

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Teams)

10:00am on Tuesday 08 July 2025

AGENDA

No	Item	Presenter	Enc.
OPENING BUSINESS			
1.	Chairman's Welcome and Public Questions	Martin Earwicker, Chair	Verbal
2.	Apologies	Martin Earwicker, Chair	Verbal
3.	Declaration of Any Other Business	Martin Earwicker, Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Martin Earwicker, Chair	Verbal
5.1	Minutes of Meeting held on 13 May 2025	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.0	Board Story – Mental Health Services	Debbie Fulton, Director of Nursing and Therapies/Lived Experience Service User/Versha Mandalia, Associate Nurse Consultant	Verbal
6.2	Annual Complaints Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.3	Medical Appraisal and Revalidation Annual Report	Dr Tolu Olusoga, Medical Director	Enc.
6.4	Research and Development Annual Report Full Report	Dr Tolu Olusoga, Medical Director	Enc.
6.5	Quality Assurance Committee a) Minutes of the meeting held on 27 May 2025 b) Learning from Deaths Quarterly Report c) Guardians of Safe Working Report	Sally Glen, Chair of the Quality Assurance Committee Dr Tolu Olusoga, Medical Director	Enc.
EXECUTIVE UPDATE			
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
PERFORMANCE			

No	Item	Presenter	Enc.
8.0	Month 02 2025/26 Finance Report	Paul Gray, Chief Financial Officer	Enc.
8.1	Month 02 2025/26 Performance Report	Thersea Wyles, Interim Chief Operating Officer	Enc.
STRATEGY			
9.0	Trust Strategy Outcome Measures – Year Two Progress Update	Alex Gild, Deputy Chief Executive	Enc.
9.1	People and Culture Strategy Progress Report	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.
9.2	Digital Strategy Update Report	Alex Gild, Deputy Chief Executive/Mark Davison, Chief Information Officer	Enc.
9.3	Trust's Green Plan 2025-28	Paul Gray, Chief Financial Officer	Enc.
CORPORATE GOVERNANCE			
10.0	Fit and Proper Persons Test Assurance Report	Julie Hill, Company Secretary	Enc.
10.1	Minor Changes to the Trust's Constitution	Julie Hill, Company Secretary	Enc.
10.2	Audit Committee Meeting – 18 June 2025	Rajiv Gatha, Chair, Audit Committee	Enc.
10.3	Council of Governors Update	Martin Earwicker, Chair	Verbal
Closing Business			
11.	Any Other Business	Martin Earwicker, Chair	Verbal
12.	Date of the Next Public Trust Board Meeting – 9 September 2025	Martin Earwicker, Chair	Verbal
13.	CONFIDENTIAL ISSUES: To consider a resolution to exclude the press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Martin Earwicker, Chair	Verbal



Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday, 13 March 2025

(Conducted via Microsoft Teams)

Present:	Martin Earwicker	Trust Chair
	Mark Day	Non-Executive Director
	Rebecca Burford	Non-Executive Director
	Naomi Coxwell	Non-Executive Director
	Aileen Feeney	Non-Executive Director
	Rajiv Gatha	Non-Executive Director
	Sally Glen	Non-Executive Director
	Julian Emms OBE	Chief Executive
	Jane Nicholson	Director of People (<i>deputising for the Deputy Chief Executive</i>)
	Debbie Fulton	Director of Nursing and Therapies
	Paul Gray	Chief Financial Officer
	Dr Tolu Olusoga	Medical Director
In attendance:	Theresa Wyles	Interim Chief Operating Officer
	Julie Hill	Company Secretary
	Dan Badman	Deputy Director Patient Safety and Quality
	Eloise Rimmer	Operational Manager Bladder and Bowel Continence Service (<i>present for agenda item 5.0</i>)
	Mike Craissati	Freedom to Speak Up Guardian (<i>present for agenda item 5.1</i>)
	Steph Moakes	Health Wellbeing and Engagement Lead (<i>present for agenda items 7.1 and 7.3</i>)
	Stephen Strang	Workforce Planning and Insights Manager (<i>present for agenda items 7.2 and 7.5</i>)
	Ash Ellis	Deputy Director for Leadership, Inclusion and Organisational Experience (<i>present for agenda items 7.2 and 7.4</i>)
	Sue Whelan Tracy	Member of the Public
	Sonya Batchelor	Non-Executive Director Designate

25/070	Welcome and Public Questions (agenda item 1)
	The Chair welcomed everyone to the meeting. There were no public questions.

	The Chair particularly welcomed Sonya Batchelor, Non-Executive Director Designate who was observing the meeting.
25/071	Apologies (agenda item 2)
	Apologies were received from: Alex Gild, Deputy Chief Executive
25/072	Declaration of Any Other Business (agenda item 3)
	There was no other business.
25/073	Declarations of Interest (agenda item 4)
	i. Amendments to Register – none.
	ii. Agenda Items – none
25/074	Minutes of the previous meeting held on 11 March 2025 (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday, 11 March 2025 were approved as a correct record.
25/075	Action Log and Matters Arising (agenda item 5.2)
	The schedule of actions had been circulated. The Trust Board: noted the action log.
25/076	Bladder and Bowel (Continence) Services Board Story – (agenda item 6.0)
	<p>The Chair welcomed Eloise Rimmer, Operational Manager, Bladder and Bowel Continence Service.</p> <p>Eloise Rimmer gave a presentation and highlighted the following points:</p> <ul style="list-style-type: none"> • The Bladder and Bowel service was a small team comprising paediatric, adult nurses and physiotherapists supported by an administrative team. • The service provided assessment and treatment for bladder and bowel continence issues to non-house bound patients in the community. Housebound patients were assessed by the community nurse team. • The service provided eligible patients with pads. The Trust had used the same brand of pads for over twenty years. A decision was made to change to a different brand which was more cost-effective. To support the changeover, training was provided for all community nurses and training was offered to 96 care homes. Information was also provided to patients. • The changeover to the new brand resulted in a significant increase in the number of telephone calls and emails from patients who were experiencing difficulties with the new product.

	<ul style="list-style-type: none"> In response, the service recognised that patients needed to have a physical review to ensure that they received the correct product. It was noted that the new product was more tailored to the needs of the individual patient than the previous product. <p>Eloise Rimmer presented a case study to illustrate how the service had worked with individual patients to support the change to the new product and highlighted the following points:</p> <ul style="list-style-type: none"> The patient was a young female aged 25 years old who had learning disabilities and was immobile. The family contacted the service because of leakage with the new product. The patient had previously used a medium size pad and was moved over to a medium plus pad with the new product. Following a physical review, the patient was moved over to a small extra plus pad which was the correct size for her and fitted well. A further review was conducted by telephone and the family confirmed that the new product worked better in the day but there were still issues at night. The patient was provided with a high absorbency pad for nighttime and this resolved the issue. <p>Eloise Rimmer said that the changeover to a new product had highlighted that many patients had not had a clinical review for several years. The previous product would fit many variations in size and shape, but patients needed a physical review to ensure the best fit for the new pads. It was noted that a third of patients (1,500 patients) received a modification in the product they were first aligned with. Ms Rimmer shared the positive feedback received from patients now that they were provided with the product which best suited their needs.</p> <p>Naomi Coxwell, Non-Executive Director asked about the reasons for the decision to change to a new brand of pads.</p> <p>The Director of Nursing and Therapies explained that the new product was significantly more cost effective and meant that the service could more easily keep up with the growing demand for incontinence pads within existing resources.</p> <p>Ms Coxwell asked what went wrong during the implementation phase of the changeover of products.</p> <p>The Director of Nursing and Therapies said that the Trust had not envisaged just how different the new products were and how they needed to be tailored to the individual needs of patients.</p> <p>The Chair thanked Eloise Rimmer, Operational Manager, Bladder and Bowel Continence Service for her presentation.</p> <p>The presentation slides are attached to the minutes.</p> <p>The Trust Board: noted the presentation.</p>
25/077	Freedom to Speak Up (agenda item 6.1)
	<ul style="list-style-type: none"> Freedom to Speak Up Guardian's Report <p>The Chair welcomed the Freedom to Speak Up Guardian to the meeting.</p>

The Freedom to Speak Up Guardian presented the report and highlighted the following points:

- The number of cases raised over the last couple of years remained largely consistent with a slight rise in the last financial year.
- The increase in cases was partly due to the National Guardian's Office changing the requirements, now counting advice given as a case.
- There were hot spots within the organisation where groups of staff collectively raised concerns, such as students who raised issues around training and future jobs. These issues were around communication and were quickly addressed.
- Referrals from the Wellbeing Matters service had increased, indicating work-related issues were being referred to the Freedom to Speak Up Guardian
- Most cases involved behaviours between colleagues, poor management, and communication, with a high percentage related to bullying and harassment.
- Patient safety concerns were automatically raised with the Director of Nursing and Therapies and the Patient Safety Team.
- Progress in relation to having a positive Speaking Up culture was monitored via the National NHS Staff Survey, with the Trust scoring significantly higher than others nationally and within the Southeast.
- Turnover among staff who raised concerns was still higher than the Trust average, though it had decreased year on year.
- The Board needed to continue its commitment to supporting the Speaking Up culture within the organisation

The Chair thanked the Freedom to Speak Up Guardian for his work and said that it was an informative report.

The Chair commented that the ability of staff to feel able to speak up was the most important thing the Board had to concern itself with because if staff did not feel supported to speak up, there was a risk that issues would remain hidden. The Chair said that the Board would continue its commitment to supporting the Speak Up culture.

Mark Day, Non-Executive Director Lead for Speaking Up commented that two Executive Directors had recently left the Board and Naomi Coxwell, Non-Executive Director would be leaving at the end of May 2025 followed by the Chair at the end of July 2025 and therefore during this period of transition, it was even more important for members of the Board to visit services and to be seen to be actively supporting the Freedom to Speak Up agenda.

The Chair fully endorsed Mr Day's comments.

Sally Glen, Non-Executive Director asked whether there were concerns about the visibility of the Freedom to Speak Up Guardian among staff who did not have regular computer access, such as estates and facilities and domestic staff.

The Freedom to Speak Up Guardian reminded the meeting that he was supported by a group of Freedom to Speak Up Champions and said that the champions played a key role in raising awareness about the Freedom to Speak Up Guardian's role across the Trust.

The Chief Financial Officer pointed out that a lot of estates and facilities staff were employed by the PFI contractors and by NHS Property Services.

The Freedom to Speak Up Guardian said that NHS Property Services had their own Freedom to Speak Up Guardian but added that he was happy to speak to these staff as well if they had any concerns.

	<p>The Director of Nursing and Therapies said that the NHS Staff Survey data helped to target those services with low rates of knowledge about how to raise concerns.</p> <p>The Medical Director reported that there was ongoing work with specific staff groups to address engagement scores that were slightly lower than the Trust's average.</p> <p>Naomi Coxwell, Non-Executive Director asked whether there were particular groups of staff, such as International Nurses who may find it difficult to raise a concern particularly if English was their second language.</p> <p>The Freedom to Speak Up Guardian said that he attended the local induction sessions for International Nurses and worked with the staff networks to raise awareness about the role of the Freedom to Speak Up Guardian.</p> <p>The Chair thanked the Freedom to Speak Up Guardian for his report.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> a) Noted the report. b) Supported the Freedom to Speak Up Guardian's Board recommendations as set out in the report <p>b) Freedom to Speak Up Self-Assessment Improvement Plan</p> <p>The Freedom to Speak Up Self-Assessment Improvement Plan had been circulated.</p> <p>It was noted that the Trust's Internal Auditors would be undertaking an audit of casework during quarter one 2025-26 and this would support a review later in the year.</p> <p>The Trust Board: noted the report.</p>
25/078	Patient Experience Quarterly Report (agenda item 6.2)
	<p>The Director of Nursing and Therapies presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • Formal Complaints - there was a reduction in formal complaints, with more issues being resolved locally. • Patient Feedback - the number of patient feedback responses had increased significantly, reaching 8.5% in April 2025, close to the target of 10%. • Mental Health Inpatient Feedback - information was provided in the report on other means of gathering feedback from mental health inpatients, as requested at the previous meeting. • Culture of Care Programme - the report included details on the ongoing two-year Culture of Care programme aimed at improving patient and staff experiences on the wards. <p>Sally Glen, Non-Executive Director, noted the relatively low patient satisfaction scores for mental health inpatients in terms of star rating than for other Trust services. Ms Glen asked whether there were any simple actions that could be taken to improve patient satisfaction.</p>

	<p>The Director of Nursing and Therapies explained that the Culture of Care Programme was multifaceted and addressed various aspects of the patient experience such as anti-racism, diversity, environment and patient involvement but pointed out that changing culture was complex and took time.</p> <p>The Chief Executive pointed out that a number of trusts were using the I Want Great Care patient experience tool and said that it would be helpful to benchmark the Trust's mental health inpatient satisfaction scores with other mental health trusts.</p> <p style="text-align: right;">Action: Director of Nursing and Therapies</p> <p>The Interim Chief Operating Officer reported that benchmarking was also being done through the system's mental health collaborative with Oxford Health and Surrey and Borders NHS Foundation Trusts.</p> <p>The Trust Board: noted the report.</p>
25/079	Quality Accounts 2024-25 Report (agenda item 6.3)
	<p>The Quality Accounts 2024-25 had been circulated.</p> <p>Mark Day, Non-Executive Director, said that the Quality Accounts Report provided a comprehensive overview of the Trust's services and quality performance and suggested that all new Governors should be sent a copy as part of their induction.</p> <p style="text-align: right;">Action: Company Secretary</p> <p>The Chair agreed that the Quality Accounts Report was very informative.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> a) Considered the Statement of Directors' Responsibilities in Respect of the Quality Account 2024-25 and ensured that they were satisfied with the Quality Account in relation to the requirements detailed in the statement. b) Confirmed to the best of their knowledge and belief that they had complied with the requirements detailed in the statement in preparing the Quality Accounts Report. c) Authorised the Chief Executive to sign the Statement of Responsibilities
25/080	Six Monthly Safe Staffing Report (agenda item 6.4)
	<p>The Director of Nursing and Therapies presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • The registered staff vacancy rate had decreased from 30% to 20%. • Shifts with less than two registered nurses had reduced from 7.5% to just under 3%. • Staff turnover rates on mental health wards were well below the Trust average, ranging between 4% and 7%, except for Sorrell Ward, the Psychiatric Intensive Care Ward, which had a higher turnover rate of 14%. <p>The Trust Board:</p> <ul style="list-style-type: none"> a) Noted the report.

	<p>b) Noted that Director of Nursing and Therapies and Medical Directors Safe Staffing Declaration for the last six months:</p> <p>“Over the last 6 months the wards have been considered to have been safe with no significant patient safety incidents occurring because of staffing levels. It is however recognised that during the period there were some shifts where staffing was sub-optimal and consequently there is limited assurance that care was always of a high quality, and it is possible that patient experience was compromised. Proactive work continues to build on our recent positive increased recruitment and retention rates and therefore sustainability of our permanent workforce.</p> <p>Medical staffing numbers remain stable with adequate medical cover available during routine working hours for inpatient mental health and community health wards. Out of hours medical cover is provided by GPs for all our community health wards and Campion Unit. Out of hours medical cover is provided by Resident Doctors for the mental health wards with Consultant Psychiatrists providing on-call cover from home.”</p>
25/081	<p>Executive Report (agenda item 7.0)</p>
	<p>The Executive Report had been circulated. The following item was discussed further:</p> <p>Public Attitudes to the NHS and Social Care</p> <p>The Chief Executive reported that the Public Attitudes to the NHS and Social Care Survey had highlighted that public satisfaction with the NHS was at its lowest since 1983 when the survey started.</p> <p>The Chief Executive said that the Government’s 10 Year Plan for the NHS was likely to prioritise accident and emergency wait times, elective wait times, primary care and dentistry as these were the main areas contributing to public dissatisfaction.</p> <p>The Chief Executive said that the Trust’s focus should be on improving the flow through its services and reducing waiting times. It was noted that the survey also highlighted that while patients were generally satisfied once they had accessed services, the process of waiting and navigating to get into services was a major source of frustration.</p> <p>The Chair asked whether improving flow through services was in the Trust’s control or whether it required the support of partners.</p> <p>The Chief Executive said that some things would require a system approach but there was scope for the Trust to improve its internal processes and access to services. The Chief Executive added that there needed to be a cultural shift within services to prioritise reducing waiting times and improving the navigation process for patients. This involved getting clinicians and teams more engaged in managing and optimising these aspects. Younger people, in particular, had higher expectations for digital access to services which were currently not being met.</p> <p>The Chair reminded the meeting that there would be an opportunity for the Board to discuss the Trust’s response to the NHS 10 Year Plan at the October 2025 Trust Board Strategic Planning Day.</p> <p>The Trust Board: noted the report.</p>

25/082	National NHS Staff Survey Results Report (agenda item 7.1)
	<p>The Director of People presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • The Trust had achieved an engagement score of 7.5 which was the best score for the Trust's comparator group. The Trust also had a high staff response rate of 64%. • Positive Trends: the survey results showed positive trends in several areas, including well-being and staff recommending the Trust as a place to work and receive treatment. <p>Areas of Focus:</p> <ul style="list-style-type: none"> • Disabled Staff - there was a significant difference in the experience of disabled staff compared to other staff members. The Trust was engaging with the Purple (Disability) Staff Network to understand and address these issues. • Ethnically Diverse Staff - the gap in experience between ethnically diverse staff and other staff members was closing, with high engagement scores among ethnically diverse staff. <p>Future Actions</p> <ul style="list-style-type: none"> • Over the coming year, the Trust would continue to focus on well-being, anti-racism, and supporting neurodivergent staff. The Director of People thanked the Board for its support in achieving these positive results and for maintaining a commitment to staff engagement and wellbeing. <p>The Chair commented that the Staff Survey Results were impressive and pointed out that the Trust's results had remained high over a number of years.</p> <p>The Chair noted the high response rate but commented that 34% of staff had not responded and that this was a concern.</p> <p>The Director of People said that efforts would be made to target groups with lower response rates, such as medics and students.</p> <p>The Trust Board: noted the report.</p>
25/083	Gender, Ethnicity and Disability Pay Gap Report (agenda item 7.2)
	<p>The Chair welcomed the Deputy Director for Leadership, Inclusion and Organisational Experience and the Workforce Planning and Insights Manager to the meeting.</p> <p>The Director of People reminded the meeting that Gender Pay Gap reporting was mandated under the Equality Act 2010. Ethnicity and disability were not yet mandated but were an aim of the Six High Impact actions in the NHS Equalities, Diversity and Improvement Plan. It was noted that the Trust already reported on the Gender, Ethnicity and Disability Pay Gap.</p> <p>The Director of People presented the reports and highlighted the following points:</p>

	<ul style="list-style-type: none"> • White staff earned more than ethnically diverse staff. There was an age component because white staff tended to be older, reflecting national demographics. Ethnically diverse staff were often concentrated in lower graded roles and tended to be younger. • The Trust was making efforts to monitor career progression through an anti-racism lens with reflection points for appointments at Agenda for Change Pay Band 8C and above roles to ensure there was no discrimination • The gender pay gap was skewed because there was a significantly higher number of women in the Trust than in the general population. The pay disparity was also influenced by more men working full time and past pension age and earning higher hourly rates. The NHS pay structure was based on length of tenure and this affected pay gap reporting • There was no statistically significant difference in pay between disabled and non-disabled staff. <p>The Chair thanked the Director of People for her update and thanked the Deputy Director for Leadership, Inclusion and Organisational Experience and the Workforce Planning and Insights Manager for their report.</p> <p>The Trust Board: noted the Gender, Ethnicity and Disability Pay Gap reports.</p>
25/084	Health and Wellbeing Update Report (agenda item 7.3)
	<p>The Chair welcomed the Health Wellbeing and Engagement Lead to the meeting.</p> <p>The Health Wellbeing and Engagement Lead presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • Wellbeing Matters Service – there continued to be an increase in demand for the Wellbeing Matters Service. There was positive outcome data from staff who used the service. From July 2025, a new recording system would go live which would make it easier to scrutinise the data. • Peppy Health Digital Platform - the Trust had taken the decision to stop funding Peppy at the end of the contract in October 20225 due to financial constraints. The Trust was reviewing alternative solutions, including whether there was an opportunity to submit a bid to the Trust's Charity to fill the gap. • Wellbeing at Work Sessions – the online Wellbeing at Work sessions were well attended and feedback from attendees was positive. Over 100 staff attended each session. There were plans to deliver 3-5 sessions per month on various topics identified in the Wellbeing Review. • NHS Charity Together Grant – the Trust was engaging with staff for ideas to submit to the NHS Charity Together grant. The decision on the outcome of the bid was expected in August 2025. <p>Sally Glen, Non-Executive Director noted that one of the topics of the Wellbeing at Work sessions was the emotional impact of patient care and understanding the impact of trauma events and commented and asked whether there was targeted support in place for staff working with particular patient cohorts, for example, providing end of life care and working with people with severe mental illness.</p>

	<p>The Health Wellbeing and Engagement Lead explained that there was now specific well-being skills training for Prospect Park staff following discussions at the Strategic People Group and engagement with the Leadership at Prospect Park Hospital to support staff wellbeing. There was also a staff support facilitator based at Prospect Park Hospital to provide post-incident support.</p> <p>Mark Day, Non-Executive Director Lead for Staff Wellbeing commented that there were similarities between the roles of the Wellbeing Champion and the Freedom to Speak Up Champions and asked whether there were opportunities for both sets of champions to meet and exchange ideas and learning.</p> <p>The Director of Nursing and Therapies confirmed that there were joint meetings and there was a recognition that there was overlap between the two champion roles.</p> <p>The Chaired thanked the Health Wellbeing and Engagement Lead for her update.</p> <p>The Trust Board: noted the report.</p>
25/085	<p>Reducing, Preventing and Managing Violence and Aggression Assurance Report (agenda item 7.4)</p>
	<p>The Director of Nursing and Therapies presented the report which provided assurance to the Board on the Trust's actions and the progress made towards reducing violence and aggression experienced by staff. This included provision of assurance in relation to the Worker Protection (amendment of the Equality Act 2010) Act 2023 which came into force in October 2024, placing a legal duty on employers to take reasonable steps to prevent sexual harassment and create a safe working environment.</p> <p>Sally Glen, Non-Executive Director asked whether the Trust reported when they had prosecuted people for violence and aggression as part of the Trust's zero tolerance approach.</p> <p>The Interim Chief Operating Officer said that the Trust had a Criminal Justice Panel that met monthly with representatives from the police, armed service, Prospect Park Hospital staff and Community Mental Health teams. This group monitored progress on police investigations. The Interim Chief Operating Officer agreed to ask the Criminal Justice Panel for a summary report from last year on the number of referrals and those cases that had resulted in prosecutions.</p> <p style="text-align: right;">Action: Interim Chief Operating Officer</p> <p>The Trust Board: noted the report.</p>
25/086	<p>Recruitment and Retention Update Report (agenda item 7.5)</p>
	<p>The Director of People reported that the April 2025 Finance, Investment and Performance Committee had discussed the Recruitment and Retention Update Report and had agreed that the report should be shared with the full Trust Board to update the Board on the positive progress that had been made in reducing staff turnover and improving recruitment.</p> <p>It was noted that the Trust's staff turnover rate for March 2025 was at 11.08% with the expectation that this would reduce further due to the financial squeeze across the NHS.</p>

	<p>The Director of People said that the Recruitment team had maintained a high candidate satisfaction rate of 100% for five months. Manager feedback averaging 85%.</p> <p>The Director of People said that the main reasons why people left the Trust were retirement and relocation and said that more work was being undertaken to understand why staff were relocating.</p> <p>It was noted that the Recruitment team was being adjusted in line with the organisation's needs with plans to release or redeploy two fixed term contract staff due to a decrease in recruitment demand.</p> <p>The Director of People thanked the Workforce Planning and Insights Manager who was observing this part of the meeting for his work in producing the report.</p> <p>The Chair commented that he liked the format of the report and thanked the Director of People and her team for the progress they had made in improving the recruitment and retention of staff.</p> <p>The Trust Board: noted the report.</p>
25/087	Month 12 2024-25 Finance Report (agenda item 8.0)
	<p>The Chief Financial Officer presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • 2024-25 had been a challenging year for the NHS. The Trust had bucked the trend in terms of financial performance, which was the result of good management and a strong set of financial controls. • The final outturn position was positive with all targets achieved or exceeded in year. • The Trust had closed the year with a £4.9 million surplus, which was £3.0 million better than initially planned. • Pay costs were £24.7 million in month. Contracted whole-time equivalent staff had not changed but worked whole-time equivalent staff had increased by 132. The increase in worked whole time equivalents was linked to staff taking annual leave in March. Work was underway to ensure that leave was phased more evenly across the year ahead. • The Trust had delivered a £13.6 million Cost Improvement Plan • The closing cash balance was higher than planned due to the receipt of funding for 2023-24 elective performance and in year over performance. • The Better Payment Practice Code was achieved for all four targets. • The Trust was working below NHS England's agency ceiling. • Capital expenditure was in line with the CDEL allocation. Work on the new Place of Safety and the site wide anti-ligature bathroom upgrades at Prospect Park Hospital were due to be completed shortly. • Placement costs were higher than anticipated, particularly in PICU placements, which will need careful management in the next financial year. <p>The Chair commented that it was a pleasing set of financial results.</p> <p>The Chair noted that there were a fair number of bank hours covering staff annual leave in March.</p>

	<p>The Director of People confirmed that a Task and Finish Group had been set up to understand more about why so many staff tended to take annual leave in March and to identify what could be done to even out annual leave during the course of the year.</p> <p>The Trust Board: noted the report.</p>
25/088	<p>Month 12 2024-25 “True North” Performance Scorecard Report (agenda item 8.1)</p>
	<p>The Month 12 2024-25 “True North” Performance Scorecard Report had been circulated.</p> <p>The Interim Chief Operating Officer presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • Restricted Interventions – there were a total of 351 incidents against a target of 241 for the year. A total of 69 patients contributed to the target. There had been a reduction in the number of seclusions. • Clinically Ready for Discharge Mental Health Wards– there had been an increase in the number of lost bed days over the last five months. Reading residents contributed 200 of the 360 lost bed days in March 2025. The Trust was undertaking some targeted work with Reading Borough Council. • Clinically Ready for Discharge Community Wards – performance was at 583 lost bed days against a target of 500. Delays around packages of care was identified as the main reason for delays. • Perinatal Access - performance had been RAG red throughout the year. The Trust was undertaking some targeted work with the team to improve performance and the service model. • Talking Therapies – performance had been RAG red for waits for second appointments, particularly for face-to-face CBT appointments. The Trust was undertaking some targeted work with patients to explore alternative models. • General Observations: <p>Sally Glen, Non-Executive Director noted that physical assaults on staff had increased this month and whether this was due to a small number of patients.</p> <p>The Interim Chief Operating Officer explained that Rose ward had contributed 30 of the 85 incidents. The majority of these incidents involved the same patient. The same patient was also responsible for a high number of self-harm and restrictive practice incidents. The Interim Chief Operating reported that the Nurse Consultants Network was supporting work to develop an appropriate care plan for the patient.</p> <p>The Trust Board: noted the report.</p>
25/089	<p>Finance, Investment and Performance Committee meetings on 20 March 2025 and 23 April 2025 (agenda item 8.2)</p>
	<p>The minutes of the Finance, Investment and Performance Committee meetings held on 20 March 2025 and 23 April had been circulated.</p> <p>Sally Glen, a member of the Finance, Investment and Performance Committee, had chaired the meeting on behalf of Naomi Coxwell, Non-Executive Director, who was unable to attend the meeting.</p>

	<p>Ms Glen reported that the key items of business were the Trust's end-of-year financial position and the Recruitment and Retention Report (on the agenda for this meeting).</p> <p>The Chair thanked Sally Glen for her update.</p> <p>The Trust Board: noted the minutes of the Finance, Investment and Performance Committee</p>
25/090	Annual Health and Safety Report (agenda item 9.0)
	<p>Paul Gray, Chief Financial Officer, presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • The report also included the Annual Statement of Fire Safety. This confirmed that for the period 1 April 2024 to 31 March 2025, all premises which the organisation owned, occupied or managed have had fire risk assessments undertaken in compliance with the Regulatory Reform (Fire Safety) Order 2005. • Enforcement Notices – there had been no enforcement notices issued by the Health Service Executive or local authorities during the year. • RIDDOR Incidents - there were 5 RIDDOR incidents reported, a reduction from 11 the previous year. These included 2 assaults and 3 slips, trips, and falls. • Slips, Trips, and Falls – there was a 13% reduction in slips, trips, and falls incidents. • Physical Assaults - despite a recent spike in physical assaults, overall incidents had decreased by 13%. 81% of these incidents occurred on mental health inpatient wards. The Trust had undertaken a significant amount of work to reduce the incidence of physical assaults. • Non-Physical Assaults and Hate Crime - non-physical assaults saw an increase, and hate crime incidents rose by 50%, with nearly half involving racial elements. • Training Compliance - statutory fire training, health and safety training, conflict resolution training, and manual handling training all exceeded the 90% compliance target. • Fire Safety - the number of fire incidents reported was the lowest in the last five years, with 34 incidents. An audit by the Authorised Fire Engineer concluded that the fire risk for the organisation was low. • Sickness Rates - there was a slight increase in sickness rates. <p>Naomi Coxwell, Non-Executive Director asked about the handling and reporting of RIDDOR incidents.</p> <p>The Chief Financial Officer explained that each RIDDOR incident was reviewed through the DATIX system (online incident reporting system) and was discussed at the Non-Clinical Risk Committee and said that if there was any learning identified from a RIDDOR incident, the Committee would ensure that the learning was disseminated.</p> <p>The Trust Board: noted the report including the Annual Statement of Fire Safety.</p>
25/091	Trust's Annual Report 2024-25 (agenda item 9.1)
	<p>The Trust's draft Annual Report 2024-25 had been circulated to members of the Board only because it was a legal requirement that an NHS foundation trust's Annual Report was not published until it had been laid before Parliament.</p>

	<p>The Chief Executive thanked the Chair for his introduction to the Annual Report 2024-5 and invited members of the Board to forward any comments to the Company Secretary. It was noted that the Trust's External Auditors had still to undertake their audit of the draft Annual Report. The Company Secretary would inform members of the Trust Board of any changes between the draft circulated and the final document.</p> <p style="text-align: right;">Action: Company Secretary</p> <p>An extraordinary meeting of the Audit Committee had been convened on 18 June 2025 to approve the Annual Accounts 2024-25 on behalf of the Trust Board. When approved, the Annual Accounts would be added to the Annual Report.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> a) Approved the draft Annual Report 2024-25 for submission to NHS England subject to any final necessary additions and amendments b) Delegated authority to the Chair and Chief Executive to give Board approval to the final document in light of the timetable for submission to NHS England c) Delegated authority to approve the Annual Accounts 2024-25 on behalf of the Trust Board to the Audit Committee at its extraordinary meeting on 18 June 2025.
25/092	Council of Governors Update (agenda item 9.2)
	<p>The Chair reported that the Council of Governors' Appointment and Remuneration Committee's recruitment and selection process for a new Non-Executive Director to replace Naomi Coxwell had run smoothly. It was noted that the Appointments and Remuneration Committee was currently running the recruitment and selection process for the Trust's new chair.</p> <p>The Chair commented that the Council of Governors' Quality Assurance Group was very diligent in its work around reviewing the Quality Accounts 2024-25 and quality related data and made a valuable contribution to the work of the Trust.</p>
25/093	Audit Committee Meeting – 23 April 2025 (agenda item 9.3)
	<p>The minutes of the Audit Committee meeting held on 23 April 2025 had been circulated.</p> <p>Rajiv Gatha, Chair of the Audit Committee reported that in addition to the standing items on the agenda, the Committee had also discussed the Anti-Crime Annual Report and the Internal Auditors Annual Report. It was noted that the Anti-Crime Specialist and the Internal Auditors had expressed no concerns about the Trust. Mr Gatha reported that the Head of Internal Auditors had awarded the Trust a Level 2 Opinion for 2024-5.</p> <p>The Trust Board: noted the minutes of the Audit Committee meeting held on 23 April 2025.</p>
25/094	Any Other Business (agenda item 10)

	<p>Farewell to Naomi Coxwell, Non-Executive Director</p> <p>The Chair reported that this was Naomi Coxwell, Non-Executive Director's meeting. The Chair said that Ms Coxwell had been an outstanding Non-Executive Director and Chair of the Finance, Investment and Performance Committee.</p> <p>The Chair said that Ms Coxwell would be greatly missed and added that the Board had particularly benefited from Ms Coxwell's intellect and her determination to get to the bottom of an issue.</p> <p>Ms Coxwell thanked the Chair for his warm words and said that serving as a Non-Executive Director had given her the opportunity to personally develop and thanked members of the Board for their support.</p> <p>Ms Coxwell warmly welcomed Sonya Batchelor who had been appointed by the Council of Governors as her successor.</p>
25/095	Date of Next Public Meeting (agenda item 11)
	The next Public Trust Board meeting would take place on 08 July 2025.
25/096	CONFIDENTIAL ISSUES: (agenda item 13)
	The Board resolved to meet In Committee for the remainder of the business on the basis that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the Trust Board meeting held on 13 May 2025.

Signed..... Date 08 July 2025

BOARD OF DIRECTORS MEETING 08.07.25

Board Meeting Matters Arising Log – 2025 – Public Meetings

Key:

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

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

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						Autunm.	
12.01.24	24/198	Estates Strategy Update	The Quality Assurance Committee to have an opportunity to discuss the Prospect Park Hospital Mental Health Survey.	January 2026	MM		
11.03.25	25/038	Nottingham Independent Mental Health Homicide Review Report	The Board to receive an update at the September 2025 meeting.	September 2025	TW		
13.05.25	25/079	Quality Accounts 2024-5	The Company Secretary to forward a copy of the Quality Accounts to new Governors.	July 2025	JH	New governors will receive a copy of the Quality Accounts as part of their induction.	
13.05.25	25/085	Reducing Violence and Aggression	The Interim Chief Operating Officer to ask the Criminal Justice Panel for a summary report on the number of referrals and those cases that had resulted in a prosecution over the last year.	September 2025	TW		
13.05.25	25/091	Annual Report	The Company Secretary to inform the Board of any changes to the draft Annual Report following the External Auditors review.	July 2025	JH	Completed	



Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	8 th July 2025
Title	Annual Complaint Report
	Paper for Noting
Reason for the Report going to the Trust Board	<p>It is a requirement under 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009' that an annual report is produced. The regulations state that the report must include the number of complaints received; the number of complaints that are deemed to be well-founded (upheld/ partially upheld) , the number of complaints which have been referred to the Health Service Commissioner to consider under the 1993 Act; a summary of the subject matter of complaints and any matters of general importance arising out of those complaints, or the way in which the complaints were handled.</p> <p>There is also a requirement for this report to be publicly available to anyone who wants it, it is therefore presented at the public Board.</p> <p>The report covered the period form 1st April 2024 to 31st March 2025</p> <p>The report includes at table 14, the percentage breakdown of whether a complaint was upheld, partially upheld or not upheld against each of the complaint themes; this was requested by the Board when the annual complaint report was presented last year.</p> <p>The Trust reports complaints on a quarterly basis through our Quality Executive and Trust Board alongside other patient experience measures including compliments, the Friends and Family Test, PALS, and our internal patient survey programme.</p>
Business Area	Trust wide
Author	Elizabeth Chapman, Head of Patient Experience (full report)
Relevant Strategic Objectives	<p>Understanding the experience of our patients, how we respond to this, capture and learn from all forms of feedback is fundamental to the provision of safe, caring and effective services.</p> <p>Patient safety Ambition: We will reduce waiting times and harm risk for our patients</p> <p>Patient experience and voice Ambition: We will leverage our patient experience and voice to inform improvement.</p> <p>Health inequalities Ambition: We will reduce health inequalities for our most vulnerable patients and communities</p>

Berkshire Healthcare NHS Foundation Trust Annual Complaints Report

April 2024 to March 2025

Contents

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1. Introduction and executive Summary

This report contains the annual complaint information for Berkshire Healthcare NHS Foundation Trust (referred to in this document as The Trust), as mandated in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The Trust formally reports patient experience through our Quality Executive and Trust Board on a quarterly basis, alongside other measures including compliments, the Friends and Family Test, PALS, and our internal patient survey programme, which is operated through the iWGC feedback solution.

This report looks at the application of the Complaints Process within the Trust from 1 April 2024 to 31 March 2025 and uses data captured from the Datix incident reporting system.

Factors (and best practice) which affect the numbers of Formal Complaints that Trusts receive include:

- Ensuring processes are in place to resolve potential and verbal complaints before they escalate to Formal Complaints. These include developing systems and training to support staff with local resolution.
- An awareness of other services such as the Patient Advice and Liaison Service (PALS – internal to the Trust) and external services including Healthwatch and advocacy organisations which ensure that the NHS listens to patients and those who care for them, offering both signposting and support.
- Highlighting the complaints process as well as alternative feedback mechanisms in a variety of ways including leaflets, poster adverts and through direct discussions with patients, such as PALS clinics in clinical sites.

When people contact the service, the complaints office will discuss the options for complaint management. This gives the opportunity to make an informed decision as to whether they are looking to make a Formal Complaint or would prefer to work with the service to resolve the complaint informally.

The number of Formal Complaints received has reduced from 281 to 230, with the table below reporting the activity over time. This shows that whilst we received the highest number of Formal Complaints this year, it is important to consider this in terms of the number of patient contacts and the % of these contacts that result in a Formal Complaint being made:

Year	Number of Formal Complaints received	% of Patient Contacts
2024/25	230	0.032%
2023/24	281	0.030%
2022/23	240	0.043%

The Trust actively promotes feedback as part of 'Learning from Experience', which within the Complaints Office includes activity such as enquiries, services resolving concerns informally,

working with other Trusts on joint complaints, responding to the office of Members of Parliament who raise concerns on behalf of their constituents, complaints raised via the CQC and through advocacy services. The Trust has continued to achieve a 100% response rate in responding to complainants within an agreed timescale, and continues to monitor an internal target of 25 working days (with the complexity of a number of the complaints that we receive and the availability of operational staff this internal target is not always possible).

There has been a significant decrease in the number of enquiries/concern raised by MPs:

Year	Number of MP enquiries/concerns
2024/25	21
2023/24	73
2022/23	88

CAMHS continues to be the main service MPs contact the Trust about, however activity has increased to 38% from 34% last year (compared with 66% the year before); the main theme of these being waiting times (62.5%). CRHTT received the second highest level of MP activity with 14%, and of these, 67% (n2 out of n3) were about services based in the West of the County.

2. Complaints received – activity.

2.1 Overview

During 2024/25, 230 Formal Complaints were received into the organisation. Table 1 shows the number of Formal Complaints by service and compares them to the previous financial year.

Table 1: Formal Complaints received.

Service	2023/24						2024/25						Comparison to last FY
	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Q2	Q3	Q4	Total for year	% of Total	
CMHT/Care Pathways	16	6	13	14	49	17.44%	12	13	7	9	41	17.83	↓
CAMHS - Child and Adolescent Mental Health Services	8	11	7	9	35	12.45%	10	13	3	5	31	13.48	↓
Crisis Resolution & Home Treatment Team (CRHTT)	5	10	5	6	26	9.25%	5	3	2	8	18	7.83	↓
Acute Inpatient Admissions – Prospect Park Hospital	10	2	4	7	23	8.19%	8	3	11	5	27	11.74	↑
Community Nursing	3	6	5	3	17	6.05%	6	3	1	1	11	4.78	↓
Community Hospital Inpatient	1	2	5	4	12	4.27%	4	4	4	1	13	5.65	↑
Common Point of Entry	1	3	0	0	4	1.42%	2	3	0	1	6	2.61	↑
Out of Hours GP Services	1	2	7	4	14	4.98%	2	2	3	5	12	5.22	↓

PICU - Psychiatric Intensive Care Unit	0	0	1	0	1	0.36%	0	2	2	0	4	1.74	↑
Urgent Treatment Centre	1	1	2	1	5	1.78%	1	0	0	0	1	0.43	↓
Older Adults Community Mental Health Team	1	2	1	0	4	1.42%	1	0	0	1	2	0.87	↓
Other services during quarter	21	19	25	26	91	32.38%	17	18	17	12	64	27.83	↓
Grand Total	68	64	75	74	281	100	68	64	50	48	230	100	↓

Of the 230 Formal Complaints that were received, 50 were secondary complaints (27 of these were from 11 people). In comparison, of the 281 Formal Complaints that were received the previous year, 38 were secondary complaints (35 of these were from 8 patients). This demonstrates an increase in secondary complaints from 12.5% to 22% of total complaints being secondary.

Table 2 below details the main themes of complaints and the percentage breakdown of these.

Table 2: Themes of Complaints received.

Main subject of complaint	Number of Complaints	% of Complaints
Alleged Abuse, Bullying, Physical, Sexual, Verbal	5	2.17%
Access to Services	6	2.61%
Admission	1	0.43%
Attitude of Staff	28	12.17%
Care and Treatment	120	52.17%
Communication	31	13.48%
Confidentiality	5	2.17%
Discharge Arrangements	6	2.61%
Discrimination, Cultural Issues	2	0.87%
Financial Issues/Policy	2	0.87%
Medical Records	2	0.87%
Medication	9	3.91%
Waiting Times for Treatment	9	3.91%
Support Needs (Including Equipment, Benefits, Social Care)	1	0.43%
Patients Property and Valuables	1	0.43%
Other	2	0.87%
Grand Total	230	100.00%

The main theme of complaints received during 2024/25 was care and treatment with 52.17% an increase from 47.69% the previous year. Communication (with 13.48% shows a slight increase from 11.39%) and attitude of staff (12.17% shows a reduction from 13.88%) remain the other 2 areas with the highest number of Formal Complaints, and these remain the top 3 themes for Formal Complaints year on year.

Complaints received in relation to care and treatment are wide ranging and focus very much on individual circumstances and therefore it has not been possible to pick up themes or areas for specific action by services in relation to these.

The following tables show a breakdown for 2024/25 of the Formal Complaints that have been received and where the service is based.

2.2 Mental Health service complaints

Table 3: Mental Health Service complaints

Service	Number of Complaints
A Place of Safety - Patient Admitted to POS	1
Adult Acute Admissions - Bluebell Ward	2
Adult Acute Admissions - Daisy Ward	11
Adult Acute Admissions - Rose Ward	5
Adult Acute Admissions - Snowdrop Ward	2
CMHT/Care Pathways	42
CMHTOA/COAMHS - Older Adults Community Mental Health Team	2
Common Point of Entry	6
Crisis Resolution and Home Treatment Team (CRHTT)	18
Early Intervention in Psychosis - (EIP)	1
IMPACTT	2
Mental Health Act Department	1
Mental Health Integrated Community Service	7
Older Adults Inpatient Service - Orchid ward	3
Older Adults Inpatient Service - Rowan Ward	2
Other	3
Out of Area Placements	1
PICU - Psychiatric Intensive Care - Sorrel Ward	4
Psychological Medicine Service	5
Talking Therapies - PWP Team	1
Traumatic Stress Service	1
Grand Total	120

2.2.1 Mental Health Complaints by service

The adult mental health services receiving higher numbers of Formal Complaints in 2024/25 are detailed further below.

Community Mental Health teams (CMHT)

Table 4: CMHT complaints

Main Subject of Complaint	Geographical Locality							Grand Total
	Bracknell	Reading	Slough	Unknown	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Access to Services		1			1			2
Admission	1							1
Attitude of Staff	1		3		2	1		7
Care and Treatment	3	4	4	1	4	4	7	27
Communication	1	1	1			1		4
Discharge Arrangements			1					1
Medical Records						1		1
Medication					1			1
Grand Total	6	6	9	1	8	7	7	44

Adult mental health inpatients

Table 5: Adult mental health inpatient ward complaints

Main subject of complaint	Ward/area									Grand Total
	Bluebell Ward	Daisy Ward	Rose Ward	Snowdrop Ward	Mental Health Act Department	Orchid ward	Rowan Ward	Historical complaints	Sorrel Ward	
Abuse, Bullying, Physical, Sexual, Verbal		2							1	3
Attitude of Staff		1							1	2
Care and Treatment	2	4	2	1	1	1	2	3	1	17
Communication			2							2
Confidentiality			1							1
Discharge Arrangements		1		1					1	3
Discrimination, Cultural Issues		2								2
Medication		1				1				2
Other						1				1
Grand Total	2	11	5	2	1	3	2	3	4	33

Sorrel ward received 4 Formal Complaints compared to 1 the year before and 7 for both previous 2 years.

There was 1 complaint about A Place of Safety (APOS).

Daisy Ward received the highest number of Formal Complaints, however there were no specific themes for these.

CRHTT

Table 6 below demonstrates that there has been a decrease in the number of Formal Complaints received about CRHTT to 18, from 26 last year and 22 in 2022/23.

Table: 6 CRHTT complaints

Main subject of complaint	Geographical Locality				Grand Total
	Bracknell	Reading	Windsor, Ascot and Maidenhead	Wokingham	
Access to Services			1		1
Attitude of Staff	1	1			2
Care and Treatment	2	3	4	1	10
Communication		3	2		5
Grand Total	3	7	7	1	18

2.3 Community Health Service Complaints

Community Health Service complaints accounted for 24% a reduction from 27% last year and compared with 16% in 2022/23.

There were no themes with complaints raised around specifics of care delivery and patient's individual circumstances.

Table 7: Community Health Service Complaints

Service	Geographical Locality							Grand Total
	Bracknell	Reading	Slough	Unknown	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Acute Dietetics					1			1
Cardiac Rehab		1						1
Community Dental Services					1			1
Ascot Ward							1	1
Donnington Ward					2			2
Henry Tudor Ward						2		2
Highclere Ward					2			2
Jubilee Ward			1					1
Windsor Ward							4	4
Community Matron	2						1	3
Community Physiotherapy	1							1
Continence				1	1		1	3
District Nursing	2	2			1		2	7
Hearing and Balance Services						1		1
Integrated Pain and Spinal Service - IPASS		1			1		4	6
Musculoskeletal Community Specialist Service		1					1	2
Out of Hours GP Services		9			1	1	1	12
Phlebotomy					2			2
Urgent Community Response - UCR		1						1
Urgent Treatment Centre					1			1
Grand Total	5	15	1	1	13	4	15	54

2.3.1 Community Health Complaints by service

The top 3 community services receiving Formal Complaints in 2024/25 are detailed further below.

Community Nursing

As detailed in Table 8; 8 of the 10 complaints were regarding care and treatment, a review of these has not identified any themes. There were 18 last year a further decrease from 38 2022/23 and the decrease is reflective of the ongoing work underway within the Division.

Table 8: Community Nursing Service complaints

Main subject of complaint	Geographical Locality				Grand Total
	Bracknell	Reading	West Berks	Wokingham	
Care and Treatment	4	2		2	8
Communication			1		1
Financial Issues/Policy				1	1
Grand Total	4	2	1	3	10

Community Health Inpatient Wards

Table 9: Community Health Inpatient Ward Complaints

Main subject of complaint	Ward						Grand Total
	Ascot Ward	Donnington Ward	Henry Tudor Ward	Highclere Ward	Jubilee Ward	Windsor Ward	
Care and Treatment	1	2	1	1		4	9
Communication			1		1		2
Medication				1			1
Grand Total	1	2	2	2	1	4	12

There has been targeted work to reduce complaints on the wards, particularly on Oakwood Ward which has previously had a higher number of complaints and received none over the past two years.

WestCall Out of Hours GP Service

As shown in the table below, WestCall received 12 Formal Complaints compared to 14 last year and 4 during 2022/23. Care and treatment was the highest subject and there no specific themes of the complaints.

