasing worried or concerned around their workplace safety. This can result in prolonged long term sickness and staff shortfalls in the workplace.

Of the 1723 total reported incidents in Berkshire Healthcare during 2024/2025 there were 20 alleged sexual assaults. Berkshire Healthcare has committed and signed up to the NHS England's Sexual Safety Charter where all signatories to this charter, commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards the workforce. The Trust continues to make progress with the ten Actions, and this will be completed in conjunction with the ongoing Violence Prevention & Reduction work.

Hate Crimes

- There were 241 hate crime incidents reported during 2024/2025. This is an increase of 120 (from 121) - **50%** from 2023. Hate crimes incidents can be reported by any of the 5 protected characteristics that come under the definition, disability, race, religion, gender identity or sexual orientation (or any combination thereof). The category includes both "Hate Crimes" and "Hate Incidents". (NB. One incident can often log more than one protected characteristic)

- Hate Crime Incidents can be reported alongside another category of incident e.g. "patient breaks door and is racially abusive to attending staff member". This would be categorised as "Criminal Damage" with the racial element "bolted" on.

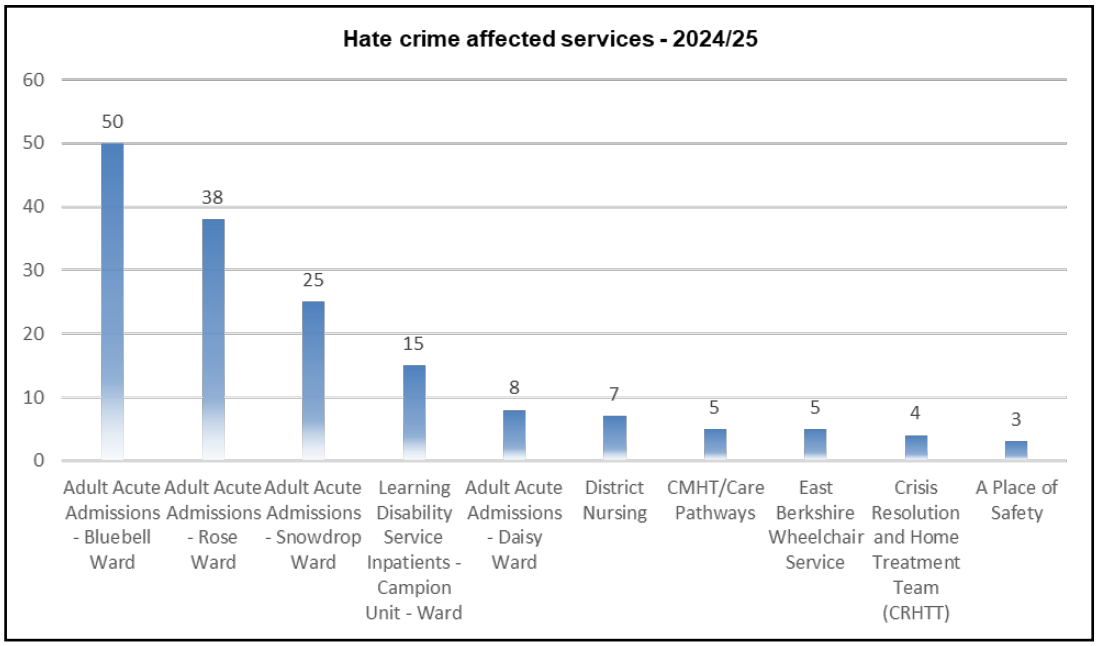
- **43%** of the reported hate crime incidents in 2024/2025 had an element of bias against race, this is a decrease of 33% on the previous year (2023 = 76%)

- 138 of the 241 hate crime incidents (**57%**) occurred on 4 wards at Prospect Park Hospital or by patients that were in the process of being admitted to A Place of Safety (APOS)

Hate Crime Incidents by Protected Characteristic for 2024/25

Protected Characteristic	Q1 Apr 24	Q1 May 24	Q1 Jun 24	Q2 Jul 24	Q2 Aug 24	Q2 Sep 24	Q3 Oct 24	Q3 Nov 24	Q3 Dec 24	Q4 Jan 25	Q4 Feb 25	Q4 Mar 25	Total
Racial aspect	4	3	5	6	7	13	3	10	9	5	6	33	**104**
Perceived threat	3	1	2	3	3	2	1	1	7	1	13	5	**42**
Other type of abuse	0	2	2	1	3	3	0	1	0	1	11	17	**41**
Sexual aspect	1	0	0	2	3	2	1	3	0	1	2	2	**17**
Discrim. gender/sexual ID.	0	2	2	0	2	0	0	0	0	1	4	0	**11**
Malicious allegations	0	1	4	0	2	3	0	2	0	1	1	2	**16**
Religious discrimination	0	0	2	2	1	2	0	0	0	0	1	1	**9**
Disability Discrimination	0	0	0	0	0	0	0	0	0	0	0	1	**1**
Total	**8**	**9**	**17**	**14**	**21**	**25**	**5**	**17**	**16**	**10**	**38**	**61**	**241**

Hate Crime Incidents by Location for 2024/25



HSE Letter re V&A & MSK Disorders in the Workplace

A second letter from the HSE was received by the Trust on 10th December 2024. This letter highlighted further findings from a round of HSE Inspections that took place in 2023 & 2024. The HSE invited the Trust to consider the findings of the report and review our operations to ensure the Trust / Board is managing these areas in compliance with our duties under health and safety law. Berkshire Healthcare continue to monitor Violence and Aggression (V&A) and Musculoskeletal (MSK) Disorders in the work place and have recently updated their V&A and MSK Action plan adding some new actions to reflect the HSE findings during their reported national spot checks.

