

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Teams)

10:00am on Tuesday 11 November 2025

AGENDA

No	Item	Presenter	Enc.
OPENING BUSINESS			
1.	Chairman's Welcome and Public Questions	Mark Day, Interim Chair	Verbal
2.	Apologies	Mark Day, Interim Chair	Verbal
3.	Declaration of Any Other Business	Mark Day, Interim Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Mark Day, Interim Chair	Verbal
5.1	Minutes of Meeting held on 09 September 2025	Mark Day, Interim Chair	Enc.
5.2	Action Log and Matters Arising	Mark Day, Interim Chair	Enc.
QUALITY			
6.0	Board Story – Community Based Neuro-Rehabilitation	Helena Gruenstern, Speech & Language Therapist Lisa Ellis, Neuro-Rehab Service Manager	Verbal
6.1	a) Freedom to Speak Up Guardian's Six-Monthly Report b) Freedom to Speak Up Improvement Plan Report	Mike Craissati, Freedom to Speak Up Guardian Debbie Fulton, Director of Nursing and Therapies	Enc.
6.2	Patient Experience Quarterly Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.3	Six Monthly Safe Staffing Report (<i>NB the Finance, Investment and Performance Committee reviews the monthly Safe Staffing Reports</i>)	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.4	Getting the Basics Right for Resident Doctors: Ten Point Plan Report	Dr Tolu Olusoga, Medical Director	Enc.
EXECUTIVE UPDATE			
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
7.1	Health and Wellbeing Update Report	Jane Nicholson, Director of People/Steph Moakes, Health, Wellbeing and Engagement Manager	Enc.
7.2	Reducing Violence and Aggression Update Report	Debbie Fulton, Director of Nursing and Therapies	Enc.

No	Item	Presenter	Enc.
PERFORMANCE			
8.0	Month 06 2025/26 Finance Report	Paul Gray, Chief Financial Officer	Enc.
8.1	Month 06 2025/26 Performance Report	Theresa Wyles, Chief Operating Officer	Enc.
8.2	Finance, Investment and Performance Committee Meeting held on 22 October 2025	Sonya Batchelor, Chair, Finance, Investment and Performance Committee	Verbal
STRATEGY			
9.0	People and Culture Strategy and Equity Frameworks Update Report	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.
9.1	Estates Strategy Update Report a) Current Strategy Progress b) New Estates Strategy	Paul Gray, Chief Financial Officer/Martin Mannix, Director of Estates and Facilities	Enc.
9.2	Trust Strategy Outcome Measures – Year Three Report	Alex Gild, Deputy Chief Executive	Enc.
CORPORATE GOVERNANCE			
10.0	NHS England Provider Capability Self-Assessment Statement	Alex Gild, Deputy Chief Executive	Enc.
10.1	Audit Committee Meeting – 22 October 2025	Rajiv Gatha, Chair, Audit Committee	Enc.
10.2	Trust Seal Report	Paul Gray, Chief Financial Officer	Enc.
10.3	Council of Governors Update	Mark Day, Interim Chair	Verbal
Closing Business			
11.	Any Other Business	Mark Day, Interim Chair	Verbal
12.	Date of the Next Public Trust Board Meeting – 13 January 2026	Mark Day, Interim 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.	Mark Day, Interim Chair	Verbal



Berkshire Healthcare
NHS Foundation Trust

Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday, 09 September 2025

(Conducted via Microsoft Teams)

Present:

Mark Day	Interim Trust Chair
Rebecca Burford	Non-Executive Director
Sonya Batchelor	Non-Executive Director
Aileen Feeney	Non-Executive Director
Rajiv Gatha	Non-Executive Director
Sally Glen	Non-Executive Director
Julian Emms OBE	Chief Executive
Alex Gild	Deputy Chief Executive
Debbie Fulton	Director of Nursing and Therapies
Paul Gray	Chief Financial Officer
Garyfallia Fountoulaki	Clinical Director, Community Mental Health <i>(deputising for Theresa Wyles, Interim Chief Operating Officer)</i>

In attendance:

Julie Hill	Company Secretary
Fiona Nyquist	Specialist Nurse for Looked After Children <i>(present for agenda item 6.0)</i>
Katy Parker-Johnson	Specialist Nurse for Children and Young People <i>(present for agenda item 6.0)</i>
Amanda Mollett	Head of Clinical Effectiveness and Audit <i>(present for agenda item 6.2)</i>
Jane Nicholson	Director of People <i>(present for agenda item 9.0)</i>
Stephen Strang	Workforce Planning and Insights Manager <i>(present for agenda item 9.0)</i>
Ash Ellis	Deputy Director for Leadership, Inclusion and Organisational Experience <i>(present for agenda item 9.0)</i>

25/148	Welcome and Public Questions (agenda item 1)
	The Interim Chair welcomed everyone to the meeting. There were no public questions.

25/149	Apologies (agenda item 2)
	Apologies have been received from: Dr Tolu Olusoga, Medical Director and Theresa Wyles, Interim Chief Operating Officer.
25/150	Declaration of Any Other Business (agenda item 3)
	There was no other business.
25/151	Declarations of Interest (agenda item 4)
	i. Amendments to Register – none.
	ii. Agenda Items – none
25/152	Minutes of the previous meeting held on 08 July 2025 (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday, 08 July 2025 were approved as a correct record.
25/153	Action Log and Matters Arising (agenda item 5.2)
	The schedule of actions had been circulated. The Interim Chair referred to the action in relation to the Research and Development Annual Report and said that the Head of Research and Development was going to produce a crib sheet on research and development for Non-Executive Directors to use when they visited services. The Trust Board: noted the action log.
25/154	Children in Care Board Story – Hearing the Voice of the Young Person in Relation to Health Assessments (agenda item 6.1)
	The Interim Chair welcomed Fiona Nyquist, Specialist Nurse for Looked After Children and Katy Parker-Johnson, Specialist Nurse for Children and Young People to the meeting. The Director of Nursing and Therapies said that the Board Story was an example of co-production with the users of the Trust's services. Fiona Nyquist presented the Board Story and highlighted the following points: • The Children in Care team's responsibilities included arranging all statutory health assessments for Children in Care as well as delivering Foster Carer training.

- There was a statutory duty to offer health assessment every 12 months (or every six months for under 5s). The health assessments were completed by Nurses, including Children in Care Nurses, Specialist School Nurses, School Nurses, Health Visitors and Youth Justice Physical Health Nurses.
- There were a total of 1,374 children and young people in care in Berkshire.
- Children and young people fed back that the health assessments were too detailed and time consuming. There were also concerns about being weighed and measured, assessment locations and how personal questions were asked.
- In response to the feedback, the Children in Care Team worked with the children and young people to develop a more child focussed pictorial health assessment form.
- The children and young people developed a video to explain how they wanted the health assessments to be undertaken. The video was being used for training purposes and had been shared with safeguarding colleagues.

The video was played at the meeting.

The Interim Chair said that the video was really powerful and demonstrated the value of co-production and listening to people who used the Trust's services.

Aileen Feeney, Non-Executive Director noted that some of the feedback from young people was around the environment in which the health assessments were undertaken and asked for more information.

Fiona Nyquist explained that there was some flexibility around where the health assessments were undertaken and said that this included at school/college, coffee shops and skate parks etc.

Sally Glen, Non-Executive Director asked whether mental health was included as well as physical health.

Katy Parker-Johnson explained that for each child and young person in care, their social worker completed a strengths and difficulties questionnaire to assess the emotional wellbeing of children in care, and this would identify any additional mental health support needs. It was noted that the health assessment form also included a question about how the young person was feeling at the time.

The Interim Chair thanked Fiona Nyquist, Specialist Nurse for Looked After Children and Katy Parker-Johnson, Specialist Nurse for Children and Young People for sharing the Board story.

The presentation and supporting information is attached to the minutes of the meeting.

The Trust Board: noted the Board Story.