Table 10: WestCall Out of Hours GP Service complaints

Main subject of complaint	Geographical Locality				Grand Total
	Reading	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Attitude of Staff	3			1	4
Care and Treatment	4	1	1		6
Medication	2				2
Grand Total	9	1	1	1	12

2.4 Children, Young People and Families

Table 11: Children, Young People and Family Service Complaints

Service	Geographical Locality							Grand Total
	Bracknell	Reading	Slough	Unknown	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
CAMHS - AAT					1		1	2
CAMHS - ADHD	1	4	2	1	2			10
CAMHS - Anxiety and Depression Pathway						1	1	2
CAMHS - Anxiety Disorder Treatment Team (ADTT)						1		1
CAMHS - Common Point of Entry (Children)							1	1
CAMHS - Learning Disabilities		1						1
CAMHS - Rapid Response		5	1		1			7
CAMHS - Specialist Community Teams		2					1	3
CAMHS General		3	1		1			5
Children's Occupational Therapy - CYPIT						2		2
Community Team for People with Learning Disabilities (CTPLD)		2	1					3
Eating Disorders Service						2		2
Family Safeguarding					1			1
Health Visiting							1	1
Immunisation		1						1
Learning Disability Service Inpatients - Campion Unit - Ward		4						4
Neurodevelopmental Services		2						2
Other		1						1
Phoenix							1	1
School Nursing		1						1
Grand Total	1	26	5	1	6	6	6	51

The remaining 5 Formal Complaints were about site services (parking at West Berkshire Community Hospital and processes for medical records).

Table 12: CAMHS Complaints

Service	Main subject of complaint								Grand Total
	Access to Services	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discharge Arrangement	Medication	Waiting Times for Treatment	
CAMHS - AAT		1						1	2
CAMHS - ADHD	1		2			1		6	10
CAMHS - Anxiety and Depression Pathway			2						2
CAMHS - Anxiety Disorder Treatment Team (ADTT)							1		1
CAMHS - Common Point of Entry (Children)				1					1
CAMHS - Learning Disabilities		1							1
CAMHS - Rapid Response		3	3					1	7
CAMHS - Specialist Community Teams	1		2						3
CAMHS General			3	1	1				5
Phoenix			1						1
Grand Total	2	5	13	2	1	1	1	8	33

3 Complaints closed – activity.

As part of the process of closing a Formal Complaint, a decision is made around whether the complaint is found to have been upheld, or well-founded (referred to as an outcome). The table below shows the outcome of complaints.

Table 13: Outcome of closed Formal Complaints

Outcome	2023/24						2024/25						% totals Compared to 23/24
	Q1	Q2	Q3	Q4	Total	% of 23/24	Q1	Q2	Q3	Q4	Total	% of 24/25	
Locally resolved/not pursued	0	4	1	3	8	3.11	0	1	1	0	2	1.07	↓
Not Upheld	20	25	30	25	100	38.91	19	24	29	14	86	45.99	↑
Partially Upheld	22	26	24	32	104	40.47	9	29	19	13	70	37.43	↓
Upheld	11	9	12	9	41	15.95	12	3	7	3	25	13.37	↓
SUI	0	0	2	2	4	1.56	1	1	1	0	3	1.60	↔
Grand Total	53	64	69	71	257		41	58	57	30			

There was also one formal complaint received this year where the patient declined to give consent.

Complaints can cover several services and issues which are investigated as individual points which contributes towards higher partially upheld outcomes. We are monitoring the

percentage of upheld and partially upheld as a performance measure, aiming to see a reduction.

Table 14: Outcome of closed Formal Complaints by main subject

Main subject of complaint	Outcome of investigation							Grand Total
	Not Upheld	Partially Upheld	Upheld	Local Resolution	Patient Safety process	Consent Not Granted	Referred to other organisation	
Abuse, Bullying, Physical, Sexual, Verbal	2	1	1					4
Access to Services	1	2	1					4
Attitude of Staff	12	12		1	1		1	27
Care and Treatment	44	32	14		2			92
Communication	10	10	6					26
Confidentiality	3	1						4
Discharge Arrangements	1	4	1					6
Discrimination, Cultural Issues	1	2						3
Financial Issues/Policy	1		1					2
Medication	2	2	1			1		6
Patients Property and Valuables	2							2
Waiting Times for Treatment	3	4						7
Medical Records	1							1
Support Needs (Including Equipment, Benefits, Social Care)	1							1
Other	2							2
Grand Total	86	70	25	1	3	1	1	187

Table 15: Outcome of closed Formal Complaints by main subject and percentage

Main subject of complaint	Outcome of investigation							Grand Total
	Not Upheld	Partially Upheld	Upheld	Local Resolution	Serious Untoward Incident Investigation	Consent Not Granted	Referred to other organisation	
Abuse, Bullying, Physical, Sexual, Verbal	50.00%	25.00%	25.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Access to Services	25.00%	50.00%	25.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Attitude of Staff	44.44%	44.44%	0.00%	3.70%	3.70%	0.00%	3.70%	100.00%
Care and Treatment	47.83%	34.78%	15.22%	0.00%	2.17%	0.00%	0.00%	100.00%
Communication	38.46%	38.46%	23.08%	0.00%	0.00%	0.00%	0.00%	100.00%
Confidentiality	75.00%	25.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Discharge Arrangements	16.67%	66.67%	16.67%	0.00%	0.00%	0.00%	0.00%	100.00%
Discrimination, Cultural Issues	33.33%	66.67%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Financial Issues/Policy	50.00%	0.00%	50.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Medication	33.33%	33.33%	16.67%	0.00%	0.00%	16.67%	0.00%	100.00%
Patients Property and Valuables	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Waiting Times for Treatment	42.86%	57.14%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Medical Records	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Support Needs (Including Equipment, Benefits, Social Care)	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Other	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Grand Total	45.99%	37.43%	13.37%	0.53%	1.60%	0.53%	0.53%	100.00%

Weekly open complaints situation reports (SITREP) sent to Clinical Directors, as well as on-going communication with the Complaints Office throughout the span of open complaints to keep them on track as much as possible.

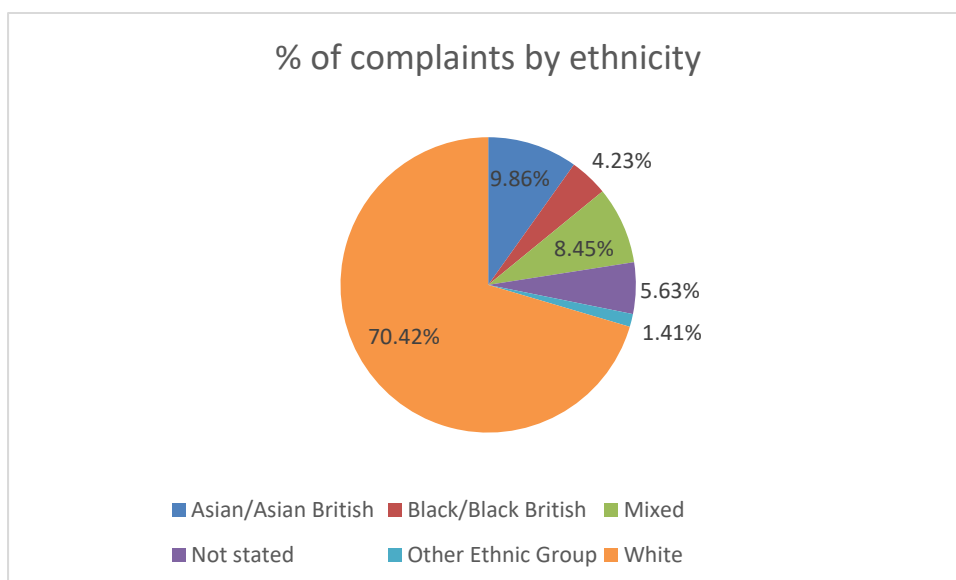
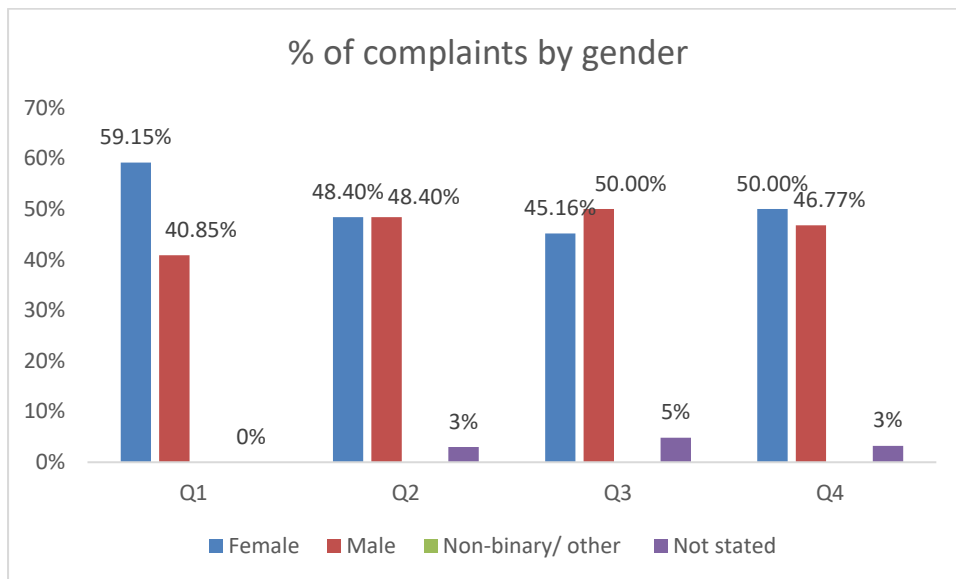
Table 16– Response rate within timescale agreed with the complainant.

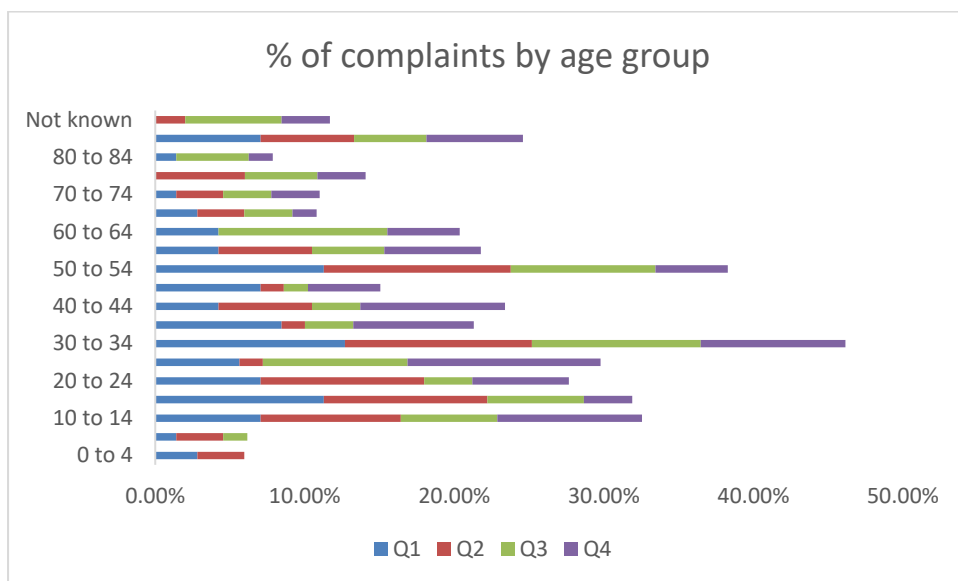
2023/24				2024/25			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
100	100	100	100	100	100	100	100

4 Understanding the demographics

During this year we have started to monitor the demographics of people who give us feedback, through both the patient feedback survey (iWGC) and formal complaints and we compare this to the demographics of the people who have received a service from the Trust. The demographics we currently review are age, gender and ethnicity.

The graphs below show the demographic for complaints over the year.





Most recently in quarter 4, we started to monitor the outcome of Formal Complaint by gender. This is shown in the table below and will continue to be monitored during 2025/26 in the quarterly report.

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

5 Complaints as a mechanism for change – learning

The Divisions monitor the outcomes and learning from complaints within their Patient Safety and Quality Meetings. A Patient Safety, Experience and Learning Group takes place on a weekly basis, and further learning is shared and disseminated in a Trust wide newsletter called Circulation.

6 Parliamentary and Health Service Ombudsman

The Parliamentary and Health Service Ombudsman (PHSO) are independent of the NHS and facilitate the second stage of the complaints process. The table below shows Trust activity with the PHSO.

Table 17: PHSO activity

Month opened	Service	Month closed	Current stage
Feb-24	CAMHS - Specialist Community Team	Awaiting update	PHSO have requested further information
Sept-24	Community Dental Service	Ongoing	Documents sent to PHSO
Sept-24	CMHT/Care Pathways	Ongoing	Documents sent to PHSO
Oct-24	Older Adults Inpatient Service - Rowan Ward	Ongoing	Documents sent to PHSO
Oct-24	IPS - Individual Placement support	Ongoing	Small financial remedy offered
Dec-24	District Nursing	Ongoing	Documents requested by PHSO

7 Multi-agency working

In addition to the complaints detailed in the report, the Trust monitors the number of multi-agency complaints they contribute to but are not the lead organisation (such as NHS England and Acute Trusts).

There were 14 multi-agency complaints responded to in 2024/25, which is a significant increase from 3 the previous year and compared to 14 in 2022/23. 2 of these were about our Children, Families and All Age services, 6 were about our physical health services and 6 were about mental health services.

Table 18: Formal Complaints led by other organisations

Lead organisation	2021/22	2022/23	2023/24	2024/25
Berk West CCG/ICB	1	1	1	3
CCG - Frimley/ICB	2	0	1	2
EBPCC OOH	1	0		0
Frimley health	2	0		2
GP	1	0		0
Local Authority	1	1		0
NHSE	4	1		0
Oxford University Hospitals				1
RBH	3	3	1	2
SCAS	10	8		1
Wexham Park	2	0		3
Grand Total	27	14	3	14

8 Complaints training

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

9 Mortality Review Group

Our complaints process works alongside our patient safety and Mortality Review Group (linking in as part of the Patient Safety Incident Response Framework; PSIRF) having a direct link to ensure that any complaint involving a patient death is reviewed. Weekly and monthly meetings with the Patient Safety Team take place to ensure that we are working effectively and identifying any themes or emerging patterns.

The Trust Mortality and Patient Safety Group (MAPS) met twice monthly, and the Complaints Office provided information into this group. There were 11 Formal Complaints forwarded to MAPS this year, compared with 16 in 2023/24 and 22 in 2022/23.

The Medical Director is also sent a copy of complaint responses involving a death before they are signed by the Chief Executive.

Table 19: Complaints forwarded to Mortality and Patient Safety Group

Service	Number of complaints
Adult Acute Admissions - Rose Ward	1
Community Hospital Inpatient Service - Donnington Ward	1
Community Hospital Inpatient Service - Highclere Ward	1
Community Hospital Inpatient Service - Jubilee Ward	1
Community Matron	2
Crisis Resolution and Home Treatment Team (CRHTT)	1
District Nursing	1
Older Adults Inpatient Service - Orchid ward	1
Out of Hours GP Services	1
Urgent Community Response - UCR	1
Grand Total	11



Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	08 July 2025
Title	Medical Appraisal and Revalidation: Annual Report and Statement of Compliance for 2024-25
	Item for Noting The Chief Executive or Chair are requested to sign on behalf of the Board the Statement of Compliance on page 15 of the report following receipt of the assurance provided by the Responsible Officer that the Trust's medical appraisal and revalidation process is compliant with the regulations and is operating effectively within the Trust.:
Reason for the Report going to the Trust Board	The Annual Report for Revalidation 2024-25 is presented in the standard format prescribed by NHS England.
Business Area	Medical Director
Author	Dr Tolu Olusoga, Medical Director and Responsible Officer
Relevant Strategic Objectives	Patient safety Ambition: We will reduce waiting times and harm risk for our patients
Summary	<p>Appraisers and doctors have followed the principles set out in the 'Medical Appraisal Guide 2022' for appraisals in the Trust.</p> <p>There are no outstanding actions from 2023-24 and no risks or issues identified.</p> <p>135 completed appraisals were confirmed for 2024-25 for 140 doctors with a connection to the Trust.</p> <p>Four appraisals were approved as delayed; all were on long term sick leave.</p>

	<p>One Consultant missed appraisal all together and was not approved, staff member working flexibly from overseas but failed to make contact and complete appraisal.</p> <p>There were no complaints related to the appraisal process.</p> <p>Overall feedback from doctors remains very positive.</p> <p>The medical recruitment process is compliant with good practice.</p> <p>The e-appraisal platform introduced since April 2022 has been very successful.</p>
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A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

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Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- c) act as evidence for CQC inspections.

Designated Body Annual Board Report 2024/25

Section 1 – General:

The board can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: None

Comments: Dr Tolu Olusoga is Responsible Officer (RO) for Berkshire Healthcare and started in this role on 31st March 2025.

Dr Minoo Irani the previous RO completed the RO training, regularly attended the NHSE (South) RO & Appraisal Leads Network meetings and was a member of the GMC RO Reference Group. Trust

Action for next year: Dr Tolu Olusoga will be undertaking the RO training in September 2025. He currently attends the NHSE (South) RO and Appraisal Leads Network meetings and is a member of the GMC RO Reference Group.

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes

Action from last year: None

Comments: Appraisal lead, Appraisal administrator and L2P appraisal system.

Action for next year: None

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: None

Comments: The Appraisal Administrator maintains an up-to-date record of all doctors with a prescribed connection to the Trust—the Medical Staffing department informs the Appraisal Administrator when a new doctor starts in (or a doctor leaves) the Trust. The RO receives notification from the General Medical Council when any doctor connects or disconnects from the Trust (as designated body) and the RO shares this information with the Medical Staffing Officer and Appraisal Administrator.

The RO and Appraisal Administrator have access to GMC connect and this is reviewed at the monthly Decision-Making Group (DMG) meetings attended by the Head of Medical Staffing & Medical Education, Appraisal Administrator, Medical Appraisal Lead, Associate Medical Director and Medical Director.

Action for next year: None

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: ORG084 will be due for review in May 2025

Comments: All validated policies are up to date. The Appraisal Policy for Medical Staff (ORG084) was reviewed and updated in May 2025 in line with Trust processes for policy review. Sections were updated to reflect the change in process with the introduction of the L2P appraisal system.

Action for next year: Review and Implement Job Planning Policy

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year: None

Comments: Since Quality Assurance in 2015 (by Revalidation Team from NHSE South, all actions were implemented by Medical Director in 2016) and internal audit in 2016 (which provided further assurance of process and quality), there has been no external peer review.

Action for next year: To have an external peer review

6. A process is in place to ensure NHS locum or Honorary Doctors on short-term placement working in the organisation, including those with a prescribed connection to another organisation, are supported (where possible) in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: None

Comments: All NHS locum doctors appointed to the Trust under Trust employment contracts are provided with the full range of support with governance data, CPD, appraisal and revalidation like any other substantive doctor in the Trust.

For the very small number of doctors employed through locum agencies from time to time (who do not have prescribed connection to the Trust), appraisal is not offered through the Trust panel of approved appraisers. Their appraisal and revalidation requirements are met through the locum agencies. Agency locum doctors are managed through the same governance processes as all other doctors in the Trust and can obtain advice for appraisal and revalidation from the Appraisal Lead. If a training need is requested which would support the locum agency doctor to provide better quality and safer care, the Trust would support this.

Action for next year: None

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.¹

Action from last year: None

Comments: Whole practice appraisals on annual basis are the norm in Berkshire Healthcare and doctors and appraisers have regular updates about this during internal training (appraisal forum). As part of Quality Assurance of appraisals, the appraisal lead assesses the quality of a sample of completed appraisals using a standardised tool (PROGRESS) and presents a summary of the quality reviews to the appraiser forum to facilitate improvement in practice and standardisation of the appraisal content and output. This process also confirms that whole practice appraisals are the standard in the Trust, 10 reports were quality assured in 2024/25.

The Appraisal administrator provides the appraiser and doctor with information about incidents, complaints and compliments recorded on Datix and specific to the doctor, approximately 2 months in advance of the allocated appraisal date. This information supports the appraisal discussion where complaints and patient safety investigations have been logged for the doctor.

Appraisers and doctors use the principles of 'Medical Appraisal Guide 2022' for their appraisal preparation and discussions.

Action for next year: None

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: None

Comments: Appraisals in the Trust are based upon the latest national guidance and are internally quality assured regularly throughout the year.

Action for next year: None

¹ For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: ORG084 will be due for review in May 2025 completed.

Comments: The Appraisal Policy for Medical Staff (ORG 084) was reviewed in May 2025, and some sections were re-written to reflect the change in process with the introduction of the L2P online appraisal system.

Action for next year: None

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: The RO to continue effort to recruit new appraisers to the existing pool to ensure that there are enough appraisers, especially given the likelihood that will be a decline in number as appraisers would be going on retirements and or on long term leave absence (sabbaticals, maternity or sick leave) in 2024-25,

Comments: Through 2024/25 the Trust had 24 trained appraisers for 140 connected doctors. Job plans of appraisers have allocated time for performing this role.

Action for next year: The RO will continue effort to recruit new appraisers, given the likelihood of further leave absence (retirements and sabbaticals etc.) in 2025-26, which will reduce the number of appraisers.

10. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers² or equivalent).

Action from last year: None

Comments: The appraisal forum meeting (chaired by the Appraisal Lead) occurs three times a year to provide peer support and updates to appraisers with respect to revalidation and appraisal requirements. The RO provides updates from NHSE RO & Appraisal Leads forum which he attends. The Appraisal Lead presents data (appropriately anonymised) from appraisals in the previous quarter with respect to content, appraiser narrative and judgements, Quality assurance (PROGRESS). This is in the context of training for improving the quality of documentation and discussion at appraisal meetings.

² <http://www.england.nhs.uk/revalidation/ro/app-syst/>

All appraisers are encouraged to attend regional appraiser refresher training events.

Action for next year: None

11. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: None

Comments: The Lead Appraiser Checks all appraisals and writes a detailed summary coming up to Revalidation of each doctor. At this time any shortfalls are noted and the Appraisee is advised in a timely manner so that they can gather the appropriate information ready for their Revalidation.

Once all the documents have been checked, the Responsible Officer (RO) is informed. The Responsible Officer then reviews L2P appraisal documentation before making revalidation recommendations to the GMC.

Afterwards, the appraisal Feedback is completed by the doctors on L2Phe reports analyses the Appraiser as well as the process. For the period April 25 - 114 feedback responses were received following 135 completed appraisals. The vast majority of responses were scored as 'very good' or 'good' for their appraisal experience with the Appraiser, with 1-3% responses as 'satisfactory'. There were no responses in the 'poor' or 'very poor' category. The free-text responses about Appraisers were also overwhelmingly positive.

The Responsible Officer is sighted on any complaints related to the appraisal process. There were no complaints recorded regarding the process 2024/25.

Action for next year: None

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation: Berkshire Healthcare NHS Foundation Trust	
Total number of doctors with a prescribed connection as at 31 March 2025	140
Total number of appraisals undertaken between 1 April 2024 and 31 March 2025	135
Total number of appraisals not undertaken between 1 April 2024 and 31 March 2025	5
Total number of agreed exceptions	4

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: none

Comments: All revalidation recommendations to the GMC have been timely and in line with GMC requirements. There have been no delayed recommendations made by the RO to the GMC.

Action for next year: None

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year: None

Comments: When the RO makes a recommendation to the GMC for revalidation, the appraisal administrator is notified, and the doctor receives a message from the GMC confirming this. There have been no non-engagement referrals to the GMC.

The RO or appraisal lead will always discuss any deferral recommendations with the doctor, in advance of the recommendation being submitted to the GMC.

Action for next year: None

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: None

Comments: Berkshire Healthcare has an effective clinical governance system for all clinical staff including doctors and this has been reviewed by the CQC through their well-led inspections of the Trust. Doctors are supported through governance processes within divisions—Divisional Governance Leads, Medical Leads/Directors, and Clinical Directors. The Clinical Effectiveness and Audit Department also support doctors through

implementation of NICE Guidelines and participation in national and local clinical audits.

Action for next year: None

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year:

Comments: Any concern about the conduct/ performance of doctors is sighted to the Medical Director and initially managed through an established process at service level, involving the service manager, Associate Medical Director/medical leads, Clinical Director. The RO has regular meetings with the medical leads and discussions at the Decision-Making Group to review and manage concerns.

The performance of doctors is monitored through a system of governance at service/ division level, coupled with professional accountability to the Medical Director. The quality governance systems for the Trust, including incidents and complaints, support the monitoring of doctors' performance. PDP groups and peer groups also provide feedback to the psychiatrists on their performance and professional expectations. Doctors engage with clinical audit activities, including national audits to assess their/ team performance in comparison with others. Audit findings are regularly discussed in academic, clinical effectiveness and other forums. Appraisal requirements include reflection on patient and colleague feedback and improvement plans where required.

The Appraisal Administrator provides the appraiser and doctor with information about incidents, complaints and compliments recorded on the Trust Datix system and specific to the doctor, approximately 2 months in advance of the allocated appraisal date. Reflections/ discussions of governance issues raised is monitored through the Quality Assurance of completed appraisal documentation by Appraisal Lead.

Action for next year: None

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: None

Comments: Trust Policy on Disciplinary Procedure for Medical and Dental Staff (ORG051) was revised, re-named and re-issued in Oct 2023 and is based upon the Maintaining High Professional Standards national policy. This revised policy (Maintaining High Professional Standards in the Modern NHS) has been approved by the Local Negotiating Committee.

Action for next year: Policy due for review in Oct 2025

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.³

Action from last year: None

Comments: Trust Chairman and CEO are kept informed if any doctor is subject to the Trust Policy on Disciplinary Procedure for Medical and Dental Staff. The Practitioner Performance Advice Service is also consulted.

WRES Data (2024/25) about complaints, investigation/ GMC referral of doctors does not raise any concern about unfairness.

The Trust disciplinary policy for medical and dental staff includes an initial fact-find process to ensure that impartiality/ fairness is considered at an early stage before an investigation commences.

Action for next year: None

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.⁴

Action from last year: None

Comments: The standard Medical Practice Information Transfer (MPIT) form is used to request information about new or existing connections to the Trust.

³ This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

⁴ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

The RO also promptly responds to MPIT information request from other Trusts.

GPs who provide the Out of Hours service by Westcall to the Trust do not have a prescribed connection to the Trust and do not get appraised within the Trust. The Medical Lead of Westcall (the GP Out of Hours service) provides assurance to the RO that the GPs employed by the Trust have completed their annual medical appraisals and forwards the appraisal output of the GPs to the RO.

There are also doctors employed by the acute Trust who work within the services delivered by Berkshire Healthcare (Geriatricians employed and connected to the Royal Berkshire Hospital who work on elderly care wards in Berkshire West); an established RO to RO communication process is used if there were any concerns about this very small group of doctors.

Action for next year: None

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year: None

Comments: Clinical Governance arrangements for doctors including processes for responding to concerns about a doctor's practice are transparent and information about how decisions are made are communicated to doctors in a timely manner. All relevant Trust policies have mechanisms to enable doctors to appeal a decision. The Medical Director will invite doctors subject to concern or investigation for a meeting to explain the process and obtain assurance about the doctor's feedback and reflection.

Action for next year: None

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: None

Comments: All medical staff recruited by the Trust are done so by following NHS Employers six safer recruitment standards. Before making an unconditional offer of employment medical staffing check:

1. Identity
2. Employment history & reference checks
3. Work health assessment
4. Professional registration & qualifications
5. Right to work
6. DBS check

Candidates must satisfy these pre-employment checks prior to employment.

As part of the medical appointments interview process, we have introduced a duty on the chair of the interview panel to obtain the panel's consensus that they are satisfied with the language competency of the doctor being offered the post. This assessment is based upon the interview panel noting the doctor's spoken language and written application skills as part of the interview. Locums are sourced from framework agencies that follow the 6 checks above.

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- **General review of actions since last Board report: no outstanding actions**
- **Actions still outstanding: none**
- **Current Issues: to maintain appraiser numbers in the Trust**
- **New Actions: none**

Overall conclusion: The Board is asked to receive the annual revalidation report for 2024/25. This will be made available to the higher-level Responsible Officer from NHS England South. There are no outstanding actions, no matters of concern to the RO/ Medical Director and the Trust Board can be assured that the medical appraisal and revalidation process is compliant with current regulations and is operating effectively within the Trust.

Section 7 – Statement of Compliance:

The Board of *Berkshire Healthcare NHS Foundation Trust* has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Chief Executive or Chairman

Official name of designated body: Berkshire Healthcare NHS Foundation Trust

Name: -----

Signed: -----

Role: -----

Date: -----

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This publication can be made available in a number of other formats on request.

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Trust Board Paper

Board Meeting Date	8 th July 2025
Title	Research and Development annual report 2024/25
	Item for approval and noting.
Reason for the Report going to the Trust Board	This report presents a summary of Trust research and related activity for the financial year 2024/25. The format of the report is not nationally prescribed. The board is asked to note the content of the report, progress made during the year and support the operational delivery plan for Clinical Research
Business Area	Corporate (Medical Directorate)
Author	Kate Penhaligon, Head of Research and Development on behalf of Dr Tolu Olusoga Medical Director and executive responsible for Research
Relevant Strategic Objectives	<p>Patient safety We support services across all division to perform local, regional and national searches for Clinical Research projects, Health Services Research and national funding opportunities for Research that addresses patient safety. We also support in-house research projects to be developed, this supports save clinical practice</p> <p>Patient experience and voice Research is an invited member of the co-production working party. We are working with colleagues across the Trust to ensure that the recommendations of the report produced by Kids charity referenced in the annual report 2023/24 are being addressed.</p> <p>Health inequalities We support services to utilise research and development to address health inequalities, examples are provided within the content of the report. Research continues to support the Mental Health Act detention project.</p> <p>Workforce collaborations are providing the clinical workforce to develop their capability and capacity for Research. Increasing the NMAHP led Research projects.</p> <p>Efficient use of resources Berkshire Research is predominantly funded by the National Institute for Health and Care Research (NIHR) to support delivery of Research. The core team also work to attract additional income based on research activity through industry (commercial research), grant funding opportunities, charitable funding, and education funding to sustain and grow capacity for research across the Trust.</p>

Research and Development Annual Report – Highlight Report

Financial Year 2024/25

1. Why is this coming to the Board?

The annual report is written to provide information and assurance to the Board in relation to the Trust's responsibility to comply to the UK Policy Framework for Health and Social Care Research and applicable statutory obligations. The report covers the period of April 2024 – March 2025. The report also serves to evidence our delivery of the Research and Development strategy. Data and evidence are available to support key research questions arising from CQC inspections or audits.

The board is asked to receive the report, note the content, progress made during the year and support the direction of travel proposed for the new Trust Research Strategy and subsequent operational delivery plan.

What are the key points?

The Research and Development department is responsible for Clinical Research projects as classed by the Department of Health and Social Care. The service is not responsible for; Research that is not classed as Clinical Research, audit, service evaluation, improvement or development projects or health surveillance projects. This report provides the activity undertaken throughout the Trust to build the capacity and capability for Research.

Research visibility has increased throughout Berkshire Healthcare and clinical divisions are integrating Research into their performance, quality and business forums. Research activity within the clinical services have supported their provision of safe services. Patient incidents relating to Research that were reported in 2024/25 were minimal this financial year and were mostly attributed to processes and procedures. With the new implementation of the Research Management System and release of Trust-Wide Standard Operating Procedures, this Quality Management System provides a solid foundation for clinical services in the financial year 2025/26. This preventive action should minimise the incidents reported in relation to processes and procedures for 2025/26.

Research Portfolio

The Clinical Research portfolio at Berkshire Healthcare NHS Foundation Trust is predominantly hosted clinical research projects that are sponsored by other organisations and pharmaceutical industry companies. The portfolio is both observational and interventional research. In the financial year 2024/25 none of the research projects were Clinical Trials of Investigational Medicinal Products. There has been research activity across all our divisions and services with the Mental Health division being our most research active. We host grants and lead trials as well as contributing to research studies being led by other NHS trusts and universities.

In 2024/25 we hosted 64 research projects; this compares to 68 research projects in 2023/2024:

43 National Institute of Health and Care Research (NIHR) Portfolio studies and 21 non-NIHR Portfolio studies. The pledge for 2024/25 was to recruit 965 participants to National Research projects. We recruited a total of 865 participants into national research projects and 171 to projects that are not on the National Portfolio. The majority of the activity was within the Mental Health Services. It is important to note that whilst the MHS had the most activity the division which has Clinical Research successfully embedded into their services is the Children, Family and All Age Services with several examples of embedded roles, Research leads, committees and co-production woven into clinical care provision.

Our Trust were ranked 10th out of 48 similar Trusts (Mental Health and Community Trusts) for the number of National Institute for Health and social care Research studies hosted by the Trust and we were 18th out of 48 similar Trusts for the number of participants that we have recruited.

The Trust has an ambition to recruit 734 participants to National Portfolio Clinical Research projects in FY 2025/26, this is based on the current portfolio of open National studies and studies that are in set-up.

Table below demonstrates Research recruitment for FY 2024/25 for both National Portfolio studies and non-Portfolio studies

Division	Number of studies open	Number of participants recruited
Children, Family and All Age Services	16	104
Mental Health Services	33	628
Community Physical Health services	7	64
Trust wide Operational	8	240
All Divisions	64	1036

Research Governance

The Research and Development department has implemented a new Research Management System this financial year which has improved the processes to adhere to their responsibility for ensuring compliance to Research Governance across the Trust. The new system will be able to provide additional granular data in 2025/26 that will increase the visibility of Research activity across the Trust and drill down into the finer details of this activity. Operational Research finance will be reported in granular detail and partnerships and stakeholders easily identified. The system can collect the minutia detail required for regulatory compliance and service evaluation work such as ensuring our Research Portfolio is balanced to the needs of the people, that there is equality and diversity data reported at Protocol level and patient level providing us with the evidence required to ensure Research is available and there is equity of access for all. The Research Management System collects evidence to demonstrate delivery performance against the local Key Performance Indicators. An increase in performance was noted as part of a yellow belt Quality Improvement project in 2024/25. The impact of this change will not be fully recognised until 2025/26 however in Quarter 4 of 2024/25 there was a marked improvement in timelines to set-up and deliver clinical research.

Safe services were provided throughout the year with minimal Datix reporting. 3 Incidents were reported over the period of 1 April 2024 to 31 March 2025. The incidents reported were associated with procedures not being followed, confidentiality issues and clinical escalation. The incidents did not pose a high risk to the patients involved or the quality of the Clinical Research being delivered. Corrective Action and Preventive Action plans were completed for the relevant Datix reports.

The Research and Development committee was quorate for 3 out of the 4 meetings held in FY 2024/25. No decisions were made at the meeting that was not quorate. The Research and Development department provided assurance reports to the Clinical Effectiveness Group for all meetings in 2024/25.

The Trust has sponsored 1 project in 2024/25 to explore self-compassion, Early Memories of Warmth and Safeness (EMWS), and trauma-related shame in adults with Complex Post Traumatic Stress Disorder (CPTSD).

Finance

Research income has increased over the last 7 years with additional non-recurrent funding streams being awarded to the Trust for research grant, contingency funding (quality improvement projects) and Infrastructure awards. This funding has been associated with Research, and quality improvement projects to build capacity and capability across the Trust. Collaborations with the Oxford Health Biomedical Research Centre brought in specific infrastructure award funding specifically for the Nursing midwifery Allied Health Professions workforce to build their capacity and capability for Research. Whilst this income provides the Trust with opportunities, this income is

non-recurrent and highly competitive. To sustain this capacity and to increase the Trusts capability for Research we will require additional income and investment. This business development plan includes positioning our Trust to host industry commercial research. There is an opportunity of NHS cost savings via access to treatments that might otherwise be subsidised by the NHS, income received to acknowledge the activities and lastly but not least, opportunities for patients to have access to treatments and therapies earlier which may improve their lives. [The national contract value review](#) is a UK wide programme used to standardise costing up commercial research. There is an element of capacity building within the income received which is to be used to grow the capacity and capability for Research. If income grows and is sustained, stability can be achieved with a sound investment model. Currently there are risks to the core team as the capacity funds are being used to sustain the clinical and research governance roles required to operate. The renewed Research strategy will focus on the aspects required to deliver industry research and to grow the capacity and capability across our clinical services. This will be included within the required operational delivery plan for delivering on the renewed Research strategy.

Workforce

Previously we have been unable to capture the minutia detail of clinical workforce delivery. The implementation of the new Research Management System provides the platform to collect workforce data. Data is being collected in FY 2025/26 to act as a baseline for FY 2026/27. It is the Trusts ambition to increase the critical mass for Research both from the medical workforce and the clinical workforce, increasing those roles which have not yet had an opportunity to embed Clinical Research into their clinical care. In 2024/25 we have seen an increase in the number of NMAHP roles leading Clinical Research whereas the medical workforce number of Investigators have sustained with largely the same people committing their time. Working with the Biomedical Research Centres have provided the Trust with the opportunities for the workforce to develop their skills and knowledge in Research.

Organisational Readiness for Research

The consultant nurses network undertook a self-assessment of [organisational readiness tool \(SORT\)](#) which is a self-administered 'research readiness' tool 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 available structures and processes within it. Berkshire Healthcare scored 99/176.

Theme	Number of Statements	Overall Score	Average Score
Releasing Potential	2	43/108	1
Embedding Research	5	8/20	0
Linkages and Leadership	4	10/16	1.5
Inclusive Research Delivery	4	9/12	1
Digitally Enabled Research	9	29/36	3
Total	44	99/176	1

Areas of recommendation were presented to the R&D committee in March 2025.

To include within the renewed Trust Research Strategy:

- **Maximise opportunities** - Build Research capacity for Nursing, Midwifery and Allied Health Professions (NMAHP) through Professional Development opportunities.
- **Strengthen collaborations** – Working with academic partners to support development of clinical and academic capabilities to develop practice-based research and implement research into practice

- **Embed Research** - Promote the implementation and use of applied health research and person-centred research as part of core-activity ensuring the person remains at the heart of the process throughout
- **Promote Research** – Develop impact stories where NMAHPs support, participate or lead Research. Increase visibility of Research to clinical managers and executive team.

2. What are the implications for EDI and the Environment?

The research team continue to support the Trust in their focus on health inequalities through planning and delivery of research studies. Services across all clinical divisions are performing local, regional and national searches for Clinical Research projects and Health Services Research projects aligned with the health inequalities priorities of the service and location.

We aim to capture the inclusion and exclusion criteria of the Clinical Research studies that are open at Berkshire Healthcare to understand the inclusivity of Research projects. We also utilise the patient's demographic breakdown to ensure that recruitment strategies are inclusive and meet the needs of the people. Following the completion of the service evaluation it was recommended to work to increase the number of studies for participants under the age of 18, to increase the number of participants from diverse ethnic backgrounds, to increase the number of studies across other divisions outside of Mental Health and to increase access to research for those who do not speak English. It was also recommended to collect NHS numbers for more of the participants to improve the accuracy of the analysis. This service evaluation will be repeated annually to maintain oversight of both the inclusion and exclusion criteria of the studies offered in Berkshire Healthcare and the demographics of the participants recruited.

3. Conclusions and Recommendations for consideration by the Board

It is the view of the Medical Director that Research visibility has increased throughout Berkshire Healthcare and clinical divisions are integrating Research into their performance, quality and business forums. The landscape for Clinical Research is changing in response to the NHS and wider health and care system changes. There is optimism with the 10-Year NHS plan and the role that Research can play in this.

There is a renewed focus on clinical and medical leadership opportunities and for providing the right training and education opportunities. With Research as a pillar of excellence in regulated professions there is an opportunity to increase the workforce number of Clinically Research active roles. Weaving Clinical Research into core operational meetings and forums such as the coproduction, the Patient and carer race equality framework, diversity steering group, health inequalities and service-led forums will serve to support the embedded aspect for Research.

Locally we continue to build our capacity and capability for the future delivery of Clinical Research here at Berkshire Healthcare. The timing of a reimagined Research strategy is well placed as we start to build on the critical mass for Clinical research.

The board is asked to provide support to the operational delivery of the renewed Research strategy and direction of travel for Research across the Trust.



Trust Board Paper

Board Meeting Date	08 July 2025
Title	Quality Assurance Committee Meeting – 27 May 2025
	Item for Noting
Reason for the Report going to the Trust Board	<p>The Quality Assurance Committee is a sub-committee of the Trust Board. The minutes are presented for information and assurance.</p> <p>Circulated with the minutes are the quarterly Learning from Deaths and Guardians of Safe Working Hours Reports. NHS England requires NHS provider organisations to present these reports to the Trust Board.</p> <p>The Trust Board is required to identify any areas for further clarification on issues covered by the meeting minutes and associated reports and to note the content.</p>
Business Area	Corporate Governance
Author	Julie Hill, Company Secretary (on behalf of Sally Glen, Committee Chair)
Relevant Strategic Objectives	Harm Free Care – providing safe services Good Patient Experience – improving outcomes

**Minutes of the Quality Assurance Committee Meeting held on
Tuesday, 27 May 2025**

(a hybrid meeting held at London House, Bracknell and conducted via MS Teams)

Present: Sally Glen, Non-Executive Director (Chair)
Aileen Feeney, Non-Executive Director
Rebecca Burford, Non-Executive Director
Debbie Fulton, Director of Nursing and Therapies
Julian Emms, Chief Executive (*present from 10.10*)
Alex Gild, Deputy Chief Executive
Daniel Badman, Deputy Director of Nursing for Patient Safety and Quality
Theresa Wyles, Interim Chief Operating Officer
Dr Tolu Olusoga, Medical Director (*present from 11.10*)
Helen Degruchy, Head of Patient Safety
John Barrett, Patient Safety Partner

In attendance: Julie Hill, Company Secretary
Helen Robson, Divisional Director, Mental Health Urgent Care
Services (*present for agenda item 5.0*)
Jacob Daly, Right Care, Right Person Lead (*present for agenda item 5.0*)
Catherine Odei – Consultant Nurse (*present for agenda item 5.0*)

Observer: Dr Amit Sharma, Chief Executive of Berkshire West Primary Care Alliance

Opening Business

1 Apologies for absence and welcome

The Chair welcomed everyone to the meeting.

Apologies were received from: Amanda Mollett, Head of Clinical Effectiveness and Audit.

Apologies for lateness due to a meeting clash were received from Julian Emms, Chief Executive and Tolu Olusoga, Medical Director.

2. Declaration of Any Other Business

There was no other business declared.

3. Declarations of Interest

There were no declarations of interest.

4.1 Minutes of the Meeting held on 25 February 2025

The minutes of the meeting held on 25 February 2025 were confirmed as an accurate record of the proceedings.

4.2 Matters Arising

The Matters Arising Log had been circulated.

The Interim Chief Operating Officer confirmed that there would be an update on Poppy Ward at the November 2025 meeting.

Action: Interim Chief Operating Officer

The Action Log was noted.

Patient Safety and Experience

5.0 Right Care, Right Person Presentation

The Chair welcomed Helen Robson, Divisional Director, Mental Health Urgent Care Services, Jacob Daly, Right Care, Right Person Lead and Catherine Odei, Nurse Consultant to the meeting.

Jacob Daly gave a presentation and highlighted the following points:

- The Right Care, Right Person initiative had been running since November 2023. The team comprised four full time Mental Health Support Police Officers, a Consultant Nurse Practitioner (Right Care, Right Person), the Berkshire Healthcare Right Care, Right Person Lead and the Thames Vally Police Mental Health Co-ordinator for the Thames Valley Region
- There were around 16-22 cases per month and these cases were used to identify training needs and system improvements
- The initiative focussed on the Key Pillars of the Right Care, Right Person approach which sought to create practice whereby police involvement was only when the police had a legal obligation to be involved.
- A key objective was to connect complex systems more coherently and improve policies and practices across agencies.
- The Trust was working collaboratively with the Police with the aim of identifying and implementing solutions that were smart and effective without adding to workloads.
- Over the last 12 months there had been a decrease in the number of section 136 cases, but until recently, those people who were unable to be accommodated because the Place of Safety was occupied and were taken to the two acute hospitals or into custody were not included in the Trust's data.
- The Trust was working on alternative pathways to reduce the number of section 136 detentions, particularly for service users who presented frequently to the Place of Safety, who had a diagnosis of Emotionally Unstable Personality Disorder. This included discussions around the need for a 24/7 walk in face-to-face service as an alternative pathway for section 136 cases, aiming to provide immediate support which would reduce the need for detentions.
- The Trust was working closely with the Police and other agencies around managing public safety for people who had committed serious offences and the use of the Mental Health Act Part 3.

Aileen Feeney, Non-Executive Director asked whether the 24/7 walk in service was the same as the Mental Health Accident and Emergency service which had been in the media recently.

Jacob Daly confirmed that this was the case.

Ms Feeney asked whether there was additional national funding to set up a Mental Health 24/7 walk-in service.

The Chair noted that the Government had announced ten pilot Mental Health Accident and Emergency services.

The Interim Chief Operating Officer said that the ten pilot sites were selected as early implementers and were located in areas where there were high footfalls, for example in Camden, London. The Interim Chief Operating Officer said that the Trust had two safe haven models in Reading and Slough and that there maybe an opportunity to expand these services.

The Chair commented that there had been a lot of concern when the Police had first announced the Right Care, Right Person initiative and thanked the Trust's Right Care, Right Person team for their work with the Police in implementing the initiative.

The Chair thanked Helen Robson, Divisional Director, Mental Health Urgent Care Services, Jacob Daly, Right Care Right Person Lead and Catherine Odei, Consultant Nurse for their presentation.

The Committee noted the presentation.

5.1 Quality Concerns Register Report

The Director of Nursing and Therapies presented the report and highlighted the following changes since the Quality Concerns Register was last reviewed by the Committee:

- The format of the Quality Concerns Register had been altered for ease of reading.
- Two Quality Concerns had been reframed to accurately reflect current concerns.
 - Community Mental Health Team
 - Orchid ward
- One service had been added since the Quality Concerns Register was last presented to the Committee: ADHD Waits for Medication Reviews (Adult). This was due to a growing number of people open to the service who required an annual medication review (1,085) with the current waits for reviews exceeding 26 months.
- The May 2025 Quality and Performance Executive Group meeting had agreed to remove the Early Intervention in Psychosis Quality Concern from the Register. The Early Intervention in Psychosis service had shown improvement, particularly in family support and was now integrated with the Community Mental Health Team rather than being a standalone service.

The Chair asked whether there was “change fatigue” in relation to the development of the One Team.

The Interim Chief Operating Officer said that the current focus was around consolidation and identifying areas where processes could be made easier.

John Barrett, Patient Safety Partner asked whether there would be further tweaks to the RiO system (electronic patient record system) and whether this would cause problems and delays.

The Interim Chief Operating Officer said that part of the One Team consolidation process was around reviewing all documentation and processes so that any changes could be implemented in one go.

The Committee noted the report.

5.2 National Patient Safety Alert – Bed Rails Report

The Director of Nursing and Therapies presented the paper and reported that work was ongoing across the system to establish a process for reviewing patients in the community no longer open to a clinical team. It was noted that the challenge had been escalated through to the Regional Safety and Quality Group through the Integrated Care Board.

The Director of Nursing and Therapies reported that the required training package was now in place with relevant staff being asked to complete this. Compliance as of the beginning of May 2025 was at 75% with the aim of achieving 85% compliance.

It was noted that all patients and carers were provided with information on what to do if they had concerns about bed rail safety.

The Committee noted the report.

