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.

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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 have met all six of our mandated access targets at the end of 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 National Staff Survey engagement score target of 7.5.
- We were close to meeting our turnover 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.

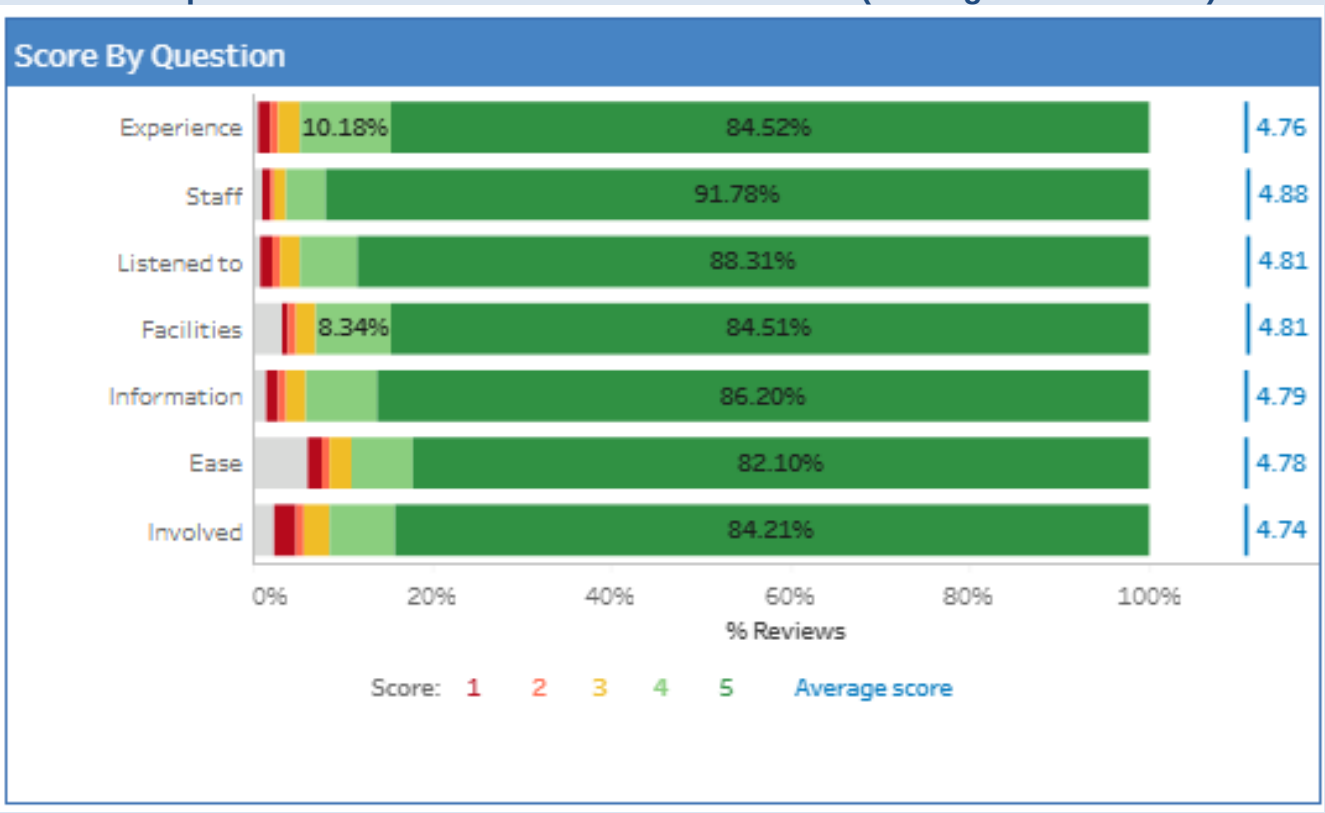
Satisfaction Rate

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



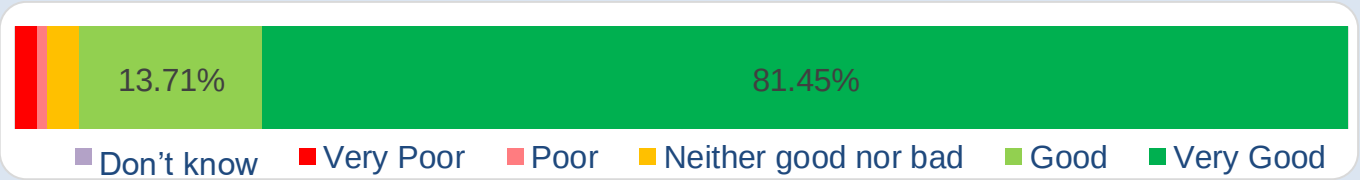
Source: Trust Patient Experience Team

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.