25/155	Patient Experience Quarterly Report (agenda item 6.2)
	The Director of Nursing and Therapies presented a paper and highlighted the following points: • The Trust had a growing workforce of lived experience workers, with about 33 individuals now working across mental health services. These workers played a crucial role in providing feedback and understanding how services were perceived by patients. • The report initially contained a typo, stating that 84% of complaints were either partially or fully upheld. The correct figure was 54%. • The Trust was making progress towards the goal of achieving 10% feedback through the "I Want Great Care" initiative, with a current rate of 8.8% in June 2025. • A significant portion of respondents (91%) provided reasons for their ratings, indicating that the feedback was not just a tick-box exercise • 79% of respondents stated that no improvements were needed, while others provided specific suggestions for improvements Sally Glen, Non-Executive Director, commented that the majority of complaints related to mental health, particularly the Crisis Resolution Home Treatment and Community Mental Health teams, and asked whether the introduction of the One Team across mental health services had contributed to the number of complaints. The Director of Nursing and Therapies said that number of mental health complaints received by the Trust was fairly static and pointed out that less than 50% of mental health related complaints were upheld. The Director of Nursing and Therapies added that the introduction of the One Team was a major change programme for the Trust but did not impact on patient experience. Ms Glen noted that there were specific concerns raised about Oakwood Ward and asked whether this was triangulated with other metrics. The Director of Nursing and Therapies confirmed that there was a weekly internal meeting to triangulate all sources of data pertaining to individual wards. Ms Glen noted that there had been an increase in inquiries from MPs over the quarter. The Director of Nursing and Therapies pointed out that there had been a significant reduction in the volume of MP inquiries in the period following the general election. The volume of MP inquiries was now in line with pre-election levels. Rebecca Burford, Non-Executive Director referred to the Demographic Data section of the report which highlighted that patients did not always complete the demographic questions on the I Want Great Care Survey and asked whether more could be done to explain to patients why the Trust needed to collect demographic data.

	The Director of Nursing and Therapies said that the Trust did explain to patients the reasons why the Trust collected demographic data. The Director of Nursing and Therapies agreed to review the feedback form to see if more could be done to encourage patients to disclose this information. Action: Director of Nursing and Therapies The Interim Chair shared that he had recently visited the Heart Function Team at Upton Hospital and said that the team produced a newsletter for patients which included examples of changes and improvements that had been made in response to patient feedback. The Trust Board: noted the report.
25/156	Quality Assurance Committee (agenda item 6.3)
	a) Minutes of the Meeting held on 19 May 2025 Sally Glen, Chair of the Quality Executive Committee, reported that in addition to the standing agenda items, the Committee had received a presentation on the Trust's Carers Strategy and the Trust's Co-Production work. Ms Glen reported that no new Quality Concerns had been added to the Quality Concerns Register, which was positive. Ms Glen reported that the Committee had discussed the progress made to comply with the requirements of the National Patient Safety Alert – Bed Rails and had noted that work was ongoing across the system to establish a process for reviewing patients in the community no longer open to a clinical team. The challenge had been escalated to the regional safety and quality groups through the Integrated Care Board. The Director of Nursing and Therapies reported that following the closure of Nottingham Rehab Services Ltd (NRS) Healthcare which supplied community equipment across Berkshire, the Trust was working closely with the new supplier to ensure a smooth transition. b) Quality Assurance Committee's Terms of Reference Ms Glen reported that the Committee had reviewed its terms of reference and had made a minor change to its membership, namely deleting the Lead Clinical Director as this role no longer existed. c) Learning from Deaths Quarterly Report The Head of Clinical Effectiveness and Audit reported that in the reporting period there had been one case of a governance cause for concern which related to pressure ulcer care and sepsis and confirmed that that Patient Safety Team and the Governance Team