5.3 Prevention of Future Deaths Action Plan Update Report

The action plan in response to the five Prevention of Future Deaths Reports issued to the Trust between June 2023 and May 2024 had been circulated.

It was noted that most of the outstanding actions were in relation to the full implementation of the One Team approach across Community Mental Health Services.

The Chair noted that one of the outstanding actions was around the implementation of a new software system which at present did not have a mechanism for pulling information from one system to another.

The Interim Chief Operating Officer explained that doctors used a software package called TPRO for digital dictation but at present this system was not integrated with the Trust's other systems, for example RiO (electronic patient record system).

The Committee noted the report.

5.4 Reflections on the Implementation of the Patient Safety Incident Response Framework (PSIRF)

The Head of Patient Safety gave a presentation on her reflections on the Patient Safety Incident Framework and highlighted the following points:

- **Proportionality in Incident Response:**
 - The PSIRF allowed for flexibility in deciding which incidents to review based on safety priorities rather than on the severity of harm.
 - There had been a significant reduction in the number of full investigations, from 32 to 16 in the past year. However, the number of patient safety reviews had increased, indicating a shift in focus.
- **Staff Engagement:**
 - The new framework involved more staff in patient safety reviews, leading to immediate learning and improvement.
 - Challenges included managing staff capacity and ensuring that frontline staff felt comfortable speaking up in meetings attended by senior staff.
- **Family Engagement:**
 - The Trust continued to engage with families as part of the duty of candour process, even if a full review was not conducted.
 - Feedback from families was being sought to improve the process and ensure that their concerns were addressed.

Aileen Feeney, Non-Executive Director asked whether the Trust was undertaking less investigations.

The Head of Patient Safety confirmed that there had been a significant reduction in the number of investigations and an increase in the number of patient safety reviews. The shift to more immediate and proportionate reviews had led to quicker identification of learning points and improvements. The quality of reports produced remained high, ensuring comprehensive analysis and recommendations.

John Barrett, Patient Safety Partner commented that the move from investigations to learning from incidents made sense and welcomed the direction of travel.

The Director of Nursing and Therapies said that the PSIRF represented a significant cultural shift for the Trust and many more staff were now involved in reviewing incidents and identifying learning and areas for improvement which was a very positive.

The Deputy Chief Executive said that it would be helpful if future reports to the Committee identified where there were still gaps in terms of safety improvement.

The Chief Executive asked whether there was any feedback from the Coroner about the implementation of the PSIRF.

The Deputy Director of Nursing for Patient Safety and Quality said that the Trust had met with the Chief Coroner and confirmed that she fully supported the PSIRF approach.

The Chair asked whether the Trust expected to gradually reduce the number of patient safety reviews undertaken going forward.

The Director of Nursing and Therapies said that she expected that the Trust would change the type of incidents that were reviewed this may not necessarily reduce the number of reviews.

The Chair thanked the Head of Patient Safety for her presentation.

5.5 Patient Safety Incident Response Framework Report on Trends and Learning

The Patient Safety Incident Response Framework Report on Trends and Learning Report had been circulated.

The Head of Patient Safety presented the paper and highlighted the improvement activities and actions undertaken by the divisions based on the findings from patient safety reviews.

It was noted that there had been an increase in the number of incidents reported in physical health service with a focus on low or no harm incidents. The methodologies used for reviews in physical health had been effective in identifying areas for improvement.

The Head of Patient Safety reported that the plan for the next quarter included a review of safety priorities and identifying any gaps in the improvement actions.

The Committee noted the report.

5.6 Reducing Restrictive Practices Report

The Deputy Director of Nursing for Patient Safety and Quality presented the paper and reported that the Consultant Nurse Network had undertaken a significant amount of work to reduce the use of restrictive interventions and to improve documentation.

It was noted that there were now additional checks and balances for seclusions lasting more than 14 days in place led by the Consultant Nurse Network. This included a focus on clearly planning when seclusion should be reviewed and key points to assess when considering ending a seclusion as identified in the care plan.

The Deputy Director of Nursing for Patient Safety and Quality reported that two additional wards were now working on the Culture of Care Programme.

It was noted that there was one incident of inappropriate use of force relating to the use of an old PMVA approach being used by an individual member of staff. This had been followed with the member of staff who was up to date with PMVA training.

The Chair asked whether the Trust allowed staff to work if they were not up to date with their PMVA training.

The Interim Chief Operating Officer said that there was a daily status exchange meeting on the mental health wards at 10am which included reviewing whether there was a sufficient number of staff up to date with PMVA training on duty. Staff would be moved from other wards if this was not the case.

Aileen Feeney, Non-Executive Director commented that she liked the format of the report.

The Committee noted the report.

5.7 Infection Prevention and Control Annual Report

The Infection Prevention and Control Annual Report had been circulated.

The Committee noted the report.

5.8 Paediatric Audiology Services Verbal Update

The Director of Nursing and Therapies reported that NHS England's external review of all NHS Paediatric Audiology Services had been completed. The final report was expected by the end of June 2025. The Director of Nursing and Therapies said that she was expecting that the review would confirm that there was a high level of assurance about the Trust's Paediatric Audiology service.

The Director of Nursing and Therapies reported that the Trust was expecting to be re-assessed for IQIPS accreditation in September or October 2025.

The Chair thanked the Director of Nursing and Therapies for her update.

5.9 Quality Related Board Assurance Framework Risks Report

The quality related Board Assurance Framework Risks had been circulated.

The Director of Nursing and Therapies reported that she would be reviewing the risk score in relation to the Patient Voice risk given the Trust's work around patient engagement and co-production.

Action: Director of Nursing and Therapies

The Committee noted the report.

5.10 Learning from Deaths Quarterly Report

The Medical Director presented the paper and highlighted the following points:

- Of the second stage reviews concluded in quarter 4, none of the deaths were a governance cause for concern. Two reviews had identified poor care, and learning had been identified and was being implemented through the relevant divisions.
- All complaints received from families of individuals who had died resulted in a second stage review of the care provided. No concerns were raised by the Medical Examiner on behalf of the next of kin.

- 10 reviews related to patients with a learning disability. All were reported in line with national guidance to LeDeR who completed independent reviews covering the full patient pathway.
- Ethnicity data was now included and was detailed in line with second stage review outcomes of avoidability (for deaths of a physical health cause) and overall assessment of care (for all deaths).

The Chair noted that the two reviews that had identified poor care were around pain management and communication.

The Medical Director said that work was underway to address these issues through targeted initiative and staff training.

The Committee noted the report.

Clinical Effectiveness and Outcomes

6.0 Clinical Audit Report

The Medical Director reported that since the last meeting the following national audits had been published and reviewed at the Clinical Effectiveness Group:

- POMH Topic 21b: The use of Melatonin re-audit 2024
- NCEPOD End of Life Care Study 2023

a) The Use of Melatonin Re-Audit 2024

It was noted that the Trust had performed well when benchmarked against the national average with 7 out of 8 standards audited above the total national sample and 1 standard in line with the total national sample. The Medical Director said that although the Trust was performing in line with other organisations, 5 standards had been identified for improvement and an action plan was in place to achieve this.

The Chair noted that the Trust was at the lower end of the metrics for melatonin prescribing but acknowledged that overall numbers were small.

b) End of Life Care Study Audit 2023

It was noted that the study focussed on hospital care provided in the last six months of life as well as on the final admission. It was designed to identify opportunities to improve the provision of palliative care earlier in the disease trajectory and the impact of this on care at the end of life. There were 7 national recommendations.

The Medical Director reported that these recommendations had been reviewed by the operational leads and clinical directors for both Community Health Services and Mental Health Service. It was noted that all but 1 recommendation had been found to be fully met. An action plan had been devised to help ensure that the partly met recommendation became fully met.

The Chair said that there was a national issue around access to palliative care.

The Medical Director confirmed that the efforts were being made by the Trust to enhance access to palliative care and to improve links with local hospices.

The Committee noted the report.

Update Items for Information

7.0 Guardian of Safe Working Hours Quarterly Report

The Guardian of Safe working hours quarterly report has been circulated.

The Medical Director reported that the Guardian of Safe Working gave assurance that overall, no unsafe working hours patterns had been identified and there were no other patient safety issues requiring escalation.

It was noted that there had been two exception reports during the reporting period. In both cases, the doctors took time off in lieu.

The Medical Director reported that changes were being made resident doctors' rotas to enhance their educational and work experience opportunities. The Medical Director said that he was working closely with the Guardian of Safe Working Hours to support the change.

The Committee noted the report.

7.1 Minutes of the Mental Health Act Governance Board

The minutes of the Mental Health Act Governance Board meetings held on 2 May 2025 had been circulated.

The Chair noted that the meeting had discussed the accuracy of data related to mandatory and statutory training.

The Medical Director explained that efforts were being made to ensure that data accurately reflected the actual training status. It was noted that the Trust was working to address three issues to ensure consistency and reliability with the data.

The Committee noted the minutes.

7.2 Annual Mental Health Act Report

The Annual Mental Health Act Report had been circulated.

The Medical Director presented the report and highlighted the following points:

- National benchmarking data for 2024-5 would be published in the autumn.
- The 2023-4 national benchmarking data had identified that the Trust benchmarked above the median range with 83.64 admissions under the Mental Health Act per 100,000 resident population
- The data showed that the conversion rate of informal admissions subsequently being detained under the Mental Health Act had decreased from 21% in 2023-24 to 18% in 2024-25.
- Areas of focus and priority for 2025-26 would be:
 - Health Inequalities Project of the detention of black individuals
 - Ensuring that systems for Mental Health Act data capture and reporting were robust
 - Maintaining improved Mental Health Act training compliance.

The Director of Nursing and Therapies referred to chart 1 of the report and commented that the chart indicated that the Trust was below the median rate for detentions under the Mental Health Act in 2023-24.

The Medical Director agreed to review the chart and confirm whether or not the Trust was above or below the median rate for detentions under the Mental Health Act.

Action: Medical Director

The Committee noted the report.

7.3 Annual Place of Safety Report

The Annual Place of Safety Report had been circulated.

The Interim Chief Operating Officer presented the report and highlighted the following points:

- There had been a reduction in the use of the Trust's place of safety. However, this was not the full picture because when the place of safety was full, patients were taken to the two local acute hospitals or into custody.
- The Trust's focus was around improving the quality of care provided to patients.
- Wherever possible, efforts were being made to support patients who did not require an inpatient admission in alternative ways to reduce the use of the place of safety.
- The Trust's new place of safety was due to be operational in the summer.

The Committee noted the report.

7.4 Quality and Performance Executive Group Minutes – February 2025, March 2025 and April 2025

The minutes of the Quality and Performance Executive Group minutes for February 2025, March 2025 and April 2025 had been circulated.

The Chair noted that the February 2025 minutes had discussed the need to review the purpose of the Campion Ward to ensure that it met the current needs of patients and aligned with best practice.

The Interim Chief Operating Officer said that there were particular issues around patient flow with some patients staying between two to three years.

The Committee noted the minutes.

7.5 Council of Governors Quality Assurance Group – Visits to Services

The following Governor Service Visit Report had been circulated:

- CAMHS Bracknell and Wokingham, Children and All Age and Learning Disability Service
- Children's Specialist Community Services East

The Chair thanked the Governors for their report and commented that she was impressed by the comprehensiveness of the Governors' reports.

The Committee noted the reports.

Closing Business

8.0 Quality Assurance Committee Horizon Scanning

There were no additional items identified for future agendas.

8.1 Any Other Business

There was no other business.

8.2 Date of the Next Meeting

The next meeting was scheduled to take place on 19 August 2025 at 10am. The meeting would be held face to face at London House, Bracknell with the option of attending the meeting via MS Teams.

These minutes are an accurate record of the Quality Assurance Committee meeting held on 27 May 2025

Signed: - _____

Date: - 19 August 2025 _____

Trust Board Paper

Board Meeting Date	08 July 2025
Title	Executive Report
	Item for Noting
Reason for the Report going to the Trust Board	<p>The Executive Report is a standing item on the Trust Board agenda. This Executive Report updates the Trust Board on significant events since it last met.</p> <p>The Trust Board is requested to seek note the report and to seek any clarification on the issues covered in the report.</p>
Business Area	Corporate Governance
Author	Chief Executive
Relevant Strategic Objectives	The Executive Report is relevant to all the Trust's Strategic Objectives

Trust Board Meeting – 08 July 2025
EXECUTIVE REPORT – Public

1. Never Events

Directors are advised that no 'never events' have occurred since the last meeting of the Trust Board.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

2. Martha's Rule – progress against implementation of an adapted approach for Community and Mental Health Wards

What is Martha's Rule?

In February 2024, NHS England wrote to all provider NHS trusts and Integrated Care Boards announcing the implementation of the first stage of Martha's Rule. Martha's Rule is a significant patient safety initiative established in response to the tragic case of Martha Mills, a young girl who passed away due to complications that were not adequately addressed by her healthcare providers.

The three proposed components of Martha's Rule are:

1. Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way.
2. All staff will be able, at any time, to ask for a review from a different team if they are concerned that a patient is deteriorating, and they are not being responded to.
3. This escalation route will also always be available to patients themselves, their families and carers and advertised across the hospital.

The aim of the rule is to empower patients and their families, ensuring their concerns are heard and acted upon promptly, potentially saving lives by providing a second opinion when it's most needed; it allows patients, families, carers, and hospital staff to request a rapid review from a critical care outreach team if they have concerns about a patient's deteriorating condition.

The components of the rule are set to be implemented across English NHS hospitals with the first phase of piloting having commenced in 143 NHS acute (physical health) inpatient hospital sites in April 2024.

Whilst this first phase of implementation of the rule was targeted at acute providers, there is also an expectation that the wider NHS will identify ways to roll out an adapted Martha's Rule model across other settings, including community and mental health hospitals, where the processes may not apply in the same way.

Since the announcement of the first phase of this national implementation programme, Berkshire Healthcare has been exploring how we can implement something that is adapted and meets the principles and ethos of the rule across our inpatient wards. Our exploration has included reaching out to the Health Innovation Hub who were commissioned to support acute trusts. This partnership

has been helpful and enabled us to be included within the community of practice events that bring together all the local acute trusts to share ideas and learning as part of the phase one pilot and in supporting us with project documents to formalise and evaluate our work.

During May 2025, phase 2 of the programme has commenced this will see an extension of the initial pilot to include:

- The remaining acute inpatient hospitals in England, including maternity, neonatal and emergency department settings.
- First wave of Community Hospitals
- First wave of Mental Health Hospitals

NHS England has commissioned health Innovation Oxford and Thames Valley (HIOTV) to lead the pilot for Mental Health sites. We have been accepted to be a formal pilot site for Mental Health and supported the Health Innovation launch event on 12th June 2025 by presenting our work to date, learning, and answering questions that other pilot sites participating might have. Health Innovation East/West Midlands have been commissioned by NHS England to the Community Hospital Pilot, and we have put in an expression of interest to be one of the pilot sites.

Implementation across the Mental Health Wards

Introduction of all three elements commenced in February 2025, a single 24/7 contact number and process is in place for anyone to escalate concerns where they do not think these are being responded to. Communication of this is ongoing and the patient/carer information leaflet has been updated to reflect what to do if you have a concern and do not feel heard, and posters have been produced with feedback and input into the wording for these from carers.

Implementation across Community Health Wards

Finding a workable and robust escalation process has required more time. This is because it is more complex where the wards are spread across multiple sites. The heads of service are working with the ward multi-professional teams, including medics, to identify how this might work; they are now in the final stages of achieving this, we will be piloting the approach on one site initially prior to full roll out and a launch date is to be agreed.

There is sharing of learning across the mental health and community health divisions to ensure some consistency in terms of terminology, posters and information into patient and carer information leaflets. This is being supported by our carers lead.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

3. Staff Vaccination Programme - Winter 2025

COVID-19 vaccination

Following recent advice from the Joint Committee for Vaccinations and Immunisation (JCVI), Healthcare workers (HCSW's) will no longer be eligible for annual COVID-19 booster vaccinations. The JCVI conducted an extensive review of the scientific evidence on the impact of vaccination on virus transmission from HCSWs to patients, protection against disease symptoms for HCSWs, and staff sickness absences. They concluded that in our current era of high population immunity to COVID-19, additional doses offer very limited, if any, protection against infection and subsequent transmission.

For HCSWs, this means that COVID-19 vaccination now has only a very limited impact on reducing staff sickness absence. Therefore, the focus of the programme is now on those at greatest risk of serious disease and who are most likely to benefit from vaccination. Healthcare workers who are

eligible for the covid vaccine due to their own health conditions will continue to be offered the vaccine as part of the NHS programme.

Flu vaccination

This winter we will continue to offer all staff their annual flu vaccination which will start in October 2025.

The Urgent and Emergency Care Plan 2025/26 includes as part of the commitment to ensuring that patients receive a better service this coming winter, a requirement of leaders to improve influenza vaccination rates, and Trusts are being asked to show an increase of 5% uptake on their 2018/19 clinical staff vaccination rates.

During 2018/19 we achieved flu vaccine rates amongst our clinical staff of 63.09%. This means that the ambition for us will be to achieve 68% for 2025/26. For 2024/25 we achieved 48.3% of staff taking up a flu vaccination, with less staff wishing to take up the offer over the last couple of years. We recognise that the annual flu vaccination programme is a vital part of preventing the spread of flu to patients and colleagues. As with previous years we will continue to actively promote this offer and will have a mix of clinics and use of peer vaccinators to maximise access to the vaccination for staff.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

4. NHS England's Oversight Framework for 2025-26

On 26th June NHS England published the NHS Oversight Framework for 2025/26, detailing a transparent method for assessing integrated care boards (ICBs) and NHS Trusts. The framework is intended to promote improvement while identifying organizations in need of support.

The document provides a clear list of performance metrics that align with national priorities, against which providers and ICBs will be monitored. It also describes the process for assignment of providers segment scores (1 Highest Performing to 4 Significantly challenged, with segment 5 reserved for the most challenged and needing support), and the implications for providers of being in each of those segmentations, including earned autonomy and incentives.

Metrics and scoring will fall under the following categories, with a financial override applied for organisations in deficit which will limit their segmentation score to a maximum of 3.

- Access to services
- Effectiveness and experience of care
- Patient safety
- People and workforce
- Finance and productivity

We will report performance against these metrics routinely in the Trust's Performance Report.

The full document is available via NHS England's website.

<https://www.england.nhs.uk/publication/nhs-oversight-framework/>

Executive Lead: Paul Gray, Chief Financial Officer

Presented by: Julian Emms
Chief Executive
08 July 2025

Trust Board Paper Meeting Paper

Board Meeting Date	8 July 2025
Title	Finance Report May 2025
	The paper is for noting.
Reason for the Report going to the Trust Board	This is a regular report which provides an update to the Board on the Trust's Financial Performance. The report provides the Trust's position at the end of May 2025.
Business Area	Finance
Author	Chief Finance Officer
Relevant Strategic Objectives	<p>Efficient use of resources</p> <p>Ambition: We will use our resources efficiently and focus investment to increase long term value</p> <p>The report gives an overview of the Trust's financial performance including use of revenue and capital funding and delivery against the cost improvement programme. The Trust's results contribute to the performance of BOB ICS.</p>

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report
Financial Year 2025/26
May 2025

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 31 May 2025.

Document Control

<i>Version</i>	<i>Date</i>	<i>Author</i>	<i>Comments</i>
1.0	21/06/2025	Rebecca Clegg	Draft
2.0	24/06/2025	Paul Gray	Final

Distribution

All Directors.

All staff as appropriate.

Confidentiality

Where indicated by its security classification above, this document includes confidential or commercially sensitive information and may not be disclosed in whole or in part, other than to the party or parties for whom it is intended, without the express written permission of an authorised representative of Berkshire Healthcare NHS Foundation Trust.

Dashboard & Summary Narrative

Target		Year to Date			Forecast Outturn		
		Actual £m/%	Plan £m/%	Achieved	Actual £m/%	Plan £m/%	Achieved
1	Income and Expenditure Plan	0.6	0.6	Yes	1.7	1.7	Yes
2	CIP - Delivery	2.9	2.9	Yes	17.5	17.5	Yes
3	Cash Balance	52.4	49.0	Yes	45.2	45.2	Yes
4a	Better Payment Practice Code Volume Non-NHS	99%	95%	Yes	95%	95%	Yes
4b	Better Payment Practice Code Value Non-NHS	96%	95%	Yes	95%	95%	Yes
4c	Better Payment Practice Code Volume NHS	98%	95%	Yes	95%	95%	Yes
4d	Better Payment Practice Code Value NHS	95%	95%	Yes	95%	95%	Yes
5	Capital Expenditure not exceeding CDEL	0.4	1.5	Yes	20.8	20.8	Yes
6a	Agency Expenditure Reduction	22%	30%	No	30%	30%	Yes
6b	Bank Expenditure Reduction	16%	10%	Yes	10%	10%	Yes

Key Messages

The table above provides a high level summary of the Trust's performance against key financial duties and other financial indicators. The current position is positive with only one target not being achieved year to date. The key points to note are:

- The planned outturn position for the Trust is a £1.7m surplus.
- The Trust has a cost improvement programme of £17.5m. This is being achieved year to date although there are variances on individual lines and we have some high risk schemes.
- The current cash position is ahead of plan due to slippage on capital expenditure and a higher than planned opening cash balance.
- The Better Payment Practice Code is achieved for all 4 targets.
- Capital expenditure spend is below CDEL Year to Date.
- The Trust has 2 new targets for temporary staffing. There is a requirement to reduce agency expenditure by 30% when compared to the previous year. Whilst costs have reduced, the target has not yet been met, but this is in part due to phasing and overall the shortfall is only £0.1m year to date. The bank staffing cost reduction of 10% compared to the previous year is being exceeded.

System Position

- BOB ICS submitted a combined break even plan. This included £44m of deficit support. There is also £24m of system risk share of which BHFT has agreed to a £1.8m share linked to opportunities within the ICB's own MHLDA budgets.
- Contract finance schedules have been agreed with BOB ICB. Negotiation over the final elements of the Frimley ICB contract continue.

1. Income & Expenditure

May-25	In Month			YTD			2025/26
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Operating Income	32.8	32.6	0.2	65.9	65.2	0.7	391.3
Elective Recovery Fund	0.4	0.4	0.0	0.8	0.8	0.0	4.8
Donated Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Income	33.2	33.0	0.2	66.7	66.0	0.7	396.1
Staff In Post	23.9	24.0	0.1	47.6	48.0	0.4	289.5
Bank Spend	1.4	1.5	0.1	2.9	3.1	0.2	18.5
Agency Spend	0.5	0.4	(0.1)	1.0	0.7	(0.3)	4.2
Total Pay	25.8	25.9	0.1	51.5	51.7	0.2	312.3
Purchase of Healthcare	1.3	1.3	0.0	3.1	2.6	(0.5)	15.4
Drugs	0.7	0.6	(0.1)	1.2	1.1	(0.1)	6.7
Premises	1.6	1.6	0.0	3.3	3.1	(0.1)	18.9
Other Non Pay	1.7	1.6	(0.1)	3.4	3.2	(0.2)	19.3
PFI Lease	0.7	0.7	(0.0)	1.5	1.5	0.0	8.8
Total Non Pay	6.0	5.7	(0.2)	12.4	11.5	(0.9)	69.1
Total Operating Costs	31.7	31.6	(0.1)	63.9	63.2	(0.7)	381.4
EBITDA	1.4	1.4	(0.0)	2.8	2.8	(0.0)	14.7
Interest Receivable	0.3	0.3	(0.0)	0.5	0.6	(0.0)	3.4
Interest Payable	0.3	0.3	(0.0)	0.6	0.6	(0.0)	3.3
Depreciation	1.0	0.9	(0.0)	1.8	1.9	0.0	11.2
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Disposals	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Remeasurement of PFI	0.0	0.0	0.0	1.4	1.7	0.3	1.7
PDC	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Financing	1.2	1.2	(0.0)	3.8	4.1	0.3	16.2
Reported Surplus/ (Deficit)	0.5	0.5	(0.0)	(0.5)	(0.8)	0.3	1.9
Adjustments	0.0	0.0	0.0	0.0	0.0	(0.0)	(0.2)
PFI IFRS16 Adjustment	(0.2)	(0.2)	(0.0)	1.1	1.4	(0.3)	0.0
Adjusted Surplus/ (Deficit)	0.3	0.3	(0.0)	0.6	0.6	0.0	1.7

Key Messages

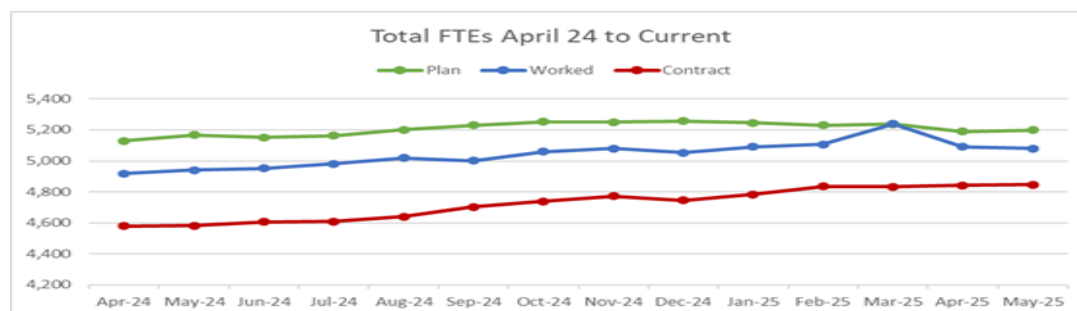
The table above gives the financial performance against the Trust's income and expenditure plan as at 31 May 2025.

The Trust has planned for a £1.7m surplus. Year to date performance is in line with plan. Variances are minimal at this stage in the year with the final detailed plan only being agreed in April 2025.

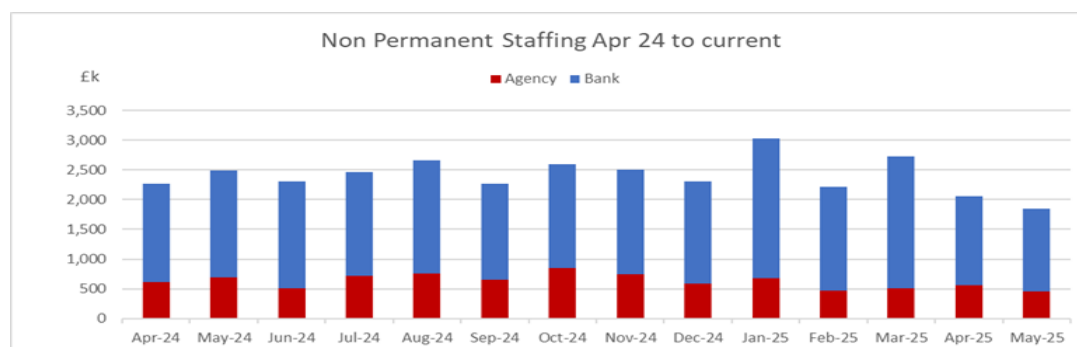
Workforce



Staff Costs	
YTD	
2025/26	£'k 51.5
2024/25	46.0
	▲ 12%
Prior Yr	£'m
May-25	25.8
May-24	23.1
	▲ 11%



FTEs		
Prior Mth	CFTE	WFTE
May-25	4,846	5,081
Apr-25	4,841	5,092
	0%	0%
	▲	▼
Prior Yr		
May-25	4,846	5,081
May-24	4,582	4,940
	6%	3%
	▲	▲



Non Permanent Staff Costs		
YTD	Bank £k	Agency £k
2025/26	2,892	1,013
2024/25	3,452	1,303
	-16%	-22%
	▼	▼
Prior Yr	£k	£k
May-25	1,399	453
May-24	1,802	686
	-22%	-34%
	▼	▼

Key Messages

Pay costs in month were £25.8m and year to date the Trust's pay expenditure is slightly lower than planned. Plan and actual costs include the changes to the Employer's National Insurance contributions which were effective from the start of the year. The 2025/26 pay award will be made, along with the back pay in August for the majority of staff. As the pay award has been agreed at a higher level than was assumed for planning, this will create a further cost pressure for the Trust c£300k.

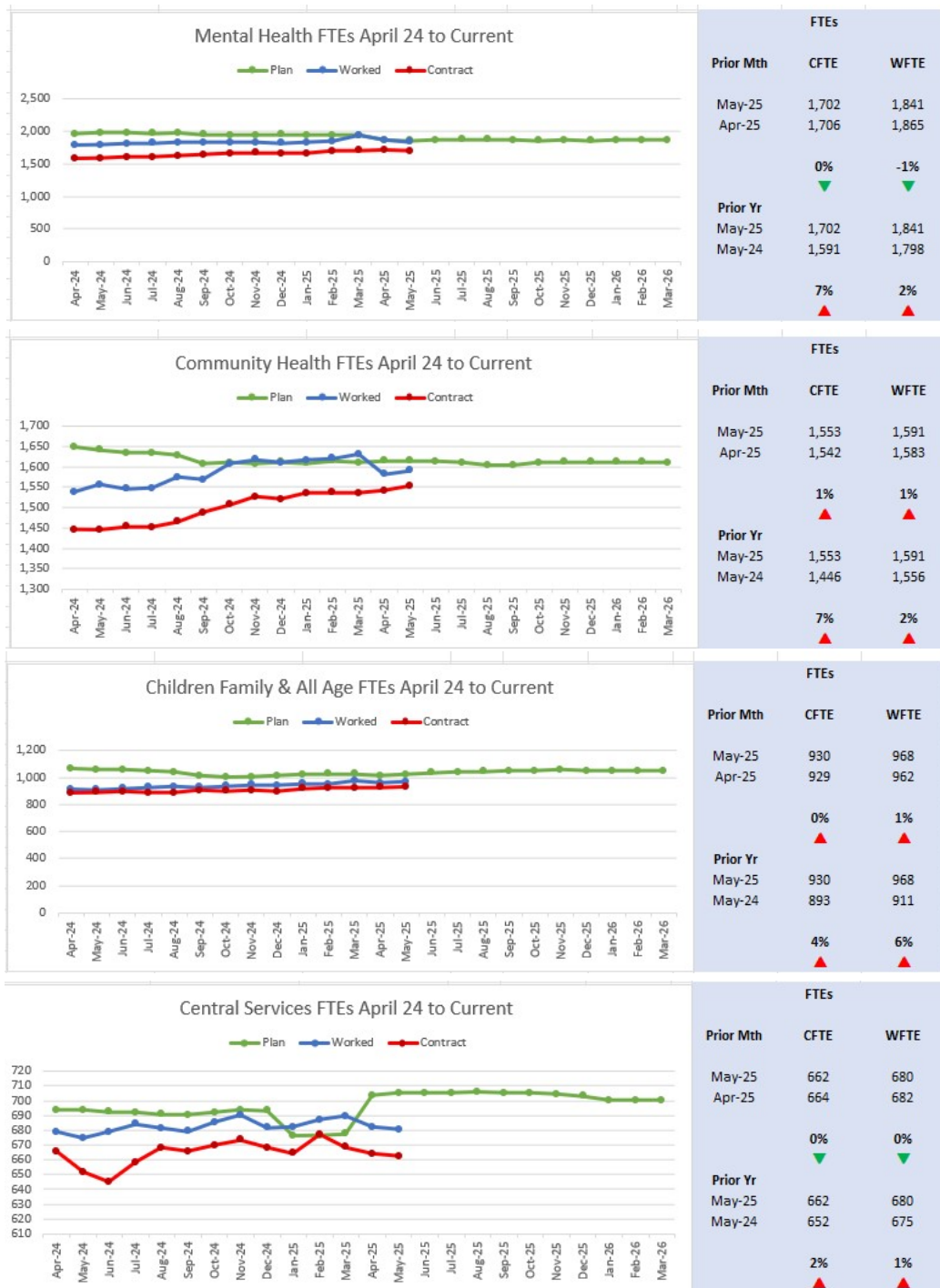
NHSE have mandated 2 new targets for temporary staffing. There is a requirement to reduce agency expenditure by 30% when compared to the previous year. This target has not yet been met but this is in part due to phasing and overall the shortfall is only £0.1m year to date. The bank staffing cost reduction of 10% compared to the previous year is being exceeded.

Our bank fill rate remains strong, meeting 89% of the overall temporary staffing demand.

Off-framework agency usage has decreased and is now stable at 4.8%, primarily within our dental and nursery services. To address this, we are actively engaging additional framework suppliers and have recently added a new dental nurse to the staff bank, aiming to fully eliminate reliance on off-framework agencies.

Non-medical price cap breaches continued to decline in May, with only 33 shifts affected. These remaining breaches are limited to the CAMHS Rapid Response services. Targeted support continues to be in place to ensure a smooth transition to agreed end dates and, where possible, migration to the staff bank.

Staff Detail (Division)

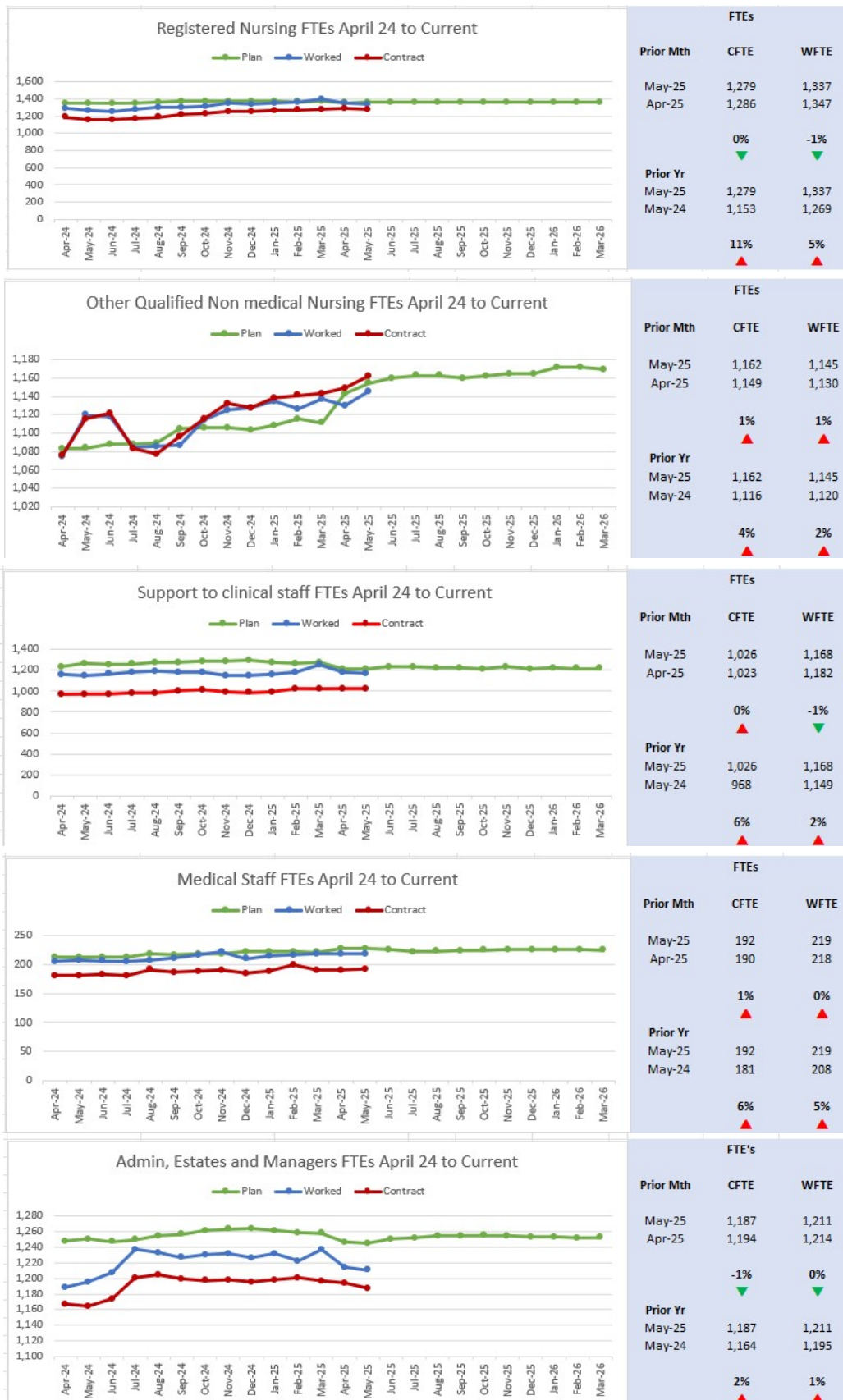


Key Messages

Worked WTEs are below plan for all clinical divisions and Central Services.

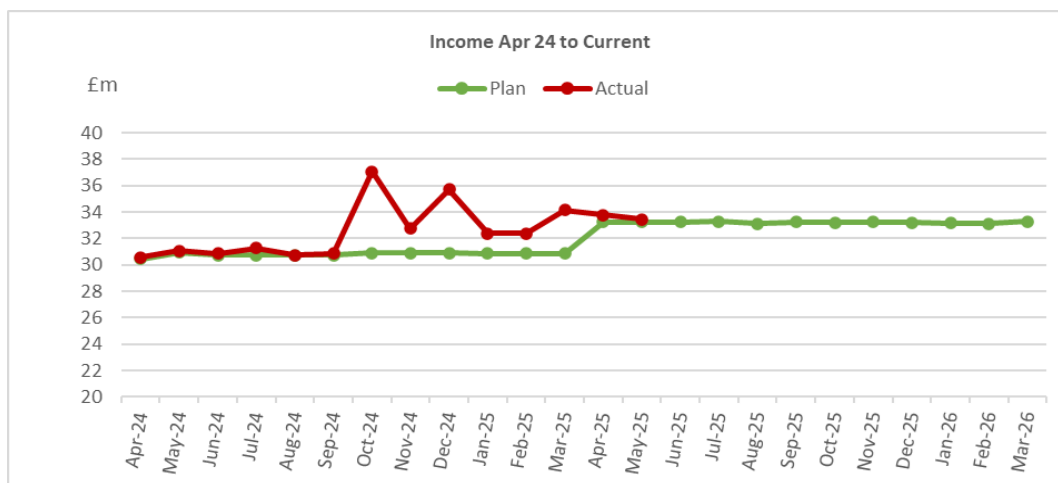
Overall, worked WTEs are 119 lower than plan in May.

Staff Detail (Staff Group)



Worked WTE actuals are much closer to plan since the 2022/23 financial reset. We are still seeing a gap between worked and contracted WTEs for all staff groups which highlights the continued use of agency and bank staff to fill substantive vacancies.

Income



Income	
YTD	£'k
2025/26	67.2
2024/25	61.6
	▲ 9%
Prior Yr	£'m
May-25	33.4
May-24	31.1
	▲ 8%

Key Messages

Income is slightly ahead of plan due to some final settlements from 2024/25 and the release of deferred income.

Elective Activity Performance

In 2024/25 the Trust received payment for all elective activity above the 2019/2020 baseline. In 2025/26, the funding available to the ICS to support this activity is curtailed which means that the Trust only has £4.8m of planned income from BOB ICB. We are currently achieving the required level of activity to secure this funding. Negotiations with Frimley ICB on the level of funding for 2025/26 continue.

We have not included a CIP for elective income in the current year.

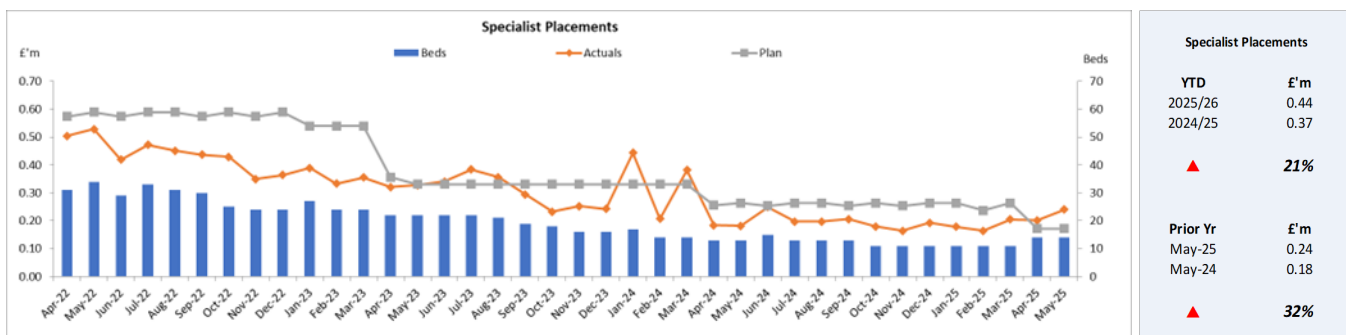
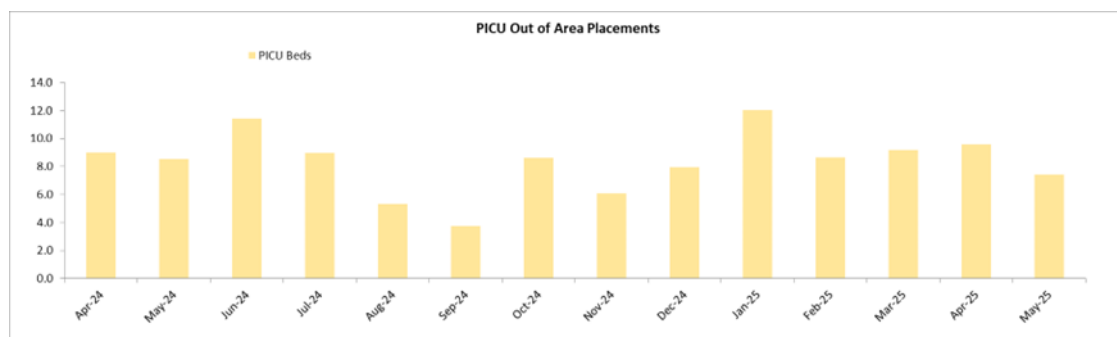
There will be a "true-up" exercise for 2024/25 but it is unlikely that the Trust will receive any additional income, rather just confirmation of the income that we have already assumed.

Non Pay & Placement Costs



Key Messages

As in previous years, the overspend against plan is driven by MH placements.



Key Messages

Out of Area Placements. Following the opening of our outsourced ward, we now have very low numbers of OAPs, which is in line with plan. In April and May we had one OAP but this has been recharged to another ICS.

PICU. We have planned for 5 PICU placements in 2025/26 but have been running with a higher number through April (10) and May (7). This had resulted in an overspend of £0.3m.

Specialist Placements. The average number of placements has increased to 14 and this is above the plan of 11. We are looking at options to recharge at least one of these to another NHS organisation, but in the meantime this had created a cost pressure.

Cost Improvement Programme

Description	Description	Risk	Plan £k	YTD Actual £k	YTD Plan £k	Variance £K
Divisional CIPS	Recurrent	Low	5,256	751	876	-125
Balance Sheet Review	Non-Recurrent	Low	3,065	1,282	511	771
Interest	Recurrent	Low	500	83	83	0
UEC Expenditure	Recurrent	Low	456	76	76	0
Procurement savings	Recurrent	Medium	150	25	25	0
Tax Optimisation	Recurrent	Medium	420	0	70	-70
Contract Contribution	Recurrent	Low	1,850	308	308	0
Annual leave Accrual	Non-Recurrent	Low	250	0	42	-42
Non - recurrent cover for posts	Non-Recurrent	Low	451	75	75	0
Recharge to income	Recurrent	Low	63	11	11	0
Legal Services review	Recurrent	Medium	150	0	25	-25
Expenses Controls	Recurrent	Low	50	8	8	0
Estates Downsizing	Recurrent	Low	130	12	22	-10
Discretionary spend controls	Recurrent	Medium	250	0	42	-42
Temporary staffing reduction stretch	Recurrent	Medium	1,500	0	250	-250
Corporate efficiency stretch	Recurrent	High	1,500	0	250	-250
Further workforce controls	Non-Recurrent	High	1,360	0	227	-227
Other	Recurrent	High	62	0	10	-10
Other - Slippage	Non-Recurrent	Low	0	279	0	279
	Total		17,463	2,911	2,911	0

Key Messages

The Trust's initial financial plan includes £17.5m of cost improvement plans.

Schemes are broadly phased in equal 12ths. Some of the schemes should deliver in full later in the year but timing is difficult to predict. Additional balance sheet release while positive from a CIP performance, is being used to balance off the overall position and it needs to be monitored closely throughout the year and in the context of any emerging risks.

Most of the divisional schemes have been in place from the start of the year. The total includes central services, where there continue to be some gaps in the programme. This is being addressed alongside the national programme around corporate costs. This will also contribute to the corporate efficiency stretch target once agreed.

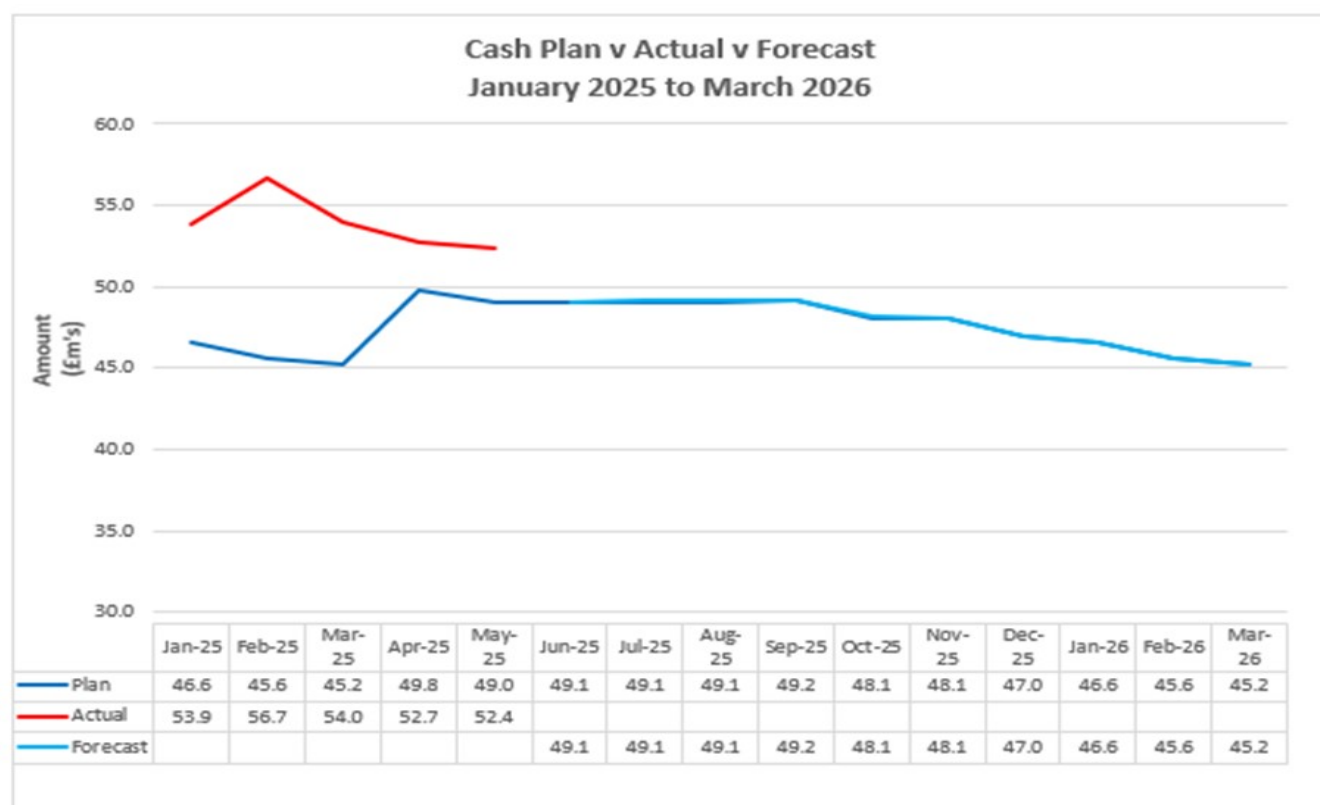
There are several other schemes in the pipeline and we continue to look to ICS partners for ideas for collaboration and for opportunities identified through benchmarking.