6. Security Management

Physical Security is reported to the quarterly Health, Safety and Environment Group and Non-Clinical Risk Committee.

Policy

The Trust has the following Security Policies with scheduled biennial review timeframes:

- Personal Safety Policy (HS002)
- Physical Security Policy (HS026)
- Lone Worker Policy (HS029)
- Lockdown Policy (HS031)
- Surveillance and CCTV Policy (ORG036)

Security Incidents

Trust Security Incidents by Month / Category

Security Incidents by Month	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Total
Lost Property	10	10	7	14	5	7	8	6	8	4	4	2	**85**
Potential Security Issue	4	5	8	3	2	4	1	4	7	3	6	2	**49**
Damaging Property/Criminal	1	3	4	1	1	1	0	0	0	0	1	2	**14**
Unsecured Building	0	1	0	0	2	0	0	0	3	1	0	1	**8**
Alleged theft	3	1	0	1	0	1	0	0	0	0	0	0	**6**
Offensive Weapon	0	1	1	0	1	0	0	0	0	0	3	0	**6**
Intrusion onto premises	0	0	0	1	0	1	2	0	1	1	0	0	**6**
Aggressive/Unruly Animal	0	1	0	0	1	1	0	0	1	0	0	1	**5**
Theft involving Staff Property	0	1	0	0	0	0	0	0	2	0	0	1	**4**
Theft from Vehicle	0	1	0	0	1	0	0	1	0	0	0	0	**3**
Theft involving Trust property	0	1	0	0	0	1	0	0	0	0	0	1	**3**
Confidential data	1	0	0	0	0	0	0	1	0	0	0	0	**2**
Broken windows	0	1	0	1	0	0	0	0	0	0	0	0	**2**
Hostage Situation	0	0	0	2	0	0	0	0	0	0	0	0	**2**
Abuse of Drugs or Alcohol	0	0	1	0	0	0	0	0	0	0	0	0	**1**
Fraudulent Behaviour	0	0	0	1	0	0	0	0	0	0	0	0	**1**
Theft involving Patient property	0	0	0	1	0	0	0	0	0	0	0	0	**1**
Theft involving "other" property	0	0	0	0	0	1	0	0	0	0	0	0	**1**

Staff loosing property is the top security related incident followed by potential security issues which are predonminently windows and doors being unsecured. Staff ID badges, work phones, and lone working devices are the most common Trust property to be lost by staff.

All incidents that are reported using the Datix on line reporting system are review and where relevant investigated in more detail. Many incidents occur in public places and once this is reported to the police the theft and investigation is then progressed.

Working Groups

Tis year there have been a number of working 'Task and Finish groups', to analyse reports/incidents of discrimination and racial abuse, that were established this year. The Incident Management and Leadership Group, and the Bullying & Harassment Working Group, both feed into the Violence Prevention and Reduction Working Group, which met regularly during the period.

We continue to work with our ICB (BOB) colleagues (Safer Workplaces Meeting), where the Trust matched itself against the current standards, working through an Action Plan. The Trust's Violence Prevention and Reduction Strategy and Policy are close to completion, and additional work around Sexual Safety Charter and post-abuse support standards have taken place. Targeted work at Prospect Park Hospital to address the high levels of racial abuse, offering greater post incident support to all Trust staff to support their health and wellbeing, has resulted in strong and positive staff feedback.

The Criminal Justice Panel Group was implemented at Prospect Park to establish and bolster positive working processes and operation with Thames Valley Police. We agreed and approved a new service level agreement with the police last year and this has simplified some of the processes to aid prosecution, one of which is a quicker system to tranfer CCTV footage and to gain witness statements.

The Health, Safety and Security Managers (HSSM's) continue to support colleagues, delivering a variety of training, but a particular focus during 2024/2025 has been "Dealing with Difficult Behaviours". Following on from a serious incident the HSSM's offer post incident training and support at service level team meetings to offer root cause analysis and post incident learning where security management responsibility is captured. This can include lone working protocol, risk assessment advise, and strategies for violence prevention and reduction within services.

Conflict Resolution Training is delivered at Trust Induction and on a three-year refresher cycle for all relevant staff according to the The Trust's Training Needs Analysis. A review of all services training needs has been completed and this will impact on future training provision across the wider Trust. Conflict Resolution Training will be renamed to be called "Violence Prevention & Reduction" (VPR) and will be aligned to the Trust's VPR Strategy and Policy that are in the final stages of completion.

Training compliance for Conflict Resolution Training (CRT) can be seen below:

Mandatory Training	Apr 2024 %	May 2024 %	Jun 2024 %	Jul 2024 %	Aug 2024 %	Sep 2024 %	Oct 2024 %	Nov 2024 %	Dec 2024 %	Jan 2025 %	Feb 2025 %	Mar 2025 %
Conflict Resolution	94.94	97.50	98.56	98.55	98.54	99.15	98.06	98.34	98.85	98..88	98.08	97.82

The training average for 2024/25 is **98.10%** which is above the Trust's CRT training target of 90%.

Closed Circuit Television (CCTV)

Security and CCTV annual audits and reviews continue across all sites, with the 2024 /2025 reviews due to conclude by the end of April 2025. Remedial action plans are reviewed and managed in conjunction with the Head of EDTS and Estates, and shared via the Health, Safety and Environment Governance Group.

Looking Forward

Martyn's Law is a forthcoming Act of Parliament which will compel all manner of venues, including NHS estates, to implement measures to mitigate and reduce the risk of harm from terror attacks. The law is currently undergoing its third reading in the House of Lords and is the result of years of tireless campaigning by the mother of Martyn Hett – one of the victims of the 2017 Manchester Arena terror attack. Subject to Royal Assent, it is anticipated that Martyn's Law will make it onto the statute books by the time Parliament breaks in July 2025.