	for Physical Health had done some significant work to put improvements in place. It was noted that there had been two cases of poor care which had not contributed to the patients' deaths and improvements had been put in place. d) Guardian of Safe Working Hours Quarterly Report The Head of Clinical Effectiveness and Audit reported that during the reporting period there were six exception reports where resident doctors worked over their contracted hours, including one which had incurred a £111 fine. The Interim Chair asked who received the fine. The Head of Clinical Effectiveness and Audit explained that the fine was paid to the Guardian of Safe Working Hours pot to be used by the resident doctors. The Trust Board: a) Noted the minutes of the Quality Assurance Committee meeting held on 19 August 2025 b) Ratified the change to the Quality Assurance Committee's Terms of Reference c) Noted the Learning from Deaths Report d) Noted the Guardian of Safe Working Hours Report.
25/157	Trust Intensive Care Management and Assertive Outreach Position Action Update Report (agenda item 6.3)
	The Clinical Director, Community Mental Health, presented the paper which had also been discussed at the last Quality Assurance Committee meeting and highlighted the following points: Identifying Patients and Resources: • There was no additional money available for the development and running of the new Intensive Care Management and Assertive Outreach initiative • Across Berkshire, approximately 100 patients were identified as meeting the specific criteria for assertive outreach. • Further work was needed with partner organisations to identify any additional patients who met the criteria. Public Protection and Forensic Pathways: • Strong partnerships had been established with probation services, the criminal justice panel and with forensic services colleagues. • There was regular Trust staff attendance at multi-agency public protection arrangements and risk assessment conference meetings. DNA Policy (Did Not Attend):

- The standard work for the DNA policy had been enhanced so that multi-disciplinary team (MDT) input was now required before a patient was discharged for not attending.

Named Worker and Cover Arrangements:

- The introduction of the named worker was more embedded. Patients now had a clear point of contact responsible for their care plan. Arrangements were in place to provide cover for named worker absences.

Family Involvement:

- Carer safety panels and thematic analysis of feedback from carers had been implemented
- Carers and family members were encouraged to raise any concerns about their loved ones.

Depot Prescribing:

- The implementation of depot passports for consistent prescribing across all primary care networks had been challenging.
- Efforts were being made to support primary care colleagues and address their concerns

The Interim Chair commented that the development of a Depot passport was particularly useful because it allowed patients to have a community treatment order rather than to be sectioned under the Mental Health Act. The Interim Chair asked for more information about the issues around depot prescribing and primary care.

The Clinical Director, Community Health explained that primary care was under significant pressure which made it more challenging to engage with primary care colleagues. It was noted that the Trust was responding to concerns and queries to provide support to primary health colleagues in a timely manner.

Sonya Batchelor, Non-Executive Director, referred to the red RAG rated actions on the action plan and asked whether the RAG rated indicated a delay or that the action was unachievable.

The Clinical Director, Community Mental Health, confirmed that the red RAG rated actions indicated that there was a delay in implementing the action because of the complexity of the work.

Sally Glen, Non-Executive Director asked whether there was a risk of unconscious bias when assessing patients against the criteria for the assertive outreach programme.

	The Clinical Director, Community Mental Health Services acknowledged that it was important that all clinicians were cognisant of the risk of unconscious bias and agreed to raise this issue at the next Assertive Outreach Team Oversight Group meeting. Action: Clinical Director, Community Mental Health Services. The Trust Board: noted the report.
25/158	Winter Planning 2025-26 Board Assurance Statement (agenda item 6.4)
	The Director of Nursing and Therapies presented the paper on behalf of the Interim Chief Operating Officer and reported that NHS England required all NHS provider boards to have oversight of their trust's winter 2025-26 plans. The Director of Nursing and Therapies reported that the regional testing of the winter plan took place yesterday and local testing was scheduled for the beginning of October 2025. These exercises were designed to test the resilience of the winter plans and to ensure that all stakeholders were prepared for potential winter pressures. The Director of Nursing and Therapies referred to the Flu Vaccination checklist and confirmed that there were two areas where the Trust was non-compliant but explained that this was because the Trust did not provide maternity services. The Trust Board: approved the Winter Planning 2025-26 Board Assurance Statement which would be signed by the Interim Chair and Chief Executive on behalf of the Board.
25/159	Executive Report (agenda item 7.0)
	The following items were discussed further: a) NHS England's NHS National League Tables The Chief Executive reported that NHS England had published the NHS National League Tables today. The Chief Executive confirmed that the Trust had been placed in segment 1 (which was for the highest performing and lowest risk trusts) of the National Oversight Framework. The Trust had been rated the third highest performing community and mental health trust out of 68. It was noted that the rating was based on a number of indicators including financial, operational performance and NHS Staff Survey results. The Interim Chair congratulated the Executive and Leadership Team on the Trust's high ranking in the NHS National League Tables. b) NHS England's Provider Capability Board Statement