Balance Sheet & Cash

	2024/25	Current Month			YTD		
	Actual £'m	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m
Intangibles	0.9	1.5	2.2	(0.7)	1.5	2.2	(0.7)
Property, Plant & Equipment (non PFI)	38.2	37.6	34.6	3.0	37.6	34.6	3.0
Property, Plant & Equipment (PFI)	44.5	42.9	47.8	(4.9)	42.9	47.8	(4.9)
Property, Plant & Equipment (RoU Asset)	12.8	12.3	11.9	0.4	12.3	11.9	0.4
Receivables	0.2	0.2	0.2	0.0	0.2	0.2	0.0
Total Non Current Assets	96.6	94.5	96.6	(2.2)	94.5	96.6	(2.1)
Trade Receivables & Accruals	14.2	17.8	12.0	5.8	17.8	12.0	5.8
Other Receivables	0.3	0.3	0.3	0.0	0.3	0.3	0.0
Cash	54.0	52.4	49.0	3.4	52.4	49.0	3.4
Trade Payables & Accruals	(40.9)	(41.2)	(35.2)	(6.0)	(41.2)	(35.2)	(6.0)
Borrowings (PFI and RoU Lease Liability)	(4.4)	(3.1)	(6.8)	3.7	(3.1)	(6.8)	3.7
Other Current Payables	(12.0)	(12.4)	(9.7)	(2.7)	(12.4)	(9.7)	(2.7)
Total Net Current Assets / (Liabilities)	11.2	13.8	9.6	4.2	13.8	9.6	4.2
Non Current Borrowings (PFI and RoU Lease Liability)	(52.2)	(53.6)	(49.9)	(3.7)	(53.6)	(49.9)	(3.7)
Other Non Current Payables	(1.6)	(2.7)	(2.4)	(0.3)	(2.7)	(2.4)	(0.3)
Total Net Assets	54.0	52.0	53.9	(2.0)	52.0	53.9	(1.9)
Income & Expenditure Reserve	10.2	9.5	9.7	(0.2)	9.5	9.7	(0.2)
Public Dividend Capital Reserve	21.8	21.8	22.2	(0.4)	21.8	22.2	(0.4)
Revaluation Reserve	22.0	20.7	22.0	(1.3)	20.7	22.0	(1.3)
Total Taxpayers Equity	54.0	52.0	53.9	(1.9)	52.0	53.9	(1.9)

Key Messages

Our cash balance is higher than plan due to some slippage on the estates programme and final income settlements for 2024/2025.



Capital Expenditure

Capital Expenditure May 2025

CapEx Expenditure Within ICS Control Total	Current Month Plan	Current Month Actual	Current Month Variance	YTD Plan	YTD Actuals	YTD Variance	Plan	Forecast Outturn	Variance to Plan	Capital Committed Unspent	Capital To be Approved
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Estates Expenditure											
Trust Owned Properties	0	12	12	0	14	14	150	192	42	77	101
Jubilee Ward Relocation to St Marks - CIR Funding	216	10	(206)	432	10	(422)	2,000	2,000	0	1,990	0
Trust Wide Anti-Ligature - CIR Funding	0	24	24	0	77	77	600	600	0	523	0
West/Reading Consolidation - Bath Road	83	42	(41)	167	145	(21)	500	851	351	706	0
Charles Ward Decant Works - (Jubilee Ward Enabling Works)	0	3	3	0	3	3	100	157	57	154	0
Leased Non Commercial (NHS) Other	10	17	7	20	11	(9)	300	149	(151)	38	100
Leased Commercial	12	6	(6)	24	3	(21)	36	36	0	32	0
Environment & Sustainability	0	4	4	0	2	2	198	187	(11)	35	150
Backlog Maintenance	17	2	(15)	33	2	(32)	500	247	(253)	245	0
Various All Sites	17	7	(9)	33	8	(25)	680	408	(272)	51	350
Statutory Compliance	3	1	(2)	7	(0)	(7)	200	437	237	337	100
Subtotal Estates Expenditure	358	129	(229)	716	275	(441)	5,264	5,264	(0)	4,189	800
IM&T Expenditure											
Business Intelligence and Reporting	0	38	42	0	35	35	110	110	0	75	0
Hardware Purchases - Refresh & Replacement	0	(10)	7	0	(5)	(5)	4,136	4,136	0	4,141	0
Teams Rooms Refresh ONLY	0	0	0	0	0	0	50	50	0	50	0
Additional Divisional Spend & Teams Room Additions	42	41	(1)	84	61	(23)	504	504	0	443	0
Digital Strategy	50	39	(11)	100	80	(20)	600	600	0	520	0
Pharmacy System Procurement & Population Health	0	0	0	0	0	0	150	150	0	150	0
Subtotal IM&T Expenditure	92	108	37	184	170	(14)	5,550	5,550	0	5,380	0
IFRS16 RoU ASSETS - New Leases Net of Disposals and Remeasurements											
St. Marks Charles Ward Block 23	0	0	0	0	0	0	1,495	1,495	0	1,495	0
Bracknell - Frimley Sublease	0	0	0	0	0	0	202	202	0	202	1
Chalvey Lease	600	0	(600)	600	0	(600)	600	600	0	600	2
Bath Road	0	0	0	0	0	0	6,654	6,654	0	6,654	3
Bracknell Healthspace	0	0	0	0	0	0	500	500	0	500	4
Nicholson House	0	0	0	0	0	0	350	350	0	350	5
CoIN	0	0	0	0	0	0	200	200	0	200	0
Sub Total New Leases (IFRS16)	600	0	(600)	600	0	(600)	10,001	10,001	0	10,001	21
Subtotal CapEx Within Control Total	1,050	237	(792)	1,500	444	(1,056)	20,815	20,815	(0)	19,570	821
CapEx Expenditure Outside of Control Total											
	Current Month Plan	Current Month Actual	Variance	YTD Plan	YTD Actuals	YTD Variance	Plan	Forecast Outturn	Variance	Capital Committed Unspent	Capital To be Approved
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
PFI Sites - BHFT Funded											
Place of Safety	200	618	418	400	622	222	600	804	204	182	0
Anti-Ligature Toilet Pans & Basins	50	0	(50)	100	1	(99)	150	248	98	247	0
Trust wide Anti-Ligature (PFI)	7	0	(7)	13	0	(13)	500	345	(155)	0	345
Other PFI projects	13	11	(2)	27	9	(18)	730	583	(147)	50	524
Subtotal PFI Outside CDEL	270	630	360	540	631	91	1,980	1,980	(0)	480	869
Donated/Grant Funding											
WBCH Low carbon heating system - Salix Funding	0	4	4	0	24	24	2,634	2,634	0	2,610	0
Sub Total Donated/Grant Funded	0	4	4	0	24	24	2,634	2,634	0	2,610	0
Total Capex Expenditure - all funding sources	1,320	870	(429)	2,040	1,100	(940)	25,429	25,428	(1)	22,660	1,690

Key Messages

At M02, CDEL schemes were underspent by £1.1m against the plan. For 2025/26 RoU assets have been included in the CDEL calculation and we also have 2 schemes funded from the Estates Safety Fund which score against CDEL.

Estates is underspent year to date due to the phasing of expenditure on the Jubilee Ward relocation offset in part by an overspend on the Trust-wide anti-ligature schemes, again due to phasing.

Non-CDEL spend for PFI sites was overspent by £0.1m YTD, mainly due to the Place of Safety, where spend is expected to be £0.2m higher than plan and will be funded from within 25/26 envelope. This was offset by underspend on Anti-ligature Toilets with spend expected later this year.

There is an underspend on IFRS16 Right of Use Assets of £0.6m for the year to date. This is due to the ongoing delay in lease commencement for Chalvey, which was expected to commence early in 2024/2025 and had continued to slip, but which is now estimated to commence in July 2025.

Trust Board Paper Meeting Paper

Board Meeting Date	8 th July 2025
Title	True North Performance Scorecard Month 2 (May 2025) 2025/26
	The Board is asked to note the True North Scorecard.
Reason for the Report going to the Trust Board	To provide the Board with the True North Performance Scorecard, aligning divisional driver metric focus to corporate level (Executive and Board) improvement accountability against our True North ambitions, and Quality Improvement (QI) break through objectives for 2025/26.
Business Area	Trust-wide Performance
Author	Chief Operating Officer
Relevant Strategic Objectives	<p>The True North Performance scorecard consolidates metrics across all domains. To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care, and consistently meet or exceed the standards of Care Quality Commission (CQC) and other stakeholders.</p> <p>Patient safety</p> <p>Ambition: We will reduce waiting times and harm risk for our patients</p> <p>Patient experience and voice</p> <p>Ambition: We will leverage our patient experience and voice to inform improvement</p> <p>Health inequalities</p>

	<p>Ambition: We will reduce health inequalities for our most vulnerable patients and communities</p> <p>Workforce</p> <p>Ambition: We will make the Trust a great place to work for everyone</p> <p>Efficient use of resources</p> <p>Ambition: We will use our resources efficiently and focus investment to increase long term value</p>
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True North Performance Scorecard Highlight Report – May 2025

The True North Performance Scorecard for Month 2 2025/26 (May 2025) is included. Performance business rule exceptions, red rated with the True North domain in brackets.

The business-based rules and definitions are included, along with an explanation of Statistical Process Control (SPC) Charts, which are used to support the presentation of Breakthrough metrics: [Definitions and Business Rules](#) and [Understanding Statistical Process Control Charts](#)

Breakthrough and Driver Metrics

- Restrictive Interventions – Rapid Tranquilisation (Intra-muscular) **(Harm Free Care)** – 67 against a target to be confirmed.
 - The number of patients requiring rapid tranquilisation has an upward trend since November 2024. A total of 12 patients have contributed to this month's total. Top contributor was Rose ward and there was a spike on Rowan ward for 3 patients. The teams are reviewing the project and adding co-production with patients as an integral component of the project.
- Mental Health: Older Adult Average Length of Stay (bed days) **(Patient Experience)** – 109.82 days against a target of 80 days.
 - There are some patients with long stays and barriers to discharge that are being reviewed. Delays were identified with 'Best Interest' checklist and discharge planning and the team are working on these as counter measures.
- Physical Health: Community Inpatient Average Length of Stay (bed days) **(Patient Experience)** – 23.71 days against a target of 21 days.
 - Top contributing Local Authority areas for delay were Hampshire and Reading. Most significant reason for delays was delivery of falls equipment, accounting for 2-3 weeks on average. The teams have reviewed the ward round process and added clearer escalation routes for delays.
- Physical Assaults on Staff **(Supporting our Staff)** – 46 against a target of 36.
 - There are 17 patients that contributed to the total. Top contributor was Rose ward. There is a downward trend with monthly variation attributed to complexity of patient. The support package for staff post incident has been reviewed and changes include a default wellbeing referral rather than an offer for one. The team are reviewing the data to assess if there is a racial component to the assaults as there is a higher proportion of black/black British staff working on the wards.

The following Breakthrough metrics are Green and are performing better than agreed trajectories or plan.

- Mental Health: Acute Average Length of Stay (bed days) **(Patient Experience)** – 32.8 days against a target of 42.
 - Top contributing ward was Snowdrop, then Rose ward. Initial review of reasons for delay are challenges in the psychosis and Clozapine pathways. Patient flow in wards is working well, and the team are working on the discharge flow back into the community.

Driver Metrics

The following metrics are Red and not performing to plan.

- I Want Great Care Positive Patient Experience Score (**Patient Experience**) – at 94.71% against a 95% target.
- I Want Great Care Patient Experience Compliance Rate (**Patient Experience**) – at 7.39% against a 10% target.

The following metrics are Green and are performing better than agreed trajectories or plan.

- Staff turnover (excluding fixed-term posts) (Supporting our Staff) – at 10.44% against a stretch target of 10%.
- Year to Date Variance from Control Total (£'k) (Efficient Use of Resources) – at £0k against a target of 0.
- Inappropriate Out of Area Placements (OAPs) at the end of the month (Mental Health) – (**Patient Experience**) – at 0 against a quarter 1 target of 8 patients.

Tracker Metrics

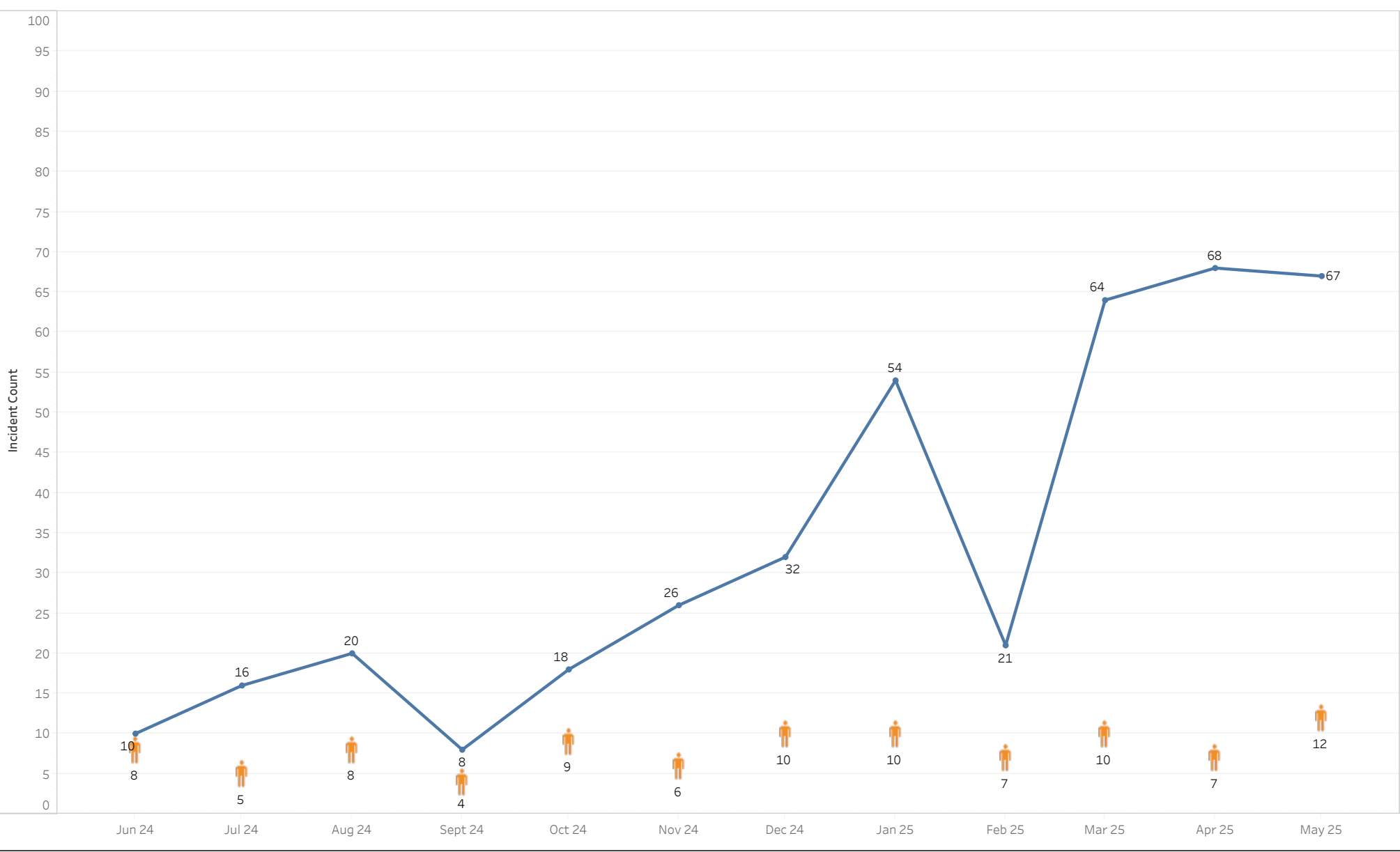
The following metrics are Red and not performing to plan according to business rules.

- Sickness rate (**Supporting Our Staff**) – red at 3.7% against a target of 3.5%.
- PDP (% of staff compliant) appraisal (**Supporting Our Staff**) – red at 92.1% against a 95% target.
- Bed days occupied by patients who are discharge ready (Community) (**Patient Experience**) – 694 bed days against a target of 500.
- Clinically Ready for discharge by wards in mental health (Including OAPs) (**Patient Experience**) – 431 against a 250-bed day target.
- Access to Perinatal Services – Assessments (BOB) (**Patient Experience**) – 330 against a target of 611 per month.
- Access to Perinatal Services – Assessments (Frimley) (**Patient Experience**) – 310 against a target of 479 per month.
- Mental Health Acute Occupancy rate (excluding home leave) (**Efficient Use of Resources**) – at 96% against an 85% target.
- Mental Health: Non-Acute Occupancy Rate (excluding home leave) (**Efficient Use of Resources**) – at 83.78% days against a target 80%.

Performance Scorecard - True North Drivers

			Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
Breakthrough Rapid Tranquilization (Intra-Muscular)	TBC	Internal												
			10	16	20	8	18	26	32	54	21	64	68	67
			Patient Experience											
Positive Patient Experience Score %	95% compliance	External	93.97%	94.19%	94.19%	95.09%	94.19%	95.09%	94.71%	95.19%	95.89%	95.39%	94.52%	94.71%
Patient Experience Compliance Rate %	10% compliance	External	6.5%	5.70%	6.20%	4.39%	4.29%	4.10%	5.24%	5.89%	7.29%	7.79%	8.5%	7.39%
Breakthrough Mental Health: Older Adult Average LoS (bed days): Number	80 days	External	78	65.23	141.45	116.89	94.25	144.92	122.13	95.33	77.45	87.56	82.15	109.82
Breakthrough Mental Health: Acute Average Length of Stay (bed days)	42 days	Internal	47.2	49.6	58.8	46.1	50.8	40.5	36	60.8	40.0	63.1	30.7	32.8
Breakthrough Community Inpatient Average Length of Stay (bed days)	<21 days	Internal	26.21	21.72	24.59	24.78	24.68	24.4	24.97	23.93	24.12	23.73	24.89	23.71

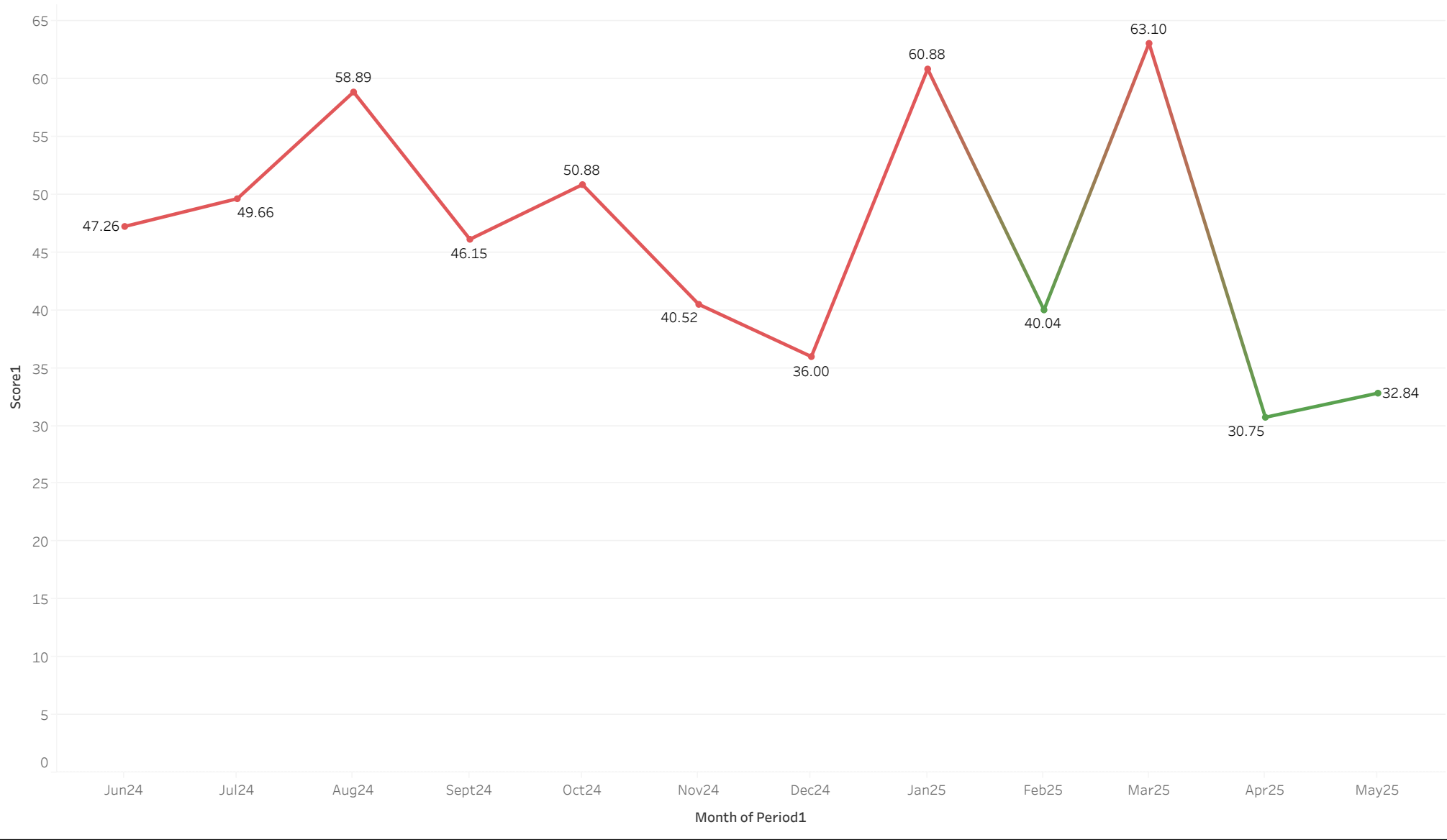
Breakthrough Rapid Tranquilization (Intra-Muscular)



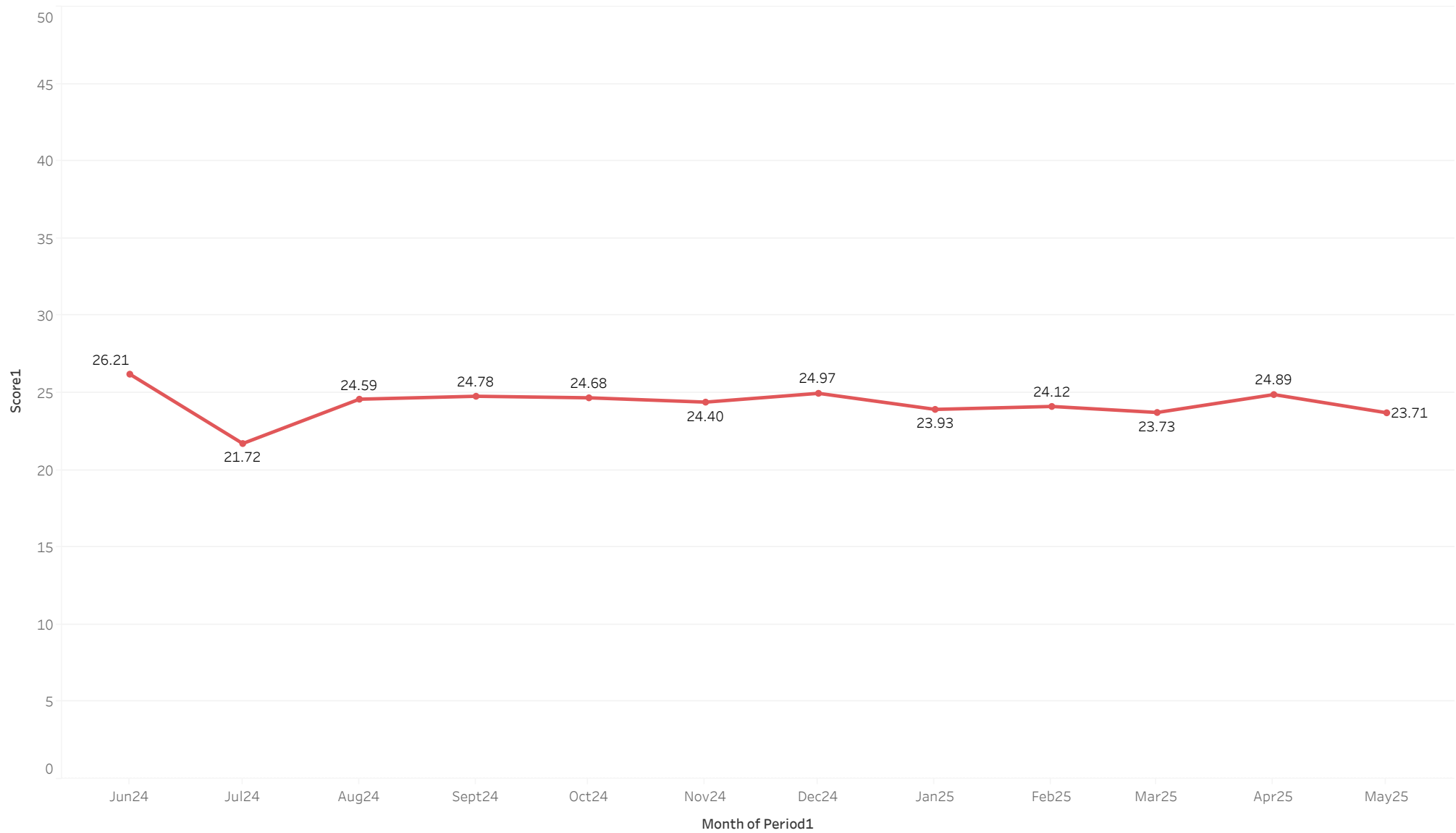
Breakthrough Mental Health: Older Adult Average LoS (bed days)



Breakthrough Mental Health: Acute Average Length of Stay (bed days)



Breakthrough Community Inpatient Average Length of Stay (bed days)

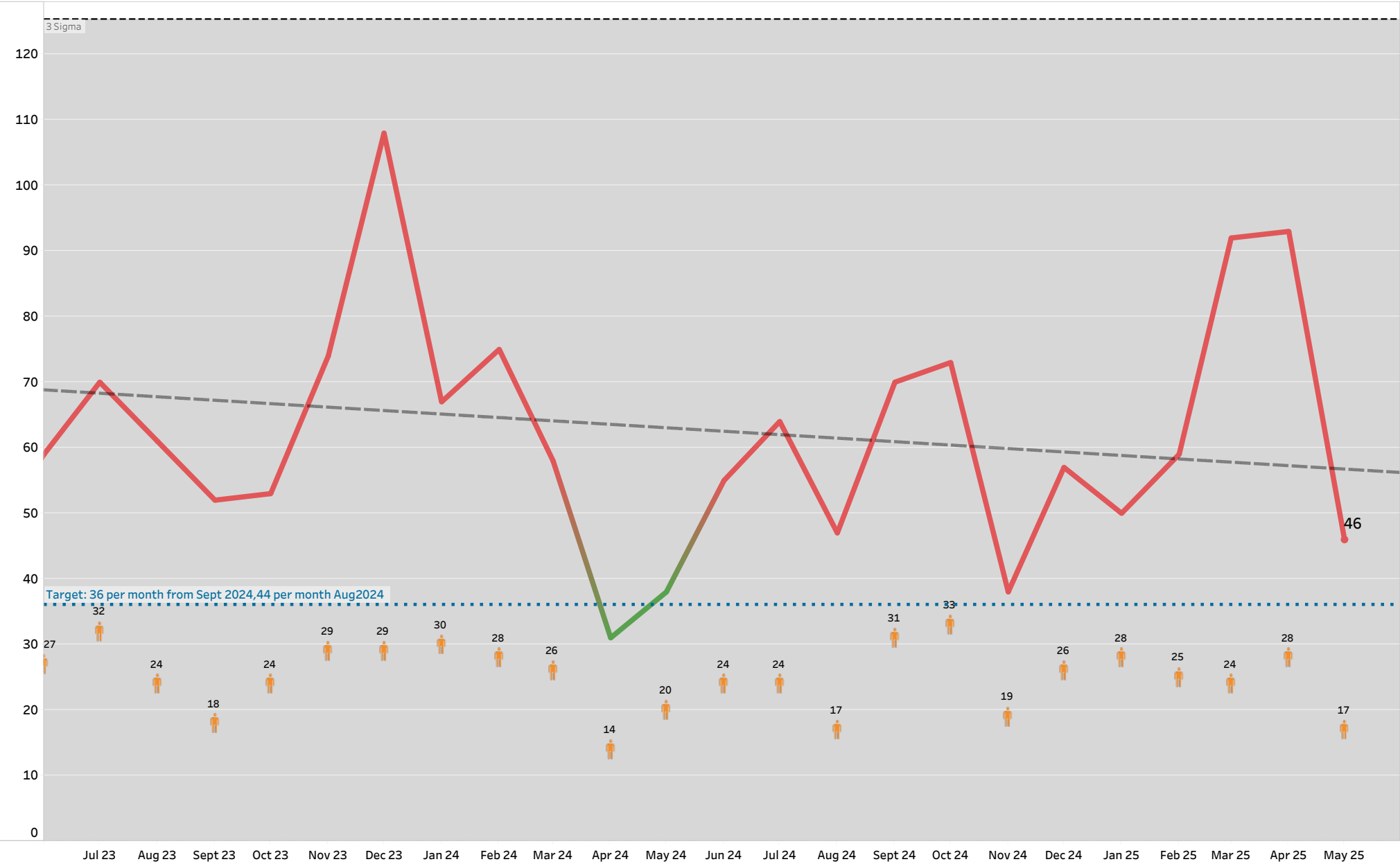


Performance Scorecard - True North Drivers

Supporting our Staff														
Metric	Threshold / Target	External/Internal	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25
Breakthrough Physical Assaults on Staff	36 per month Sept 2024	Internal												
			55	64	47	70	73	38	57	50	59	92	92	46
Staff turnover (excluding fixed term posts)	10% by March 2025	External												
			12.59%	12.49%	12.32%	12.07%	11.54%	11.57%	11.51%	11.57%	11.16%	11.09%	10.59%	10.44%
Efficient Use of Resources														
YTD variance from control total (£'k)	0	External												
			-26	-103	-9	-16	-17	-2	-1	-3000	-3000	-3000	0	0
Active Inappropriate OAPS at end of month	< 8 Q1, 5 Q2, 3 Q3, 1 Q4 New target (25/26) : Q1 - 3, Q2 - 3, Q3- 3, Q4 - 3 - 1 per month	External												
			4	3	4	7	4	0	1	1	1	0	0	0

Supporting Our Staff - Breakthrough Objective :Physical Assaults on Staff (Jul 21 to May 25)

Any incident where sub-category = assault by patient and incident type = staff



True North Supporting Our Staff Summary

Metric	Threshold / Target	External/Internal	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25
Statutory Training: Fire: %	90% compliance	Internal	95.3%	95.7%	95.5%	95.9%	96.0%	96.1%	96.2%	94.2%	94.8%	94.2%	94.1%	94.8%
Statutory Training: Health & Safety: %	90% compliance	Internal	97.3%	97.3%	97.6%	97.6%	97.6%	97.8%	98%	98.0%	98.2%	98.1%	98.4%	98.5%
Statutory Training: Manual Handling: %	90% compliance	Internal	94.3%	94.8%	94.9%	94.2%	94.5%	93.7%	94.9%	94.6%	94.1%	94.4%	94.1%	94.6%
Mandatory Training: Information Governance: %	95% compliance	Internal	98.1%	98.2%	98.4%	98.5%	97.9%	98.9%	98.2%	98.1%	97.5%	97.1%	97.5%	98.2%
Sickness Rate: %	<3.5%	External	3.7%	4.1%	4.1%	4.5%	4.7%	4.8%	4.8%	4.8%	4.3%	3.8%	3.7%	
PDP (% of staff compliant) Appraisal: %	Target: 95% by end of May 2025	Internal	96.3%											92.1%

True North Supporting Our Staff Summary (2)

			Jun24	Jul24	Aug24	Sept24	Oct24	Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25
CQC - Quality of Leadership	TBC	External	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
NHS staff survey raising concerns subscore	TBC	External	7.26	7.26	7.26	7.26	7.26	7.26	7.26	7.26	7.26	7.26	7.26	7.26
Staff Engagement Score (Annual Staff Survey)	10	External	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.4	7.5	7.5	7.5

True North Patient Experience

			Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25
A&E: Maximum wait of four hours from arrival to admission/transfer /discharge: %	95%	External	98.89	98.76	99.31	99.17	99.05	99.31	99.03	98.72	99.22	96.40	99.39	99.57
Community Health Services: 2 Hour Urgent Community Response %.	80%+	External	84.7%	88.7%	91.4%	89.2%	91.4%	90.9%	91.9%	91%	91.1%	92.2%	93.4%	94.4%
Number of Patients not seen on RTT waiting over 52 weeks	0	External	0	0	0	0	0	0	0	0	0	0	0	0
Attended Community Care Contacts	TBC	External	49463	55639	49825	51827	57889	54278	51266	57784	51590	55720	54324	51997
			Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
Bed days occupied by patients who are discharge ready Community	500 bed days	External	812	999	830	886	876	849	977	890	627	589	636	694
			Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
Clinically Ready for Discharge by Wards MH (including OAPS)	250 bed days	External	305	253	248	291	147	186	224	240	301	360	355	431
Community Dentistry Activity (ytd)	Total Trust UDA per Annum 9037 CDS & 2000 DAC. 919 per month	External	2116	2314	4560	4723	5576	6383	7167	8248	8910	9671	762	1569

True North Patient Experience

			Jun24	Jul24	Aug24	Sept24	Oct24	Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25
Time to first appointment Diabetes	<18 weeks	External	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Time to first appointment Children's Community Paediatrics	<18 weeks	External	100%	99.5%	100%	100%	100%	100%	100%	100%	99%	100%	98.8%	100%
			Jun24	Jul24	Aug24	Sept24	Oct24	Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25
CPP - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): Number	TBC	External	173	174	159	156	146	132	110	83	102	98	83	80
Diabetes - RTT (Referral to treatment) waiting times - Community incomplete pathways (how many within 18 weeks): Number	TBC	External	100	82	86	77	61	63	69	67	72	84	66	59
New RTT pathways (clock starts) Children's Community Response	TBC	External	42	51	44	72	56	28	36	23	31	35	16	46
New RTT pathways (clock starts) Diabetes	TBC	External	63	69	61	71	63	57	53	64	53	65	53	53
RTT waiting list, of which children aged 18 years and under (WLMDS)	TBC	External	172	173	158	155	145	131	110	83	101	98	83	80
Number of 52+ week RTT waits, of which children aged 18 years and under (Waiting List MDS)	TBC	External	1	1	0	0	0	0	0	0	0	0	0	0

True North Patient Experience

			Jun24	Jul24	Aug24	Sept24	Oct24	Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25
Percentage of patients admitted as an emergency within 30 days of discharge (Community Readmission)	TBC	External	0%	0%	0%	0.42%	0.41%	0%	0%	0%	0%	0%	0.64%	0%
Percentage of Inpatients referred to stop smoking services	TBC	External	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% seen	External	98.92	96.20	96.39	98.40	98.62	98.48	96.32	96.81	100	99.14	99.78	99.23
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	26 per month	Internal	19	27	28	37	10	18	22	17	27	24	25	25
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	Internal	85.8%	96.6%	94.6%	90.2%	84.3%	89.1%	90.1%	83.1%	90.6%	91.1%	89.5%	82.2%
Access to Children and Young People's Mental Health Service 0-17 1+ Contact Frimley	Cumulative Year to Date Target for Frimley for 2024/25 Minimum 2353. Cumulative Ytd figures shown	External	5808	6071	6221	6370	6538	6719	6857	7002	7161	7328	4016	2896
Access to Children and Young People's Mental Health Service 0-17 1+ Contacts BOB	Cumulative Year to Date Target for Frimley for 2024/25 Minimum 2353. Cumulative Ytd figures shown	External	8234	8478	8638	8821	9054	9275	9466	9677	9852	10076	5020	5047
Access to Children and Young People's Mental Health Service Aged 18-24 1+ Contacts measured from Dat..	Cumulative Year to Date figure given 2024/25 Minimum BOB target 222	External	3179	3279	3339	3430	3546	3653	3716	3824	3925	4012	1604	1681
Access to Children and Young People's Mental Health Service 18-24 1+ Contact Frimley	Cumulative Year to Date figure given 2024/25 Minimum BOB target 222	External	2194	2263	2327	2385	2446	2511	2569	2632	2700	2758	1169	1248
Percentage of people with suspected autism awaiting contact for over 13 weeks	TBC	External	85.86%	85.50%	88.99%	90.38%	90.90%	91.50%	92.90%	95.94%	95.22%	95.17%	95.02%	95.31%

True North Patient Experience

			Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
Talking Therapies Reliable Improvement for those completing a course of treatment Frimley	67% to Sep 2025 68% from Oct 2025	External	65%	62%	65.40%	69%	68%	66%	67.60%	67%	62.5%	70.09%	70.29%	69.59%
Talking Therapies Reliable Improvement for those completing a course of treatment BOB	67% to Sep 2025 68% from Oct 2025	External	63%	64%	64.5%	69%	69%	71%	64.60%	65%	71.09%	68.10%	70.5%	72.39%
Talking Therapies Reliable Recovery for those completing a course of treatment Frimley	48%, 49% to Sep25 50% Oct 2025 to April 2026 (BOB & Frimley)	External	44%	47%	51.39%	52%	50%	51%	50.20%	49%	43.20%	51.5%	49.39%	50.20%
Talking Therapies Reliable Recovery for those completing a course of treatment BOB	48%, 49% to Sep25 50% Oct 2025 to April 2026 (BOB & Frimley)	External	46%	49%	48.19%	48%	50%	51%	45.70%	50%	51%	51.10%	50.60%	53.70%

True North Patient Experience

			Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25
Access to Perinal services BOB	611	External	444	443	434	432	427	413	403	389	384	366	344	330
Access to Perinatal Services Frimley	479	External	372	379	369	381	385	374	370	358	338	332	314	310
Number of People accessing Individual Placement Services -Frimley	280 Frimley by March 26	External											336	344
Number of People accessing Individual Placement Services -Bob	280 Bob by March 26	External	-	-	-	-	-	-	-	-	-	-	366	368
			Jun24	Jul24	Aug24	Sept24	Oct24	Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25
Percentage of patients referred to crisis care teams to receive face to face contact within 24 hours	TBC	External	100%						100%	100%	67%			67%
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	90% from 1st July 2024. Previously 85%	Internal	94%	95%	94%	90%	91%	93%	94%	91%	92%	93%	92%	90%
Mental Health: Prone (Face Down) Restraint	4 per month	Internal	0	0	0	0	1	1	2	3	1	1	0	0
Patient on Patient Assaults (MH Inpatients)	25 per month	Internal	10	10	5	8	7	9	14	10	10	13	16	14
Mental Health: Uses of Seclusion	13 in month	Internal	11	7	7	8	2	8	9	6	7	12	9	9
Rate of Restrictive Intervention	TBC	External	69.22	72.35	62.14	49.9	50.83	68.25	68.26	75.17	75.72	98.37	82.58	112.03

True North Harm Free Care Summary

Metric	Threshold / Target	External/Internal	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25
Mental Health: AWOLs on MHA Section	10 per month	Internal	5	7	7	9	5	3	11	7	4	4	3	3
Mental Health: Absconsions on MHA section (Excl: Failure to return)	8 per month	Internal	1	1	1	1	1	1	1	2	0	0	2	3
Mental Health: Readmission Rate within 28 days: %	<8% per month	Internal	0	3.45	5.25	3.83	0	1.53	1.47	1.62	1.5	0	5.54	2.62
Mental Health 72 Hour Follow Up after Inpatient discharge	80%+	External	94.1%	91.0%	91.4%	100%	91.0%	88.3%	93.4%	89.4%	91.6%	96.6%	96.9%	97.3%
Self-Harm Incidents on Mental Health Inpatient Wards (ex LD)	61 per month	Internal	63	64	46	72	68	101	55	94	61	69	79	80
Patient on Patient Assaults (LD)	4 per month	Null	1	2	0	0	0	2	0	3	2	8	1	1
Self-Harm Incidents within the Community	31 per month	Internal	10	10	7	17	15	25	23	30	21	15	21	16

Efficient Use of Resources

Metric	Threshold / Target	External/Internal	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
Community Inpatient Occupancy	85%	Internal	91.6%	88.8%	86.9%	92.4%	91.7%	91.3%	91.8%	93.9%	86.2%	84.6%	89.3%	87.3%
CHS Average delay(Exclude Zero delays)	TBC	External	7.4	7.4	6.2	6.7	6.7	6.0	6.9	6.4	6.0	5.0	5.7	5.4
CHS Percentage of patients discharged on discharge ready date	TBC	External	48.7%	39.0%	40.1%	38.8%	39.8%	33.7%	33.9%	35.0%	46.7%	39.3%	39.0%	37.1%
Mental Health: Adult Acute LOS over 60 days % of total discharges	TBC	External	28.0%	33%	35.1%	24.3%	29.3%	24%	16.9%	26.4%	24%	27.0%	14.0%	14.0%
Mental Health: Older Adult Acute LOS over 90 days % of total discharges	TBC	External	63%	50%	41.6%	55.5%	50%	61.5%	60%	50%	45.4%	56.2%	57.0%	63.6%
DNA Rate: %	5% DNAs	Internal	4.79%	4.83%	4.97%	4.96%	4.91%	4.87%	4.47%	4.66%	4.5%	4.42%	4.75%	4.91%
Mental Health: Acute Occupancy rate (excluding Home Leave):%	85% Occupancy	Internal	97.1%	97.3%	99.2%	96.8%	97.4%	97.6%	98.4%	98.2%	99.0%	89.6%	94.8%	96%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): %	80% Occupancy	Internal	81.71%	83.87%	88.40%	90.10%	80.82%	86.14%	87.79%	89.75%	92.56%	89.05%	83.78%	83.78%
Community Virtual Ward Occupancy Frimley	80%	External	52.5%	57.59%	51.30%	61.29%	77.29%	84%	73.5%	79.80%	80.5%	69%	83%	80%
Community Virtual Ward Occupancy BOB	80%	External	94.79%	82.59%	87.90%	79.40%	76.90%	79.60%	91.29%	100.2%	76.59%	85%	85%	72%
Agency Spend within Ceiling	3.2%	External	2.19%	3.10%	3.20%	2.90%	2.90%	3%	2.39%	2.70%	1.89%	2%	2.19%	1.79%
Year to Date Corporate Cost Reduction	TBC	External	0	0	0	0	0	0	0	0	0	0	0	0

Trust Board Paper

Board Meeting Date	Tuesday 8 th July 2025
Title	Trust strategy outcome measures – year two progress update
	Paper for noting
Reason for the Report going to the Trust Board	The paper updates progress on Board agreed strategy outcome measures for the current three-year Trust strategy
Business Area	
Author	Alex Gild – Deputy Chief Executive
Relevant Strategic Objectives	<p>Patient safety</p> <p>Ambition: We will reduce waiting times and harm risk for our patients</p> <p>Patient experience and voice</p> <p>Ambition: We will leverage our patient experience and voice to inform improvement</p> <p>Health inequalities</p> <p>Ambition: We will reduce health inequalities for our most vulnerable patients and communities</p> <p>Workforce</p> <p>Ambition: We will make the Trust a great place to work for everyone</p> <p>Efficient use of resources</p>

	<p>Ambition: We will use our resources efficiently and focus investment to increase long term value</p>
Summary	<p>Making good progress against the majority of strategy outcomes</p> <p>See highlight summary on page 2 in the report.</p> <p>October 2025 Board strategy meeting will review update to outcome measures considering current strategy refresh process, government ten-year health plan and engagement with staff and system partners.</p>

2025 Strategy Outcome Measures

Year Two update (to 31st Mar 2025)



July 2025

TRUST STRATEGY OUTCOMES – YEAR TWO PROGRESS

This summary of our key strategy outcomes shows progress against Board agreed impact measures for Trust’s three-year strategy to the end of year two. A high-level picture of the activities that have been driving outcomes and performance to date.

Majority of outcome measures are showing progress in line with the targets set for the 24-month review period. There are two metrics which are currently ahead of original planned targets:

- 1. *A Great Place to Work* measured through reducing our turnover rate
- 2. *Releasing Time to Care* measured through process hours saved from digital initiatives

For *Improved MH Inpatient services*, the reduction of beds in acute adult mental health admission wards to safer level of 18 per ward and the introduction of two single sex wards at Prospect Park Hospital is highlighted.

Outcomes measures rated amber or red:

- 1. *Carbon Emissions Reduction* metric, there are activities in place that see expected benefits realise from 2025/26
- 2. *Financial Sustainability Achieved*, underlying deficit higher than targeted although relative in year breakeven performance is strong, and underlying deficit improving from recurrent efficiency savings impact
- 3. *Improved Care Driven By Patient Experience* measured by the response rate of “I Want Great Care” patient experience tool, which has not achieved target although improvement noted

As part of the current strategy refresh process the October 2025 Board strategy meeting will review proposed update to strategy outcomes measures informed by ten-year health plan, division and system engagement, productivity review and health inequality co-production with Slough and Reading VCSE partners.

Strategy Outcome Measures	Current Status
IMPROVED PATIENT SAFETY	<div></div>
A GREAT PLACE TO WORK	<div></div>
REDUCED INEQUALITIES	<div></div>
OPERATIONAL EXCELLENCE	<div></div>
REDUCED HIGHER RISK WAITING TIMES	<div></div>
IMPROVED MH INPATIENT SERVICES	<div></div>
IMPROVED CARE DRIVEN BY PATIENT EXPERIENCE	<div></div>
RELEASING STAFF TIME TO CARE	<div></div>
FINANCIAL SUSTAINBILITY ACHIEVED	<div></div>
CARBON EMISSIONS REDUCED	<div></div>

OUTCOME MEASURES



OUTCOME	CONTEXT	LEAD	Baseline	12 MONTH TARGET	24 MONTH TARGET	36 MONTH TARGET
IMPROVED PATIENT SAFETY We will have proportionally fewer moderate harm and above incidents	A new system is being implemented for the recording of incidents. Due to work on the implementation of the system and further analysis that will be required to determine areas of focus, it is unlikely that there will be a change in the first 12 months. We will use this period to build knowledge of incidents and highlight areas to focus on in future years.	Deborah Fulton	N/A	N/A	TBC	TBC
OUTCOME: IMPROVED PATIENT SAFETY						
Summary Report; including Key Activity, Drivers of performance and Key Issues:	Work is in progress on ensuring robust data is available as a baseline and going forward. This is a complex area requiring significant back-office work. A methodology is now agreed, and current focus is on ensuring data is captured going forward (this will be in place by the end of July 2025). Work will then take place to cleanse the 2024-25 data to provide the baseline. The key challenge is ensuring only incidents where we did or didn't do something that contributed to the moderate harm are included.					
Performance at 24-month target:	Awaiting baseline data.					