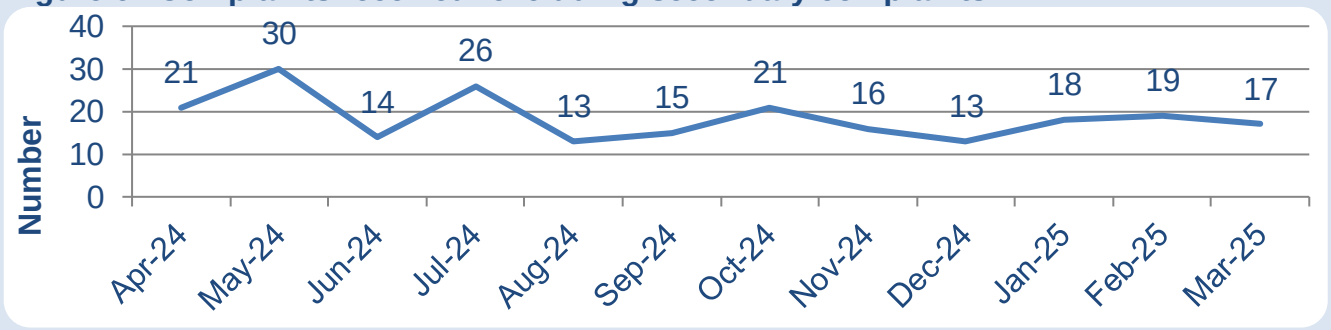
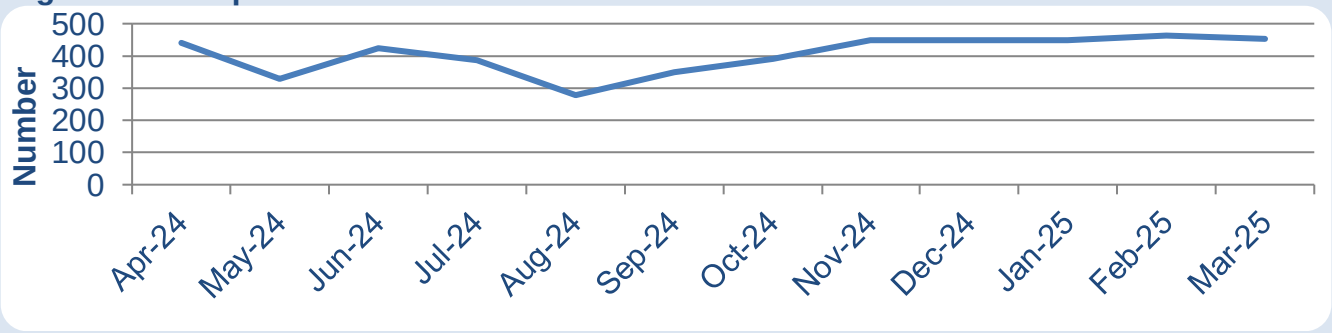


Figure 7- Compliments received.



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%).

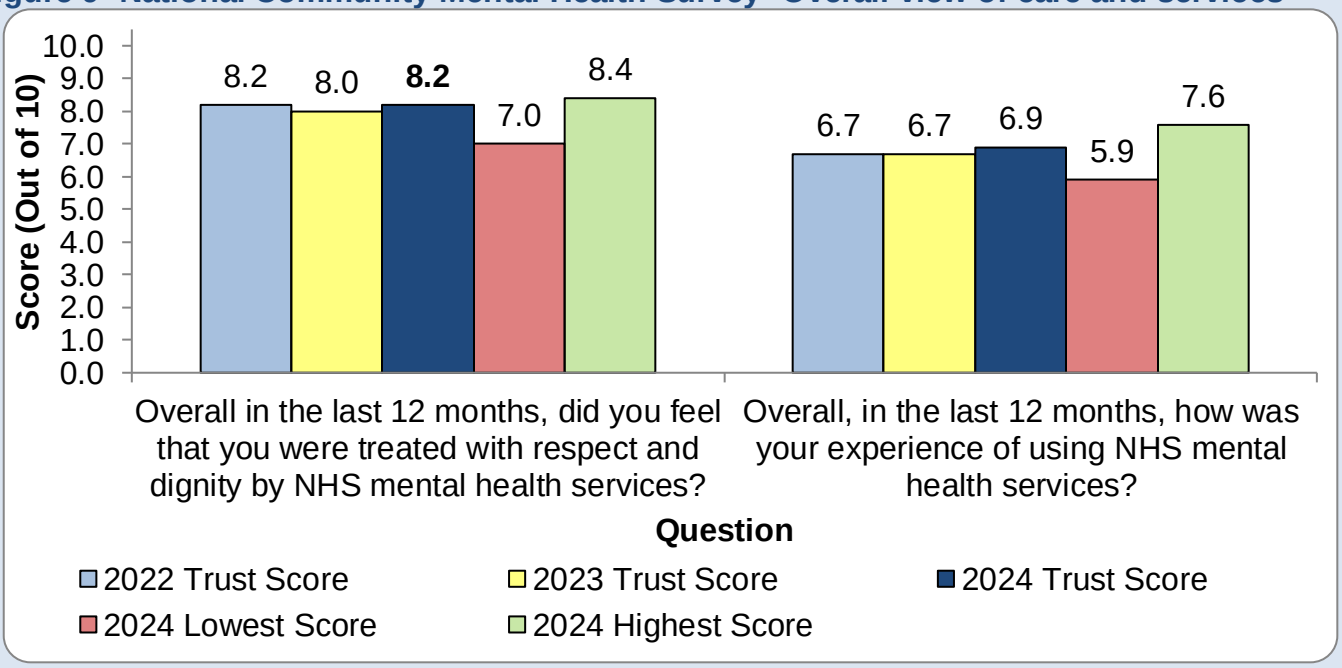
About the survey and how it is scored.
The survey contained several questions organised across 12 sections. Responses to each question and section were converted into scores from 0 to 10 (10 representing the best response). Each score was then benchmarked against 52 other English providers of NHS mental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