	The Interim Chair asked whether Non-Executive Directors would have an opportunity to input into the Trust's NHS England Provider Capability Board Statement. The Chief Executive confirmed that the Executive Directors were currently marshalling the evidence to support the Board Statement and there would be an opportunity for the Board to discuss the draft Board Statement at the October 2025 Trust Board Discursive meeting. Action: Company Secretary The Trust Board: noted the report.
25/160	Month 04 2025-26 Finance Report (agenda item 8.0)
	The Chief Financial Officer presented the report and highlighted the following points: • The planned outturn position for the Trust was a £1.7m surplus. The Trust had closed the month with a surplus of £1.0m which was in line with the planned financial target. • The Trust had a cost improvement programme of £17.5m. This was being achieved year to date although there were variances on individual lines and there were some high-risk schemes. Where there were some schemes behind plan, the Trust would release more balance sheet savings than planned at this point in the financial year. • The current cash position was ahead of plan. However, there was some significant underpayment from Commissioners offset by invoices from NHS Property Services which had been held pending agreement of funding arrangements with both Integrated Care Boards. • Following the opening of Poppy Ward, there were now very low numbers of out of area placements which was in line with the plan. The Trust had planned for five Psychiatric Intensive Care Unit placements in 2025-26. At the start of the year, actuals were higher than plan at April 2025 but had reduced over the last three months and there were currently three placements. • The Better Payment Practice Code was achieved for all 4 targets. • Capital expenditure spend was below CDEL year to date. • The Trust had two targets for temporary staffing. There was a requirement to reduce agency expenditure by 30% when compared to the previous year. Although costs had reduced, the target had not yet been met. This was in part due to phasing and overall, the shortfall was only £0.1m year to date. The bank staffing cost reduction of 10% compared to the previous year was being exceeded by £0.8m year to date. The Interim Chair commented that it was good to see that the Trust's finances were stable. The Trust Board: noted the report.
25/161	Month 04 2025-26 "True North" Performance Scorecard Report (agenda item 8.1)

The Month 04 2025-26 "True North" Performance Scorecard Report had been circulated.

The Clinical Director, Community Mental Health, presented the report and made the following key points:

Restrictive Interventions

- The number of restrictive interventions, specifically rapid tranquilisation, had shown a steady decline. In July 2025, there were 32 incidents involving 10 patients, with one patient accounting for 23 incidents

Length of Stay

- **Adult Mental Health Inpatients:** the average length of stay for adult mental health patients was 48.85 days which was higher than the target of 42 days. Bluebell ward's length of stay had reduced and had been below the target for the past four months and learning was being shared across the other mental health wards.
- **Older Adult Mental Health:** the average length of stay for older adult mental health patients was 81.86 days, close to the target of 80 days.
- **Community Inpatient:** the average length of stay for community inpatients was 22.3 days, slightly above the target of 21 days.

Physical Assaults on Staff

- The number of physical assaults on staff was 70, significantly higher than the target of 36. This metric had been increasing over the last two years, prompting the initiation of a Quality Improvement A3 process mapping and root cause analysis exercise to identify countermeasures. An improvement event was scheduled for September 2025.

Patient Experience

- The "I Want Great Care" initiative reported an experience score of 94.6%, close to the target of 95%.

Other Performance Metrics

- **Sickness Rate:** the sickness rate was 4.4%, above the target of 3.5%.
- **Bed Days Occupied by Patients Ready for Discharge:** both community services and mental health wards reported higher than target bed days occupied by patients ready for discharge.
- **Health Visiting:** the new birth visit within 14 days was 87.3%, below the target of 90% 1.
- **Talking Therapies:** the reliable improvement and recovery rates for talking therapies were close to target but not quite there
- **Perinatal Services:** the access to perinatal services was 595, below the target of 611