OUTCOME MEASURES



OUTCOME	CONTEXT	LEAD	Baseline	12 MONTH TARGET	24 MONTH TARGET	36 MONTH TARGET
A GREAT PLACE TO WORK We will sustain and improve our turnover rate	Reducing turnover demonstrates the stability and staff experience of the organisation (alongside engagement scores), limiting wasted resource via recruitment, handover and lost organisational memory.	Jane Nicholson	15.7%	14%	10%	9%

OUTCOME: A GREAT PLACE TO WORK	
Summary Report; including Key Activity, Drivers of performance and Key Issues:	The Trust turnover rates have shown a steady decrease across the last 12 months, this trend has been consistent over several years. We are now the second-best performing Trust regarding staff turnover in our two ICSs, with some months where we have been ranked as the best performing trust for this metric.
Performance at 24-month target:	Target: 10% by March 2025 March 2025: 11.08% April 2025: 10.63%

OUTCOME MEASURES



OUTCOME	CONTEXT	LEAD	Baseline	12 MONTH TARGET	24 MONTH TARGET	36 MONTH TARGET
REDUCED INEQUALITIES We will reduce ethnicity-based variation in Mental Health Act Section 2 detentions	Project initially focuses on reducing Section 2 Mental Health Act detention variation across localities in Berkshire.	Kathryn McDermott	Black people are currently 3.07x more likely than white people to be detained across Berkshire	Reduce variation across localities by 10%	Reduce variation across localities by 20%	Reduce variation across localities by 25%
				Reduce MHA detentions against baseline by 5%	Reduce MHA detentions against previous year by 5%	Reduce MHA detentions against previous year by 5%

OUTCOME: REDUCED INEQUALITIES	
Summary Report; including Key Activity, Drivers of performance and Key Issues:	Summary : In the last 2 years as part of our Health Inequalities Strategy, we have made significant progress in reducing the disproportionate detentions of black people under the Mental Health Act across Berkshire. Our latest data February 2025 shows the reduction to 2.69 times which a clear step forward. However local variation remains a challenge, for example Bracknell 4.78x, whilst West Berkshire locality is 0.55x (Feb 2025). Collectively, we have made positive progress in reducing Section 2 detentions, achieving a 16% reduction (38 to 32) in the last year (2024-25). Generally, Section 2 detentions are trending downwards nationally. Key Issues: n/a
Performance at 24-month target:	Target for 2025/26 Section 2 detentions across Berkshire is set to 30 detentions, and targeted work with localities with higher detention rates, and the successful delivery of the 6 Point Action Plan.

OUTCOME MEASURES



OUTCOME	CONTEXT	LEAD	Baseline	12 MONTH TARGET	24 MONTH TARGET	36 MONTH TARGET
OPERATIONAL EXCELLENCE We will work with services to improve their business intelligence capabilities to understand operational delivery pressures and improve the management of demand and waiting lists across our services.	We will support services across the organisation to develop the capabilities to improve their confidence and understanding of data, improve data quality and ensure effective management of demand and waiting lists, supported by clear definitions of waiting.	Theresa Wyles	Baseline established across all services	65% (of services)	70% (of services)	80% (of services)
OUTCOME: OPERATIONAL EXCELLENCE						
Summary Report; including Key Activity, Drivers of performance and Key Issues:	<p>We are currently developing dashboards at a senior operational level to get better oversight of the opportunities and challenges in services. This will include metrics such as activity, waiting list size and productivity opportunities and will guide teams to focus on certain areas.</p> <p>The aim is to empower and bring ownership of performance and data within divisions and report by exception through the appropriate governance channels. The data on tableau is only as good as the input, so will need divisional ownership with training and support to validate and ensure accurate data is uploaded.</p> <p>We would expect a standardised format of a dashboard and divisions to come prepared with a narrative to their dashboard.</p>					
Performance at 24-month target:	<p>Divisions have a clear understanding of the challenges in most (70%) of their services, with reduced waiting times for first appointment. Some examples of this are: In Mental Health, we have zero patients (was 974 in June 2024) waiting over 2 years; this is largely due to clinical reviews and ensuring patients are on the correct pathway for treatment.</p> <p>In Community Health, we have two patients waiting over 2 years (was 48 in June 2024). This has been achieved through improving waiting times for first appointment in services such as Urgent Community Dental, MSK and Respiratory.</p>					

OUTCOME MEASURES



OUTCOME	CONTEXT	LEAD	Baseline	12 MONTH TARGET	24 MONTH TARGET	36 MONTH TARGET
REDUCED HIGHER RISK WAITING TIMES We will reduce risks associated with long waiting times	We will work with services with long waiting times to reduce risks associated with their long waits. As a measure of harm from waiting, we will focus on services currently on our Quality Concerns Register and will support them to reduce their waiting times so that they can be removed from the Register.	Theresa Wyles	There were 5 services on the Register due to wait times	3 services	2 services	No services (No new services added)

OUTCOME: REDUCED HIGHER RISK WAITING TIMES	
Summary Report; including Key Activity, Drivers of performance and Key Issues:	<p>As of May 2025, there are 5,785 patients waiting over 2 years for their first appointment. We will aim to reduce the number of patients over 2 years by 10%, year on year. This is primarily through focussed work on challenged services (via waiting and patient journey group) and clearer understanding and oversight of data at OLT, focussing on metrics which will help increase activity, utilise existing capacity and provide better outcomes for patients.</p> <p>Key issues 20.3% (1,257) is Children and Young People ADHD assessment, diagnosis and medication 17.5% (1,084) is Adult ADHD in the Neuropsychology Service. The above will be a challenge and so we will look to focus on other services to support this outcome.</p>
Performance at 24-month target:	Only 2 services on the quality concerns register and a reduction on the number of patients waiting over 2 years, from 5,785 to <5,000

OUTCOME MEASURES

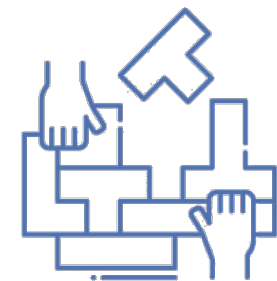


OUTCOME	CONTEXT	LEAD	Baseline	12 MONTH TARGET	24 MONTH TARGET	36 MONTH TARGET
IMPROVED MH INPATIENT SERVICES We will reduce the maximum ward sizes at Prospect Park Hospital (PPH)	Reducing the maximum ward size at PPH for adult acute mental health wards will yield a range of benefits including an enhanced therapeutic environment, improvements to staff and patient safety and experience and allow us to deliver a modern standard of mental health care that aligns with our vision to be a great place to get care, a great place to give care.	Theresa Wyles	1 ward x 20 beds 3 wards x 22 beds	Max ward size 20	Max ward size 18	Max ward size 18

OUTCOME: IMPROVED MH INPATIENT SERVICES	
Summary Report; including Key Activity, Drivers of performance and Key Issues:	In April 2025, the 4 acute wards at PPH reduced to 18 beds with the staffing levels remaining unchanged. Daisy ward has converted to a male ward and Bluebell ward to a female ward. The remaining 2 acute wards remain mixed gender. Sorrell (PICU) is currently a male only ward, however with the continued high demand for female PICU beds we are reviewing this position and considering an interim option of converting 3 beds back to female to support a reduction in out of area female PICU use.
Performance at 24-month target:	Achieved.

PATIENT EXPERIENCE & VOICE FOR CO-DESIGN

Lead – Deborah Fulton



12 MONTH TARGET

24 MONTH TARGET

36 MONTH TARGET

OUTCOME	CONTEXT	Baseline	12 MONTH TARGET	24 MONTH TARGET	36 MONTH TARGET
We will increase the overall amount of patient feedback the Trust collects via I Want Great Care patient experience tool (IWGC)	Increasing the volume of feedback collected via IWGC will help us to make informed improvements to the care we offer.	3.5%	10%	12.5%	15%
OUTCOME: IMPROVED CARE DRIVEN BY PATIENT EXPERIENCE					
Summary Report; including Key Activity, Drivers of performance and Key Issues:	<p>Response rate calculation changed from April 2024 to be based on unique patients rather than all contacts; this is following feedback from patients and staff that there was a high risk of survey fatigue. The option to give feedback always remains open. The number of responses to IWGC also continues to increase.</p> <p>A successful Rapid Improvement Event completed in May 2024 with agreed targets for divisions.</p> <p>Actions:</p> <ul style="list-style-type: none"> MH – Further raise awareness of IWGC. To develop incentives within services in each division to increase their responses. CHS – Trial usage of paper surveys across physical health services CFAA – Concerns around lack of equipment – utilise technology already available in the interim such as work phones. 				
Performance at 24-month target:	<p>Trust wide April 2025 8.5% (4,351 individual responses) - this continues to trend upwards from January 2022 .</p> <p>Examples of “You said, we did” are in the quarterly patient experience report, reported to Board and publicly available.</p>				

OUTCOME MEASURES



OUTCOME	CONTEXT	LEAD	Baseline	12 MONTH TARGET	24 MONTH TARGET	36 MONTH TARGET
RELEASING STAFF TIME TO CARE We will increase productivity as a result of implementation of digital initiatives	This measure demonstrates time saved for staff via the implementation of digital initiatives. Outcome achieved via reduction of wasteful processes and administrative burden, releasing productive time to clinicians to meet demand and waiting list pressures. Calculation of hours saved is cumulative, directly linked to specific digital strategy initiatives, including automation.	Mark Davison	79k hours	169k hours	243k hours	299k hours

OUTCOME: RELEASING STAFF TIME TO CARE	
Summary Report; including Key Activity, Drivers of performance and Key Issues:	We are on track against forecast. The figure is derived from clinical technologies (Digital documentation (Docman), hybrid mail, Digital Appointment Correspondence and Digital Dictation), each have a savings profile per year that is based on usage. There are 25 automations live within IA managing 51 processes across 36 services. After creating a positive pull for IA in year 1, there is a shift to benefits targeting and release of time or productivity gains.
Performance at 24-month target:	Achieved target with 258k hours against a 24-month target of 243k.

OUTCOME MEASURES



OUTCOME	CONTEXT	LEAD	Baseline	12 MONTH TARGET	24 MONTH TARGET	36 MONTH TARGET
FINANCIAL SUSTAINABILITY ACHIEVED We will achieve a reduction in underlying Trust deficit	The Trust is currently reliant on non-recurrent funding streams to meet its breakeven plan. We will work to phase out reliance on these funding streams to improve financial sustainability.	Paul Gray	£12m	£10m	£5m	£0
OUTCOME: FINANCIAL SUSTAINABILITY ACHIEVED						
Summary Report; including Key Activity, Drivers of performance and Key Issues:	Financial plan for 25/26 largely agreed and not expecting material movements. Still to finalise and sign commissioner contracts.					
Performance at a 24-month target:	Projected reliance on a combination of non recurrent funding and efficiencies in the current plan indicate a £7m underlying deficit which is £2m worse than planned for the 24-month target. This will be impacted by financial performance in year, but which is currently too early to forecast.					

OUTCOME MEASURES



OUTCOME	CONTEXT	LEAD	Baseline	12 MONTH TARGET	24 MONTH TARGET	36 MONTH TARGET
CARBON EMISSIONS REDUCED Reduction in direct measurable carbon emissions	Targets are ambitious and based on the assumption that a number of contributory projects will receive funding.	Paul Gray	4,728 tonnes CO ₂ e	13% annual reduction (3,924 tonnes CO ₂ e)	13% annual reduction (3,257 tonnes CO ₂ e)	13% annual reduction (2,703 tonnes CO ₂ e)

OUTCOME: CARBON EMISSIONS REDUCED	
Summary Report; including Key Activity, Drivers of performance and Key Issues:	Solar panels have been installed at Church Hill House, London House and Erlegh House, saving over 17 tonnes of CO ₂ . Work has begun on a major decarbonisation project at West Berkshire Community Hospital. The Trust's Estates fleet is now fully electric. A comprehensive travel and transport review, commissioned with the Energy Saving Trust, has been completed.
Performance at 24-month target:	Since our pre-COVID baseline year (2018/19), the Trust has reduced its carbon footprint by approximately 16.7%. The Trust's direct carbon footprint for the 2024/25 financial year is 4,945 tonnes of carbon dioxide equivalent (CO ₂ e), down from 4,981 tonnes the previous year (0.7% decrease).

Trust Board Paper

Board Meeting Date	Tuesday 8 th July 2025
Title	People & Culture Strategy – Progress Report May 2025
	Item for Noting
Reason for the Report going to the Trust Board	To provide a regular half yearly update to the board on our progress and next steps on delivery of each workstream in the People & Culture strategy
Business Area	People Directorate
Author	Jane Nicholson, Director of People
Relevant Strategic Objectives	<p>Patient safety</p> <p>Ambition: We will reduce waiting times and harm risk for our patients</p> <p>Patient experience and voice</p> <p>Ambition: We will leverage our patient experience and voice to inform improvement</p> <p>Health inequalities</p> <p>Ambition: We will reduce health inequalities for our most vulnerable patients and communities</p> <p>Workforce</p> <p>Ambition: We will make the Trust a great place to work for everyone</p>

	<p>Efficient use of resources</p> <p>Ambition: We will use our resources efficiently and focus investment to increase long term value</p> <p>Update on workforce and progress against the People & Culture strategy. However, the People & Culture Strategy supports all of our strategic objectives</p>
Summary	<p>This shows our progress against major KPIs and programmes of work</p>

Progress Report – July 2025

Trust Board

People Directorate – Jane Nicholson / Karen Smythe



Workforce Measures

Our key trust workforce measures:

	Target	February 2025	Outcome
Turnover	10%	11.18%	Steadily decreasing
Staff Engagement	7.5 or better	7.5	Achieved
WRES WDES	The disparity reducing and inequality of experience being removed.	(see results below)	Achieved

Executive Summary

Key Programmes of Work



Berkshire Healthcare
NHS Foundation Trust

Turnover and Retention

Turnover is continuing to decline and we will now focus on specific areas of concern in the Trust.

Sickness Absence

Some progress being made following the review last year, however we monitor work in this area as we are still not meeting the targets agreed. We however do have one of the best sickness absence rates in the region.

Recruitment Improvement

Significant improvement has been made and we have best satisfaction scores in BOB.

Anti – racism

WRES data is currently being compiled and will come to Board for update in September 2025.

Training Compliance

Still not meeting our targets in training compliance, we continue to look at ways to improve compliance.

BAF Risk – Workforce

Our BAF risk in February 2025 has reduced from high risk to moderate which is now in line with target risk score set.

Appraisals

The compliance rate target of 95% was achieved for this year's annual appraisals.

We also have a number of internal measures and these are also covered in the following presentation.

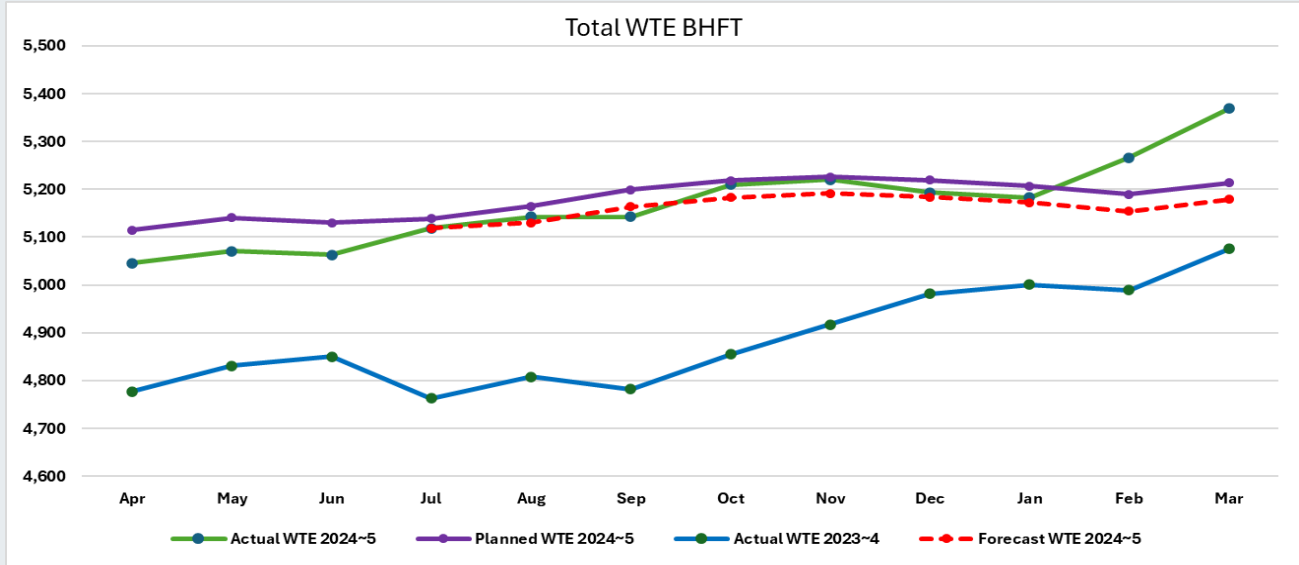
Key Workforce Metrics



Workforce Update – WTE & Pay Costs



Berkshire Healthcare
NHS Foundation Trust

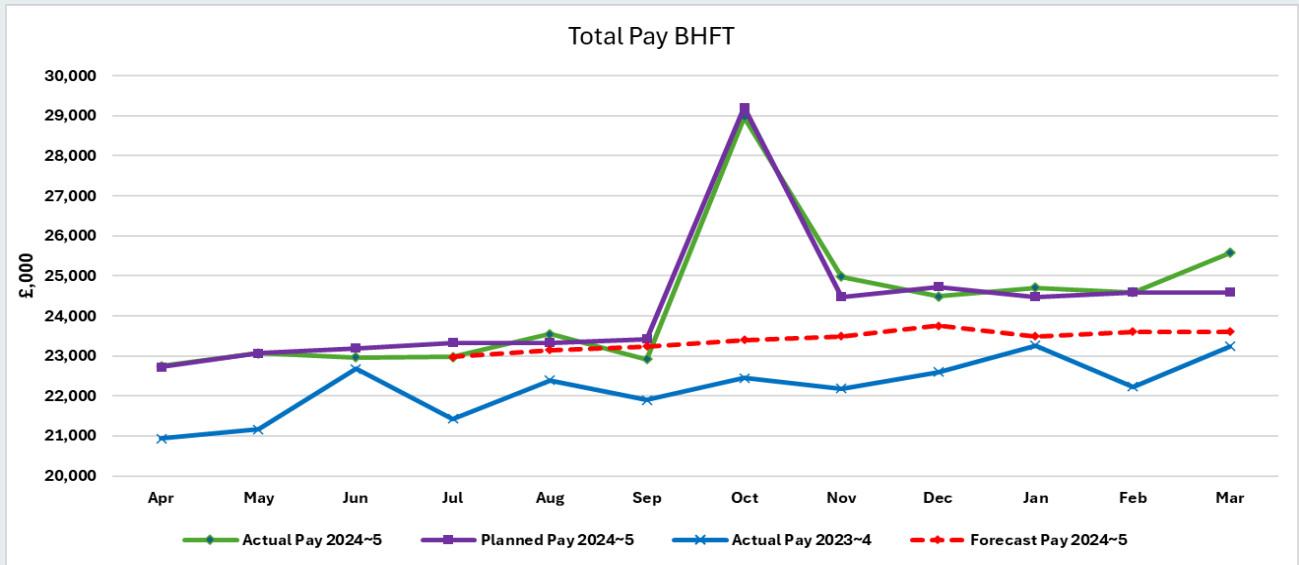


Summary of M12 position

Substantive WTEs have increased by 9 in month. This is not a material movement and in line with expectations around growth linked to investments. Temporary staffing WTEs increased by 90 due to a high number of staff taking annual leave in month. This is not unusual for March but we will continue to work to have annual leave phased more evenly over the year. We expected WTEs to drop in April, as usual. Bank and agency spend has been below plan for the year and is lower than in the previous year.

Core reasons for variation from plan

Workforce usage is above plan in month 12 as the plan was submitted without including WTEs for maternity leave, which has been our normal practice as we have not included the maternity leave WTEs in our actuals previously. In 2024/25 we have changed our data source for the PWR to ESR which picks up the mat leave WTEs. These are c130WTEs for March and this accounts for our variance against plan. This issue is resolved for our 2025/26 plan.



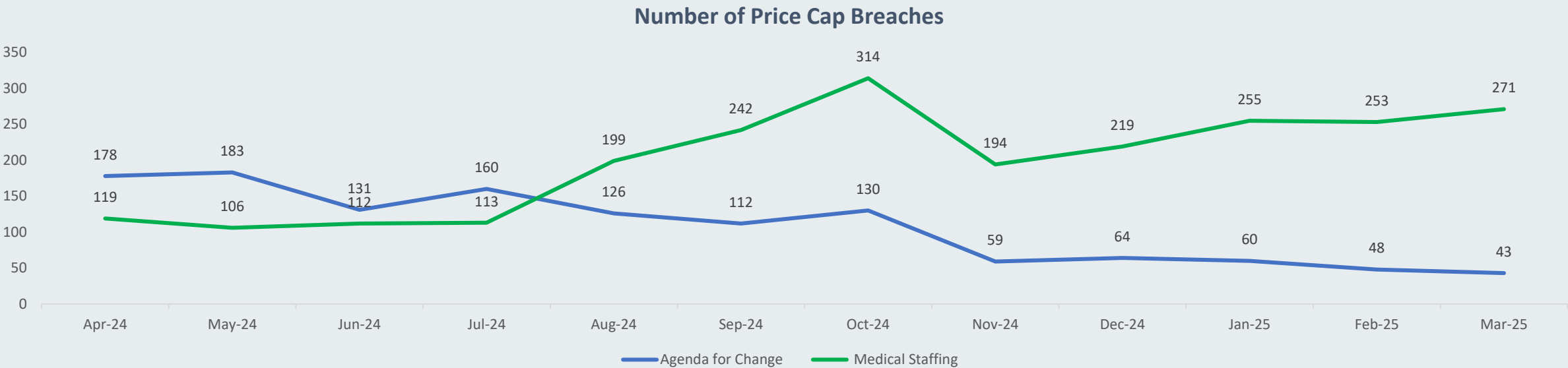
Data source

M12 PFR /PWR
PWR tab "1.WTE" "Total WTE all Staff"
PFR Tab "12 Staff Costs Detail" – "Total Pay Bill all staff"
Forecast data from M4 "Assurance Review Meeting Template – BHT 160824"
23-24 data from SE region pay and WTE analysis
Narrative from trust returns

Temporary Staffing Metrics



Berkshire Healthcare
NHS Foundation Trust



March 2025

Key Highlights

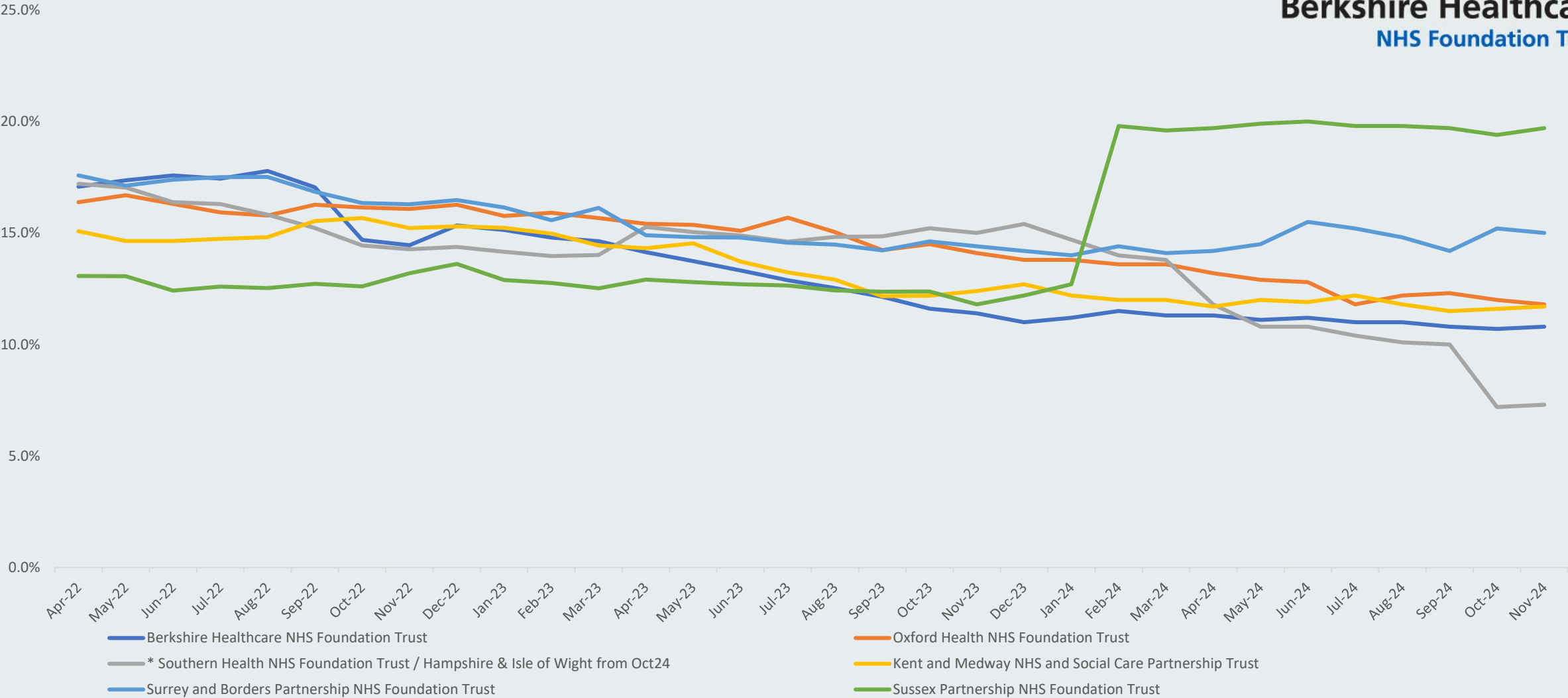
Demand Hours	Hours Bank	Hours Agency	Hours Unfilled	% Bank Fill	% Bank Fill of Filled Hours	% Agency Fill	% Unfilled	Bank Cost	Agency Cost
72,685 Current Period	64,509 Current Period	5,285 Current Period	2,891 Current Period	88.8% Current Period	92.4% Current Period	7.3% Current Period	4.0% Current Period	£1,799,972 Current Period	£190,461 Current Period
94,799 Same Period LY	83,598 Same Period LY	8,478 Same Period LY	2,724 Same Period LY	88.2% Same Period LY	90.8% Same Period LY	8.9% Same Period LY	2.9% Same Period LY	£2,231,041 Same Period LY	£310,441 Same Period LY

Agency spend has remained under the 3.2% compliance rate (2024/25) consistently since April 2023

Turnover Benchmarking - ICS



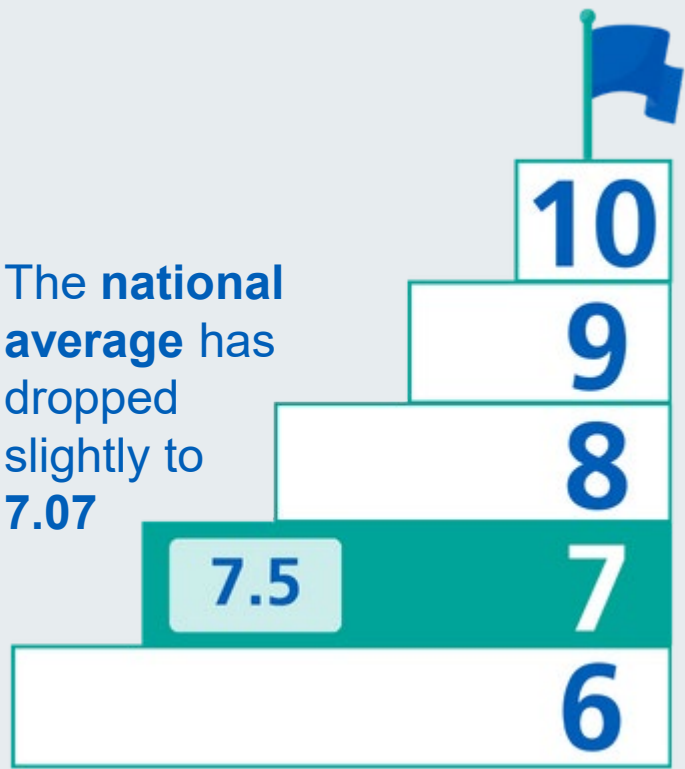
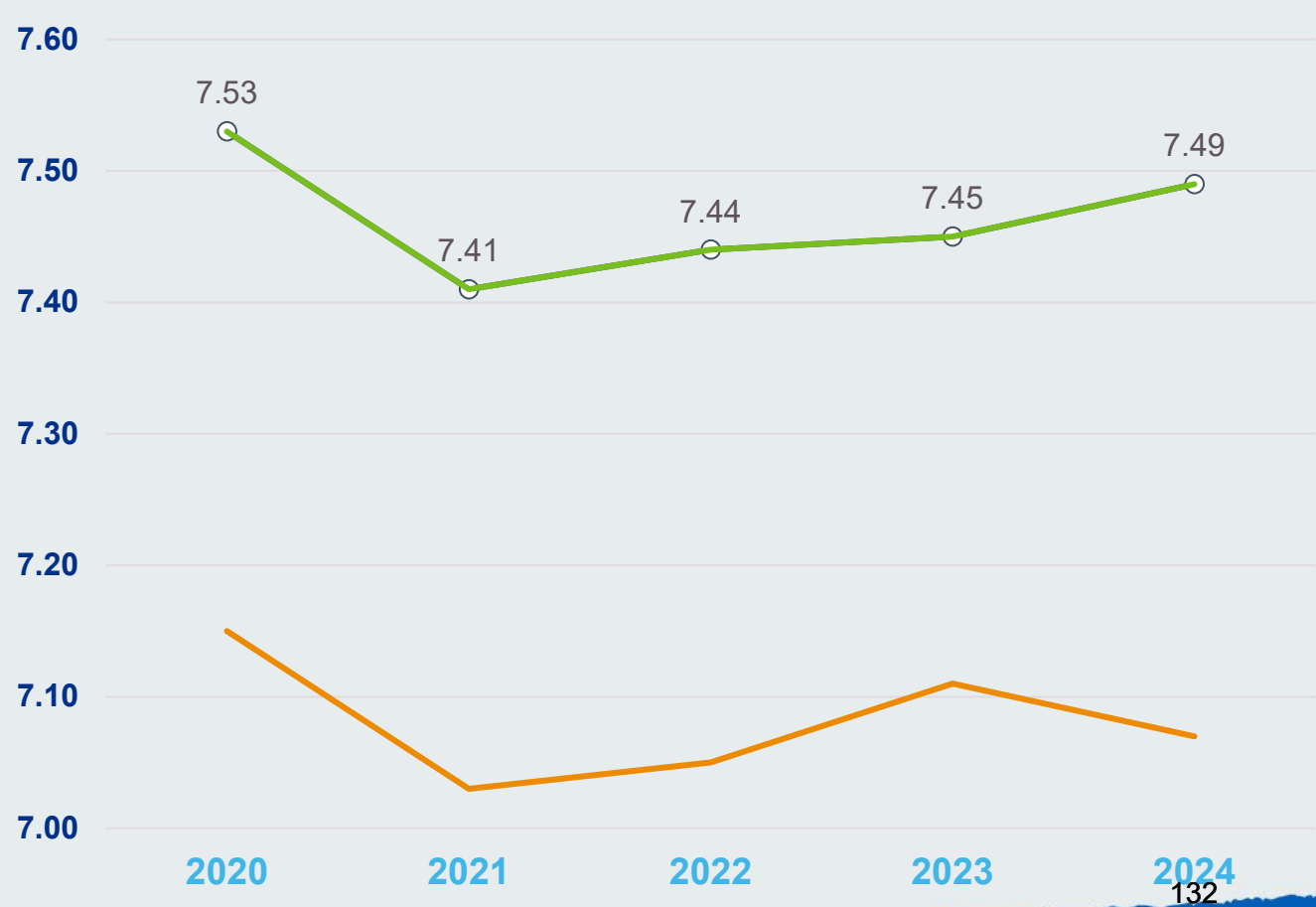
Berkshire Healthcare
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Sussex Partnership - Some of this may be the TUPE of some services to Hampshire CAMHS (covered by SABP and Southern Health as part of Project Fusion)
Hampshire & Isle of Wight Foundation Trust created October 2024 – merger included Southern Health, Solent and some services from Isle of Wight and Sussex Partnership.

Staff engagement score

Our overall engagement score is **7.49**. We're still achieving the **best score for our group** and have **maintained this for five years**, whereas others this year have seen a decline in scores.



Workforce Race Equality Standard (WRES)



Berkshire Healthcare
NHS Foundation Trust

The experience of our ethnically diverse colleagues is poorer than those who are white, and this is not acceptable.

Question		2021	2022	2023	2024	3 year progress trend
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the general public in the last 12 months	White	19.9%	18.5%	16.3%	16.6%	
	Ethnically diverse	29.4%	29.4%	25.5%	27.2%	2.2%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	14.1%	15.4%	13.7%	15.5%	
	Ethnically diverse	22.9%	20.8%	20.4%	19.7%	3.2%
Percentage believing that the trust provides equal opportunities for career progression or promotion	White	67.5%	68.1%	68.4%	68.6%	
	Ethnically diverse	45.7%	51.7%	53.2%	56.4%	10.7%
In the last 12 months, have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	White	5.3%	5.2%	5%	5.1%	
	Ethnically diverse	14.5%	13.3%	13.3%	10.7%	3.8%

We continue to see positive trends across the WRES staff survey indicators. The past 3 years have shown between a 2% and 10% improvement for our ethnically diverse colleagues across all indicators. Our scores remain better than the average, but we know there is still more to do

We also look to triangulate the experience with other data, such as success rates for job applications which are currently lower for ethnically diverse staff. Addressing this disparity is a priority in our new People Strategy and both our anti racism and recruitment improvement work aims to tackle this.



Workforce Disability Equality Standard (WDES)

The experience of colleagues with disabilities is poorer than those without, and this is not acceptable.

Question		2021	2022	2023	2024	3 year progress trend
Experienced harassment, bullying or abuse from patients, managers or colleagues in the last 12 months	Non-disabled	30.8%	28.6%	25.3%	26.2%	
	Disabled	48.5%	40.3%	37.2%	36.5%	12%
Reporting harassment, bullying or abuse after last incident	Non-disabled	63.4%	57.3%	62.3%	64.7%	
	Disabled	55.5%	59.8%	58.1%	65.9%	10.4%
Percentage believing that the trust provides equal opportunities for career progression or promotion	Non-disabled	64.3%	64.5%	66%	66.7%	
	Disabled	52.9%	60.6%	57.8%	59.9%	7%
Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Non-disabled	16.3%	16%	14.3%	11.1%	
	Disabled	19.8%	22.5%	22.3%	21.1%	1.3%
Percentage of staff satisfied with the extent to which their organisation values their work	Non-disabled	61.1%	61.4%	64.2%	64.8%	
	Disabled	51.6%	51.9%	53.8%	55.2%	3.6%
Employer has made reasonable adjustment(s) to enable them to carry out their work	Disabled	80.8%	80.9%	80.9%	81.9%	1%

Overall, we are making positive progress. Across the last 3 years we've seen improvements of between 2% and 12% across 7 indicators, with one metric declining by 1.3%.

We have triangulated the experience with other data, such as success rates for job applications which are lower for disabled colleagues. Our neurodiversity and recruitment work aim to tackle this inequality.



Other Key Workforce Metrics linked to Programmes of Work



Anti-racism: 8b and above



Berkshire Healthcare
NHS Foundation Trust

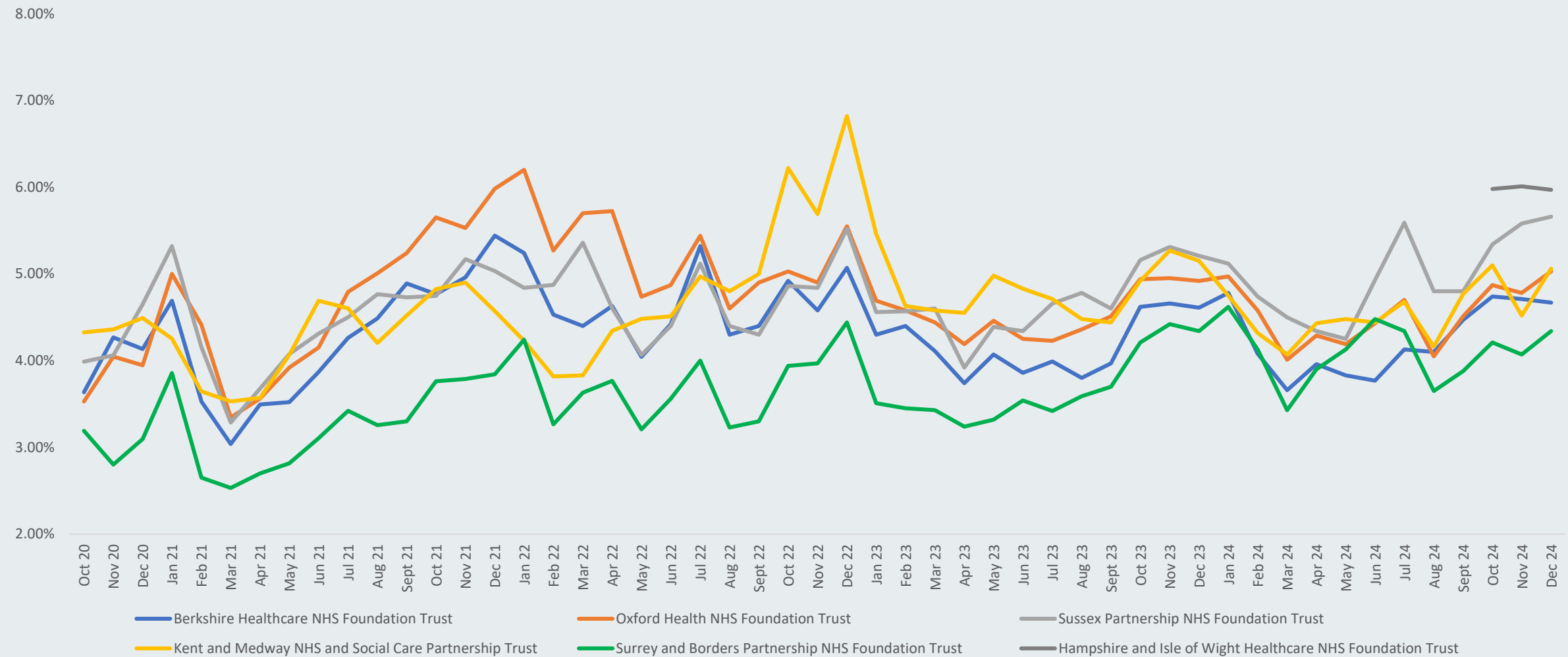
- **34 vacancies advertised since July 2024. 4 vacancies filled received applications from white candidates only.**
- **17 roles recruited to:**

5 ethnically diverse candidates appointed
12 white candidates appointed

Sickness Benchmarking - ICS



Berkshire Healthcare
NHS Foundation Trust



Supporting Attendance

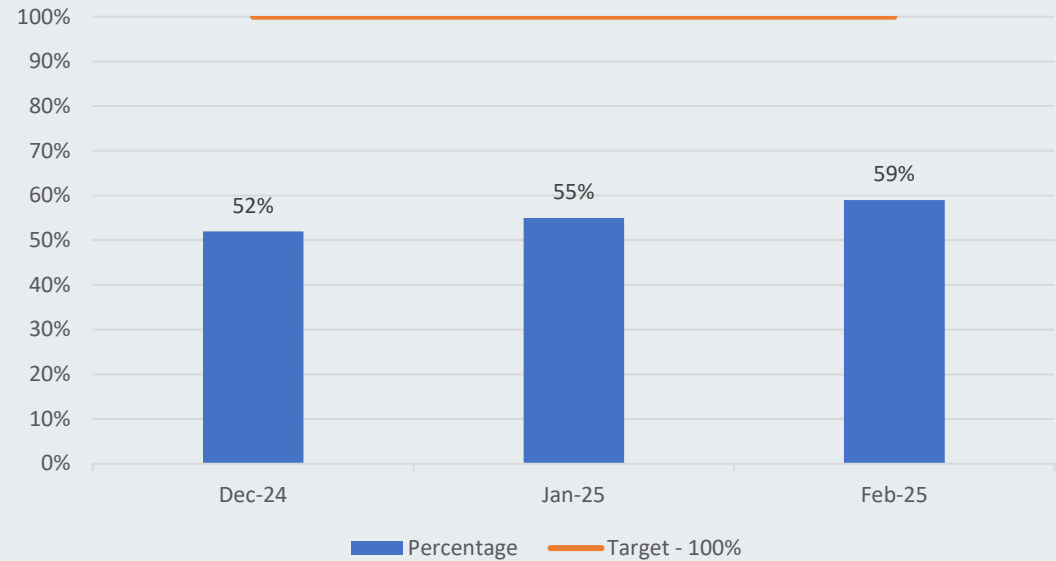


Berkshire Healthcare
NHS Foundation Trust

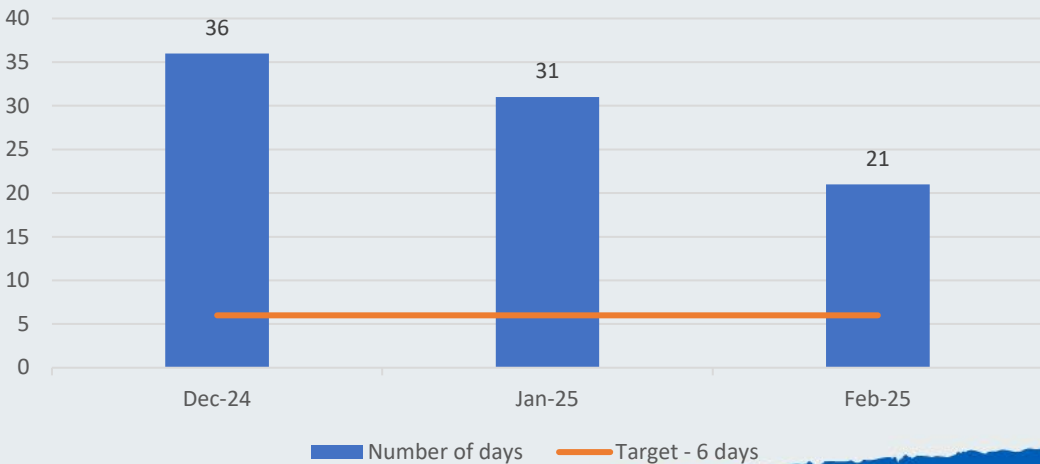
Trust Sickness Overall



Percentage of Return to Work Conversations (Check in)

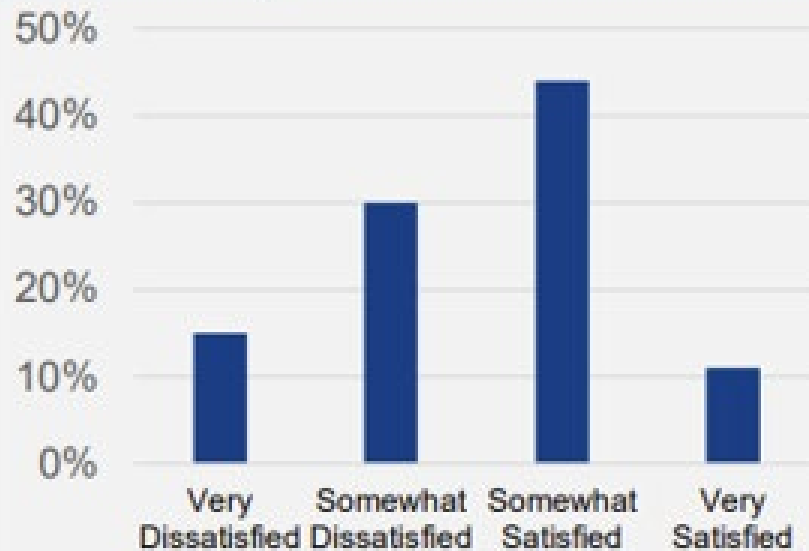


No of days all mental health related absence referred to occupational health



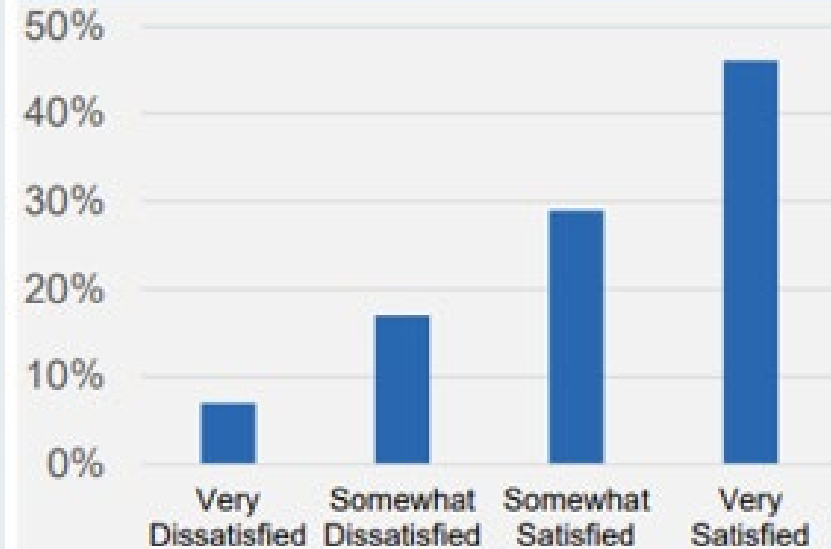
Recruiting Manager and Candidate Satisfaction Compared to BOB ICB


Hiring Managers were asked how satisfied they were with the overall recruitment process for their new hires in the last year



 Berkshire Healthcare - 92% (\pm 8%) favourable responses

New Starters were asked how satisfied they were with the overall recruitment process for their current positions



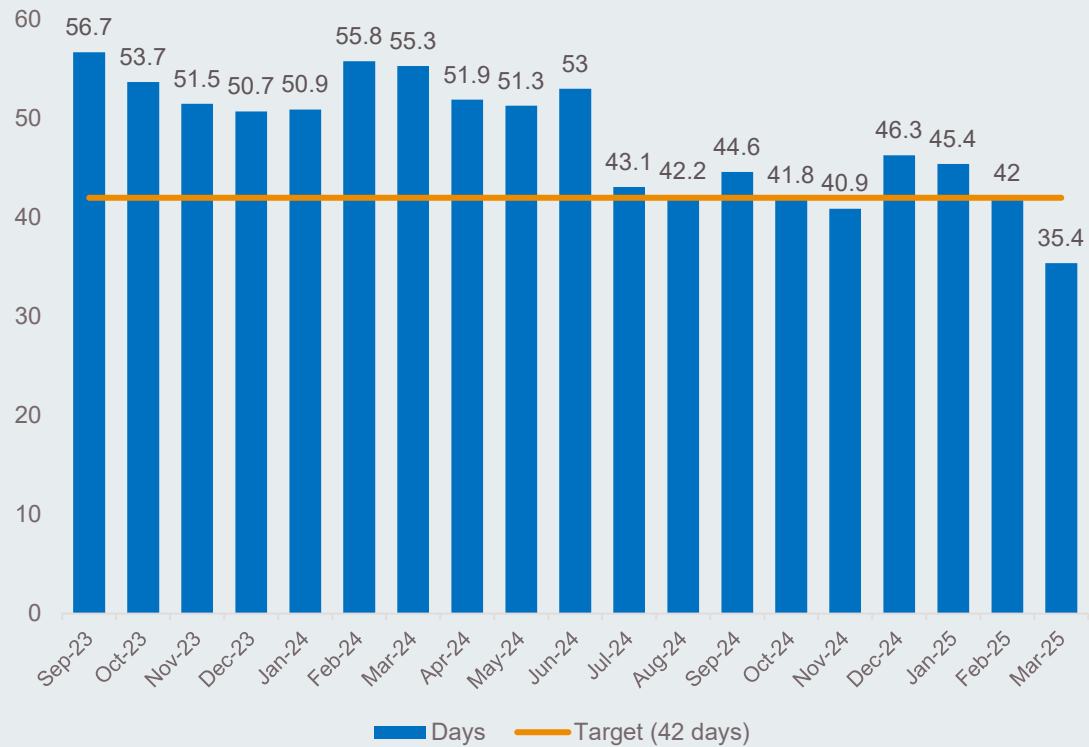
 Berkshire Healthcare – 100% favourable responses

Time to Hire & Satisfaction

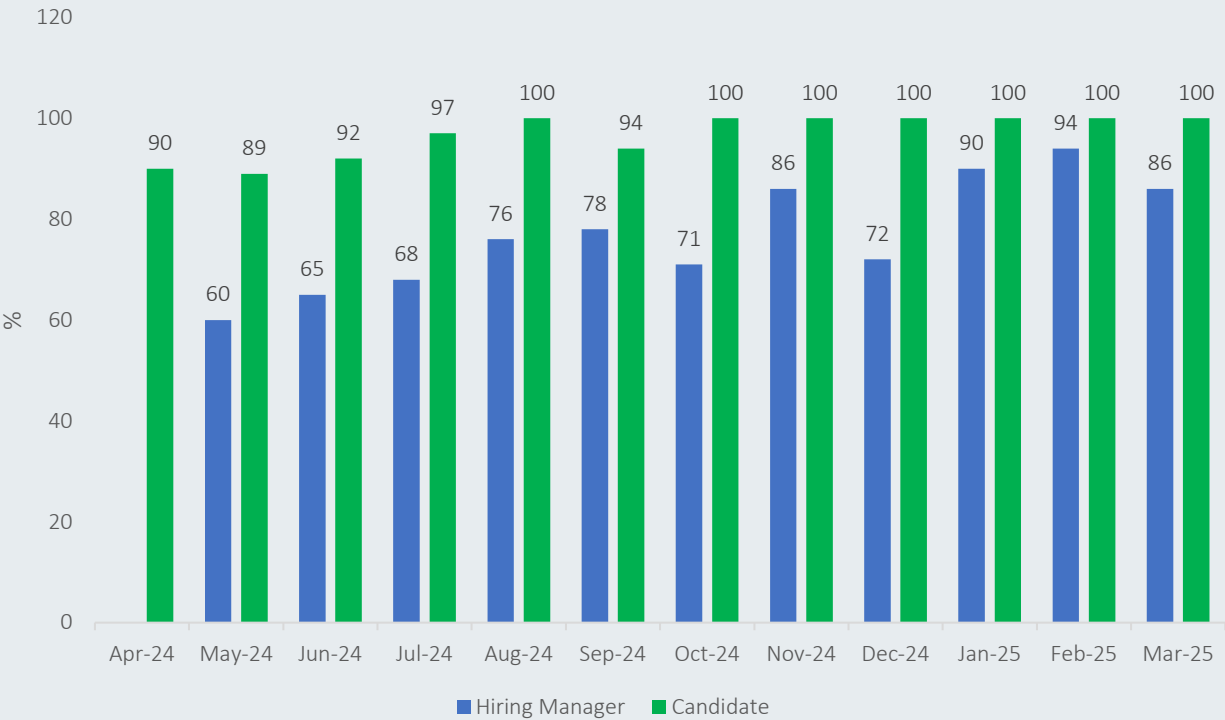


Berkshire Healthcare
NHS Foundation Trust

Time to hire - weekdays



Satisfaction Survey Results



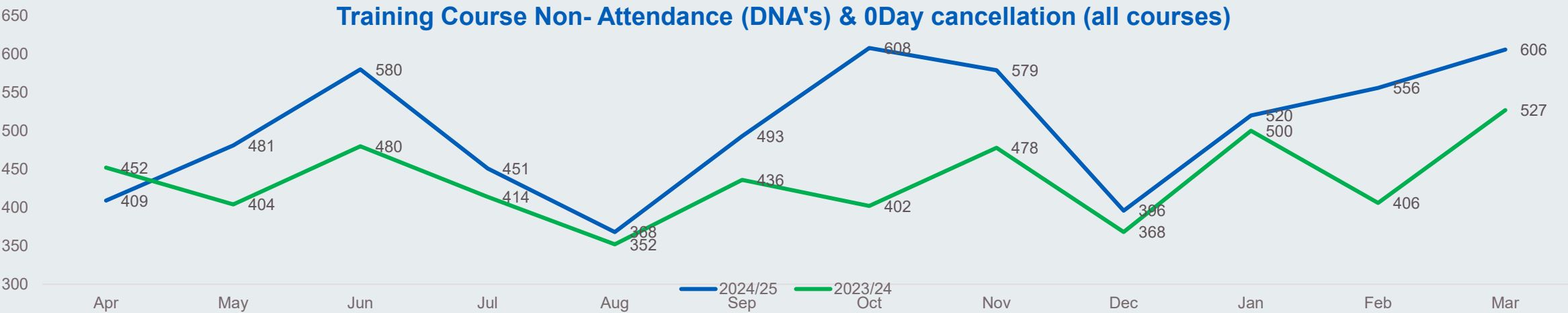
Time to hire has been reduced from 10 weeks to 7 weeks. February and March 2025 saw significant improvement as a result of our new recruitment processes that were implemented in phase 1 of the recruitment improvement work.