In preparation for its arrival and in addition to maintaining existing security arrangements and measures already outlined in this report, additional proposals will be made to further strengthen the organisations security profile to mitigate relevant threats.

7. Personal Safety and Lone Working

A roll out of brand new (Peoplesafe MySOS) lone working devices commenced in April 2024 – where old (Microguard Devices) were swapped out for new Peoplesafe MySOS Devices. All services were asked to review their lone worker risk assessments (annual review) and to check that staff profiles on the Peoplesafe portal were current and up to date. Low risk groups – rare occasional lone workers in central town locations may be eligible to use the Lone Working Device App through the risk assessment process as we move further into 2025/26.

During the swap out **840 devices were returned** out of a possible 858. This left a shortfall of lost devices, or devices that are still with staff whilst on long term sick / maternity / secondment leave as **18 devices**. This will cost the Trust 18 X £120 = **£2,160** for non-returned devices to Peoplesafe. At the time of writing this report, no charges had been levied against the Trust.

- During 2024 a variation on our contract for the lease of lone worker devices was agreed with Peoplesafe for 900 devices and 100 App Licences.

- Reports show an average usage per month of approximately **47%** over the year by all divisions for the 1000 devices/Apps under contract up to end of March 2025 (**up 10%** from previous year).

- Lone working device usage for Q4 averages **51%** usage, which is a positive upward trend and supports the Trust initiatives to engage with staff and to get our usage target for the forthcoming year up by a further 5-10%.

- Work continues to improve the Service Lead Risk Assessment process and Trust engagement with staff on Lone Working Protocols. The Compliance & Risk have regular attendance spots at Team Meetings and lone working has become an agenda point at service led meetings.

8. Fire Safety

The Compliance and Risk Team continues to build its relationships with Royal Berkshire Fire and Rescue Service through transparent communication and teamwork.

Royal Berkshire Fire and Rescue Service undertook one visit to ensure the management of fire safety within Berkshire Healthcare following attendance on site for incidents.

1. 22/10/2024 Sorrel Ward, Prospect Park Hospital

In this case the Trust was found to be: Informal Action - Post Fire - No Revisit

OUTCOME OF AUDIT

Initial Enforcement Expectation (IEE)

Compliance Level 1	Compliance Level 2	Compliance Level 3	Compliance Level 4	Compliance Level 5
Score of 0-25	Score of 26-35	Score of 36-45	Score of 46-55	Score of 56 plus
Broadly Compliant Inform & Educate	Notifications of Minor Deficiencies	Notifications of Deficiencies	Enforcement Notice	Enforcement Notice "Fast Track"

The Trust was audited by an external Authorising Fire Engineer on Tuesday 4th April 2024 in compliance with Health Technical Memorandum 05- 01 to ensure compliance with BS9997.

Conclusion summary: Overall, the premises visited appear to be well managed and kept in a tidy and safe condition, the Fire Safety Management System developed is excellent and the overall assessment of fire risk rating is LOW.

The Trust's **Annual Statement of Fire Safety** is attached at appendix 1). This confirms that for the period **1 April 2024 to 31 March 2025**, all premises which the organisation owns, occupies or manages have had fire risk assessments undertaken in compliance with the Regulatory Reform (Fire Safety) Order 2005.

8. Fire Incidents 2024/25

There were no incidents of Accidental fire recorded in 2024/25:

There were four incidents of Arson were reported:

- WEB167012: Community: Arson (person set flat alight)
- (CMHT Duty staff have been advised via the Thames Valley Police report documentation that the patient intentionally set fire to their property/flat with the intention of ending their life through carbon monoxide poisoning.)
- WEB171540: Henry Tudor: Arson (youths in grounds) youths broke in Building 4 The Infirmary and set fire to discarded materials within the compound

- WEB 172050: Sorrel: Arson (bedding in seclusion) patient set fire to clothing inside seclusion using lithium-ion battery from vape as an ignition source
- WEB 175665: Community: Arson (person set house alight) Patient now admitted under MHA- he was seen in custody by Criminal Justice Liaison and Diversion and referred to AMHP. Patient had allegedly set a fire to his house the previous day as a suicide attempt, five neighbouring houses were affected.

There was one incident of Equipment Damaged

- WEB174504: Snowdrop: Disassembled smoke detector

Three incidents were recorded where Equipment Failed:

- WEB166860: Crocus Suite – faulty final exit
- WEB175273: Upton: Podiatry - faulty final exit
- WEB199550: Upton: Podiatry - faulty final exit

There were no incidents where there was a False Alarm due to Accidental activation:

There were two incidents where a fire alarm was activated maliciously:

- WEB171790: Upton – Jubilee Patient activated Manually Activated Call point
- WEB 176852: Upton – Jubilee Panel Alarm Activating cannot be silenced

There were three activations because of other reasons:

- WEB173978: Whitley HC Builders using steamer
- WEB176128: Upton - Jubilee Panel Alarm Activating cannot be silenced
- WEB176716: Church Hill House – Accidental operation of Manually Activated Call point

There were eight recorded "Other" Fire Incidents in 2024/25:

- WEB164958: Upton – Jubilee Emergency evacuation route compromised (Berkshire Healthcare Service Directors identified the fire exit stairs from the male side of Jubilee ward were blocked (at ground level) by a large metal plate.)
- WEB166014: Community: Query evacuation process at night (During MDT we were made aware that only 2 x staff to evacuate 8 x residents in the event of a fire at night over 2 x floors. Several residents require hoisting and use wheelchairs, and all are cognitively impaired meaning it is highly unlikely that they will be able to evacuate the building safely in adequate time (15mins).)
- WEB169895: Community: Emergency evacuation route compromised (Whilst visiting Riverview Care Home, noted that an NRS specialist chair belonging to a resident who had passed away, had been put behind a fire door, blocking the fire escape.)