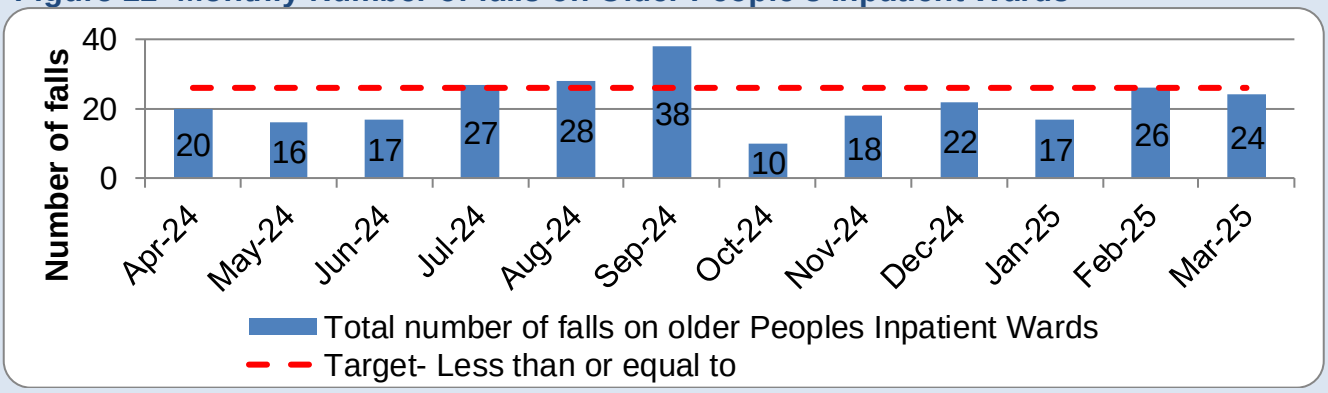
with a focus on learning at the time of the event, and this learning is then shared widely through the trust wide Strategic Falls Group.

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.

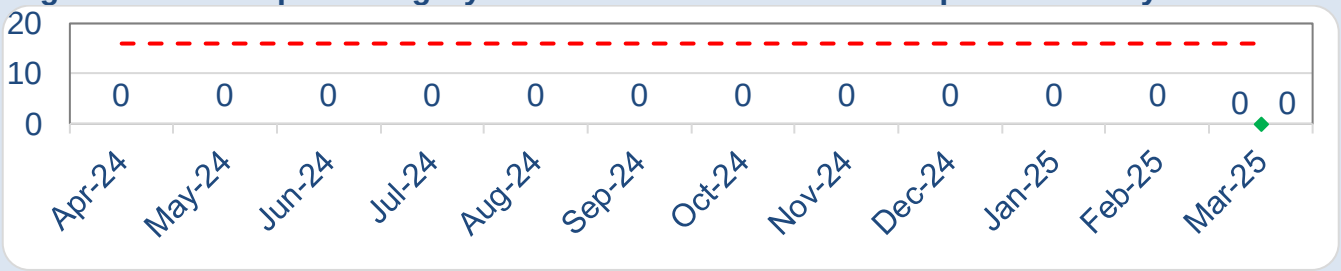
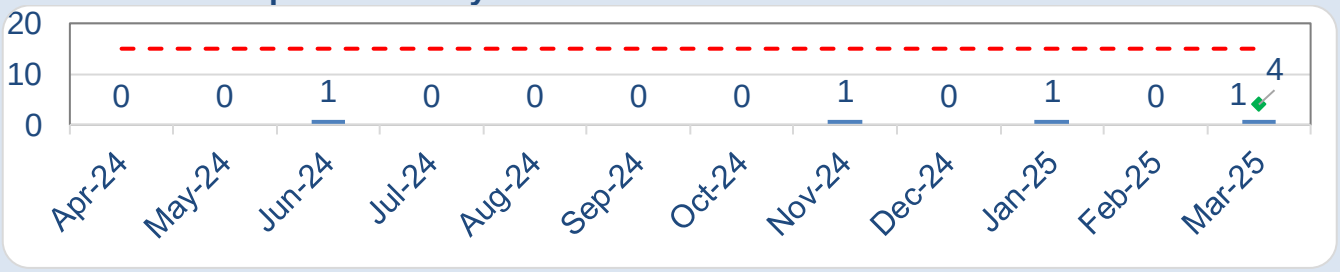


Figure 13- Developed Category 3, 4 unstageable or deep tissue injury Pressure Ulcers due to a Lapse in Care by the Trust.