Consistent 100% candidate satisfaction achieved since October 2024

Training Course Compliance (face to face and online) Did not attend (DNAs) & Occupancy



Berkshire Healthcare
NHS Foundation Trust



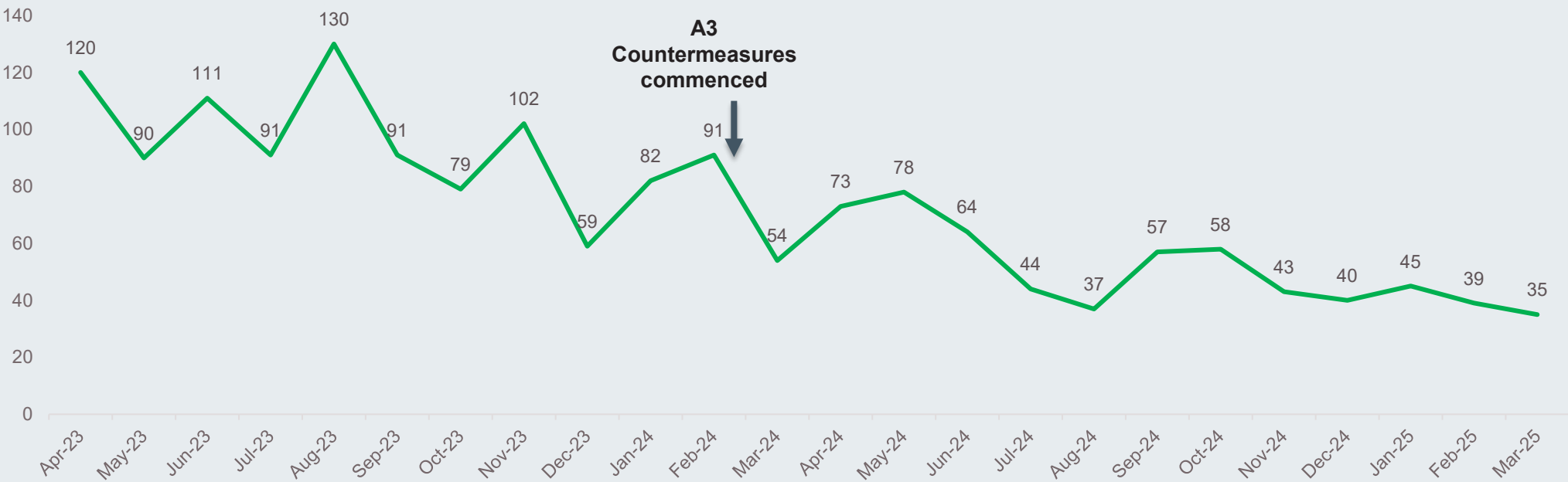
Training Course Compliance

Resus



Berkshire Healthcare
NHS Foundation Trust

RESUS DNA/Cancelled on day of course (Day0) - Number of incidents.

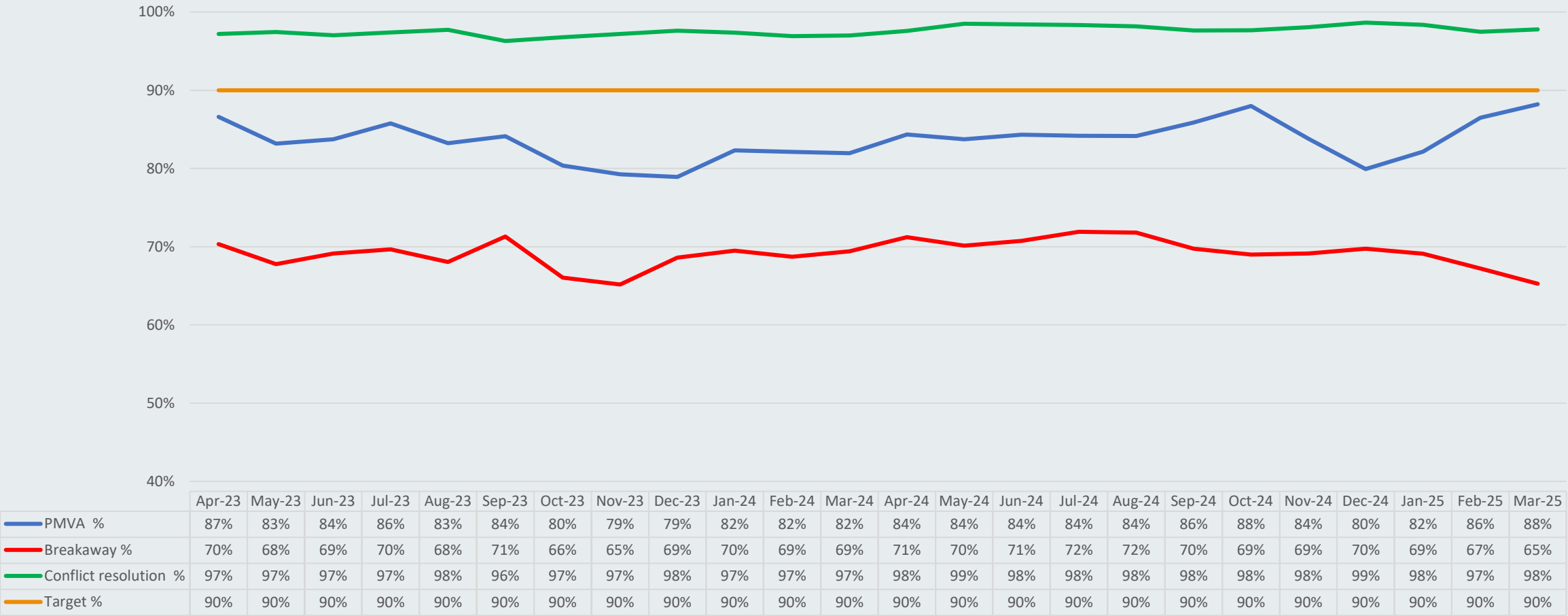


Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Target
RESUS course occupancy - %	73.08%	74.56%	65.90%	65.73%	63.53%	68.83%	73.00%	70.95%	68.00%	77.55%	73.61%	71.05%	71.05%	73.10%	72.37%	69.53%	75.79%	75%	75.23%	78.87%	74.10%	82.04%	83.10%	78.89%	85%
Resus - compliant	70.39%	69.43%	71.36%	73.79%	73.08%	74.60%	73.05%	77.28%	80.32%	79.45%	82.32%	80.85%	82.09%	83.86%	84.34%	84.16%	82.42%	82.75%	81.38%	79.67%	79.58%	78.38%	76.58%	77.19%	90%

Training Course Compliance

Violence Prevention and Reduction

Mandatory Courses only



Appendix: Full Status Update Programmes & Projects of Work March 2025



Berkshire Healthcare – People Directorate – Critical Programmes – Update for March 2025

Trust Strategy Objectives	✓
A great place to work for everyone	✓

Which Strategies does this relate to?	
People & Culture Strategy	✓

Trust POAP	
Harm-free care	
Good patient experience	
Supporting our people	✓
Efficient use of resources	

Programme SRO
Jane Nicholson

Support from other Services
Operations
IT
Clinical

Priority Themes & Programmes of Work

Key Areas of Focus & Programme of Work	Programme Update & RAG Rating	Measures
RETAIN		
Job Evaluation Review	Work will commence with nursing and midwifery with the expectation of taking 12 months to complete. KFD going to Business & Finance for project prioritisation in May, 2025.	
Wellbeing Offer Review	The wellbeing steering group is meeting again at the end of March to review progress on agreed actions. Agreed around number of comms that need to go out to update. Wellbeing at work sessions have been launched.	TBC after initial scoping meeting in June
Casework Review	Project delayed due to the national job evaluation work that needs to be completed. New start date to be advised.	Average (median) number of days to close formal casework (disciplinary and early resolution)/number of cases closed in month
IMPROVE		
Recruitment Improvement	This month we met all of our key metrics. Candidate satisfaction maintained at 100% for the fifth month in a row. Manager satisfaction at an all time high of 94%. Work continues with one automation to improve our time to hire.	Employment checks 25 days Reduce time to hire to under 42 days Increase manager satisfaction score from 58% to at least 65% this year.
Recruitment Transformation	Work has started on a trial to promote jobs to our own staff first, before being advertised externally if not recruited to. Nexus home page has been amended to share jobs and secondments. The plan is to aim for a 1 st April launch. Conversations around phase 3 of the project have also commenced.	TBC once the work has commenced.

RAG Rating	
Progress delayed	
Some but not all aspects delayed	
All on time and to plan	

Risks & Mitigations

Budget Update

Issues for the TBG/SPG/Board/B&F
KFD for Job Evaluation – B&F April 2025 Internal First Pilot – B&F March 2025 for approval

Upcoming Activity

Berkshire Healthcare – People Directorate – Important Programmes of work – Update March 2025

Trust Strategy Objectives	✓
A great place to work for everyone	✓

Which Strategies does this relate to?

Trust POAP	
Harm-free care	
Good patient experience	
Supporting our people	✓
Efficient use of resources	

Programme SRO
Jane Nicholson

Support from other Services
Violence Reduction – Wellbeing Matters
IMT – Digital Transformation
IG
Research

Priority Themes & Programme of Work		
New programmes of work can only be added if an existing project is complete		
Key Areas of Focus & Programmes of Work	Update on Programme & RAG Rating	Measures
ATTRACT Developing our talent pipelines	We will continue to deliver our recruitment and attraction processes to reach out to wider groups of candidates to ensure that we fill more vacancies with under-represented groups and that candidates report that our process feel fair and inclusive. This includes supporting veterans, final year students, international candidates and supporting antiracism 8b recruitment. We are currently documenting the out-reach activities as part of the Health Inequalities workstream.	Reflect the ethnicity of Berkshire as a whole, which includes the workforce and community we serve
	The in year workforce priorities will be addressed once the planning has been finalised in April.	Measured by planned productivity savings
Workforce and recruitment planning	Longer-term gap projections and priorities for registered clinical groups have been identified. A draft paper has been shared with professional leads, and a presentation is scheduled to be presented at the relevant group for their awareness and considerations, as determined by Jane – SS (23/3/25)	Performance against planned workforce WTE in business plan
RETAIN Anti racism	Workstreams progressing as planned. Dealing with racism from patients tool being finalised. ‘Hold space to talk about race’ - finalising comms plan, meeting, spaces and sources for the Podcast and discussion.	WRES / WDES metrics agreed and improving year on year
DEVELOP Growing our own	Leadership competencies revised following stakeholder focus groups and soon to be shared with senior stakeholders for feedback. Work continuing to plan the building and infrastructure for housing talent pools and developing/co-ordinating development offerings that will sit with in each talent pool. Meeting with leadership and coaching apprenticeship provider with purpose of offering development opportunities to BHFT staff. Planning talent roadshow across the Trust to take place in June and July.	
Appraisals	Appraisal – The 2025/26 form is now live and available for use. Guidance document to support changes to the form is available on the Nexus 'Appraisal' page and included in the 'Appraisal support materials' on the Nexus eLearning home page. Appraisal reporting tableau page will be live from Monday 7th April. This will be communicated via L&D news on Friday 4th April with the new reporting parameters that extend to 31st Dec 2024 for this reporting cycle.	Appraisal reporting function is live from Monday 7th April.
		Organisation achieves +95% completion by June 1st.
Violence, Reduction & Prevention	VPR Standard, Sexual Safety Charter, Domestic Abuse Charter – ongoing actions. Completed mapping against new VPR standard. Anti-abuse signage for patient facing sites now purchased, liaising with Estates re signage. Working to create easy read version. DA policy agreed. DA all staff webinar and MSN meeting conducted. VPR update Paper went to Board. VPR Strategy shared with DSG, can now be finalised.	Refreshed strategy, new policy in place. Completion of risk assessments. Completed TNA and recommendations. Compliance of personal safety training.
Compassionate and inclusive leadership	Reviewing staff survey data to identify services we want to offer bespoke team development. Continuing to develop new multi-service approach to how we support teams across the Trust. Resolution Pathway revised following stakeholder feedback. Requests for mediation continuing to be received and supported. Regular MSN sessions continue to be planned and delivered	Improved responses in the manager, and team scores of the staff survey
OMMT	OMMT – Funding for the ICB funded spaces being led by Bucks academy has been put on hold until further notice.	Confirmation to whether we proceed with the development group for the creation of an alternative provision.
	Creation of BHFT alternative OMMT content – Awaiting Reuben Pearce to complete alignment review for newly created training content following attendance to the 'National Autism Trainers programme (NATP). Require clarity on appetite to proceed with the development of internal solution to this provision.	
	Tentative enquiries to external providers to understand options for Tier2 OMMT content provision to targeted teams within BHFT.	
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RAG Rating	
Progress delayed	
Some but not all aspects delayed	
All on time and to plan	

Risks & Mitigations
BAF risk reduced to Moderate.

Budget Update

Issues for the TBG/SPG/Board

Upcoming Activity
Loop roll out to AFC staff

Berkshire Healthcare – Learning & Development – Projects of work Update for March 2025

Trust Strategy Objectives	✓	Priority Themes & Projects of Work New projects of work can only be added if an existing project is complete			RAG Rating	
A great place to work for everyone	✓	Key Areas of Focus & Title of Projects	Update on Project & RAG Rating	Measures	Progress delayed	
Which Strategies does this relate to?		DEVELOP Student Sponsorship	We have two candidates who have now received offers to study physiotherapy and SALT from September. We are currently preparing a paper to go to the Workforce Steering Group in March re Sponsorship 2026 cohort.		Some but not all aspects delayed	
		Mid Year Talent Data	Preparing the Mid-year appraisal to include statement on the use of data entered in the 'Well-being' & 'Talent' stages of the process.	Statements to be confirmed and in place by Jul25.	All on time and to plan	
		CHS SMART training plan	PPH SMART week relaunch in April25 to improve attendance from 75% - +85%. CHS cohort planning for late2025/2026 in place.	Release of CHS Oct – Mar26 plans – May25. Improve PPH attendance - Sept25		
Support from other Services		IMPROVE Creation of DNA data dashboard	Creation of 'Non-attendance' data dashboard: Addition of Non-attendance statement to all joining instructions by 17/04/25. Draft Non-attendance dashboard is live in Tableau. Planned release with April25 data for May 2nd. Creation of Manager specific Non-attendance data in Nexus eLearning account.	To have DNA dashboard reporting data available by May25. To have Nexus eLearning data available to Mgr's by June25.	Risks & Mitigations	Budget constraints for any additional developments within the Nexus platform. Delivery of OMMT
Procurement Team Clinical Education Risk Team Think-Learn Estates Team BOB & Frimley ICS/ICB's		Statutory and Mandatory training review	BHFT Stat&Mand review: All Non-CSTF Stat&Mand training leads have submitted their responses to the renewal cycle proposals. To be discussed at TEAG on 8th April.	Present at TEAG in April25 for consideration.	Budget Update	None
Programme SRO		NHSE – Statutory & Mandatory review	NHSE – Statutory & Mandatory review: 'Staff Movement' actions are all planned to be delivered by 01/05/25. TNA for CSTF discussed with SMEs on 31st March.	To have all 'Staff movement' actions in place by 01/05/25. To complete TNA review with SME's for all CSTF titles by 30/06/25.	Issues for the TBG/SPG/Board	NHSE update at April TEAG. Training team capacity – May SPG
Tracey Slegg		Development of an in-house Fire safety training solution	Release of an in-house Fire safety training eLearning. Implementing final changes to content following feedback from testing group. Plan to release content by end of April.	To release new content before May25.	Upcoming Activity	Appraisal window :)
Trust POAP		Supporting the VPR strategy	VPR strategy: Undertaking audience review of all personal safety training to assess the impact on training team to meet new requirements	To complete review by Mid-April.		
Harm-free care	✓	Assessment of our training team's capacity to meet the workforce demand in 2025	Supply & Demand of face-to-face training needs – To understand the workforce demand for Face-to-face training spaces (F2F & Teams delivered content) for 2025 and whether our training teams have the capacity to meet this?	Present data at May SPG.		
Good patient experience	✓					
Supporting our people	✓					
Efficient use of resources	✓					

Trust Strategy Objectives	✓	Priority Themes & Projects of Work New projects of work can only be added if an existing project is complete		
A great place to work for everyone	✓	Key Area of Focus & Projects Title	Update on Project & RAG Rating	Measures
Which Strategies does this relate to?		ATTRACT Recruitment Improvement	<p>This month we met all of our key metrics. Candidate satisfaction maintained at 100% for the fifth month in a row. Manager satisfaction at an all time high of 94%. Work continues with one automation to improve our time to hire.</p> <p>We have started to update all of our recruitment templates using easy read guidance to be more inclusive.</p>	Time to hire: Improvement to 2023/24 average figure of 64 days external to average 52 and 37.7 days internal to 34 days internal.
		Hard to fill roles	Talent Acquisition continue to deliver filling hard to fill roles. To date this financial year we have recruited 206 candidates.	Recruit to 100 hard to fill vacancies, prioritised through the recruitment plan.
Trust POAP		International Recruitment	Decision made to pause this pipeline to focus on other more successful (and cost efficient) pipelines e.g. final year students. Our first international podiatrist has now joined us. A paper being developed for discussion to establish an approach for managing candidates who require sponsorship to go to the Workforce Steering Group in March.	IR target of 10 (up to 20) international MH candidates delivered by March 2025
		Anti racism	Anti-racism – guaranteed interviews for Band 8b and above process developed and launched. Nineteen vacancies advertised since project launch, five BAME candidate appointed. A number of the roles were re-advertised due to no candidates or candidates not meeting essential criteria (psychology roles).	Anti-racism measure?
Programme SRO		DEVELOP Student Sponsorship	We will sponsor two of our own staff through university. Both have offers to study physio and SALT this September.	Deliver a strategy for sponsoring students ready to trial for Sept 2025
		Talent Pool	Talent pool – train, grow and utilise external talent pool. DPIA now approved with Webrecruit/IG. Our talent acquisition team are now using the database to hold data for external talent. This platform is licenced to 2025 so a procurement tender process will be undertaken in the summer.	Recruit to 100 hard to fill vacancies, prioritised through the recruitment plan.
Support from other Services		RETAIN Final year placement students	36 final year placement students have been offered roles in the trust after engagement (up 4 from 2023/24). This is a conversion rate of 33%. We have also recruited 18 final year university students – up 50% from the previous year. Work to develop an approach to guarantee offers to commence in the Spring.	Maintain number of final year students placements converted into substantive posts upon course completion at 30
		Our People First	The ‘our people first’ proposition is currently in development, with a group involving Ops and HR colleagues. The plan is to pilot this from 1 st April 2025.	Measure required

RAG Rating	
Progress delayed	
Some but not all aspects delayed	
All on time and to plan	
Risks & Mitigations	
Recruitment Admin resources – supporting attendance	
Budget Update	
Issues for the TBG/SPG/Board	
Upcoming Activity	

Berkshire Healthcare – Health & Wellbeing – Projects of work Update for March 2025

Trust Strategy Objectives	✓	Priority Themes & Projects of Work New projects of work can only be added if an existing project is complete			RAG Rating
A great place to work for everyone	✓				Progress delayed
Which Strategies does this relate to?		Key Area of Focus & Projects Title	Update on Project & RAG Rating	Measures	Some but not all aspects delayed
		RETAIN Staff Survey	<ul style="list-style-type: none">National results have been received and show another strong set of resultsEmbargo lifting on 13th March – comms plan in place to communicate results including all staff email on 13th March, presentations at Trust leaders (19 Mar) and at all staff briefing (20 Mar)Pulse survey has been out in January	Increased response rate and engagement score	All on time and to plan
		NHS Charities Together Projects	<ul style="list-style-type: none">Remaining underspend in from both projects are going on more rest rooms - one at Fir Tree House, Upton for CFAA and the other at Skimped HillMeeting with NHSCT indicates that we need to get the funding spent by the end of the year so working with estates on this as very reliant on their input	Final outcome report	Risks & Mitigations <ul style="list-style-type: none">Delay in procuring clinical system is impacting on delivery within Wellbeing Matters as well as confidentiality and evaluation
		Wellbeing Matters	<ul style="list-style-type: none">Assistant Psychologist to start late March/early AprilContract for PCMIS has been signed now and moving into build and then prep for implementation. Data import is complex and taking more time than initially anticipated. Awaiting timelines from PCMIS.Agreement received for service users of Wellbeing Matters to be termed 'clients' - now working through the practicalities of this decision (e.g. data retention)	Wellbeing Matters usage & feedback	
Trust POAP		Staff Benefits	<ul style="list-style-type: none">Health Assured – exploring a joint procurement approach with BOBPeppy – Decision has been made to stop funding Peppy – exploring options with charity but limited chance. Will spend time now preparing alternatives and look at a comms planEdenred (vouchers) – evaluation report with recommendation to stay with current provider has been submitted by procurement. DPIA signed off by IG	Benefits usage	Budget Update
Harm-free care	✓	IMPROVE Wellbeing Review	<ul style="list-style-type: none">The wellbeing steering group will meet again in March to review progress on agreed actions. Agreed around number of comms that need to go out to update.Work on the actions is underway – actions are being monitored through the steering group.	Delivery of actions identified by the review	
Good patient experience	✓			Ergonomics	<ul style="list-style-type: none">New administrative process in place. Continuing to streamline and improve to reduce any waitsLooking at updating/improving comms around DSE assessment guidance
Supporting our people	✓				
Efficient use of resources	✓				Upcoming Activity
Programme SRO					6 monthly update to Trust Board due in May
Tracey Slegg					Staff survey paper to go to board in Mar/Apr (depending on embargo)
Support from other Services					Pulse survey to go to QPEG in March

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Berkshire Healthcare –Clinical Education Team Critical Projects – Update for March 2025

Which Strategy does this relate to?	
Trust Strategy outline to 2025	
People & Culture Strategy	
Trust POAP	
Harm-free care	✓
Good patient experience	✓
Supporting our people	✓
Efficient use of resources	✓
Programme SRO	
Pearly Thomas	
Support from other Services	
DoN and Professional leads	
EDI team, tableau team	
Training compliance team	
Next Steps	

Priority Themes & Projects of Work. New projects of work can only be added if an existing project is complete			
Key Area of Focus & Projects Title	Update on Project & RAG Rating	Measure	
ATTRACT International Nurse OSCE	International nurse OSCE : In response to the changes to IEN recruitment, we will run one OSCE cohort for internal IEN candidates/year. Cohort dates are advertised on Nexus. Clinical Education team will provide OSCE training and pastoral support through our bridging programme for trainees.		
DEVELOP Competency review project	Nurse and AHP competencies completed (band 4-7), Band 3 support workforce is also completed pending MH division. Psychology – paused by service leads due to national changes.	All competency documents available on Nexus (Learning and Development Competency Hub)	
Apprenticeship salary support	Apprenticeship salary support allocation report is due to Workforce Steering group in April 2025. Awaiting Levy reform announcement in May 2025. New workstream will commence in 25/26 year to develop an apprenticeship strategy in 2025.	Successful utilisation of funding within set timeframe	
	Hybrid IPU educator offer will be reduced to 1 day/week and the time released will be reallocated to meet the additional training demand in 2025/26.	Feedback from stakeholders, reporting via Nexus	
CPD and skills training provision	Working on mitigations for clinical education resource gap for 2025/26, still the demand won't be fully met due to the volume of work and high DNA. TNA workshops completed; TNA repository under development, planning of CPD commissioning to be commenced - this project will continue into 2025/26 and will be implemented in time for 26/27 CPD funding Dashboard is ready. Full launch expected in April 2025 New CPD funding process is ready and will be signed off in the March 2025 panel Non-nursing/AHP group will continue to have reduced funding in 2025/26	Training demand report	
	RETAIN Belonging to the Trust Stakeholder engagement workstream: Educator network will be launched on the 28th of March 2025 Safe learning environment charter implemented - First report to safety culture group in May 2025. CPD learner feedback report in September 2025 Health Bus clinical education week is booked in June and in September 2025.	Reports to TEAG	
IMPROVE News ways of working	Technology Enhanced Learning : New digital apprenticeship platform (Conveya) implementation is underway. Workstream Closing in April 2025 Training governance Training matrix panel is established as a formal training governance tool; the panel will report to TEAG	Reports to TEAG	

RAG Rating	
Progress delayed	
Some but not all aspects delayed	
All on time and to plan	
Risks & Mitigations	
Educator resource gap due to growing training demand. Mitigations – Deprioritise training, deliver the additional demand over 2-3 years, Use technology to streamline, reprioritisation of IPU educator time, and reduction of OSCE offer to meet the increasing demand. Generate income from new courses, restructuring of teams,	
Budget Update	
Significantly reduced CPD funding offer for non-nurse/ non-AHP groups. No mitigations identified.	
Issues for the Trust Board/ SPG	
Despite the above mitigations, we still don't have resources to take on medical devices training as requested by the services.	
Upcoming Activity	
Clinical Educator Connect ! Launch – 28th April Health bus visit – April 2025	

Berkshire Healthcare – Workforce & Temporary Staffing – Projects of work Update for March 2025

Trust Strategy Objectives	✓
A great place to work for everyone	✓

Which Strategies does this relate to?

Trust POAP	
Harm-free care	
Good patient experience	
Supporting our people	✓
Efficient use of resources	✓

Programme SRO
Vicki Smith

Support from other Services
Informatics (data warehouse and BI) for the use of Optima data
IT Projects (ID badge software)

Priority Themes & Projects of Work New projects of work can only be added if an existing project is complete		
Key Area of Focus & Projects Title	Update on Project & RAG Rating	Measures
ATTRACT	Establish adequate temporary staffing planning to ensure AfC bank fill is able to meet required demand, and the move of agency staff (and bank where appropriate) to bank or substantive posts is supported. AFC Bank fill was c92% in February, with c 33fte being filled by agency AfC staff. Demand reducing with increased substantive workforce, and spend scrutiny. Some harder to fill roles remain with hard to displace agency	Bank fill %
	The divisional in year resourcing priorities are currently on hold as the divisions refine plans to meet their 25/26 control totals. Five-year projections have been completed and slides prepared for discussion with the relevant group. Approach to longer term workforce planning will be discussed and agreed with the operational leads at the Workforce Pipeline Group in April.	Performance against plan
IMPROVE	Implementation of Loop to support staff communication re: roster changes is on hold pending CCN sign off – under discussion with RL Datix and BOB procurement colleagues	
	Clear understanding of the ESR Attainment Standards – review meeting to complete and areas identified for a closer review of functionality. New solution readiness survey completed. Approach to data quality and responsibilities to be looked at in more detail over the coming months.	NHSE Attainment Level
	Use of system data to support management of services – data feed from Optima. Work has commenced to visualise data with BI Team following a number of issues understanding the data being received. Warehouse team have calculated %'s to make dashboard more meaningful and review with BI Manager is scheduled. Cascade for comment will then follow.	Fit for purpose Tableau dashboards
	BOB Bank MSP procurement (not SE-wide) - completed. New contract start 1st April. First contract meeting 8th April and KPI assessment on 13th May for M1.	Contract award
	Implementation of SE AfC agency rate ceilings. All rates below SE ceiling set and AFC price cap compliance at its highest level (transparency form completed for 1 incumbent SLT – others have now finished in post). Work commencing on tightening the governance and processes around AfC agency engagements to mitigate against challenge – starting with review criteria and decision documentation	Compliance against ratecard (regional reporting in place)
	Compliance with agency spend ceiling in 24/25. In February, 1.9% of the total pay bill was spent on agency staffing (some accruals released). Non-framework agency usage remains in place in nurseries and dental and is under NHSE scrutiny and weekly national and regional reporting.	% of agency against total pay bill Price breaches and non-framework usage submitted to NHSI
	IT projects supporting to identify suitable options for ID badge software options – paper in draft for discussion/decision on preferred way forward. Request form being piloted as part of PDSA / QI work to reduce inaccuracies / email traffic and improve experience. E-Manager functions will need review later this year but contract for 2 years is being reviewed by Procurement and IG	

RAG Rating	
Progress delayed	
Some but not all aspects delayed	
All on time and to plan	

Risks & Mitigations
ID badge software no longer supported and only available on a single desktop in Bath Road. E Manager likely to be nearing end of life – contract extended for 2 years only. IG requested DPIA which may delay the contract signing. LOOP CCN – queries from procurement and IG require resolution.

Budget Update
Within control totals

Issues for the TBG/SPG/Board
For awareness: potential pressure regarding the continued use of non framework agencies from national and regional teams, and agency/bank spend targets in place for 25/26

Upcoming Activity
Procurement – rostering Stakeholder engagement re: E-Manager functions Potential CSWD programme relaunch for MH Inpatients

Berkshire Healthcare – EDI – Projects of work Update for March 2025

Trust Strategy Objectives	✓
A great place to work for everyone	✓

Which Strategies does this relate to?

Trust POAP	
Harm-free care	✓
Good patient experience	✓
Supporting our people	✓
Efficient use of resources	✓

Programme SRO
Ash Ellis

Support from other Services
HR, Communications, Subject Matter Experts/lived experience, L&D, Staff Networks Execs

Priority Themes & Projects of Work New projects of work can only be added if an existing project is complete		
Key Area of Focus & Projects Title	Update on Project & RAG Rating	Measures
RETAIN Disability Confident Leader	Validation: Re-Accredited. Comms plan shared, preparing case study and interview w/Disability magazine. Training and education: Chasing 2 more DWP Training dates for May and June, eLearning/On demand version in development, RNIB eLearning agreed for a Nexus page not Nexus eLearning due to format.	Accreditation awarded
Faith Project	Booklet: Rabbi from Maidenhead Synagogue contacted; Chaplain to write foreword; photos to be added from gallery. E-learning: Transcript requested; Rabbi's video interview to be booked; further videos planned. Workshops: Venues arranged; provisional dates set; workshop surveys circulated. Dilemmas to be shared at PD Away day.	Milestone and evaluation report
Networks	Pride: Finalising chair candidate, awaiting activity plan. Women's: EDI Supporting Women's network 13 th March Hormone and awaiting activity plan. REN: EDI delivered REW Event, shared comms plan, uploaded webinar on Nexus eLearning and shared with all staff. Awaiting activity plan. Purple: EDI celebrating ND week w/c 10th March at locations. Activity plan completed. Automation: Streamlined Women's Membership process, onto REN.	Development of maturity assessment Number of events attended Feedback rating scores
Reasonable Adjustments	Inclusive passport: Seeking clarification for DPIA sign off for, and sharing draft at ND Week. Automation: Awaiting IA Team on finalising automation and chatbot. Training and education: eLearning Uploaded, working w/IT Procurement to signpost assistive technology for RA/ATW, to support pathway. Finalising Webpage with Policy/Digital Marcomms, incl. 3 guides and pathways for RA webpage launch.	Shorter time to access improvements and Access to Work Reclaims reconciled in budget
Anti-racism projects	Skin tone bias tool – chasing design with Marcomms to progress order and processing. Theatre Forum - Booking filming in March for scenarios. Dealing with racism from patients tool being finalised. ‘Hold space to talk about race’ - finalising comms plan, meeting, spaces and sources for the Podcast and discussion.	New training available and accessed Number of communications shared
Trans and non-binary	Steering Group: Finalising actions in steering group. eLearning: Reviewing EDI LGBTQi+ new e-learning for upload, re-catagorisation for dynamic searches, eLearning uploaded. Training and engagement: Delivered Radio Pride. TVOD webinar on 31.03.2025, reviewing Trans Advocacy organisation offers and confirming Aromantic /Asexual education with SBC.	Actions delivered
IMPROVE AIS / REMARK	AIS: 2 eLearning courses now live, another for pharmacy and another in BSL to be uploaded, then shared with all staff. DALs – developing comms plan for 4 refresher /new branding sessions due in May for staff with new resources. Remark Tender: Procurement to train 3 staff to evaluate for March 2025. Awaiting Bright Idea lead to start common translated docs project. Webpage: page, refreshed rebranded resources, MS forms for issue and feedback logs finalising. Policy in last stage PSG. Easy read: Met and reviewing offers from 4 suppliers and chasing for service level from internal services.	Assurance against standard. Fill rate sustained
GRTSB bid	GRTSB scope being agreed and collaboration agreement drafted.	GTRSB pledge evaluation
Windrush EQIA	Campaign launched. Preparing brief for artist. 152	Artwork in sites
	Date in April at MSN confirmed and seeking further case studies.	Actions delivered

RAG Rating	
Progress delayed	
Some but not all aspects delayed	
All on time and to plan	

Risks & Mitigations
Translation and Interpretation .

Budget Update
Translation/interpretation high costs.
Upcoming costs for Theatre Forum and Inclusion Passport

Issues for the TBG/SPG/Board
Disability Confident Paper – DSG /SPG Translation Paper – for TBG Gender Pay Gap, Disability and Ethnicity Annual Report WRES/WDES

Upcoming Activity
Womens Network Event Annual report Pay gap reporting Inclusion passport and EqIA launch (ND Week) Team Review POAP Finalisation BSL Tender TVOD Ethical Dilemmas

Berkshire Healthcare – Leadership & OD – Projects of work Update for March 2025

Trust Strategy Objectives	✓
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A great place to work for everyone	✓
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Which Strategies does this relate to?

Trust POAP

Harm-free care	✓
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Good patient experience	✓
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Supporting our people	✓
Efficient use of	✓

Efficient use of resources	✓
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Programme SRO

Ash Ellis

Support from other Services

HR,
Communications,
Subject Matter Experts,
L&D,
Staff Networks

Priority Themes & Projects of Work

New projects of work can only be added if an existing project is complete

Key Area of Focus & Projects Title	Update on Project & RAG Rating	Measures
DEVELOP		
Leadership and management training	Continuing to book on managers needing to complete EKM and LFI as well as following up on new starters who need to complete. More dates being added. 1:1 conversations with LFI facilitators planned to take place over the coming weeks to share programme feedback and ensure they continue to feel well supported. Peer review process to start this month. Early planning started to design 2x large scale internal leadership development events.	Training compliance of new managers within the last 2 years
Talent Management	Several MSN sessions delivered this month including a manager network session, 3 tips for impactful appraisal conversations, Equality Impact Assessments: more than a tick-box exercise, and Gemba-leading from where the work happens. Leadership competencies edited and shared with stakeholders for comment. Further appraisal training dates added and advertised to wider trust. Work continuing to map development offers to corresponding leadership tiers. Talent approached discussed and leadership and talent steering group with several actions arising relating to use of language and positioning which is now being reviewed. Met with coaching apprenticeship provider and work progressing in offering a level 5 coaching apprenticeship later this year.	Staff survey line management/compassionate leadership scores Retention figures. +changes to our WRES, WDES, Pay gaps. Access to CPD data.
Leader and Manager support	A 6-month review of the MSN has started, and planning is underway to elicit feedback from managers from across the trust. Following a detailed review of staff survey results soon to take place, the team will review any development needs and implement subsequent offers.	No. of people accessing coaching. / Evaluation No of people accessing 360's.
Team Development	Team Development Forum meetings continue to take place each month providing opportunity for support services to share intelligence on teams they are working with or who they feel require support. This work continuing and will be informed with the release of staff survey data to enable to resources and expertise to be deployed to teams most in need. Escalation process agreed regarding progressing immediate support for teams presenting with complex needs. Work continuing to support cohort of affina coaches complete their accreditations. Cultural barometer being developed using NSS and people dashboard. Deliverd 2x master classes to senior leadership teams from MHS on leading change and a challenging conversations workshop for OOH nursing team. Medical engagement event delivered to explore medical leadership offer. Supported Neuro team to review staff survey and support upcoming appraisal conversations	Staff survey team score
IMPROVE		
Resolution work	5 referrals for mediation have been received and progressed with mediators assigned. Mediator checklist document developed and shared with mediators for input. First Mediator CPD session taking place this month. Work continuing to refine Resolution Pathway coms before going live on nexus. Working with HR colleagues to ensure coms aligned with planned changes to early resolution policy. Continuing to offer follow up support to pharmacy regarding facilitating conflict resolution.	Reduction in conflict cases, FTSU
Communications	Meeting with coms teams this month to finalise coms plan to embed organisational behaviours, promote appraisal and team development support. Regular promotion of opportunities, targeted inclusive development – via staff networks, L&D news etc.	

RAG Rating

Progress delayed

Some but not all aspects delayed

All on time and to plan

Risks & Mitigations

Capacity for team development, consultancy
as awareness grows of offers and support

Budget Update

Ongoing review of Leadership requests for funding through TNA process.

Issues for the TBG/SPG/Board

Share update on leadership competencies in Feb following review of engagement event data

Upcoming Activity

MSN/LFI.EKM BAU
MSN review
Develop talent pool infrastructure and associated offers
Resolution pathway/Mediation
promotion and marketing/review and implementation
POAP finalisation

Berkshire Healthcare – Violence Reduction & Prevention – Projects of work Update for March 2025

Trust Strategy Objectives

✓

A great place to work for everyone

✓

Which Strategies does this relate to?

Trust POAP

Harm-free care

✓

Good patient experience

✓

Supporting our people

✓

Efficient use of resources

✓

Programme SRO

Ash Ellis

Support from other Services

Clinical Leads / Service Leads
Communications, L&D, HR
Patient Experience
Wellbeing Matters

Priority Themes & Projects of Work

New projects of work can only be added if an existing project is complete

Key Area of Focus & Projects Title	Update on Project & RAG Rating	Measures
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DEVELOP Violence Reduction/Sexual Safety/Domestic Abuse/ Personal Safety	VPR Standard, Sexual Safety Charter, Domestic Abuse Charter – ongoing actions. Bullying and Harassment group working on definition following feedback at DSG. New VPR standard – have completed mapping our progress. eLearning on SS now being monitored. VPR Policy and Strategy – first draft strategy shared with VPR group and DSG. Anti-abuse signage for patient facing sites now purchased, liaising with Estates re signage. Easy read version in progress. Ward Managers working on a standard work flow to support staff following assaults.	Progress against the standards and charters
	NHSE VPR Level 3 and 4 train the trainer - To decide who should complete this training at the next VPR meeting. Opportunity to then income generate (flyers to be developed).	Gaining teacher centre status.
	(PPH) Criminal Justice Panel – awaiting Service Line Agreement PPH and TVP sign off. Body Worn Cameras – not likely to be implemented due to new research not proving reduction in assaults.	Increase in prosecutions, sanctions or discharge from services

IMPROVE Training Development	Translation of key theoretic elements to support learners whose first language is not English and EasyRead sheet. Languages identified and arranging translation. To be incorporated into pre-course reading prior to PMVA and provided on ISS Breakaway courses.	Translation of documents to act as training resources.
	RRN/Training/Lived Experience – Expert by experience working regularly with the team to improve training. Streamlining PMVA courses which will allow inclusion of Search training within the 6 and 3 days to improve compliance underway. Awaiting draft 2 of the training standards from BILD/RRN.	Expert by experience involvement.
	Scenario based videos to support Personal Safety Training (local videos made for PMVA but plan for professional generic videos for wider Trust – were discussed with ICB, maybe theatre forum)	Creation of videos
	Teaching Centre Status for a Level 3 award in teaching now achieved. Working with Highfields to commence delivering training (initially to in-house tutors - certification requirement).	Gaining teacher centre status.

Training Needs Analysis (TNA)	Trust-wide TNA and Workforce Risk Ax – all services to define the right level of training for our people, report now in, going through this. Implement target groups and monitor compliance. To inform improving processes with L&D/HR including the link with job adverts, job descriptions, OH and any exemptions. Training review underway to identify proposed changes.	Completion of TNA and risk assessments. Training compliance of all personal safety training.
	NHSP PMVA training – Fee per person per day now agreed with NHSP in line with other Trusts to contribute to cost of training their staff. Working with Vicki Smith to finalise processes with L&D and Finance.	Completed scoping exercise.

Clinical Development	Link Tutor Project – Full-time tutors aligned to each ward and working clinically 1 day month. Tutors have now started working on the wards. To monitor impact to department.	Evidence of tutors working clinically.
	Increasing use of Safety Pods: Yellow belt QI now underway (root cause analysis 03/09/24) - To reduce floor restraint and improve staff and patient safety. Restarted.	Increased use of Safety Pods

Income Generation	RBH – to book courses for Restraint NG tube courses for next f/y. Breakaway GSA Requalification Oct. Other – a school has been in touch for PMVA training, info sent, awaiting response.	Income generation
	Promotion of courses on Trust website and social media to income generate. On pause until vacancies are filled and internal training compliance is improved.	Advertisement of courses externally.

RAG Rating

Progress delayed	
Some but not all aspects delayed	
All on time and to plan	

Risks & Mitigations

-Training Space – using LH and external venues due to demand in Crocus for PMVA.

Budget Update

To identify budget for translation of documents.
Continuing to income generate from RBH.
Total income generation for this f/y - almost £20,000

Issues for the TBG/SPG/Board

Recognition of the workforce RA and TNA being undertaken and recommendations to be agreed.

Upcoming Activity

Abuse statement – frames to be purchased for poster, Estates to implement. Easy Read version.
Crocus suite redecoration – could impact training.
TNA recommendations.
Streamlining PMVA programme to include Search training (reducing overall time in training by 1.5 days a year)
POAP

Thank you

Questions...?



Trust Board Paper

Board Meeting Date	8 th July 2025
Title	Digital Strategy – Spring 2025 update
Reason for the Report going to the Trust Board	<p>Reflecting recent Board changes, this report summarised our intent and achievements so far in delivering our 2021-2026 Digital Strategy.</p> <ul style="list-style-type: none"> • Board to note
Business Area	Corporate
Author	Mark Davison, CIO
Relevant Strategic Objectives	<p>Patient safety</p> <p>Digital processes to reduce errors. Identify gaps in care and facilitate earlier intervention.</p> <p>Patient experience and voice</p> <p>Improve access to care and empower them to manage their own health.</p> <p>Health inequalities</p> <p>Identify gaps in care and facilitate earlier intervention.</p> <p>Workforce</p> <p>Support our people to build a digital-ready workforce. Facilitate flexible working anytime, from anywhere.</p> <p>Efficient use of resources</p> <p>Utilise process automation, transaction integration and AI to improve our productivity and maximise our time spent with our patients</p>

Digital Strategy – Spring 2025 update

Background

We agreed our digital strategy in December 2021 with a vision to “Release more time to care, improve our population’s health through digital integration with other care providers in our region and automation of our processes. Our patients will have more choice on how they receive their care and will be able to engage more effectively in their own health and well-being.” Our strategy has 3 objectives.



This report summarises the achievements delivered by the programme and the activities still in progress.