- WEB 172247: Community: Safeguarding (Patient's dad had forgotten to turn off the gas few times and patient had realised and turned it off.)
- WEB172047: Orchid: Evacuation due to smoke from fire in Sorrel (Patients were evacuated to the TV lounge where they were counted for.)
- WEB 172213: Bluebell: ADL Kitchen Unattended food activated smoke detector (Smoke detector in ADL kitchen was activated following food being left in the oven unattended and this burning.)
- WEB 175710: KE V11: Audiology Alarm Activated not silenced (Fire alarm not silenced by local staff due to lack of training on alarm system)
- WEB 178003: Snowdrop: Toaster Fire (bread left in toaster) Toaster caught fire after a patient left a piece of bread in the toaster to burn.

There were eleven recorded incidents where a Risk of Fire was Identified:

- WEB164993: Community: Safeguarding (Patients bedroom is a fire risk as she sits on her bed with lots of blankets around her regularly smoking cigarettes)
- WEB 167362: Rose: ADL Kitchen Unattended food activated smoke detector (Two patients ordered uncooked pizza, and then proceeded to cook in the ADL kitchen)
- WEB 171662: Criminal Justice Liaison and Diversion Service: Community: Fire setting in garden which set fire to adjoining properties
- WEB 169860: Community: Safeguarding (Staff noted that patient has significant cognitive impairment had placed meal in oven whilst still in cardboard container)
- WEB 170720: Rose: ADL Kitchen (patient behaviours) Patient went into the communal kitchen and turned on the toaster with nothing in it and went back to his room.
- WEB 172179 KE V11: Audiology during the survey they discovered that one of the smoke detectors still had a red plastic cover over it (presumably some sort of protector when decorating.)
- WEB 174437: Snowdrop: Removing power socket covers (Staff checked on the patient and discovered pt had removed two sockets in bedroom and fiddled with the live wires.
- WEB 174636: RBH: Small fire in UPS store (there was a funny smell and it was hazy in the air. they came down to investigate with security and they then contacted the fire brigade who came to break into a cupboard to find out where the smell was coming from.)
    - WEB 175397: Community: Safeguarding (Patient is a smoker, explained potential fire risk due to being a smoker and air mattress institution.)
    - WEB 177493: Community: Safeguarding (Service user lacks capacity in understanding their own risks and not subjected to advise. Fire services have also been involved previously, attended 9 times until October 2024.)
    - WEB 177495: Community: Safeguarding (Same patient WEB177493)

The tables below show all incidents by service, by type and by sub category.

Smoking Incidents by Trust and Incident date (Year)							
	2020	2021	2022	2023	2024	2025	Total
Children, Young persons & Families	0	0	4	5	15	2	**26**
Community Mental Health West	1	0	2	0	0	0	**3**
Mental Health Inpatients	139	241	218	166	94	20	**878**
Total	**140**	**241**	**224**	**171**	**109**	**22**	**907**

Types of Fire Incident						
	2020	2021	2022	2023	2024-25	Total
Accidental	1	1	7	5	0	**14**
Arson	3	7	1	2	6	**19**
Equipment Damaged	1	8	1	0	1	**11**
Equipment Failure	2	2	2	5	3	**14**
False Alarm Accidental Call Point	5	2	2	1	0	**10**
False Alarm Malicious	0	2	1	1	2	**6**
False Alarm Other	20	6	6	4	3	**39**
Other Fire Incident	2	7	12	12	8	**41**
Risk of Fire Identified	5	10	10	12	11	**48**
Total	**39**	**45**	**42**	**42**	**34**	**202**

Smoking Incidents by Subcategory and Incident date (Year)							
	2020	2021	2022	2023	2024	2025	Total
Smoking Policy Reinforced	66	92	121	66	46	8	399
Physical Assault by Patient	18	36	22	22	10	4	112
Abuse by Patient	0	34	28	18	17	5	102
Abuse of Drugs or Alcohol	8	6	16	30	9	0	69
Damaging Property/Criminal Damage	7	8	7	6	10	0	38
Failure to return from leave - Sectioned Patient	5	3	4	6	0	1	19
Threatening Behaviour - Deactivated	15	2	0	0	0	0	17
Inappropriate Behaviour	14	2	0	0	0	0	16
Attitude	0	7	2	4	0	0	13
Ingestion	3	3	2	2	1	1	12
Arson	2	5	1	0	1	0	9
Risk of Fire Identified	1	4	1	3	0	0	9
Headbanging	0	3	1	3	2	0	9
Ligature	0	6	2	0	1	0	9
Left ward without permission (remained on site) Sect.	2	3	2	1	0	0	8
Patient refusing treatment	0	3	0	2	1	2	8
Left ward without permission - Sectioned Patient	3	3	0	0	0	1	7
Alleged Sexual Assault	0	6	1	0	0	0	7
Safeguarding	1	2	1	1	1	0	6
Failure to return from leave - Informal Patient	3	0	1	0	0	0	4
Other (Please specify in description)	1	1	0	1	0	0	3
Other Fire Incident	1	2	0	0	0	0	3
Verbal abuse by Patient - Deactivated	0	3	0	0	0	0	3
Burning	0	1	2	0	0	0	3
Other Incident	0	1	0	2	0	0	3