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

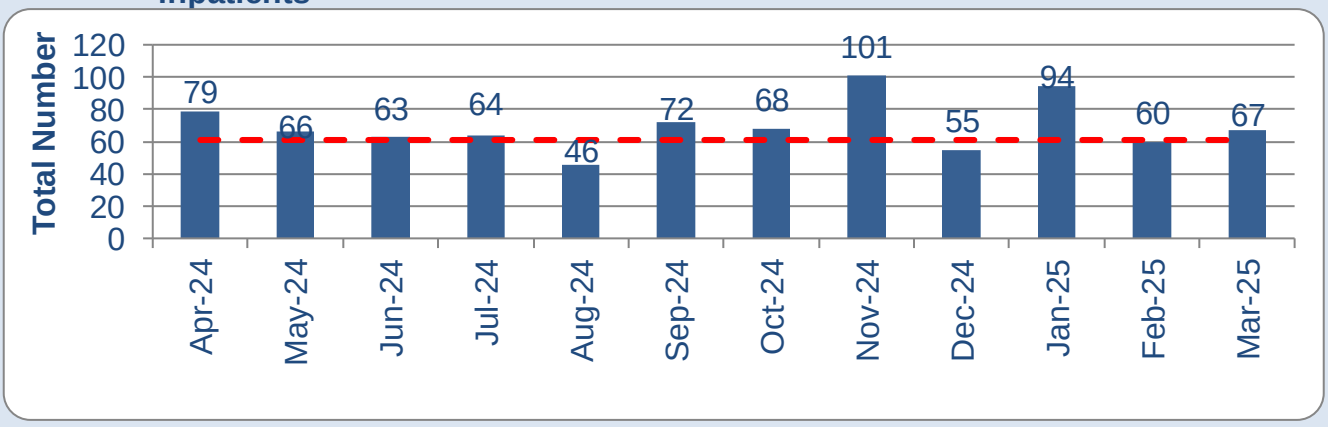
Source: Pressure Ulcer Quarterly Reports