Summary

Our Digital strategy programmes delivery is broadly in-line with plan. Some supplier delivery and procurement process delays have had a detrimental impact on 3 of our timelines; for delivering community nurse scheduling, full process integration between community physical health and primary care, and a new medicines management solution. There are significant challenges in national planning for a new digital staff record as NHSE has published its intentions to deliver the new solution from 2027-2032. Scheduling and medicines management investment cases will be discussed at the Trust Business Group in July.

Expansion of the digital agenda across the organisation continues to deliver steady growth in productivity savings, enablement of new models of care and use of digital interactions with our patients. We are now **saving 250,000 hours of operational time** through the use of our digital infrastructure and **160,000 of our patients used our digital services** as part of their care in 2024/25. We are one of the most digitally mature Trusts in the country. Although some key projects are currently in progress for patient empowerment and internal productivity improvement, we have made substantial progress on our goal of embedding digital as the way things are done in BHFT. Total expenditure on all digital services peaked in 23-24 at 4.34% of turnover but is expected to return to 2021 level of 3.71% or lower by 2026.

Our digital services are independently audited to deliver safe services (see Board Assurance Framework – Risk 7 for further detail) and hold certified accreditations for Cyber Essentials Plus, ISO 27001 Information security Managements System, and the NHS Data Protection and Security Toolkit. We are now a [HIMMS EMRAM](#) and [INFRAM](#) level 5 Trust and the most digitally mature Trust in the NHS on the 2024 NHS England Digital Maturity Assessment.

Key elements of our digital strategy are designed to support new ways of delivering our care services. Going forward, expanded use of on-line therapy, population health based proactive, social or behaviour changing care, virtual wards , proactive patient monitoring and patient risk stratification will all require a definitive clinical strategy and medium-term vision for how services in BHFT should be delivered in future to progress beyond their current scale of use. We will need this clinical visioning to be developed during 2025 and a plan developed to support the development of a new 5-year digital strategy in 2026 which is focused on supporting a new clinical model from 2027. Publication of the NHS 10 year plan is likely to re-enforce the shift to digital clinical services and to influence our local clinical vision.

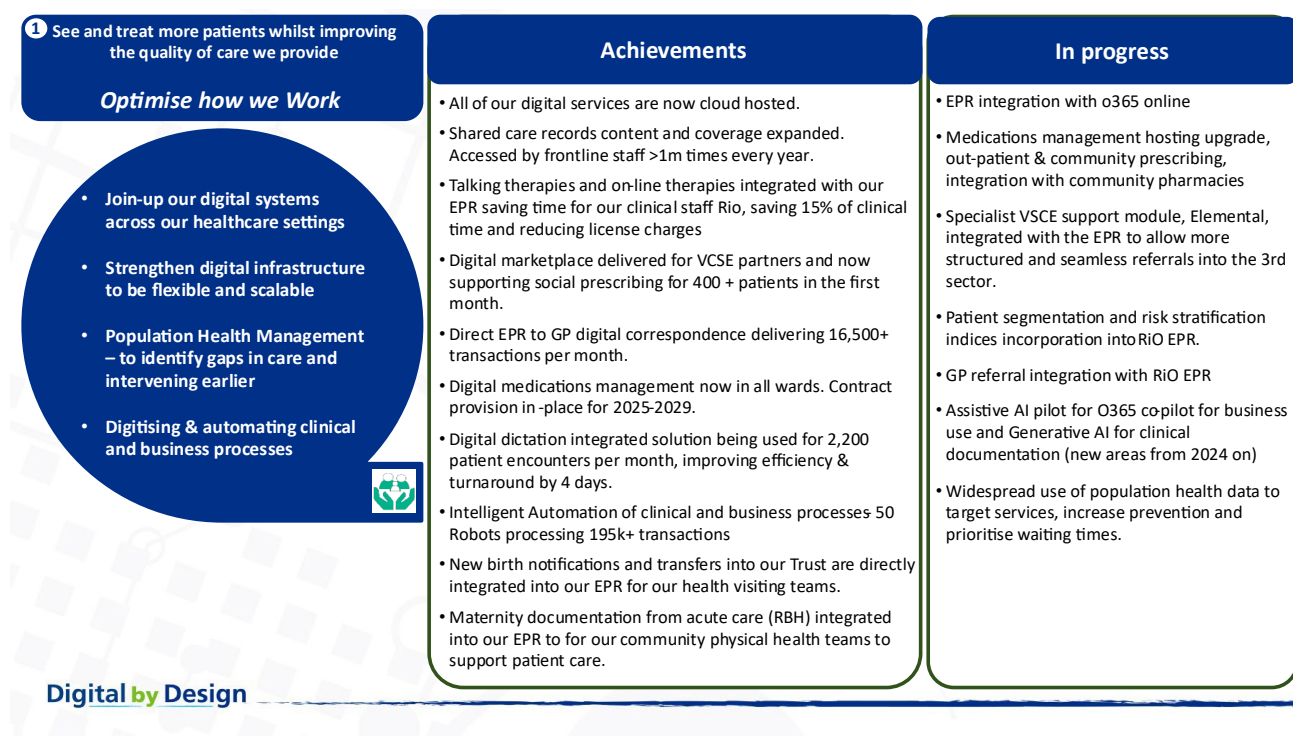
Highlights – optimise how we work...

The graphic below summarises our achievements and highlights the remainder of the work in progress to 2026.

Integration of our digital solutions has been a key productivity driver, often delivering 10-20 minutes of operational staff time saving per clinical episode as our clinicians no longer have to rely on asking the patient and/or conferring with colleagues in other services and health settings to gain an holistic view of the patient's condition. Our intelligent automation programme has automated over 195,000 transactions that were previously manual, saving over 40,000 hrs of staff time each year.

Our shared digital marketplace infrastructure is now actively in use by Sue Ryder, Berkshire MIND, primary care mental workers and our voluntary and social prescribing network. We are currently exploring expanding this into GP primary care services integrating with our community physical health to better support neighbourhood health.

Our digital infrastructure is now fully cloud hosted ensuring our digital services are scalable and able to flex with the needs of the organisation.

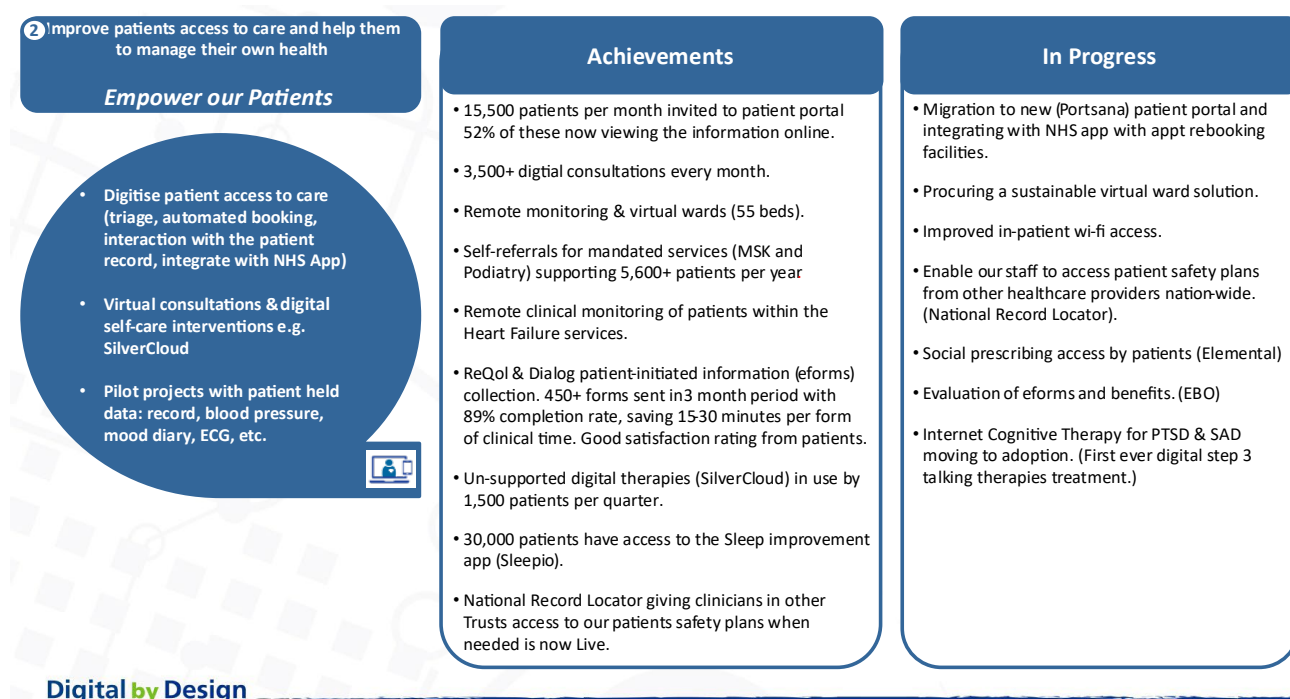


Highlights – empower our patients ...

In the last year, 160,000 of our patients used our digital services as part of their care to receive correspondence, book or re-arrange an appointment, engage with their clinical teams, have their conditions monitored or participate in on-line therapy.

We have also expanded our clinical record sharing to enhance our patients service experience, by enabling other clinicians around the country to see our patient's safety plans, notify our health visitors when a child is born or moves into our catchment area, flag that a child in our care is also on a social services caseload.

The graphic below summarises some of the specific achievements in this area and those elements that are in progress.



Highlights – enable our people...

We have vibrant and active internal staff digital development networks in place for product support, clinical leadership, operational deployment, process automation development, career development and clinical safety in digital solutions. These network support and compliment the work of our digital clinical leaders, clinical safety officers and divisional digital leads,

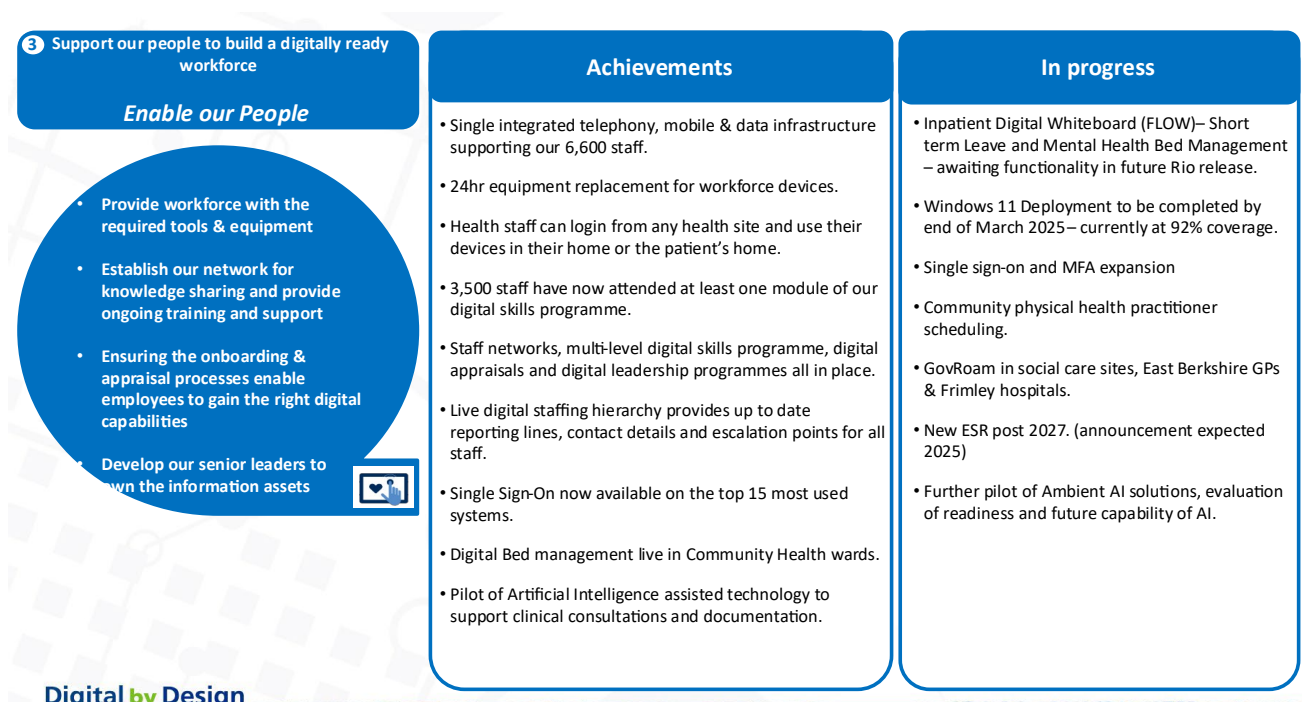
Over 3,500 of our operational and clinical staff have now attended at least one of our digital staff development modules. The new learning approaches have been welcomed by staff with many liking the “free-to-attend-again and again” approach enabling them to fully embed their new skills at times convenient to them. Having delivered basic levels of training to large numbers of Trust staff, we are now focusing on developing intermediate and advanced training pathways across our course catalogue.

All staff have un-fettered access to IT end-point devices of their choosing and repair/replacements are now provided within 24hrs to all work & home locations in the UK. Upgrades to the technical architecture to deliver single sign-on, cyber safe end-point devices are now part of business as usual and funding is provided within Trust financial plans for both capital and revenue.

Our exploration of assistive technologies is progressing well and we now have trials in place for;

- **MS-Co-pilot**, an artificial intelligence service for our office products, saving time in document location and construction
- **Anathem**, an AI used to generate GP and Patient letters from patient records, assessments and clinical consultation transcripts.
- **T-Pro**, our clinical dictation and transcription solution incorporating AI to generate template letters.

We plan to also explore AI incorporation into our RiO digital patient records solution in late 2025 when the supplier releases its “smart noting” solution which we expect to deliver significant benefits to our nursing and AHP teams.



Trust Board Paper

Board Meeting Date	8 July 2025
Title	Trust Green Plan 2025-28
	This paper is for approval, prior to it being issued to the Trust Board for their final approval in July.
Reason for the Report going to the Exec	<p>The Green Plan 25-28 sets the ambitions for environmental sustainability over the next 3 years.</p> <p>This plan has been developed in consultation with a number of staff across the organisation and agreed by the Trusts Green Group.</p> <p>All NHS organisations are required to have a plan in place and for this to be approved by Trust Boards not later than July 2025.</p>
Business Area	Trustwide
Author	<p>Justine Alford</p> <p>Sustainability Manager</p>
Relevant Strategic Objectives	<p>Efficient use of resources</p> <p>Ambition: We will reduce our impact on the environment, minimise waste and reduce carbon emissions</p>

Our Green Plan 2025-2028



Plan Review and Approval

This Green Plan has been sent for review and approval by key individuals from the following: Trust Green Group, Estates and Facilities, Infection Prevention and Control, Procurement, Information Management and Technology, Human Resources, Learning and Development, Pharmacy, Strategic Planning & Business Development, Quality Improvement, Digital Transformation, Clinical Directors, Emergency Preparedness Resilience & Response, NHS Property Services, Bellrock, and ISS.

The Plan was approved by the Trust Board on xxxx

Foreword

At Berkshire Healthcare NHS Foundation Trust, we recognise that tackling climate change is not just an environmental responsibility – it is a fundamental part of delivering high-quality, sustainable healthcare. The climate crisis is a health crisis, already affecting our patients, communities, and the NHS itself. As a multi-site organisation, we have a significant environmental footprint, and we are committed to reducing our impact.

This three-year Green Plan is our roadmap for action, setting out clear, measurable steps to cut emissions and drive sustainability across our services. While we have made strong progress in recent years, we know there is much more to do. Our plan aligns with national NHS commitments and regional priorities, ensuring we play our part in achieving a net zero health service. Through innovation, leadership, and collective action, we will build a greener, healthier future for our patients, staff, and the communities we serve.

Paul Gray – Chief Financial Officer, Net Zero Lead and Executive Sponsor

Introduction

Berkshire Healthcare NHS Foundation Trust provides specialist community and mental health services across Berkshire, Oxfordshire, Berkshire West, Surrey and Hampshire. With a workforce of almost 5,500 staff, including 4,000 clinical staff and some 1,300 non-clinical staff, we operate from around 100 sites across the region, delivering care in people's homes, community clinics, and inpatient settings. Our services cover a wide geographical area, supporting a diverse population with varying health and socioeconomic needs.

As a community and mental health Trust, our sustainability challenges differ from those of acute hospital trusts. Most of our direct emissions come from our estate and travel and transport, as our teams travel extensively to provide care across the region. Additionally, our large, complex, and fragmented estate, which includes PFI sites, NHS Property Services-managed buildings, and leased properties, presents challenges in implementing sustainability improvements.

Reducing our emissions is not just an environmental imperative; it is essential for protecting the health and wellbeing of the communities we serve. Air pollution from transport is linked to respiratory disease, cardiovascular conditions, and mental health problems, increasing hospital admissions and placing a greater burden on our services. By cutting emissions and improving sustainability, we can help prevent

illness, reduce health inequalities, and create a healthier environment for our patients, staff, and future generations.

Inaction carries significant risks – to health, to finances, and to equity – and may also result in legal and regulatory consequences. The Climate Change Act 2008 legally binds the NHS to achieve net zero, and the Environment Act 2021 introduces enforceable targets on air, water, and waste. The Health and Care Act 2022 requires organisations to integrate sustainability into decision-making. The latest NHS Standard Contract (2024/25) and the Care Quality Commission’s updated assessment framework both emphasise environmental responsibility, requiring Trusts to take meaningful action to mitigate environmental harm.

In this context, our sustainability efforts also support several of the United Nations Sustainable Development Goals (SDGs), particularly:

SDG 3: Good Health and Wellbeing – by reducing pollution and building healthier environments;

SDG 10: Reduced Inequalities – by targeting action to reduce health and access disparities;

SDG 11: Sustainable Cities and Communities – through improved transport and infrastructure planning;

SDG 12: Responsible Consumption and Production – by reducing waste and promoting circular economy principles;





SDG 13: Climate Action – by embedding carbon reduction across our services;




and SDG 17: Partnerships for the Goals – by working with local and national partners.

Over the next three years, we will focus on prioritising sustainable transport solutions to reduce emissions from travel, while also investing in the energy efficiency of our estate and transitioning to more sustainable models of care. These actions will help support the NHS's ambitious net zero target for direct emissions by 2040, all emissions by 2045, and the interim target of 80% reduction (compared to 1990) by 2028-2032. We continue to deliver as much as we can through a combination of the resources made available by the Trust and sourcing external funding. We recognise that resource availability will ultimately govern the pace of change we are able to make. Our plan will lay the foundations for long-term sustainability, creating lasting improvements for our local communities and staff, while reducing our environmental impact and enhancing the quality of care we provide.

Our Progress

Sustainability has been a key focus for Berkshire Healthcare for several years. We’re committed to reducing our environmental impact, embracing new technologies, and improving access to health and wellbeing services. Here’s a snapshot of what we’ve achieved so far:

<div> Cutting Carbon Emissions</div> <div><div> 100% renewable electricity across all Trust sites</div><div> Upgraded all lighting to energy-efficient LEDs</div></div>	<div><div> Greener Transport</div></div>
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<p>across Trust-managed sites</p> <ul style="list-style-type: none"> ✓ Completed heat decarbonisation plans and energy audits at key sites to aid net zero planning ✓ Secured over £2 million in public funding to provide clean energy to West Berkshire Community Hospital ✓ Implemented a checklist to embed sustainability in new property acquisitions 	<ul style="list-style-type: none"> ✓ Installed 34 electric vehicle (EV) charging points at 8 sites ✓ Transitioned all Estates Fleet vehicles to electric ✓ Completed a comprehensive travel review, underpinning the development of a new Travel and Transport Strategy ✓ Installed active travel facilities – including secure bike shelters and showers – across our Estate ✓ 1 million fewer miles driven in 2023/24 compared to baseline (19/20)
<p> Digital Innovation</p> <ul style="list-style-type: none"> ✓ Recognised as a Global Digital Exemplar (GDE) for digital transformation ✓ Introduced online consultations to improve access to care ✓ Launched a digital patient portal to reduce paper use 	<p> Investing in Renewable Energy</p> <ul style="list-style-type: none"> ✓ Installed solar panels at 2 sites, with more projects planned ✓ Carried out a feasibility study for a major solar farm at one of our hospital sites, which is now being pursued
<p> Reducing Waste</p> <ul style="list-style-type: none"> ✓ Introduced reusable tourniquets in clinical settings, saving over £1,000 a year and a tonne of waste ✓ Implemented recyclable pharmacy bags and a recycled paper stationery contract ✓ Completed a comprehensive waste audit, underpinning the development of a new Waste Strategy ✓ Reduced general waste by 10% since a 2017 baseline, and recycling around 140 tonnes a year 	<p> Enhancing Green Spaces</p> <ul style="list-style-type: none"> ✓ Developed nature and wellbeing gardens at Church Hill House, Wokingham Hospital, Whitley Health Centre, Abell Gardens, and West Berkshire Community Hospital ✓ Supporting local wildlife through bird and mammal boxes ✓ Planted a tiny forest alongside 65 trees ✓ Commissioned a nature survey to lay the foundations for the creation of a biodiversity strategy

Case studies

Clean Energy for West Berkshire Community Hospital

West Berkshire Community Hospital is one of our largest sites – and therefore one of our biggest carbon emitters – due to its reliance on a fossil fuel heating system. As part of our commitment to decarbonising our estate, we have secured over £2 million in public sector funding to transition the hospital to clean energy. This project will replace the existing gas heating system with heat pumps, cutting carbon

emissions by around 350 tonnes annually – the equivalent of removing approximately 150 petrol cars from the road each year.

This investment builds on a series of green initiatives already in place at the hospital, including the planting of a tiny forest and 50 additional trees to improve air quality and combat extreme weather, as well as the installation of an award-winning therapy garden filled with pollinator-friendly plants and fresh produce, maintained by staff and a team of volunteers. By reducing emissions and improving local biodiversity, these projects contribute to both environmental sustainability and patient wellbeing.

The clean energy project is expected to be completed by 2026, enhancing the hospital's energy security and protecting against future price volatility. Alongside this, we are exploring a major solar farm installation to further reduce reliance on external energy sources. These improvements will ensure that West Berkshire Community Hospital continues to lead the way in delivering high-quality, sustainable healthcare for the future.

Enhancing Wellbeing Through Nature at Church Hill House

The new wellbeing and nature garden at Church Hill House is the latest example of our commitment to creating green spaces that benefit both the environment and staff wellbeing. Designed in collaboration with the Berks, Bucks & Oxon Wildlife Trust (BBOWT), the garden provides a peaceful retreat while supporting biodiversity and climate resilience.



The space has been carefully designed with nature-friendly plants, a bug hotel, wildlife pond (shown in the image above), and nesting boxes for hedgehogs, swifts, and house martins. Water butts help conserve water for irrigation, and reclaimed materials have been used where possible. A gazebo and seating area

offer a dedicated space for staff to unwind, reflect, and connect with nature during their breaks. Green spaces like this play a crucial role in regulating temperature, reducing pollution, and lowering flood risks, while also improving mental and physical wellbeing.

The garden has already been embraced by staff and is used for outdoor meetings, with one colleague sharing: “I have worked across many Trust sites, and this is a wonderful space to have access to. I look forward to using it this summer.” Another noted, “It’s great to look out onto the garden from our office – hearing the birds and seeing the flowers bloom makes such a difference to the workday.” By prioritising nature-friendly spaces across our estate, we are not only enhancing biodiversity but also creating healthier, more restorative environments for our staff and patients.

Where we need to be

Since our pre-COVID baseline year (2018/19), our Trust has reduced its carbon footprint by approximately 16.7%. In 2024/25, our direct carbon emissions were 4953 tonnes of carbon dioxide equivalent (CO₂e), down from 4981 tonnes the previous year (See Figure 1).

Our overarching ambition to be net zero by 2040, with an 80% reduction (compared to 1990) by 2028-2032, is still considered achievable but depends on the implementation of key initiatives, which have the potential to substantially reduce our emissions over the next five years and would therefore mean we reach our target. These include:

- Achieving a minimum of 10% carbon reduction from implementing recommendations from our completed decarbonisation plans and energy audits
- Implementation of key solar proposals, including a major solar farm

As demonstrated in Figure 2, our current emissions trend leaves a gap of 495 tonnes by 2030. Our Trust would need to reduce our emissions by a minimum of 7.2% a year to achieve the interim 80% reduction target by 2030. However, with the trends in emissions seen over the past two years, the required reduction rate is likely to increase.

If key proposed projects outlined above are implemented, we would meet or possibly exceed an 80% reduction by 2030. Decarbonising our largest emissions source in our estate, Prospect Park Hospital, which has 28 end-of-life (over 10 years old) gas boilers, is also critical.

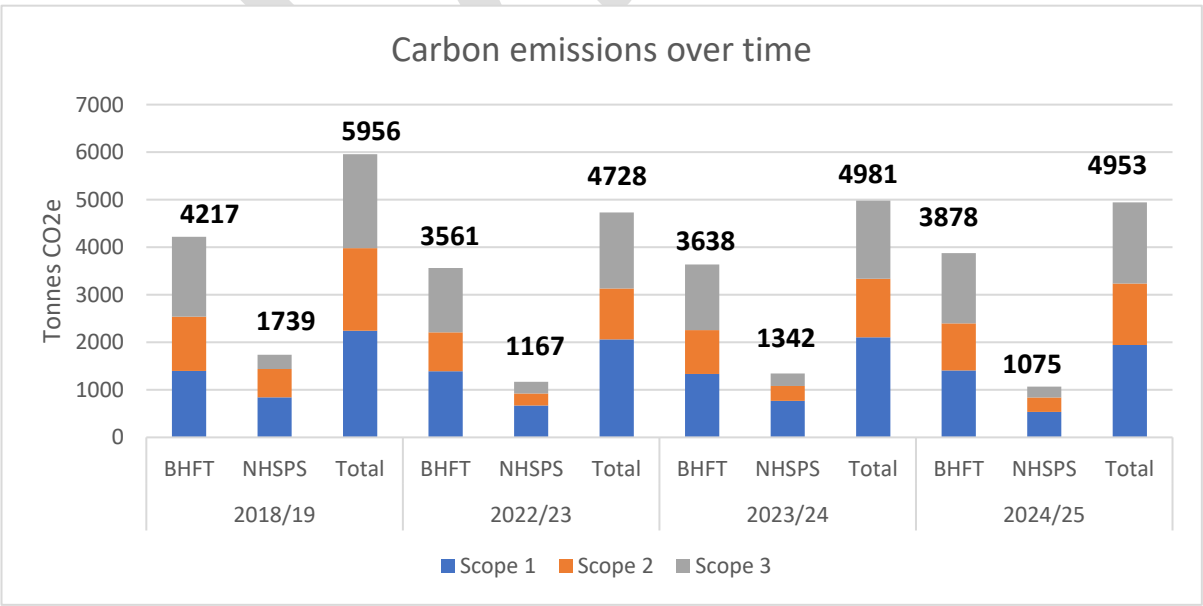


Figure 1: Berkshire Healthcare's carbon emissions (CO₂e) over time, broken down by Trust-managed sites and NHS Property Services-managed sites, and all sites (Total). 2020/21 and 2021/22 are not shown due to these being COVID-19 years and therefore unrepresentative.

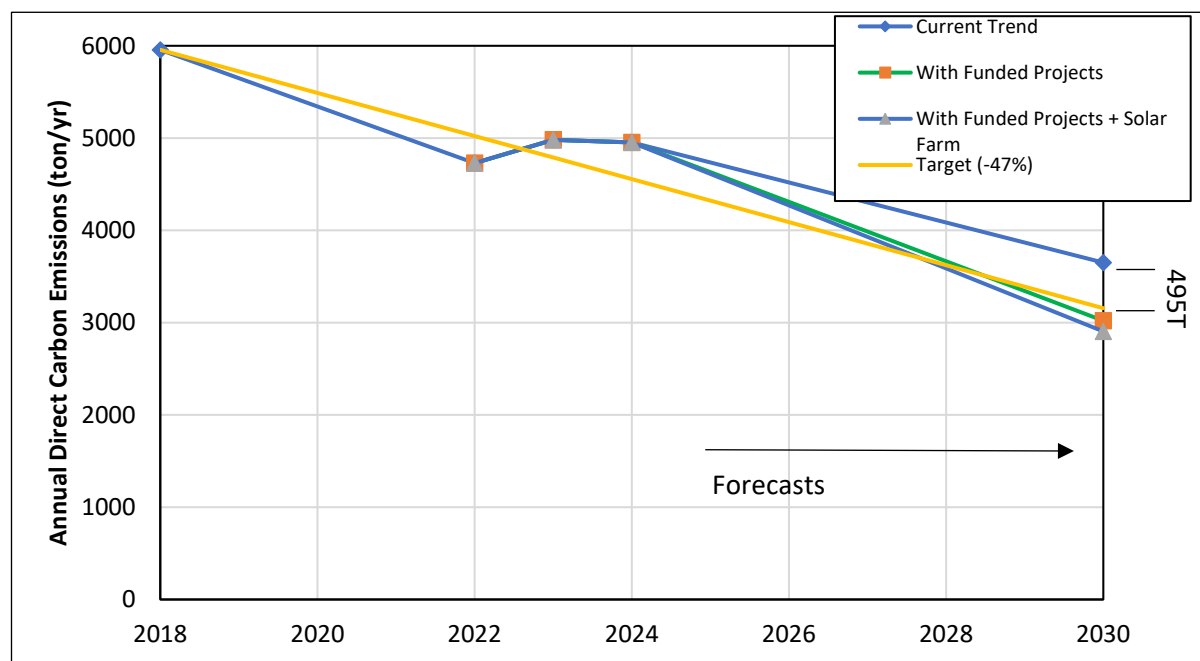


Figure 2: current trends in Berkshire Healthcare's carbon emissions, and projections based on two different scenarios. 'Funded projects' assumes achieving a 10% reduction in our energy emissions through implementing recommendations from our energy audits/decarbonisation plans, plus a further 330 tonnes CO₂e a year from exchanging gas boilers to heat pumps at West Berkshire Community Hospital (due for completion in 2026). 'Funded projects + solar farm' assumes a further 116 tonnes a year saving from installing a proposed solar farm at West Berkshire Community Hospital.

Continuing Challenges

Despite the progress we have made, we recognise that significant challenges remain in our journey toward net zero. As a community and mental health Trust operating across a wide geographical area, our travel-related carbon emissions make up a large proportion of our overall carbon footprint (around 20%). While we have reduced our mileage since our baseline, achieving further reductions will require a strategic shift towards sustainable transport, which is a key focus of our separate Travel and Transport Strategy (2025).

Our estate is highly fragmented, including two Private Finance Initiative (PFI) hospitals, three community hospitals and other properties managed by NHS Property Services, and multiple leased properties. This complexity makes it challenging to align all stakeholders around sustainability goals and limits our ability to invest in energy efficiency improvements for buildings we do not own. Additionally, much of our estate is aged with energy inefficient, costly-to-maintain buildings that require substantial investment to meet modern energy performance standards.

While we have successfully secured Public Sector Decarbonisation Scheme (PSDS) Phase 3c funding, many of our buildings are not eligible for current and immediate future rounds, creating funding gaps for critical sustainability projects. We will need to explore alternative funding routes and efficiency measures to continue decarbonising our estate.

Finally, staff engagement and education remain an ongoing challenge. While there is strong support for sustainability, competing priorities, high workloads, and a significant training burden make it difficult to integrate sustainability education into mandatory training. We will work to embed sustainability into existing training pathways, ensuring staff feel empowered to contribute to our net zero ambition without additional pressures.

Focus areas

Our Green Plan aligns with NHS England's priority areas, as well as ICS planning. While we recognise the importance of medicines and food and nutrition in the NHS's sustainability agenda, these are not primary focus areas for our Trust due to the nature of our community and mental health services, as well as our limited inpatient facilities. Our strategy focuses on the areas where we can have the greatest impact, creating a greener, healthier future for our patients, staff, and communities.

Workforce and System Leadership

The transition to a net zero NHS will be driven by its people. With [9 in 10](#) people supporting climate action in the NHS and 6 in 10 more likely to stay in organisations committed to sustainability, a greener NHS can help strengthen services and support retention. To achieve this, we need to empower our workforce with the skills, leadership, and opportunities needed to embed sustainability into everyday practice.

Berkshire Healthcare already has strong leadership in place, with our Chief Financial Officer as the Board-level Net Zero Lead and annual sustainability reporting to the Board, which is committed to ensuring strategic oversight, monitoring, and embedding of sustainability into decision-making. We are committed to further building workforce capability, supporting staff to learn, innovate, and drive change.

What we've done

- ✓ Appointed a designated board-level net zero lead to oversee green plan delivery
- ✓ Established a network of 'Net Zero Heroes' to help drive the sustainability agenda
- ✓ Run [Carbon Literacy](#) workshops, training almost 1% of staff to be certified 'Carbon Literate', and increased the training available to staff
- ✓ Established a Green Newsletter to improve staff knowledge and engagement
- ✓ Embedded sustainability into all staff job descriptions, ensuring everyone plays a role in reducing waste, minimising resource use, and supporting our net zero goal by 2040
- ✓ Implemented a flexible working policy, enabling staff to work from home and therefore reducing emissions from travel

What we need to do

- Assess workforce capacity and skill requirements for delivering our Green Plan, and upskill where necessary through core and specialist training
- Embed sustainability into roles, decision-making and workplace culture

Net Zero Clinical Transformation

We are committed to supporting the NHS's shift toward out-of-hospital and digitally-enabled care, particularly in mental health. We have a strong track record in this sphere, as the first of the seven Community and Mental Health NHS trusts in England to achieve Global Digital Exemplar accreditation. Our focus needs to be on delivering preventative, low-carbon care that improves patient outcomes and reduces health inequalities, including benefitting under-served communities, all while supporting the NHS's net zero goals.

What we've done

- ✓ Introduced online consultations to improve access to care and reduce travel
- ✓ Embedded sustainability considerations into projects through a sustainability impact assessment

What we need to do

- Appoint a clinical lead to drive forward net zero clinical transformation
- Embed sustainability into all clinical transformation and quality improvement projects, ensuring that environmental considerations become a core part of how we deliver high-quality, future-focused care
- Evaluate the sustainability impact of moving towards digitally enabled care to ensure it's having a positive impact against the 'triple bottom line' (people, planet, profit)

Digital Transformation

Digital transformation is essential for improving care quality, access, and efficiency while reducing emissions. However, they are not inherently low carbon. Digital services can also increase emissions if not managed properly, particularly through the energy demands of data storage, video consultations, and the use of multiple digital platforms.

To meet the objectives of the Greening government: ICT and digital services strategy, our Trust must therefore include sustainability considerations in the procurement, design, and management of all digital services.

What we've done

- ✓ Introduced autotimers to reduce power consumption through sleeping and switching off unused displays
- ✓ Moved local data centres to cloud-based services for efficiency
- ✓ Launched a digital patient appointment portal to reduce paper use
- ✓ Removed standalone desktop printers and shifting to shared, centrally managed printers
- ✓ Embedded sustainability into the procurement of digital services, and ensured that all outdated equipment is recycled responsibly

What we need to do

- Continue to deliver a digital-first approach for care pathways, so that patients can receive care in a place, time, and way that's best for them
- Support corporate teams to shift to digital ways of working

Estates and Facilities

Our Trust's geographically dispersed estate represents the largest source of direct carbon emissions, making it a key area for achieving significant reductions in line with net zero legislation. By improving energy efficiency and reducing emissions across our estate, we not only reduce our environmental impact but also increase resilience, lower costs, and enhance patient care. However, with buildings of varied efficiency and age, this is a significant challenge. Our heat decarbonisation plans (HDPs) and energy audits – which identify opportunities to transition to clean energy and save money through efficiency measures – estimated that upgrades needed to meet net zero across our managed buildings (i.e., not those managed by NHS Property Services) will cost in the region of £12.5 million. Due to the scope of works required, this will take time as well as investment.

As outlined in our HDPs, to meet net zero, our Trust needs to prioritise efficiency improvements through upgrades to building fabric (walls, floors, roofs, windows, and doors), in addition to transitioning away from fossil fuel heating systems and exploring opportunities for on-site renewable energy generation.

What we've done

- ✓ Completed heat decarbonisation plans (HDPs) and energy audits at 13 key sites, excluding those with short leases or those managed by other entities (NHS Property Services)
- ✓ Installed solar panels at 2 sites
- ✓ Carried out a feasibility study for a major solar farm at West Berkshire Community Hospital
- ✓ Secured over £2 million in government funding to decarbonise West Berkshire Community Hospital
- ✓ Achieved 100% LED coverage at Trust-managed sites
- ✓ Purchase 100% renewable energy

What we need to do

- Improve energy efficiency through a fabric-first approach, such as insulation and double-glazing
- Replace fossil fuel heating systems with lower carbon alternatives, such as heat pumps
- Increase use of renewable energy by investing in on- or near-site renewables
- Develop business cases to deliver the measures outlined in heat decarbonisation plans

Travel and Transport

After utilities, transport is the second largest contributor to Berkshire Healthcare's direct carbon footprint. The NHS fleet is also a significant contributor to health problems due to air pollution, which claims 36,000 lives a year in the UK alone.

The NHS England Net Zero Travel and Transport Strategy aims to address this issue by fully decarbonising its fleet by 2035, and outlines a number of targets to guide this transition. These goals, alongside our recent commissioned Travel and Transport Review, conducted by the Energy Saving Trust, are shaping our Trust's strategy to reduce emissions, optimise fleet usage, and promote sustainable travel options for both staff and operations, supporting our commitment to achieving net zero.

What we've done

- ✓ Completed a comprehensive review of travel and transport at the Trust
- ✓ Initiated a staff travel survey for monitoring and reporting
- ✓ Transitioned all Estates vans to electric vehicles
- ✓ Developed an EV policy and installed 34 EV chargers at 8 sites

What we need to do

- Complete the development of the Sustainable Travel and Transport Strategy to reduce mileage from fossil fuel vehicles and associated emissions
- Support the transition to electric vehicles through policy changes, salary sacrifice schemes, and expansion of our charging network, ensuring accessibility and affordability and promoting to staff through simple guides
- Support and encourage staff to use greener modes of transport
- Improve monitoring and reporting of staff travel through annual surveys

Supply Chain and Procurement

The NHS supply chain and procurement is the largest contributor to the NHS' direct carbon footprint and accounts for [approximately 62%](#) of total carbon emissions, and is therefore a clear priority area for the Green Plan. Reducing carbon will require a greater understanding of emissions across the supply chain to identify opportunities for action, and embedding circular solutions – such as reusable or recycled products – where possible.

What we've done

- ✓ Developed a sustainable procurement policy
- ✓ Ensured that all corporate contracts >£50k incorporate business continuity planning for the impact of extreme weather
- ✓ Incorporated social value into all major contracts (assessed at 10%), and carbon reduction is a mandatory criterion within this
- ✓ Implementing a graduated approach to extend Carbon Reduction Plan requirements to all contracts

What we need to do

- ✓ Save money and emissions by reducing reliance on single use products in line with the Government's [Design for Life Roadmap](#)
- ✓ Monitor suppliers' progress towards net zero commitments, and promote their completion of the Evergreen Assessment
- ✓ Implement supply chain carbon monitoring to establish a baseline and emissions reduction targets

Adaptation

Most expected impacts of climate change are negative, with weather extremes becoming more frequent and intense, impacting service delivery through logistical and infrastructure challenges, as well as affecting the physical and mental health of our community. Climate change will therefore bring an associated burden on service delivery that must be appropriately and adequately planned for to prevent our services from becoming overwhelmed. Resilience and adaptation should therefore be built into

business continuity, risk and compliance processes, and longer-term planning to avoid climate-related service disruptions.

What we've done

- ✓ Implemented a Sustainability Impact Assessment for new capital projects to ensure the effects of climate change are factored into decision-making
- ✓ Developed a Sustainability Checklist for new properties to embed climate considerations into site selection decisions
- ✓ Disseminate weather health alerts and relevant messaging, in line with the government's Adverse Weather and Health Plan

What we need to do

- Set out actions to prepare for severe weather events and improve climate resilience of local sites and services, including digital services
- Implement the Climate Change Adaptation Plan

Food and Nutrition

A well-balanced diet supports overall well-being, while the way food is produced, sourced, and consumed has significant impacts on carbon emissions, biodiversity, and resource use. By promoting plant-forward diets, reducing food waste, and prioritising sustainable sourcing, we can improve patient and staff well-being while cutting our environmental impact.

What we've done

- ✓ Send food waste from wards to anaerobic digestion
- ✓ Introduced on-site composting at West Berkshire Community Hospital, used to grow fresh fruit and vegetables at the hospital
- ✓ Implemented electronic food ordering at Prospect Park Hospital to reduce food waste
- ✓ Improved monitoring and reporting by measuring food waste at the ward-level
- ✓ Increased plant-based menu options to support World Vegan Month and Veganuary

What we need to do

- Reduce food waste
- Explore opportunities to make menus healthier and lower carbon, for example using seasonal fruit and vegetables and replacing meat with legumes, while maintaining affordability

Medicines

As a community and mental health trust, our challenges related to medicines and their environmental impact differ from those faced by acute trusts. While medicines account for around 25% of NHS emissions overall, with significant contributions from anaesthetic gases (2%) and inhalers (3%), these are less prominent within our services. However, there are still valuable opportunities to reduce the environmental impact of our medicines, minimise waste, and promote responsible prescribing practices that benefit both patient care and sustainability.

What we've done

- ✓ Removed nitrous oxide manifolds and shifted to smaller portable cylinders, reducing waste and emissions from leaks
- ✓ Run a glove reduction initiative, saving 1 million gloves and £60,000 in one year
- ✓ Introduced reusable tourniquets, saving over £11,000 and a tonne of waste in a year-long trial

What we need to do

- Support low-carbon respiratory care
- Encourage correct inhaler disposal to reduce waste
- Collaborate with social prescribing teams to embrace low-carbon, high-quality care

Carbon savings opportunities

The Action Plan that follows sets out how the Green Plan will be delivered, presenting high-level objectives for each focus area alongside targeted actions, timelines, responsibilities, and success measures. While it is not possible to calculate potential emissions reductions across every action, those with quantifiable impacts have the potential to cut the Trust's emissions by over 1,000 tonnes — equivalent to around 20% of 2025 levels. Achieving these reductions would put the Trust on track to exceed its interim goal of 80% of emissions cut by 2032 (vs 1990 levels). However, successful delivery will depend on both practical feasibility and available funding.