Inappropriate use of audio/visual equipment	0	0	2	1	0	0	3
Failure of other equipment	1	0	0	1	0	0	2
Inappropriate Care concerns	0	1	1	0	0	0	2
Other issue relating to Infection Control	0	0	2	0	0	0	2
Overdose	0	0	2	0	0	0	2
Privacy & Dignity	0	0	0	1	1	0	2
Theft involving Patient property	0	0	0	1	1	0	2
Alleged theft	0	0	0	0	2	0	2
Felt Ill	0	0	0	0	2	0	2
Site Issue	1	0	0	0	0	0	1
Verbal Abuse by member of Public - Deactivated	1	0	0	0	0	0	1
Break-in to building	0	1	0	0	0	0	1
Bullying - Deactivated	0	1	0	0	0	0	1
Deliberate Mutilation	0	1	0	0	0	0	1
Racial abuse by Patient - Deactivated	0	1	0	0	0	0	1
Drug Incident/Error	0	0	1	0	0	0	1
False Alarm Malicious	0	0	1	0	0	0	1
Witnessed fall - from bed	0	0	1	0	0	0	1
Witnessed fall - from chair	0	0	0	0	1	0	1
Other Procedures not carried out	0	0	0	0	1	0	1
Facilitate a Search of a Patient	0	0	0	0	1	0	1
Superficial Cutting	0	0	0	0	1	0	1
Total	**153**	**241**	**224**	**171**	**109**	**22**	**920**

Smoking related incidents for 2024/2025 at Prospect Park Hospital are down by approximately 70% on the previous year. 35 incidents have occurred in the financial year 2024/2025.

The e-cigarette used at PPH is currently under review, and a move away from disposable vapes is planned as the new legislation comes into play, which will ban the sale of disposable vapes in June 2025. The Trust will be promoting the use of rechargeable vapes, to support encouraging patients away form nicotine dependency. This is being managed through The Smoke Free Steering Group. A trial is underway for three months on selected wards to test a range of rechargable vapes, and this will inform any further decisions the Trust makes in 2025.

Tight management of any vapes endorsed or used in the Trust by patients must be in place, to ensure the recharging of patient devices with controlled supervision of the charging process, to minimise associated fire risks. This will ensure that we do not create extra sources of ignition (or create ligature risks for patients with charging cables) on the wards, or further health and safety risks associated with oils or liquids used for refilling reusable vapes, or the dismantling of vapes for the purpose of self harm. The management of waste streams is also an important element associated with vape use, as rechargable batteries (often lithium ion types) can be used as sources of ignition and have been known to fail and ignite if not properly stored or if they are mis managed.

9. Fire Safety Improvements

The team have been involved with the Estate's Project Team to support the development and improvement of the Berkshire Healthcare estate. Main projects for 2024/2025 can be seen below:

- 25 Erlegh Road upgrades to existing building Maple CAMHS Unit plus new ramp access to main building
- Prospect Park Hospital Magnolia Project (APOS / YPPOS) change of use of building ground floor for adult and youth accommodation

- Bath Road change of use for I.T. department with alternative access
- Chalvey Medical Centre (New GP Site where Berkshire Healthcare will have staff)

10. Fire Training

The Fire Safety Specialist has developed a new online programme for Community Colleagues following a recommendation from NHS England, and in collaboration with Learning and Development has developed improved online e-learning for the Trust. This will ensure greater success for neurodiverse colleagues and colleagues whose first language is not English.

The Inpatient Fire Evacuation Training has evolved further and offers bespoke site-specific training throughout the Trust.

All members of staff undergo statutory fire safety training every 12 months. Those not on wards have Fire Awareness Training but those who work with inpatients have Inpatient Fire Evacuation Training. Whichever one they complete counts as their statutory training.

Each service / department requires a Fire Warden to be present whilst the service is operating, Fire Warden Training also counts as statutory training. 244 colleagues were trained as fire wardens in 2024/25.

The Trust sets an overall target of **95%** for Fire Training Compliance and the table below shows the monthly training statistics for 2024/2025. Over the year the Trust has averaged **95.41%** for Fire Safety and **92.34%** for site specific Inpatient Fire Evacuation Training:

Fire Training Statistic: 2024-2025

Statutory Training	Apr 2024 %	May 2024 %	Jun 2024 %	Jul 2024 %	Aug 2024 %	Sep 2024 %	Oct 2024 %	Nov 2024 %	Dec 2024 %	Jan 2025 %	Feb 2025 %	Mar 2025 %
Fire Safety	94.66	95.56	95.33	95.79	95.57	95.91	96.07	96.17	96.22	94.59	94.81	94.21
Inpatient Fire Evac	92.99	90.55	91.46	92.34	91.32	94.86	92.11	92.52	91.73	91.67	92.63	90.93

376 colleagues were trained in the use of fire extinguishers and first aid firefighting in 2024/25.

Fire Safety Specialist has been liaising with the Temporary Staffing Team to provide site specific Inpatient Fire Evacuation Training for our NHS P colleagues. 145 NHS Professional colleagues were trained as of Feb 2025.

11. Days Lost through Sickness

The total number of FTE days lost to sickness in 2024/2025 has increased by 8.77% when compared to 2023/2024. The most common reason for absence remains anxiety/stress/depression, accounting for 27.2% of all sickness in the 12-month period. However, this reason shows a reduction of the sickness as in 2023, the number of FTE days lost for this reason has very slightly decreased by 0.26%.

The overall sickness rate for 2024/2025 was 4.28%, an increase from 4.15% in 2023/2024. Analysis of the monthly sickness rates in the 12-month period shows a sharp increase in the sickness rate from July for the next seven months with the highest 4.83% in January. Only the months of April to June was there a decrease month on month in the sickness rate, the last month of March dropped back to 3.93%.

The following table shows the number of days lost through sickness, by sickness reason, for the financial year April 2024 to March 2025.