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

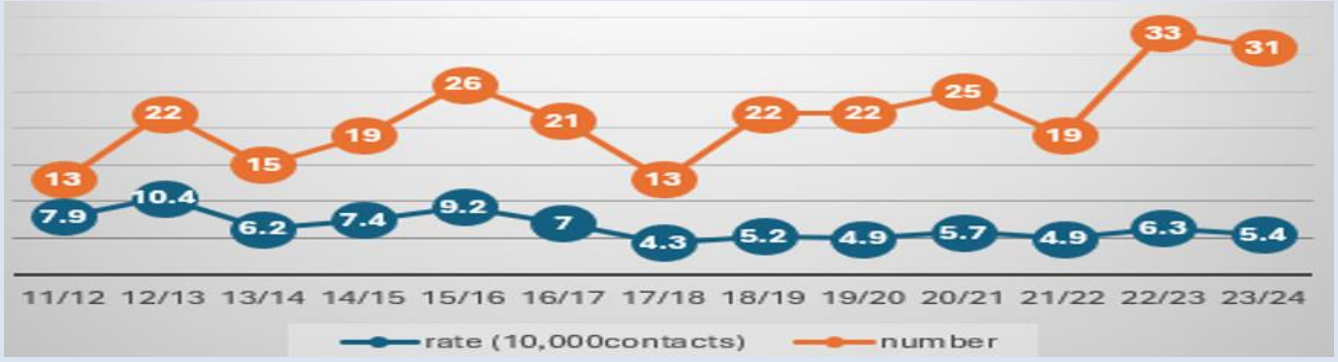
Suicide Prevention

ⓘ 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

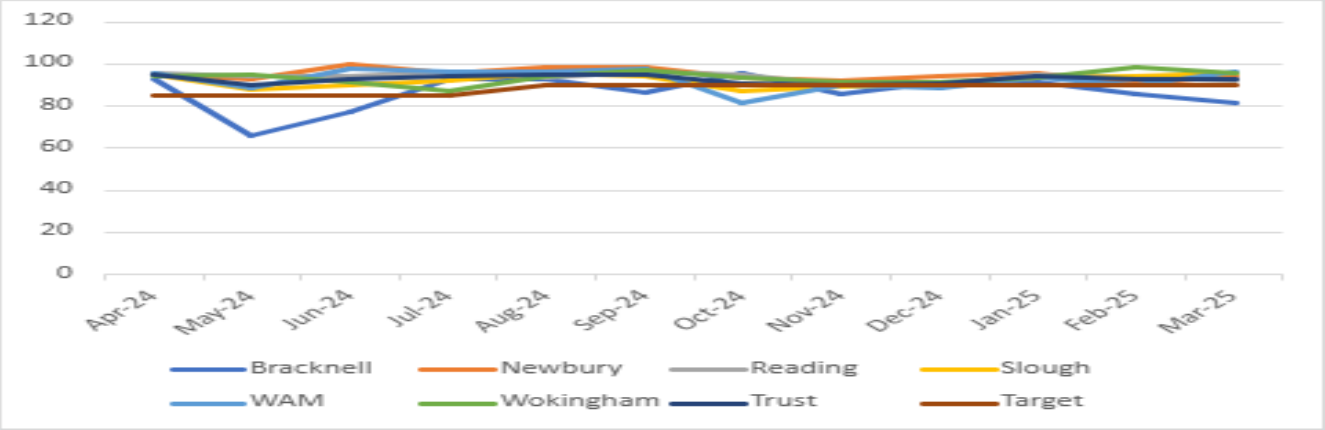
Improving the physical health of people with severe mental illness (SMI)

ⓘ 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

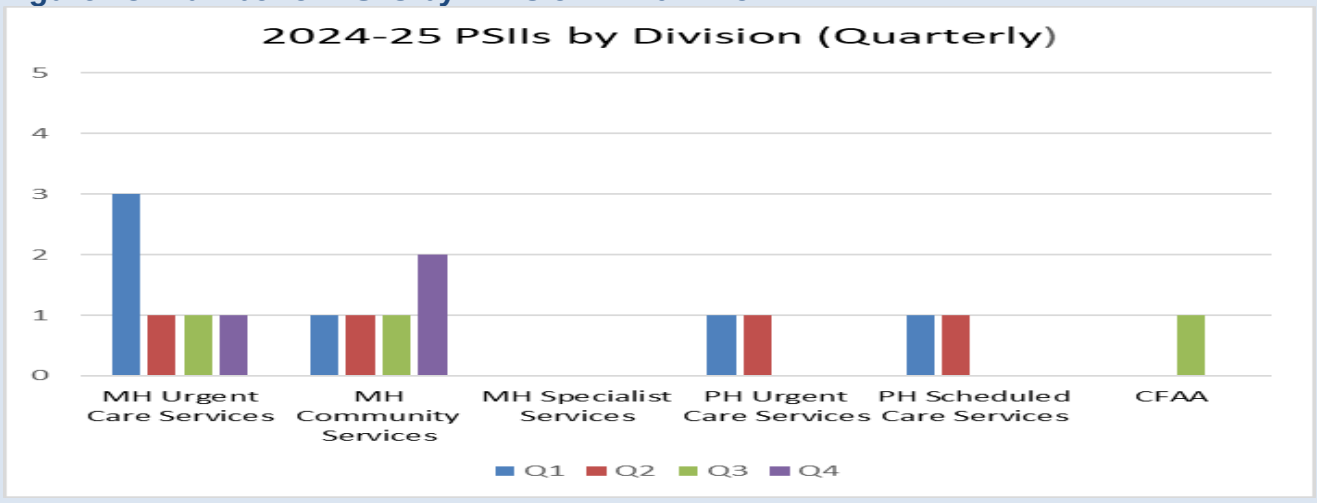
ⓘ Never events are a sub-set of Serious Incidents and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.

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

Patient Safety Incident Investigations (PSIIs)

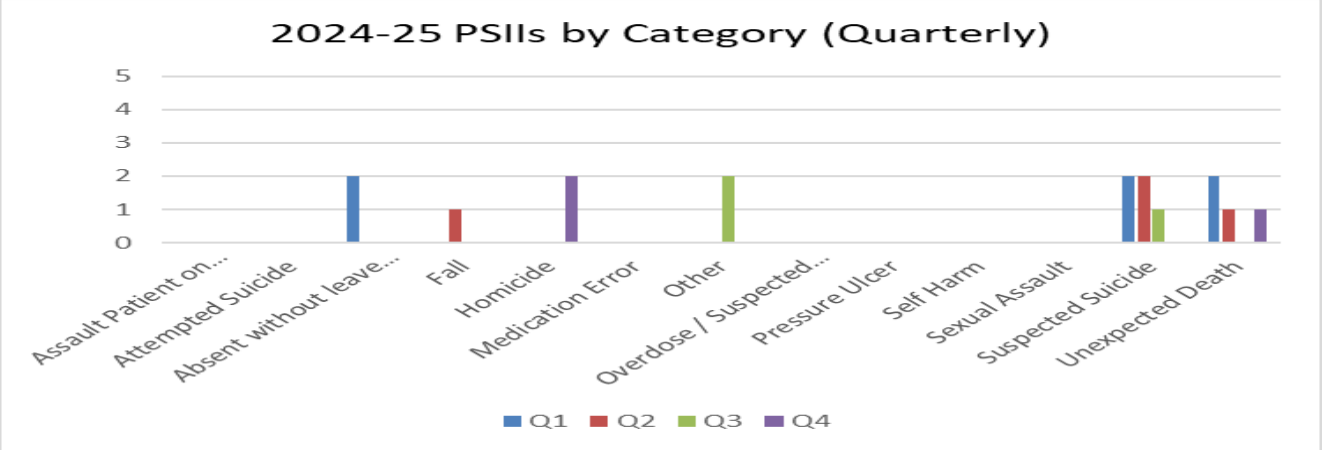
There were 16 Patient Safety Incident Investigations (PSII's) commenced in 2024/25. Figure 17 below details the number of PSIIs reported quarterly by each Division/ Service, with Figure 18 detailing these by category.