Action plan

Area of focus		Workforce and System Leadership		
Objective	Key Actions	Metrics	Responsible person(s)	Target date
Increase staff-led sustainability action by embedding it into everyday roles, decision-making, and workplace culture	<p>Use existing digital platforms to empower staff with practical actions and track progress</p> <p>Require all business cases to include a sustainability impact assessment, embedding environmental considerations into decision-making and ensuring long-term resilience, and provide appropriate training to staff</p> <p>Integrate sustainability into annual appraisals to ensure all staff consider and demonstrate how they proactively integrate sustainable practices into their role, reducing waste and resource use</p>	<p>Platform available</p> <p>Business case template amended</p> <p>Appraisals forms amended</p>	<p>Sustainability Manager</p> <p>Director of People</p>	2026
Strengthen workforce capacity to effectively deliver the Trust's sustainability commitments, ensuring effective waste, environmental and energy management and monitoring	<p>Refresh and expand Net Zero Heroes network to improve engagement and identification and delivery of actions</p> <p>Secure dedicated resources for waste and energy management to meet NHS Standard Contract and Clinical Waste Strategy requirements, through recruitment,</p>	<p>Net Zero Heroes recruitment</p> <p>Resource utilisation rate</p>	<p>Sustainability Manager</p> <p>Director of Estates & Facilities</p>	2027

	contracting, or shared central resources (minimum 0.5 FTE each) Ensure that at least 80% of staff in Procurement, Estates and Facilities complete at least one core or specialist sustainability training module, with training uptake monitored quarterly and reported annually	Number of training sessions offered Number of trainees	Chief Financial Officer	
Ensure sustainability is a core leadership priority, integrated into decision-making, funding allocations, and strategic planning to support high-quality patient care	Ensure all opportunities are taken to source external funding to support / supplement Trust funding allocated to achieve net zero and interim targets Provide Board-level sustainability leadership training	Funding allocated Number of Board members completing sustainability leadership training	Chief Financial Officer Sustainability Manager	2026
Area of focus	Net Zero Clinical Transformation			
Objective	Key Actions	Metric	Responsible person(s)	Target date
Embed sustainability within health services to reduce emissions while improving care quality	Appoint a Clinical Lead with oversight of net zero clinical transformation, with formal links into board-level leadership and governance Integrate sustainability principles into all clinical transformation projects, for example through a sustainability impact assessment, and use data to monitor and report on progress, ensuring alignment with NHS sustainability goals	Clinical lead appointed Emissions reduced	Chief Operating Officer	2026

Embed sustainability into quality improvement projects that reduce emissions while enhancing care, efficiency, and equity	<p>Use regional funding to provide sustainable quality improvement training for staff through the Centre for Sustainable Healthcare</p> <p>Embed sustainability into the QI project charter template to ensure all projects consider environmental impacts, include measurable sustainability goals where applicable, and use data to track outcomes. Share learning and results through clinical networks and partners to support system-wide improvement.</p>	Number of staff trained	Sustainability Manager Head of QI	2026
Area of focus	Digital Transformation			
Objective	Key Actions	Metric	Responsible person(s)	Target date
Improve communication while reducing paper consumption and associated emissions by adopting a digital-first approach	<p>Digitise all appointment letters through the implementation of a new patient portal</p> <p>Enhance patient-initiated information via digital methods across services</p> <p>Ensure a consistent, digital-first approach to sending documentation to non-patient third parties (GPs, local authorities, etc)</p> <p>Support corporate teams to use digital forms over printed forms</p>	<p>Reduction in paper consumption</p> <p>Increase in the number of patients supported by digital-augmented care delivery</p>	Chief Information Officer	2028

Increase the availability and quality of care, while reducing associated care miles, by providing more virtual patient support and care pathways where clinically appropriate	Continue to expand on digital monitoring and intervention to offer patients choice of where, when and how their care is delivered, to reduce associated care miles, achieving 79,000 patients supported by digital augmented care delivery by 2026, with further expansion to 2028	Increase in number of patients supported by digital-augmented care delivery	Chief Operations Officer	2026
Area of focus	Estates and Facilities			
Objective	Key Actions		Responsible person(s)	Target date
Reduce emissions from buildings through energy efficiency measures, renewable energy generation, and transition away from fossil fuel heating systems	<p>Implement a multi-year energy reduction plan for priority sites, aiming for a 10% reduction in utility emissions by 2028 (vs. 2024/25, equating to 300 tonnes CO₂e), by using HDPs to identify and deliver energy efficiency and renewable energy measures, developing business cases, and seeking PSDS funding where internal budgets are insufficient</p> <p>Achieve zero carbon energy for at least 80% of Trust utility emissions by 2032 (compared to a 1990 baseline) through a combination of renewable heating systems, energy efficiency measures including insulation upgrades, and on-site renewable energy generation, with an interim target of 33% by 2028 (equating to a reduction of around 1,000 tonnes compared to the 2019 baseline)</p>	<p>Emissions reduced</p> <p>Number of gas boilers</p> <p>Number of renewables installed</p> <p>BMS improvements implemented</p> <p>LED coverage</p>	Director of Estates & Facilities	2028

	<p>Phase out gas in all hospitals by 2032 at Trust-managed sites and through to 2028 (equating to around 500 tonnes CO₂e), replace end-of-life boilers with renewable heating</p> <p>Install solar panels at a minimum of one site per year until 2028 and pursue a major solar farm at West Berkshire Community Hospital (equating to around 110 tonnes CO₂e)</p> <p>Work with PFI and NHSPS partners to increase use of LED lighting to achieve 100% coverage by 2028</p>			
Reduce water consumption	<p>Install leak detection systems across 80% of Trust-managed sites by December 2026</p> <p>Invest in water conservation measures at Trust-managed sites – such as low-flow plumbing fixtures, rainwater and greywater harvesting, to achieve 10% water reduction by 2028 compared to 2025 (around 3,000M³, saving around 1 tonne of CO₂e)</p>	<p>Number of sites fulfilled</p> <p>Number of measures, sites</p> <p>Water use (M3)</p>	Director of Estates & Facilities	<p>2026</p> <p>2028</p>
Improve energy monitoring and reporting	<p>Install smart meters at all Trust-managed sites</p> <p>Evaluate the cost/benefits of real-time energy monitoring and analysis platforms and implement if a sufficient ROI can be achieved (achieving at least 5% reductions in energy consumption and utility costs, equating to around 100 tonnes CO₂e)</p>	Number of meters	Sustainability Manager	2026
Support nature and wellbeing by improving biodiversity	Conduct biodiversity surveys at key sites	<p>Number of surveys</p> <p>Strategy implemented</p>	Sustainability Manager	2026

	Use findings from biodiversity surveys to develop a Biodiversity Strategy aimed at supporting nature and wildlife			2027
Improve waste management to reduce associated costs and carbon	<p>Improve clinical waste segregation through staff awareness, education and training, and providing sufficient infrastructure and facilities, to achieve targets of 20% High-Temperature Incineration (HTI), 20% Alternative Treatment (AT), and 60% Offensive Waste (OW)</p> <p>Achieve a 50% reduction in carbon emissions produced from waste management by 2026, progressing to an 80% reduction by 2028-2032 (compared to a 1990 baseline), at Trust-managed sites (equating to around 4 tonnes CO₂e)</p> <p>Assess the feasibility of introducing uniform reuse and recycling schemes so that no end-of-life uniforms go to waste</p>	<p>Waste volume</p> <p>Waste emissions</p> <p>Number of uniforms recycled/reused</p>	<p>Head of Compliance & Risk/Training & Compliance Lead</p> <p>Sustainability Manager</p>	2026
Area of focus	Travel and Transport			
Objective	Key Actions		Responsible person(s)	Target date
Develop a comprehensive travel strategy and implement recommendations to decarbonise travel and transport	<p>Produce a Trust Travel and Transport Strategy that supports Berkshire Healthcare's net zero goal by March 2026</p> <p>Implement Travel Strategy recommendations, including agreement on interim targets to 2028, to reduce business travel emissions by 50% (around 400 tonnes CO₂e), and commuting emissions by 10%, by 2033</p>	<p>Strategy ratified</p> <p>Implementation of recommendations</p> <p>Emissions reduced</p>	Sustainability Manager	<p>2026</p> <p>2028-2033</p>

Transition to a zero-emission vehicle fleet and support staff adoption of electric vehicles	<p>Ensure all new Trust-owned and leased vehicles are zero-emission, replacing existing fossil fuel fleet vehicles with EVs upon renewal in December 2026</p> <p>Offer only zero-emission vehicles through the salary sacrifice scheme from December 2026 (saving around 70 tonnes CO₂e, in conjunction with the action outlined above)</p> <p>Expand EV charging infrastructure based on usage and capacity evaluations</p> <p>Provide staff with online information, and learning sessions, on battery electric vehicles (BEVs) to support uptake</p>	<p>Number of BEVs</p> <p>Policy change</p> <p>Number of chargers</p> <p>Number of sessions and attendees</p>	<p>Head of Financial Services</p> <p>Head of Estates</p> <p>Sustainability Manager</p>	<p>2026</p> <p>2028</p> <p>From 2026</p>
Raise awareness of the importance of, and support, green and active transport for employees	<p>Ensure relevant information is made available through intranet and websites</p> <p>Use the Net Zero Hero network to drive forward transport-related initiatives across the Trust, supported by leadership</p> <p>Review facilities (secure cycle sheds, lockers, showers) at sites, refurbish and fit as necessary</p>	<p>Page views</p> <p>Number of campaigns</p> <p>Coverage of facilities</p>	<p>Sustainability Manager/Communications Officer</p> <p>Sustainability Manager</p> <p>Sustainability Manager/Head of Facilities</p>	2026
Improve travel data collection and monitoring to identify and evaluate opportunities for emissions reductions	Conduct annual travel surveys and consider methods to increase participation from employees	Response rate	Sustainability Manager/Communications Officer	Annually from 2025
Area of focus	Supply Chain and Procurement			

Objective	Key Actions	Metric	Responsible person(s)	Target date
Embed sustainability into procurement decision-making and supplier engagement	<p>Extend Carbon Reduction Plan (CRP) requirements to all procurements in a proportionate, relevant manner in line with the NHS Net Zero Supplier Roadmap</p> <p>Review and update Trust procurement policies in line with the NHS Net Zero Supplier Roadmap</p> <p>Encourage and support suppliers to complete the Evergreen Sustainable Supplier Assessment</p>	All contracts are required to have a CRP or net zero commitment	Head of Procurement	2028
Reduce supply chain emissions and improve data transparency	<p>Establish a baseline for supply chain emissions and monitor progress annually</p> <p>Set emissions reductions targets against the established baseline and aligned with the NHS goal of 80% reduction by 2036-2039</p>	Baseline calculations	Sustainability Manager / Head of Procurement	2027 2027
Promote circular and low-impact procurement practices	<p>Prioritise reusable and circular products, especially in medtech and consumables, where clinically appropriate</p> <p>Train procurement teams on circular economy principles and lifecycle impact assessment</p> <p>Implement NHS “Design for Life” principles in procurement decisions to reduce waste and preserve value</p>	Reduction in single use MedTech products procured	<p>Head of Procurement</p> <p>Sustainability Manager</p> <p>Clinical Directors</p>	2028
Area of focus	Adaptation			

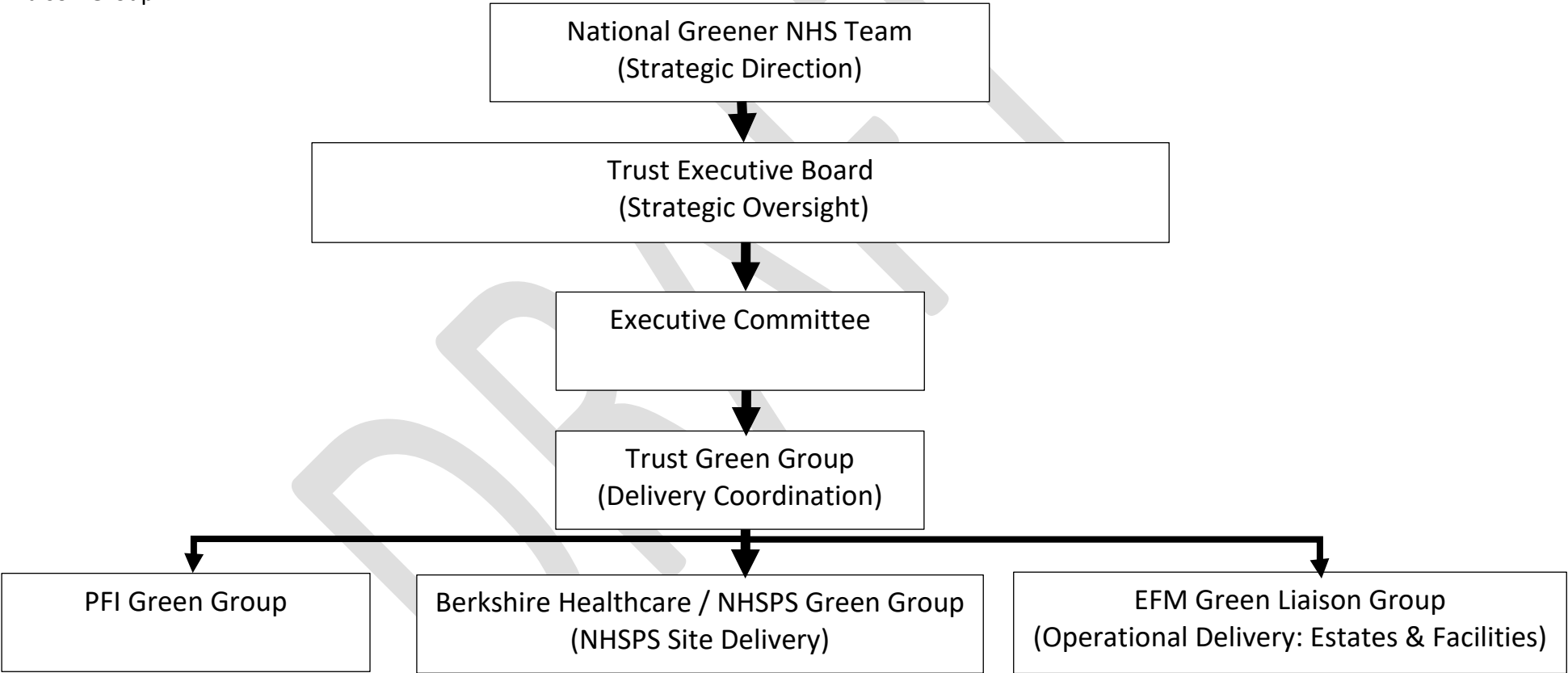
Objective	Key Actions	Metric	Responsible person(s)	Target date
Strengthen the Trust's resilience and preparedness to climate change and the impacts of extreme weather	Implement the Trust's Adaptation Plan to effectively prepare for and respond to the current and future impacts of climate change Develop a Climate Change Risk Register as part of business continuity plans to identify and evaluate risks posed to estates, facilities, services and operations	Number of Plan actions delivered Completion of register using the Climate Change Risk Assessment Tool	Sustainability Manager Chief Operations Officer	2026
Enhance estate resilience and adaptation to climate change through the integration of green infrastructure	Carry out sustainable urban drainage system assessments at relevant Trust-managed sites Explore the feasibility of introducing living walls and roofs Plant 50 trees per year	Site coverage Number of trees planted	Head of Estates Sustainability Manager	2028 2028
Area of focus	Food and Nutrition			
Objective	Key Actions	Metric	Responsible person(s)	Target date
Reduce food emissions while enhancing service user health by cutting waste and ensuring the provision of nutritious and sustainable menu choices	Reduce food waste to below 3% in community wards, and below 7% in mental health wards Collaborate with NHSPS and PFI providers to implement Trust-wide electronic food ordering systems Collaborate with catering providers to optimise patient and nursery menu choices by increasing the proportion of	Food waste volume	Head of Facilities/PFI and NHSPS Managers Head of Facilities/Lead Dietician/Nursery Manager	2028 2026 2026

	climate-friendly, seasonal, nutritious options that align with patient preferences and nutritional needs			
Area of focus	Medicines			
Objective	Key Actions	Metric	Responsible person(s)	Target date
Reduce emissions and waste associated with medicines	<p>Explore integrating inhaler choice into the patient medicines reconciliation process to ensure prescribing is rational, appropriate, and aligned with sustainability goals, reducing waste and unnecessary emissions</p> <p>Improve patient education on correct inhaler technique to maximise effectiveness and reduce waste, for example through the provision of educational materials, while ensuring clear guidance and facilities for the proper disposal of inhalers and general pharmaceutical waste</p> <p>Standardise prescribing practices in line with the system-wide formulary to reduce unnecessary variation and minimise waste</p> <p>Establish a structured approach to encourage and support pharmacy staff in identifying and implementing sustainability initiatives, such as reducing medicines waste and improving recycling and disposal processes</p> <p>Collaborate with social prescribing teams to explore the implementation of high-quality, low-carbon care, such as green social prescribing</p>	<p>Consistent system-wide patient education initiatives</p> <p>Implementation of standardised prescribing practices</p> <p>Number of initiatives progressed</p>	<p>Chief Pharmacist/Pharmacy Operations Manager</p> <p>Chief Pharmacist/Pharmacy Operations Manager/Head of Facilities</p> <p>Chief Pharmacist/Pharmacy Operations Manager</p> <p>Chief Pharmacist</p> <p>Operational Directors</p>	2027

Governance

The delivery of this Green Plan is overseen by the Trust Green Group chaired by the Trust’s Net Zero Lead, the Trust’s Chief Financial Officer. Progress is reported to the Trust Board on an annual basis and a summary is published in the Trust annual report. Progress is reported bi-monthly to and overseen by the Trust Green Group and reviewed regularly by the Sustainability Manager and Head of Compliance and Risk.

Its delivery is coordinated by the Trust’s Green Group and other associated Green Groups, including the Trust Estates and Facilities Management Green Liaison Group.



Risks

Risk	Description	Likelihood (1-3)	Impact (1-3)	Score (L x I)	Mitigation
Funding availability	Limited internal funding and eligibility for external grants (e.g., PSDS) may hinder ability to fund large-scale decarbonisation.	3	3	9	Prioritise cost-effective projects, seek alternative funding, plan phased investments.
Workforce capacity	Increasing workload as we approach net zero targets; lack of in-house expertise in energy and waste management.	3	2	6	Upskill existing staff, consider outsourcing to specialists or digital platforms for efficiency.
Staff engagement	Low staff buy-in could result in missed opportunities, reduced impact, and poor compliance with sustainability measures.	2	3	6	Develop clear communication, embed sustainability into job roles, provide training and incentives.
Missing targets	Potential reputational damage, legal implications, and loss of public trust if targets are missed.	2	3	6	Establish clear reporting, monitor progress regularly, adjust strategies proactively.
Data and reporting quality	Inaccurate data could undermine decision-making and reporting, impacting our ability to track progress effectively.	2	3	6	Ensure partners and contractors are aligned with data quality standards. Secure dedicated resources for waste and energy management/monitoring to

					meet NHS Standard Contract and Clinical Waste Strategy requirements, (minimum 0.5 FTE each)
Supply chain alignment	Our supply chain may not align with the Trust's carbon reduction goals or may fail to deliver on their carbon reduction plans, impacting our overall sustainability progress.	2	3	6	Engage suppliers early to communicate sustainability goals and expectations. Regularly monitor and report on supplier progress. Prioritise contracts with suppliers demonstrably committed to carbon reduction.

Key: 1= low, 2 = medium, 3= high

Equality Impact Assessment

1. What is changing and why? ⁱ				
The Trust's sustainability strategy (Green Plan) is being refreshed in line with statutory NHS guidance. This replaces its former plan (2022-2025).				
2. What do you know? What disparities or inequalities already exist? ⁱⁱ				
Climate change disproportionately impacts already vulnerable groups including people from lower socioeconomic backgrounds, people with pre-existing health conditions, women, older people and younger people.				
3. Assessing the impact				
	Could benefit	May adversely impact	What does this mean? Impacts identified from what you know (actual, potential and unintentional)	What can you do? Actions (or why no action is possible) to advance equality of opportunity, eliminate discrimination, and foster good relations
a) How could this affect different ethnicities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cleaner air and greener environments benefit all, including marginalised	Some groups may be harder to reach with communications; ensure accessible,

<i>Including Gypsy, Roma, Traveller, Showmen and Boaters, migrants, refugees and asylum seekers.</i>			ethnic groups who often live in more polluted areas.	translated, and culturally relevant materials are used.
b) How could this affect cisgender and transgender men and women (including maternity/pregnancy impact), as well as non-binary people?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Health benefits from cleaner air and reduced exposure to toxins may particularly support pregnant people.	Inclusive staff training and facilities (e.g. active travel infrastructure) must meet diverse gender needs.
c) How could this affect disabled people or carers? <i>Including neurodiversity, invisible disabilities and mental health conditions.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Greener spaces and improved air quality support mental and physical wellbeing. Changes (e.g. to travel systems) could pose accessibility issues without inclusive design or reasonable adjustments.	Must involve disabled voices in service/user/staff co-design.
d) How could this affect people from different faith groups?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sustainability values may align with environmental ethics in many religions.	Catering/food policy changes should be sensitive to dietary requirements tied to religious practice.
e) How could this affect people with different sexual orientations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No direct adverse impacts identified.	Ensure inclusive engagement and representation in sustainability communications and Net Zero Heroes network.
f) How could this affect different age groups or generations?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Young people benefit from long-term climate action and cleaner environments. Older adults may need more support to adapt to changes (e.g. digital platforms, new menus, active travel schemes).	Menu changes must align with nutritional needs/preferences of older adults.
g) How could this affect those who are married or in a civil partnership?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No significant impact identified. Benefits (e.g. healthier environments) apply equally.	

h) How could this affect people from different backgrounds such as: socio-economic disadvantage/deprivation, homeless, alcohol and/or substance misuse, people experiencing domestic and/or sexual violence, ex-armed forces, looked after children and care leavers?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Green initiatives can support mental wellbeing and social inclusion.	Changes to access (e.g. transport, services) may risk exclusion if affordability or digital access isn't considered.
i) How could this affect people based on their geographic location or the area they live?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Areas with poorer infrastructure may benefit from targeted improvements (e.g. air quality, energy efficiency). Risk of unequal distribution of sustainability investment across sites/regions.	Ensure equitable distribution of investment across sites.
j) How could this affect people with multiple intersectional experiences? ⁱⁱⁱ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	People with multiple overlapping experiences (e.g. disabled + low-income + ethnic minority) may face compounded barriers.	Active inclusion and meaningful co-design essential to ensure equitable outcomes across groups.
4. Overall outcome				
No major change needed <input checked="" type="checkbox"/> Adjust approach <input type="checkbox"/> Adverse impact but continue <input type="checkbox"/> Stop and remove <input type="checkbox"/>				
5. Details of further actions needed^{iv} e.g. What specific actions would you take to address (health) inequalities?				
6. Arrangements for delivery and future monitoring^v e.g. What output and process measures will be used?				
7. Completed by:	Justine Alford		Date	20/05/2025
8. Signed off by^{vi}:			Date	Click or tap to enter a date.

ⁱ Summarise the scope of the proposal including aims, context and timescales. Use [plain English](#); refer to other document(s) if needed

-
- ii Summary of data about patients and/or colleagues (include consultation feedback where relevant, info from reviews, audits, national or wider data and local dashboards. What do you have in your team or dept?) Reference primary or secondary research/feedback, the date it was carried out and any gaps: including actions, timeframes and accountable persons for addressing gaps. Consider and note who you have engaged with and who else you need to engage with. E.g. patients, staff networks, trade unions, voluntary groups, forums etc.
- iii Assess the cumulative impact. This looks at the combined influences of various impacts. E.g. young gay showmen.
- iv Outline further actions and/or recommendations. Will you review your approach, when will you do this? Can you align a review with any planned closure report, policy review or (event) evaluation?
- v Detail how you are delivering your project, policy change or service change. What governance arrangements are in place, which internal stakeholders have/will be consulted and informed about the project or changes? How do you intend to communicate any changes to the affected groups? e.g., easy read and communication plan
- vi Sign off should be proportionate to the change and checked by someone outside of the area/dept/division. [You may want to complete the template as a group if you are doing a project.](#) If you are unsure, please speak to EDI Team EDITeam@berkshire.nhs.uk
- Public Health England, Health equity assessment tool (HEAT) has further information about assessing impact for health inequalities [Health Equity Assessment Tool \(HEAT\) - GOV.UK \(www.gov.uk\)](#).



Berkshire Healthcare

NHS Foundation Trust

Trust Board Paper

Board Meeting Date	08 July 2025
Title	Board of Directors Declarations of Interest and Fit and Proper Persons Test Assurance Report
	For Noting
Reason for the Report going to the Trust Board	<p>The Government introduced the Fit and Proper Person Test (FPPT) requirement via Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following a review of the FPPT by Tom Kark KC, NHS England published a new Fit and Proper Person Test Framework for Board Members in August 2023. The Framework does not change the existing legislation but aims to support NHS organisations compliance with the regulations and makes some changes to the checks and balances that are intended to ensure directors satisfy the regulatory requirements.</p> <p>The paper provides assurance that all Board members continue to meet the requirements of the Fit and Proper Persons Test.</p>
Business Area	Corporate
Author	Julie Hill, Company Secretary
Relevant Strategic Objectives	Relevant to all Strategic Objectives as it relates to the Trust being well-led.

Board of Directors Register of Interests and Fit and Proper Person Assurance Report

Section A

1. Declarations of Interests

NHS England issued new guidance in February 2017 on Managing Conflicts of Interests. The Trust's Standards of Business Conduct Policy has been updated to reflect the new requirements.

NHS England defines a conflict of interest as: "a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgment or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."

Interests fall into the following categories:

Financial interests	Non-financial professional interests	Non-financial personal interests	Indirect interests
Where an individual may get direct financial benefit from the consequences of a decision, they are involved in making	Where an individual may obtain a non-financial professional benefit from the consequences of a decision, they are involved in making, such as increasing their professional reputation or promoting their professional career	Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career	Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making

2. Compliance with the Regulations

Upon appointment, all Board members are required to complete a declaration of interests' form. Any declared interests are entered onto the Register of Board Member Interests maintained by the Company Secretary. In addition, there is a standing item on declarations of interest on every Board and Sub-Board meeting agendas. This provides a prompt for members to consider whether they have a potential or perceived conflict of interest in any of the matters under discussion.

The Company Secretary writes to all members of the Board each year with a request that individuals confirm or amend their interests on the Register. As required by NHS England, the Trust Board Register of Interests is published on the Trust's website

The current Register of Board Interests is attached at Appendix 1.

Section B

1. Fit and Proper Persons Test

Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (set out at [appendix 2](#)) was introduced as a direct response to the Francis Report into the failings at Mid Staffordshire NHS Foundation Trust. The Regulation aims to ensure that all Board level appointments of NHS provider organisations are fit and proper to carry out their roles.

It is ultimately the responsibility of the Chair to discharge the requirement to ensure that individual members of the Board meet the fit and proper persons test and do not meet any of the “unfit” criteria.

The Regulations came into force on 1 April 2015. The Trust conducted a retrospective review of all Board appointments (and directors on Very Senior Managers contracts). The then Chair confirmed that all current appointments met the requirements of the Fit and Proper Persons test.

Board level (and Very Senior Manager) appointments made after 1 April 2015 were subject to the Fit and Proper Persons Test requirements prior to appointment and were made in accordance with the Trust’s Fit and Proper Persons Policy.

The Government commissioned a review of the Fit and Proper Person Test by Tom Kark, KC in July 2018 to examine the scope, operation and purpose of the Fit and Proper Person Test. In October 2023, NHS England published the Fit and Proper Person Test Framework which incorporates most of the recommendations from the Kark Review.

The legislation has not changed, but NHS England’s Fit and Proper Person Test Framework aims to support NHS organisations compliance with the regulations and makes some changes to the checks and balances that are intended to ensure directors satisfy the regulatory requirements.

The Trust has updated its Fit and Proper Person Test Policy in line with NHS England’s Fit and Proper Person Test Framework.

2. On-going Compliance with the Fit and Proper Persons Test Requirements

The purpose of this report is to provide assurance that all Board members (and staff appointed on Very Senior Manager contracts) remain fit and proper persons. The assurance is provided by:

- a) The outcome of the annual appraisal process as set out below:

Appraisee	Appraiser	Fit and Proper Person Test Assurance
Chair	Senior Independent Director	The Senior Independent Director canvassed views on the Chair’s performance from a range of internal and external people including the Non-Executive Directors, Chief Executive, Executive Directors, Director of People, Anti-Racism Lead, the Governors, Staff Network Chairs, Freedom to Speak Up Guardian, the Chair of the two Integrated Care Systems, Chief Executive of the Buckinghamshire,

Appraisee	Appraiser	Fit and Proper Person Test Assurance
		<p>Oxfordshire and Berkshire West Integrated Care Board, the Chairs of the Royal Berkshire and Surrey and Borders NHS Foundation Trusts.</p> <p>The Senior Independent Director conducted the Chair's appraisal and confirmed that there were no Fit and Proper Person Test issues. The Senior Independent Director attended a meeting of the Council of Governors Appointments and Remuneration Committee on 27 May 2025 and presented the outcome of the Chair's appraisal.</p>
Non-Executive Directors	Chair	<p>The Chair conducted appraisals with each of the Non-Executive Directors and confirmed that there were no Fit and Proper Person Test issues.</p> <p>The Chair will share the outcome of the Non-Executive Directors with the members of the Council of Governors Appointments and Remuneration at a meeting on 3 July 2025.</p>
Chief Executive	Chair	The Chair conducted the Chief Executive's appraisal and confirmed that there were no Fit and Proper Person Test issues.
Executive Directors	Chief Executive	The Chief Executive conducted appraisals with each of the Executive Directors and has confirmed that there were no Fit and Proper Person Test issues.
Very Senior Managers		
a) Director of Finance	Chief Financial Officer	The Chief Financial Officer conducted the Director of Finance's appraisal and confirmed that there were no Fit and Proper Person Test issues.
b) Chief Information Officer	Deputy Chief Executive	The Deputy Chief Executive conducted the Chief Information Officer's appraisal and confirmed that there were no Fit and Proper Person Test issues.
c) Director of People	Deputy Chief Executive	The Deputy Chief Executive conducted the Director of People's appraisal and confirmed that there were no Fit and Proper Person Test issues.

- b) All Board members and staff appointed on Very Senior Manager contracts have made an annual (template attached at [Appendix 3](#)) to confirm that they continue to meet the requirements of the Fit and Proper Persons Test and do not meet any of the "unfit" criteria.
- c) The Company Secretary has conducted the following on-going checks on each Board member and staff appointed on Very Senior Manager contracts:
- i) Disclosure and Barring Service
 - ii) Individual Insolvency Register
 - iii) Insolvency Director Disqualification Register
 - iv) Bankruptcy or Debt Relief Restrictions Register

- v) Company House Register of Disqualified Directors
- vi) Company House Register of Directorships
- vii) Charity Commission's Register of Removed Trustees
- viii) Employment Tribunal Check
- ix) Settlement Agreements Check
- x) Social Media

The searches did not flag any issues of concern.

- d) Members of the Trust Board (and staff on Very Senior Manager Contracts) are required to conduct themselves in accordance with the Directors' Code of Conduct ([appendix 4](#)).
- e) The Chair is required to make an annual submission to NHS England's Regional Director to confirm that the Trust has conducted the required Fit and Proper Person Test requirements. The Trust's submission for 2024-25 was made on 09 April 2024 ahead of the June 2025 deadline.

Declarations of Director Interests 2025

Non-executive Directors

Date Appointed	Name	Position	Interest declared
01/06/25	Sonya Batchelor	Non-Executive Director	Trustee and Interim CEO of One Can Trust
01/07/23	Rebecca Burford	Non-Executive Director	Partner – Gowling WLG – International Law Firm
			Director of James Walker Pension Scheme
			Trustee of the First Walker Share Trust
			Director of James Walker Trustees Ltd.
			Director of James Walker Senior Executives Managed Pension Plan Trustees Ltd
			Director of Arco Ltd (Arco is a safety specialist company based in Hull, UK)
			Director - BP Pension Trustees Ltd
01/10/21	Rajiv Gatha	Non-Executive Director	None
01/11/19	Aileen Feeney	Non-Executive Director	Member – Circle Trust (Wokingham Schools Trust)
			Justice of the Peace
			Lay Person for NHS Blood & Transplant Service

Date Appointed	Name	Position	Interest declared
			Partner works for Frimley Health NHS Foundation Trust as Chief Information Officer (CIO) for the Berkshire & Surrey Pathology Services
01/09/16	Mark Day	Non-Executive Director	<ul style="list-style-type: none"> • Director Chandlers Court (Southampton) Management Company Ltd • Director, Carpathia Drive RTM company limited • Director, White Star Place RTM company limited.
01/12/16	Martin Earwicker	Chair	<ul style="list-style-type: none"> • Chair of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board's System Recovery and Transformation Board • Member of NHS England's Steering Group overseeing the development of the new NHS England's Management Framework. • Chair of Hampshire Hospitals NHS Foundation Trust from 1 January 2025
01/06/22	Sally Glen	Non-Executive Director	Trustee of Certitude
			Registrant Member of Nursing and Midwifery Council's Fitness to Practice Committee
			Deputy Chair Morningside Community Primary School, Hackney
			Trustee of the Cassel Hospital (part of West London NHS Trust and is a Tier 4 Referral Centre for People with Personality Disorder or Complex Trauma
			Chair of an educational institution called "Metanoia". Metanoia educates Psychotherapists and Counsellors and is based in West London

Executive Directors

Date	Name	Position	Interest declared
09/09/08	Julian Emms	Chief Executive	Brother is COO of Circassia pharmaceuticals PLC
			Wife works for Berkshire Healthcare NHS Foundation Trust
01/12/18	Debbie Fulton	Director of Nursing and Therapies	Trustee of Priors Court which is a charity run school/residential placement for young people with ASD in Newbury
03/09/09	Alex Gild	Deputy Chief Executive	Provider Partner Member of Frimley Integrated Care Board (representing Community Services sector)
			Chair of Finance and Performance Committee of Frimley Integrated Care Board
			NHS Supply Chain Regional Advisory Forum Chair and Member of the National Advisory Board
07/06/21	Paul Gray	Chief Financial Officer	Wife works for Baxter Healthcare - Clinical Therapy Lead OPAT
01/04/25	Theresa Wyles	Interim Chief Operating Officer	None
29/03/25	Dr Tolu Olusoga	Medical Director	<ul style="list-style-type: none"> Royal College of Psychiatrists College Assessor for Consultants Appointments Committee panels Section 12/Approved Clinician DoLs Mental Health Assessor Wife is Lead Pharmacist for Medicines Effectiveness and Safety (Guys and St. Thomas NHS Foundation Trust)

Trust Board Paper

Board Meeting Date	8 July 2025
Title	Minor Changes to the Trust's Constitution
	FOR DECISION
Reason for the Report going to the Trust Board	<p>The Trust's constitution sets out the framework for governance of the organisation in conjunction with relevant statutory and regulatory requirements. The constitution largely follows the original 'model' constitution adopted by most NHS Foundation Trusts.</p> <p>Changes to the Constitution need to be approved by both the Council of Governors and the Trust Board.</p> <p>The Council of Governors have approved the proposed amendments.</p>
Business Area	Corporate
Author	Julie Hill, Company Secretary
Relevant Strategic Objectives	Compliance with Standing Orders and relevant statutory and regulatory requirements.
Summary	The constitution was last reviewed at the end of 2022. The Trust's legal advisers, DAC Beachcroft, were instructed to undertake a review of the constitution to ensure it reflected current legislation, namely the Procurement Act 2023. A summary of

	<p>the changes proposed is set out in the attached paper.</p> <p>This is a “light touch” review of the Constitution. Further changes to the Constitution will be required to reflect the abolition of NHS England and therefore there will be an opportunity for a more in-depth review of the Constitution at that stage. In addition, a new Chair may have suggestions for further changes to the Constitution.</p> <p>The proposed amendments to the Constitution are set out in the attached table.</p>
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Summary of the Proposed Changes to the Trust's Constitution

Page No	Section	Current Wording	Proposed Changes	Reason for the Change
3	Interpretation and Definitions	Public Procurement Regulations means the Public Contracts Regulations 2015	To be replaced with: Procurement Act means The Procurement Act 2023, as amended from time to time	New legislation
3	Interpretation and Definitions	New section	PSR Regulations means the Health Care Services (Provider Selection Regime) Regulations 2023 (SI 2023/1348), as amended from time to time	New legislation
9	CoGs – disqualification and removal	New section	A person may not become or continue as a member of the Council of Governors if they: “are subject to a moratorium period under a debt relief order (under Part 7A of the Insolvency Act 1986)”	To bring this in line with existing legislation

Page No	Section	Current Wording	Proposed Changes	Reason for the Change
19	Auditor	New section	<p>The Auditor may be an individual or a firm. A person appointed as auditor must be:</p> <p>Eligible for appointment as a statutory auditor (Part 42, Companies Act 2006);</p> <p>Eligible for appointment as a local auditor (Part 4, Local Audit and Accountability Act 2014); or</p> <p>A member of a body of accountants approved by the regulator for this purpose.</p>	Updated to reflect paragraph 23 of Schedule 7 to the NHS Act
25	Membership of the Council of Governors – Partnership Governors	(The partnership governors includes the Red Cross and the Alzheimer's Society – both charities no longer appoint partnership governors).	<p>It is proposed to update the Constitution to reflect our current charity partnership Governors from:</p> <p>Age UK Berkshire Family Action</p>	To reflect changes in the partnership governor representation
81	Annex 5 Schedule A -	See Appendix 1	Proposed changes are in tracked changes at appendix 1	
95	Standards of Business Conduct	The current wording refers to NHSE's previous Code of Governance for NHS FTs.	Directors and Officers shall at all times act in accordance with the NHSE Code of Governance for NHS Provider Trusts ("Code of Governance"). This section of SOs should be read in conjunction with the Code of Governance.	To reflect NHSE's updated Code of Governance

Page No	Section	Current Wording	Proposed Changes	Reason for the Change
95	Tendering and Contract Procedure	The Procurement Regulations shall take precedence over these Sos with regard to procedures for awarding all forms of contracts and shall have effect as if incorporated in these Sos.	The Procurement Act, the PSR Regulations and the Regulatory Framework shall take precedence over these SOs with regard to procedures for awarding all forms of contracts and shall have effect as if incorporated in these SOs.	To reflect the new Procurement Act
95	Tendering and Contract Procedure	The Trust shall comply as far as practicable with the requirements of the Department of Health and Social Care Capital Investment Manual and Estatecode and associated relevant guidance	The Trust shall comply as far as is practicable with the requirements of the NHSE capital investment and property business guidance and the NHSE Capital Guidance in respect of capital investment and estate and property transactions. In the case of management consultancy contracts, the Trust shall comply with NHSE guidance on Consultancy spending approval criteria for providers.	As above

P96	Formal Competitive Tendering	<p>The Existing wording refers to the Procurement Regulations which have been superseded by the Procurement Act.</p> <p>(The current wording in the Constitution is attached at appendix 2 of the paper.</p>	<p>Formal Competitive Tendering</p> <p>The Trust shall ensure that competitive tenders are invited for the supply of goods, materials and manufactured articles and for the rendering of services including all forms of management consultancy services; for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); and for disposals.</p> <p>Formal tendering procedures may be waived by Officers to whom powers have been delegated by the Chief Executive without reference to the Chief Executive (except in (9.3.2.5) to (9.3.2.8) below) where:</p> <p><i>the estimated expenditure does not, or is not reasonably expected to, exceed £25,000 (this figure to be reviewed annually) and does not fall within the scope of the PSR Regulations; or</i></p> <p><i>the estimated expenditure is expected to exceed £25,000 (this figure to be reviewed annually) but does not, or is not reasonably expected to exceed the applicable threshold for the purchase under the Procurement Act and does not fall within the scope of the PSR Regulations; or</i></p> <p><i>by virtue of Part 1 of the Procurement Act or Part 2 of the PSR Regulations, the contract does not require a competitive tendering process; or</i></p> <p><i>the supply is proposed under special arrangements negotiated by the DHSC in which event the said special arrangements must be complied with.</i></p> <p><i>the timescale genuinely precludes competitive tendering (and this complies with any applicable</i></p>	As above
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			<p><i>provisions of the Procurement Act or PSR Regulations). Failure to plan the work properly is not a justification for single tender; or</i></p> <p><i>after considering the specification, specialist expertise is required and is available from only one source (and this complies with any applicable provisions of the Procurement Act or PSR Regulations); or</i></p> <p><i>the task is essential to complete the project, AND arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate (and this complies with any applicable provisions of the Procurement Act or PSR Regulations); or</i></p> <p><i>there is a clear benefit to be gained from maintaining continuity with an earlier project (and this complies with any applicable provisions of the Procurement Act or PSR Regulations). ; or</i></p> <p><i>where provided for in the NHSE capital investment and property business guidance.</i></p> <p>The limited application of the single tender rules should not be used to avoid competition or for administrative convenience.</p> <p>Where it is decided that competitive tendering is not applicable and should be waived by virtue of 9.3.2 above the fact of the waiver and the reasons should be documented and reported by the Chief Executive to the Board of Directors in a formal meeting and the applicable provisions of the Procurement Act or PSR Regulations complied with.</p> <p>The Tendering Procedure is set out in Appendix 1 to the Standing Financial Instructions.</p>	
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Page No	Section	Current Wording	Proposed Changes	Reason for the Change
			<p>The Board of Directors shall review the Tendering Procedure not less than every two years.</p> <p>Quotations</p> <p>Quotations are required where formal tendering procedures are waived under SO 9.3.2, the proposed contract falls outside the scope of the Procurement Act or PSR Regulations and the intended expenditure or income exceeds or is reasonably expected to exceed the limits defined in the Scheme of Delegation.</p>	
P98	Private Finance	<i>Where required by the Public Procurement Regulations contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.</i>	<i>Where required by the Procurement Act or PSR Regulations contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.</i>	As above
P99	Cancellation of Contracts	Where a contract is subject to the Public Procurement Regulations	Where a contract is subject to the Procurement Act or the PSR Regulations, that contract shall also include any termination clauses required by the applicable legislation.	As above
P99	Disposals	Land or buildings concerning which guidance has been issued ...	land or buildings concerning which DHSC or NHSE guidance has been issued but subject to compliance with such guidance; or	To make it explicit that this relates to DHSC or NHSE

Page No	Section	Current Wording	Proposed Changes	Reason for the Change
				guidance

- Declaration to the Secretary of Berkshire Healthcare NHS Foundation Trust (TC)
"Declaration to the Secretary of Berkshire Healthcare NHS Foundation Trust" (f-C-V-
"2")

¶

¶

A person may not stand for election to the Council of Governors as a public governor unless he or she has made a declaration in the form specified below of their qualification to vote as a member of the public constituency and is not prevented from being a member of the Council of Governors by paragraph 12 (disqualification and removal).

¶

THE DECLARATION

I hereby declare that I am entitled to stand for election to the Council of Governors as a governor elected by the public constituency because I am a member of the public constituency and I am not prevented from being a member of the Council of Governors of the Trust.

¶

~~I am not prevented from being a member of the Council of Governors of the Trust.~~

¶

1. By paragraph 8 of Schedule 7 to the National Health Service Act 2006, which provides that a person may not become or continue as a member of the Council of Governors if he or she is a person.

¶

¶

~~which states:~~

~~A person may not become or continue as a member of the Council of Governors if he or she:~~

- → who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;
- → in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);
- → who has made a composition or arrangement with, or granted a trust deed for, their creditors and has not been discharged in respect of it;
- → who has within the preceding five years been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on them, or

¶

2. By paragraph 12 (Council of Governors — disqualification and removal) of this Constitution.

¶

→

- has within the preceding five years been dismissed, otherwise than by reason of redundancy or ill health, from any paid employment with a Health Service Body;
- he or she is a person whose tenure of office as the chair or as a member or director of a Health Service Body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
- he or she is a Director of the Trust, or a director, chair, or chief executive officer of another NHS Foundation Trust;
- he or she is a Governor of another NHS Foundation Trust which is considered by the Secretary, at their absolute discretion, to be in competition with the Trust;

- ~~• he or she has had their name removed from a list maintained under regulations pursuant to sections 91, 106, or 123 of the 2006 Act, or the equivalent lists maintained by Local Health Boards in Wales under the National Health Service (Wales) Act 2006, and he or she has not subsequently had their name included in such a list; or~~
- ~~• he or she lacks capacity within the meaning of the Mental Capacity Act 2005 to carry out all the duties and responsibilities of a governor.~~

I further hereby declare that I am entitled to stand for election to the Council of Governors as a governor elected by the public constituency under the Constitution of the Trust.

¶
¶

¶ Signed.....Name.....¶

Dated.....¶

Page 2 of 2

Appendix 2

Trust' Constitution – Section 9 – Current Wording

Tendering and Contract Procedure

Duty to comply with Standing Orders

The procedure for making all contracts by or on behalf of the Trust shall comply with these SOs (except where SO 3.15 is applied).

Public Procurement

The Public Procurement Regulations shall take precedence over these SOs with regard to procedures for awarding all forms of contracts and shall have effect as if incorporated in these SOs.

The Trust shall comply as far as is practicable with the requirements of the Department of Health and Social Care "Capital Investment Manual" and "Estatecode" and associated relevant guidance issued by NHSE in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health and Social Care guidance "The Procurement and Management of Consultants within the NHS". The Trust will also comply with the Guidance from NHSE entitled "Best Practice in Making Investments" and the Regulatory Framework.

The Tendering and Contract Procedure is governed by 3 ranges of expenditure (refer to the Scheme of Delegation):

Formal Competitive Tendering details are contained in SO9.3.

Competitive Quotations details are contained in SO9.4.1-9.4.; and

Expenditure where Tendering or Competitive Quotations are not required (details are contained in SO10).

Formal Competitive Tendering

The Trust shall ensure that competitive tenders are invited for the supply of goods, materials and manufactured articles and for the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DoH); for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); and for disposals.

Formal tendering procedures may be waived by Officers to whom powers have been delegated by the Chief Executive without reference to the Chief Executive (except in (9.3.2.5) to (9.3.2.8) below) where:

the estimated expenditure does not, or is not reasonably expected to, exceed £25,000 (this figure to be reviewed annually); or

the estimated expenditure is expected to exceed £25,000 (this figure to be reviewed annually) but does not, or is not reasonably expected to exceed the applicable threshold for the purchase under the Public Procurement Regulations; or

by virtue of Part 1 of the Public Contracts Regulations 2015 or Part 2, Chapter 2 of the Concessions Contracts Regulations, the contract does not require a tendering

process; or

the supply is proposed under special arrangements negotiated by the DoH in which event the said special arrangements must be complied with.

the timescale genuinely precludes competitive tendering (and this complies with any applicable Public Procurement Regulations). Failure to plan the work properly is not a justification for single tender; or

after considering the specification, specialist expertise is required and is available from only one source (and this complies with any applicable Public Procurement Regulations); or

the task is essential to complete the project, AND arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate (and this complies with any applicable Public Procurement Regulations); or

there is a clear benefit to be gained from maintaining continuity with an earlier project (and this complies with any applicable Public Procurement Regulations). However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering; or

where provided for in the Capital Investment Manual.

The limited application of the single tender rules should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

Where it is decided that competitive tendering is not applicable and should be waived by virtue of 9.3.2.5 to 9.3.2.8 above the fact of the waiver and the reasons should be documented and reported by the Chief Executive to the Board of Directors in a formal meeting and the provisions of the applicable Public Procurement Regulations complied with.

Except where SO 9.3, or a requirement under SO 9.2, applies, the Board of Directors shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than three firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

The Board of Directors shall ensure that normally the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists [see Appendix of the Standing Financial Instructions]. Where in the opinion of the Finance Director it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Executive.

The Tendering Procedure is set out in Appendix 1 to the Standing Financial Instructions.

The Board of Directors shall review the Tendering Procedure not less than every two years.

Quotations

Quotations are required where formal tendering procedures are waived under SO9.3.2.1 or SO9.3.2.2 and where the intended expenditure or income exceeds or is reasonably expected to exceed the limits defined in the Scheme of Delegation.

Trust Board Paper

Board Meeting Date	08 July 2025
Title	Extraordinary Audit Committee Meeting – 18 June 2025
	Item for Noting
Reason for the Report going to the Trust Board	<p>The Audit Committee is a sub-committee of the Trust Board. The minutes are presented for information and assurance.</p> <p>The Trust Board is required to identify any areas for further clarification on issues covered by the meeting minutes and to note the content.</p>
Business Area	Corporate
Author	Company Secretary for Rajiv Gatha, Chair of the Audit Committee
Relevant Strategic Objectives	<p>Efficient use of resources</p> <p>Ambition: We will use our resources efficiently and focus investment to increase long term value</p>



Minutes of the Audit Committee Meeting held on

Wednesday, 18 June 2025

(Conducted via MS Teams)

Present: Rajiv Gatha, Non-Executive Director, Committee Chair
Mark Day, Non-Executive Director
Sonya Batchelor, Non-Executive Director

In attendance: Paul Gray, Chief Financial Officer
Graham Harrison, Head of Financial Services
Sharonjeet Kaur, Internal Auditors
Ben Lazarus, Ernst and Young, External Auditors
Alison Kennett, Ernst and Young, External Auditors

Item	Title	Action
1.A	Chair's Welcome and Opening Remarks	
	The Chair welcomed everyone to the meeting.	
1.B	Apologies for Absence	
	Apologies for absences were received from: Becky Clegg.	
2.	Declaration of Interests	
	There were no declarations of interest.	
3.	Annual Accounts 2024-25, including the Annual Governance Statement	
	<p>The Annual Accounts 2024-25 and Annual Governance Statement had been circulated.</p> <p>The Chief Financial Officer thanked the Director of Finance and Head of Financial Services for their work on the accounts and acknowledged the wider finance team's assistance with the audit. The Chief Financial Officer also thanked Ernst and Young for this year's smooth audit process.</p>	

	<p>The Chief Financial Officer referred to note 3.2 of the accounts and pointed out that there were a few figures missing from the income and analysis table which had now been corrected.</p> <p>On behalf of the Committee, the Chair extended his thanks to the Finance Team and External Auditors.</p>	
4.	External Auditors' Audit Results Report 2024-25	
	<p>The External Auditors Audit Results and Annual Report 2024-25 had been circulated.</p> <p>Ben Lazarus, Ernst and Young echoed the Chief Financial Officer's comments and agreed that the audit had been very straightforward and this reflected the significant behind the scenes work of both teams and the mature conversations with the Trust's management around areas of judgement.</p> <p>It was noted that there was a minor uncorrected item relating to Property, Plant and Equipment and this was concluded to be an extrapolated error which was below the materiality threshold and the recommendation was that the Trust's Fix Asset system should be reviewed.</p> <p>The Chair asked whether the Internal Auditors had recently reviewed the Trust's Fix Asset Register and if not, whether this could be added to the Internal Audit Work Plan.</p> <p>The Chief Financial Officer confirmed that the Fixed Asset Register was not included on the Internal Audit Work Plan 2025-26. It was noted that the Trust would be transferring the Fixed Asset ledger to a new system and suggested that the Internal Auditors reviewed the new system as part of the work plan for 2026-27.</p> <p>Sonya Batchelor, Non-Executive Director added her appreciation for both the Trust's and Ernst and Young's audit teams. Ms Batchelor commented that it was testament to the Trust's well controlled finances that the External Auditors had not identified any significant issues with the audit.</p>	PG/CM
5.	Formal Approvals	
	<p>It was noted that the Trust Board had delegated full authority to the Audit Committee to issue all necessary approvals in respect of the 2024-2025 Annual Accounts on its behalf.</p> <p>It was also noted that the Trust Board had approved the Annual Report 2024-25 on 13 May 2025, subject to any changes made at the request of the External Auditors. The Chief Executive and the Trust Chair had approved minor changes in respect to the sickness absence figures and the remuneration and pension tables.</p> <p>The Committee noted and approved the following relating to the Annual Accounts for 2024/25:</p> <ul style="list-style-type: none"> • <i>Audit Results and Annual Report</i> 	

	<p>The External Auditors' Audit Results and Annual Report was received and noted.</p> <ul style="list-style-type: none"> • Annual Accounts 2024/25 The Annual Accounts for 2024/25 were approved. • Management Representations The Trust Management Representations response to Ernst & Young would be signed by the Chief Financial Officer and Chair of the Audit Committee. • Annual Governance Statement The Annual Governance Statement was approved. 	
6.	Any Other Business	
	There was no other business.	
7.	Date of the Next Meeting	
	The next meeting will be held on 23 July 2025.	

These minutes are an accurate record of the Audit Committee meeting held on 23 June 2023.

Signed: - _____

Date: - 23 July 2025 _____