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	697	974	20,015.21	27.2
S13 Cold, Cough, Flu - Influenza	2465	3,769	11,457.65	15.6
S25 Gastrointestinal problems	1448	2,005	7,271.86	9.9
S12 Other musculoskeletal problems	438	576	6,233.04	8.5
S15 Chest & respiratory problems	698	821	4,426.58	6.0
S26 Genitourinary & gynaecological disorders	346	440	3,690.66	5.0
S28 Injury, fracture	168	195	3,615.48	4.9
S17 Benign and malignant tumours, cancers	56	82	3,588.72	4.9
S16 Headache / migraine	891	1,257	2,751.86	3.7
S21 Ear, nose, throat (ENT)	357	431	1,708.65	2.3
S30 Pregnancy related disorders	114	274	1,702.02	2.3
S19 Heart, cardiac & circulatory problems	96	114	1,550.69	2.1
S11 Back Problems	191	231	1,532.75	2.1
S29 Nervous system disorders	53	65	903.16	1.2
S23 Eye problems	91	104	596.72	0.8
S31 Skin disorders	69	76	510.18	0.7
S22 Dental and oral problems	115	134	482.23	0.7
S24 Endocrine / glandular problems	26	28	304.21	0.4
S18 Blood disorders	26	31	289.09	0.4
S27 Infectious diseases	33	34	273.43	0.4
S32 Substance abuse	2	2	168.87	0.2
S14 Asthma	25	26	130.59	0.2
S20 Burns, poisoning, frostbite, hypothermia	6	6	115.00	0.2
S98 Other known causes - not elsewhere classified	10	11	95.27	0.1
S99 Unknown causes / Not specified	7	7	70.86	0.1

Covid related sickness accounted for 2.55% of all sickness in 2024/2025, a decrease from 4.90% in 2023/2024. Absences attributed to musculoskeletal/back problems showed an incline with last year at 6.8%. This supports that the Trust funding in a rapid response physio service for staff is beneficial.

The overall sickness rate for Covid related sickness for the year was 0.14%. Analysis of the monthly sickness due to Covid shows a sharp incline between May, June and July with 0.29% being the highest in July of the year. The sickness rate for this reason decreased rapidly to 0.11% in November and remained low between 0.11%-0.06% for theremainder of the year, the lowest

being at 0.06% for February and March. Covid has remained at very low rates and stable. This coincides with the national trend.

If Covid related sickness is excluded from the figures, the overall sickness rate for 2024/2025 was 4.17%, an increase from 3.95% in 2023/2024.

Berkshire Healthcare NHS Foundation Trust

Appendix 1

Annual Statement of Fire Safety 2025

NHS organisation: **Berkshire Healthcare Foundation Trust**	
I confirm that for the period **1 April 2024 to 31 March 2025**, all premises which the organisation owns, occupies or manages have had fire risk assessments undertaken in compliance with the Regulatory Reform (Fire Safety) Order 2005 (please delete the appropriate statements):	
1	There are no significant risks arising from the fire risk assessments.
2	The organisation has developed a programme of work to eliminate or reduce to a reasonably practicable level the significant risk identified by the risk assessments.
3	~~The organisation has identified significant risks but does not have a programme of work to mitigate those significant risks.~~ ~~NOT Applicable~~
4	~~Where a programme to mitigate significant risks has not been developed, please insert the date by which such a programme will be available, taking account of the degree of risk.~~ ~~NOT Applicable~~
5	During the period covered by this statement, the organisation **has not** been subject to any enforcement action by the fire and rescue authority.
6	The organisation **has no** ongoing enforcement action pre-dating this Statement.
7	The organisation achieves compliance with the Department of Health's fire safety policy by the application of Firecode or some other suitable method.
I confirm that the Trust Board receives assurances in relation to fire and fire safety matters via the corporate risk register and annual Health & Safety Report.	
I confirm that this statement was/will be submitted to the Trust Board on: **TBC** (Insert date)	
Chief Executive: Julian Emms	
Board Level Designated Person (Fire Safety) : Paul Gray Chief Financial Officer	
Fire Safety Manager: Philip Watkins, Head of Compliance & Risk Services. E-mail: Philip.watkins@berkshire.nhs.uk Mobile: 07899992489	
Authorised Person (Fire): Alun Griffiths Fire Safety Specialist E-mail: alun.griffiths@berkshire.nhs.uk Mobile: 07768916103	
Authorising Engineer (Fire): David Clarke DRLC Ltd,	
Signature of Chief Finance Officer on behalf of the Trust Board: TBC	
Date: TBC	

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13 May 2025
Title	**Trust's Draft Annual Report 2024-25**
	ITEM FOR APPROVAL (subject to any final necessary additions and amendments) and approval is sought to delegate to the Audit Committee, the approval of the annual accounts 2024-25
Reason for the Report going to the Trust Board	NHS England requires that the Trust Board approves the Annual Report. Please note that the Annual Report cannot be published until the final version has been laid before Parliament. The draft Annual Report is not included as part of the Public Trust Board papers which are published on the Trust's website. Copies of the Annual Report have been circulated to members of the Trust Board only. The financial figures contained within the draft Annual Report are subject to verification by the External Auditors. If any changes of significance arise these will be discussed with, and approval sought from the Trust Chair and Chief Executive and notified to other Trust Board members as appropriate.
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	**Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13 May 2025
Title	**Audit Committee Meeting – 23 April 2025**
	Item for Noting
Reason for the Report going to the Trust Board	The Audit Committee is a sub-committee of the Trust Board. The minutes are presented for information and assurance. The Trust Board is required to identify any areas for further clarification on issues covered by the meeting minutes and to note the content.
Business Area	Corporate
Author	Company Secretary for Rajiv Gatha, Chair of the Audit Committee
Relevant Strategic Objectives	**Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value

Berkshire Healthcare
NHS Foundation Trust

Unconfirmed Draft Minutes

Minutes of the Audit Committee Meeting held on

Wednesday, 23 April 2024
(Conducted via Microsoft Teams)