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.

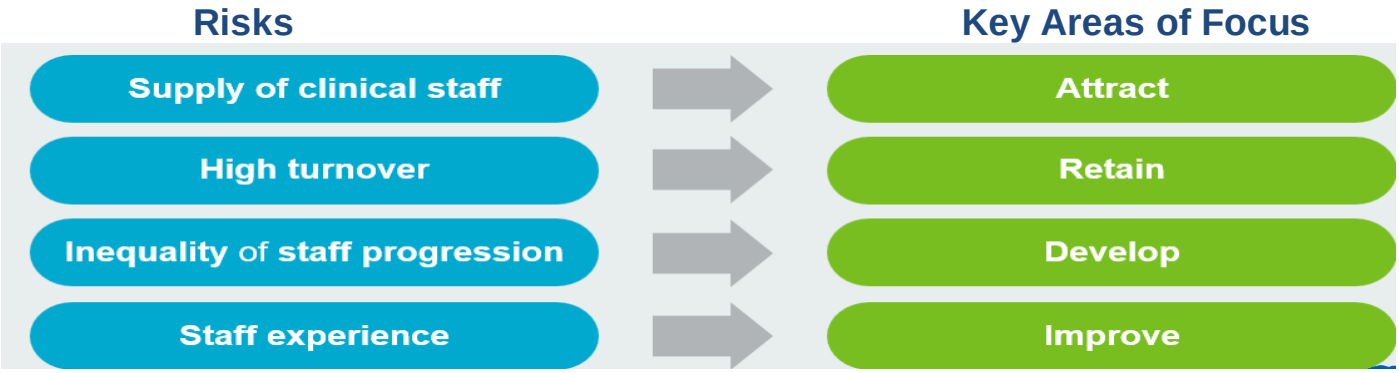
The following measures will be used to help determine the success of the People and Culture Strategy which implements the new Culture, Inclusion and Equity framework for our workforce:

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 Total
	Q1	Q2	Q3	Q4	2024/25 total to date	
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.

The Survey Sample.
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%).

Summary of Trust Results.
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

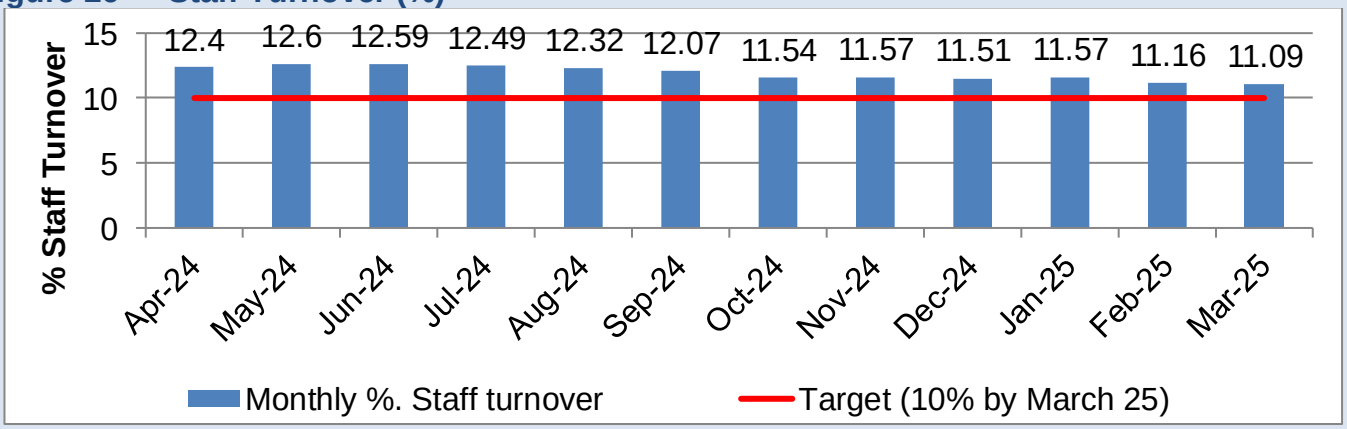
WDES Indicator	Metric Descriptor		Disabled 2024	Non-Disabled 2024
4 Staff Survey Q14a-d	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse in the last 12 months from:	(a) Patients/Service users, their relatives or other members of the public	24.2%	18.2%
		(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 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

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
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)
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 did 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** ↓	**36**	**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**	**9**	**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).

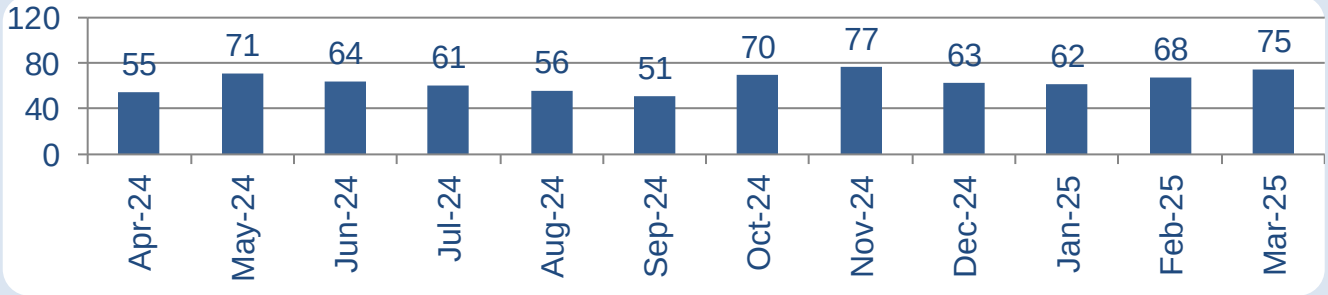
The Figure below details the total number of medication errors reported per month. When interpreting this figure, it should be noted that a high and increasing rate of medication error reporting is a sign of a healthy learning culture in the organisation and that reporting of such errors is being encouraged 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

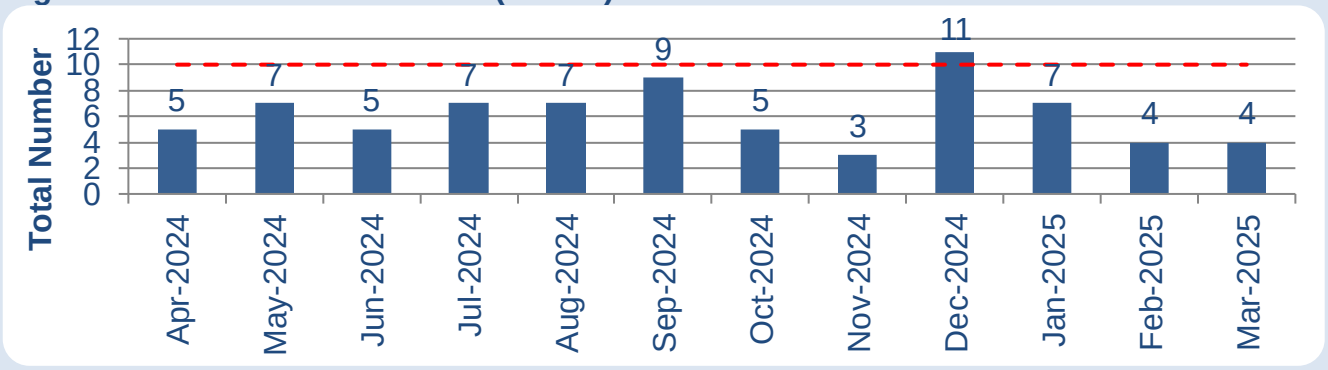
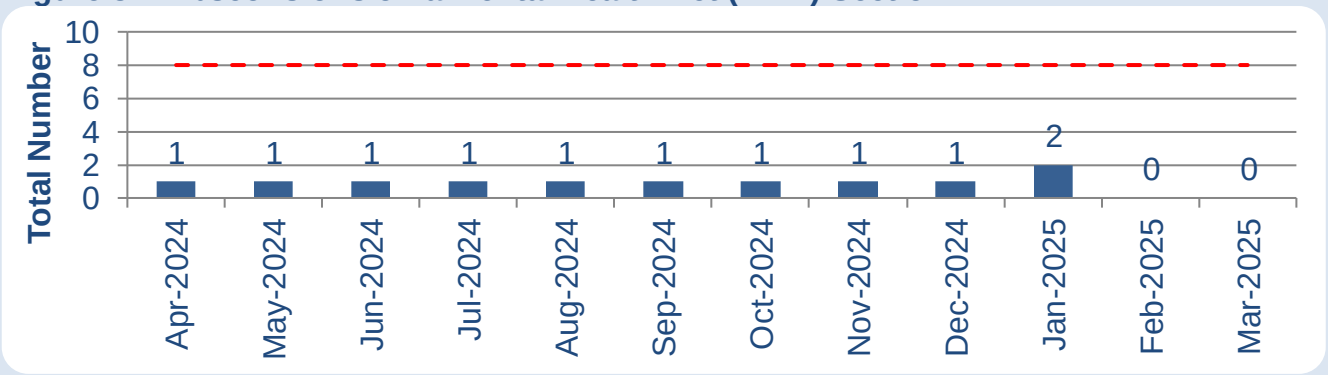