Present:	Rajiv Gatha, Non-Executive Director, Committee Chair Sally Glen, Non-Executive Director *(deputising for Naomi Coxwell, Non-Executive Director)* Mark Day, Non-Executive Director
In attendance:	Paul Gray, Chief Financial Officer Rebecca Clegg, Director of Finance Dan Badmam, Deputy Director of Nursing for Patient Safety and Quality *(deputising for Debbie Fulton, Director of Nursing and Therapies* Dr Tolu Olusoga, Medical Director Loreta Valskyte, RSM, Internal Auditors Amanda Mollett, Head of Clinical Effectiveness and Audit Jenny Loganathan, TIAA, Anti-Crime Specialist Ben Lazarus, Ernst and Young, External Auditors Julie Hill, Company Secretary

Item		Action
1.A	**Chair's Welcome and Opening Remarks**	
	Rajiv Gatha, Chair welcomed everyone the meeting.	
1.B	**Apologies for Absence**	
	Apologies were received from: Naomi Coxwell, Non-Executive Director and Debbie Fulton, Director of Nursing and Therapies.	
2.	**Declaration of Interests**	
	There were no declarations of interest.	
3.	**Minutes of the Previous Meetings held on 22 January 2025**	

	The Minutes of the meeting held on 22 January 2025 were confirmed as a true record of the proceedings.	
4.	**Action Log and Matters Arising**	
	The Action Log had been circulated. The Committee noted the Action Log.	
5.A	**Board Assurance Framework**	
	The latest Board Assurance Framework (BAF) had been circulated. The Chief Financial Officer presented the report and highlighted the following points: • **BAF Risk 1 (Workforce)** – it was recommended that the risk score be reduced from 8 to 6 to reflect the Trust's lower turnover rate and improvements made to the recruitment and selection of staff. • **BAF Risk 2 (Demand and Capacity)** – the risk had been updated to reflect that Poppy Ward was now fully operational with 18 beds. • **BAF Risk 6 (Finance)** – the risk had been updated to reflect that the financial planning process for 2025-26 had been concluded. • **BAF Risk 7 (Digital)** – the risk had been updated to reflect that the Trust had achieved ISO27001 re-accreditation for cyber security. There was also an update about the Trust's work around the implementation of multi-factor authentication. The Chair referred to BAF Risk 8 (Sustainability) and noted that only two of the Trust's sites were eligible for the government's decarbonisation funding. The Chief Financial Officer reminded the meeting that West Berkshire Community Hospital had been awarded £2.3m of SALIX funding for its boiler replacement programme. The Committee noted the report.	
5.B	**Corporate Risk Register**	
	The Corporate Risk Register (CRR) had been circulated. The Chief Financial Officer presented the paper and highlighted the following points: • **CRR 1 (Patient Absconsion)** – since an air lock had been installed on Poppy Ward there had been no reported absconsions from the ward. • **CRR 2 (Ligature)** – the Trust was in the process of installing anti-ligature toilets at Prospect Park Hospital. • **CRR 3 (Service User Suicide)** – the Trust was reviewing risk documentation, improving safety planning, updating policies and had introduced a number of training initiatives	

	• **CRR 7 (Prospect Park Hospital Environment)** – the risk had been updated to reflect the work around the Prospect Park Hospital PFI contract re-set. The Prospect Park Hospital fire, general building and mental health surveys were in progress. • **CRR 8 (Jubilee Ward) –** Frimley Health and Care Integrated Care Board had concluded the public engagement work around the relocation of Jubilee Ward. The next phase was the development of an outline business case. Sally Glen, Non-Executive Director referred to risk 1 (Absconsion) and commented that the risk did not mention training around staff not following procedures. The Deputy Director of Nursing, Patient Safety and Quality said that the airlocks on wards had significantly reduced the incidence of patients absconding from the wards and that the majority of AWOLs concerned patients not returning from leave on time. The Chair referred to CRR 11 (Fraud) and asked for more information about Project Athena. Jenny Loganathan, TIAA, Anit-Crime Specialist explained that Project Athena was an NHS Counter Fraud Authority pilot project which was currently being used to identify potential fraud around staff who worked for agencies whilst being off sick etc. The system matched data held on the Health Roster system, recorded sickness absence and agency data. The Committee noted the report.	
6.	**Single Waiver Tenders and Provider Selection Regime Direct Awards Report**	
	A paper setting out the Trust's single waivers approved from January 2025 to March 2025 had been circulated. The Chief Financial Officer presented the paper and pointed out that most of the single waiver tenders involved extending current contracts to provide sufficient time to get ready to re-tender the contracts. The Chief Financial Officer referred to the Provider Selection Regime section of the report and reminded the meeting that the new procurement rules enabled to Trust to award a new contract to an existing provider if the current contract was working well. Sally Glen, Non-Executive Director asked for more information about the services provided by Elmore Community Services. The Medical Director explained that Elmore Community Services provided services to support people with complex emotional needs and personality disorders who may not be eligible or may not want to access the Trust's services. The Committee noted the report.	

7.	**Information Assurance Framework Update Report**	

	The Chief Financial Officer presented the paper and highlighted the following points:
	• A total of five indicators were audited during the quarter:
	  ○ Mental Health: Readmission Rate within 28 Days (green – high assurance
	  ○ Bed Days Occupied by Patients who are Discharge Ready (Community Health) (amber – moderate assurance)
	  ○ Consultant Community Paediatric Referral to Treatment Waiting Times – Community (amber – moderate assurance)
	  ○ Diabetes Referral to Treatment waiting times (amber – moderate assurance)
	  ○ Restrictive Interventions in Mental Health inpatient Wards (amber – moderate assurance)
	• Improvements had been made in the Referral to Treatment indicators, but errors of accuracy persisted, although they did not affect the calculations.
	• Corrective actions and improvements were in progress for the relevant areas.
	
	The Chair asked whether issues around data quality were usually around the manual collection of data.
	