Figure 37- Absconsions on a Mental Health Act (MHA) Section



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

13th May 2025 **Martin Earwicker, Chairman**

13th May 2025 **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:

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 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

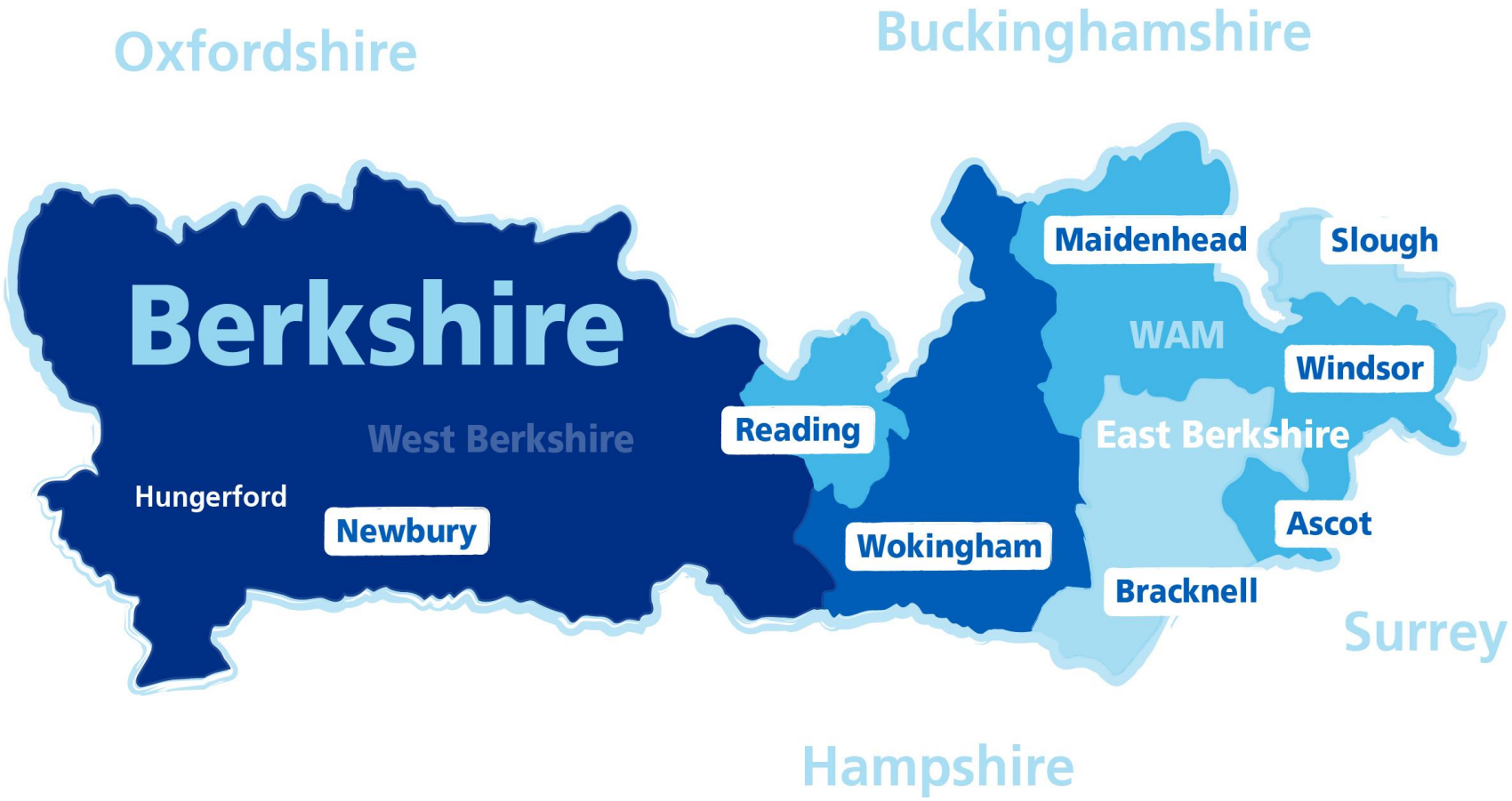
It is good that positive recommendations are being put in place relating to Mental Health. Are there enough staff to ensure these recommendations are achievable?

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