	The Chief Financial Officer said that this was the case in some instances but pointed out that there were also issues around the interpretation and what needed to be logged etc.
	
	The Committee noted the report.	

8.	**Losses and Special Payments Report**	
	The Losses and Special Payments reported in quarters 1 and 2 had been circulated. Mark Day, Non-Executive Director referred to a payment made in respect of an employment tribunal settlement and asked about the approvals process for the payment. The Chief Financial Officer explained that all settlements were approved by the Executive. The Committee noted the report.	
9.	**Clinical Claims and Litigation Quarter 4 and End of Year Report on Litigation Activity 2024-25**	
	The Deputy Director of Nursing for Patient Safety and Quality presented the paper and reported that there were no new claims during quarter 4 and two claims were closed.	

	The Deputy Director of Nursing for Patient Safety and Quality reported that during 2024-25 there were 15 claims opened, and 16 claims closed. The Committee noted the report.	
10.	**Clinical Audit Report**	
	The Clinical Audit Report had been circulated. The Medical Director presented the paper and said that the following reports would be presented to the May 2025 Quality Assurance Committee meeting: • POMH 21b: The use of Melatonin • NCEPOD – End of Life care summary report The Medical Director provided assurance that Clinical Audits in the Trust remained on track for completion. It was noted that Directorates and services were responsible for the implementation of improvement actions arising from the findings of the national audits and action plans were reviewed at the Clinical Effectiveness meetings. The Committee noted the report.	
11.	**Anti-Crime Specialist Report**	
	a) TIAA's Annual Report 2024-25 Jenny Loganathan, Anti-Crime Specialist, TIAA presented TIAA's Annual Report 2024-25 and highlighted the following points: • **Benchmarking Data:** The report showed that the number of referrals, cases opened, and closed were broadly in line with previous years. Common types of referrals included working while sick, conflict of interest concerns, declarations of interest, dual employment, and concerns around NHS Professionals (NHSP) booking processes. • **Proactive Work:** this section summarised the proactive work undertaken by TIAA during the course of the year. • **Sanctions from Investigations:** There were two dismissals from fraud cases, one final warning, one conditional caution issued, and two reports to professional bodies for further investigation into conduct. • **Recoveries:** The Trust had recovered just over £20,000, which was a positive outcome. • **Ongoing Cases:** one ongoing case was currently with the Crown Prosecution Service and related to expenses fraud, and another long-standing bribery case involving two ex-members of staff and two external individuals. Updates on these cases would be provided at future meetings. The Chair said that it was a clear and informative report.	

	The Chair commented that TIAA worked with a number of other trusts and asked whether there was anything surprising in the nature of TIAAs work with the Trust. Jenny Loganathan commented that the majority of TIAA's investigative work at the Trust involved issues around declarations of interests, dual or secondary employment and working elsewhere whilst sick and confirmed that these were the same issues as for other trusts. The Chair asked if TIAA received the support they required from the Trust. Jenny Loganathan confirmed that this was the case. **b) Counter-Fraud Strategy and Annual Plan 2025-26** TIAA's Strategy and Annual Plan 2025-26 had been circulated. **The Committee**: noted the reports.	
12.	**Internal Audit Annual Report 2024-25**	
	Loreta Valskyte, RSM, Internal Auditors presented the Internal Audit Annual Report 2024-25 which included the draft Head of Internal Audit Opinion and highlighted the following points: • The Trust had received a level two opinion, which was positive and consistent with the previous year. • The majority of RSM clients had received a level three opinion, indicating that Berkshire Healthcare was performing well. • The follow-up position was strong, with only three actions in progress, and all work for the year had been completed. The Chair commented that in previous years, RSM had provided the Committee with some benchmarking data in relation to the number of level 1, 2 and three audit opinions. Loreta Valskyte agreed to provide this information at the next Audit Committee and explained that the internal auditors were still finalising their audit opinions across the sector. The Committee noted the report	**LV**
13.	**External Audit Report**	
	Ben Lazarus, External Auditors, Ernst, and Young (E&Y) reported that the external audit plan presented at the last committee had continued to be refined but confirmed there were no significant changes in their approach as they headed into the year-end process. Mr Lazarus said that the external auditors were working closely with the Chief Financial Officer and the Director of Finance to ensure that the audit went smoothly as in the previous year. Mr Lazarus added that he was confident that the audit would be concluded within the timescale but acknowledged that the timeline was tight. It was noted	

	that there were established escalation procedures if anything did not got to plan. The Chair asked whether the External Auditors were receiving the support they needed to support their work. Ben Lazarus confirmed that this was the case. The Committee noted the update.	
14.	**Minutes of the Finance, Investment and Performance Committee meetings held on 22 January 2025 and 20 March 2025**	
	The minutes of the Finance, Investment and Performance Committee meetings held on 22 January 2025 and 20 March 2025 received and noted.	
15.	**Minutes of the Quality Assurance Committee held on 25 February 2025**	
	The minutes of the Quality Assurance Committee meetings held on 25 February 2025 were received and noted.	
16.	**Minutes of the Quality Executive Committee Minutes – 20 January 2025, 17 February 2025 and 17 March 2025**	
	The minutes of the Quality Executive Committee meetings held on: 20 January 2025, 17 February 2025 and 17 March 2025 were received and noted.	
17.	**Annual Work Plan**	
	The Committee's Annual Work Plan was noted.	
18.	**Any Other Business**	
	IFRS 17 Implementation The Director of Finance reported that she would update the Committee on the Trust's implementation of IFRS 17 at a future meeting.	**BC**
19.	**Date of Next Meeting**	
	The next meeting of the Committee was scheduled for 18 June 2025 (to approve the Annual Accounts 2024-25).	

The minutes are an accurate record of the Audit Committee meeting held on 23 April 2025.

Signed: - _____

Date: - 23 July 2025 _____