	• Self-Harm in Mental Health Inpatient Wards: the number of self-harm incidents was 108, above the target of 61. Rebecca Burford, Non-Executive Director referred to the True North Performance Scorecard Highlight Report and noted that the restrictive interventions – rapid tranquilisation target was due to be confirmed and asked about the timescale. The Clinical Director, Community Mental Health said that she would confirm the target date with the Interim Chief Operating Officer and inform the Board. Action: Clinica Director, Community Mental Health, Interim Chief Operating Officer Sally Glen, Non-Executive Director referred to the Patient Experience Report which included some feedback from mental health patients around wanting more activities on the wards and asked whether more could be done. The Director of Nursing and Therapies reported that all the mental health wards had activities co-ordinators who provided activities in the evening as this was the time when most self-harm and assaults on staff were occurring. Rebecca Burford, Non-Executive Director noted that performance in relation to the Clinically Ready for Discharge by Mental Health Wards had declined over a number of months and asked whether there were any factors which had led to the decline in performance. The Clinical Director, Community Mental Health said that the Trust was working closely with local authority colleagues to improve discharge processes. The Trust Board: noted the report.
25/162	Finance, Investment and Performance Committee Meeting Held on 23 July 2025 (agenda item 8.2)
	Sonya Batchelor, Chair of the Finance, Investment and Performance Committee reported that the Trust's finances were steady with nine out of ten performance metrics RAG rated green. Ms Batchelor paid tribute to the Chief Financial Officer and his team. The Interim Chair thanked Ms Batchelor for her update.
25/163	Workforce Race Equality Standard Report and Workforce Disability Standard Report (agenda item 9.0)
	The Interim Chair welcomed the Director of People, the Workforce Planning and Insights Manager and the Deputy Director for Leadership, Inclusion and Organisational Experience to the meeting.

The Deputy Chief Executive reminded the meeting that the annual Workforce Race Equality Standard (WRES) and Workforce Disability Standard (WDES) Reports were nationally mandated. The Deputy Chief Executive said that it was encouraging to see that progress had been made across the indicators and reflected the Trust's continued focus on its Anti-Racism Strategy and Culture of Care work.

The Director of People presented the reports and highlighted the following points:

Progress and Improvement

- The reports showed progress and improvement in 17 out of the 22 indicators. There were three indicators where performance declined and two indicators that remained neutral.
- Last year, the Board had requested that more work be undertaken to analyse and understand WRES and WDES data. In response, the Workforce Planning and Insights Manager had provided more analysis in the reports with a particular focus on equity gaps.

Issues Skewing the Data

- Roger Kline's 2014 *Snow White Peaks* report showed that senior NHS roles were predominantly filled by white people, however this report excluded medical staff. The National 2021 Census identified that the average age of white people was 42.7 years compared with ethnically diverse people which was 31.6 years.
- The Trust's workforce average age was 43.9 years with senior roles skewing the average age further still. Including/excluding medical staff changed the diversity picture significantly. 44.9% of the Trust's medics were ethnically diverse compared with only 12.1% of clinical psychologists.

Impact of Prospect Park Hospital

- Prospect Park Hospital significantly influenced the data despite only comprising 7.6% of the workforce.
- Prospect Park Hospital accounted for 23% of disciplinarys, 71% of patient on staff incidents and 46% of staff-on-staff incidents.
- The ethnic diversity of Prospect Park Hospital was 51.5% compared to 29.6% trust wide.

Application Clustering:

- There was a phenomenon of application clustering where ethnically diverse candidates applied in large numbers for roles that required work permits and had higher numbers of applicants whereas white staff largely applied for roles with less applicants.
- This impacts on the data, as so many ethnically diverse candidates are therefore being rejected for these highly competitive roles compared to fewer white staff in less competitive roles.

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Gender and Disability Impact:

- Ethnically diverse females were more likely to be appointed than white males
- Disabled females were the most likely to be appointed, while disabled males were the least likely

Promotion Rates:

- Ethnically diverse staff had higher promotion rates compared to white staff
- Disabled staff also had higher promotion rates compared to non-disabled staff
- There was a significant appetite for progression among ethnically diverse staff, with over half applying for roles in the last 12 months

The Director of People outlined the next steps.

- There was a need to understand the full contributors to inequity, including age, site (**Prospect Park Hospital** remained a dominant outlier), and profession.
- **Case Working Review** was planned to understand the disproportionate impact of casework on ethnically diverse staff
- The Trust needed to recognise **national factors** that were sometimes outside of the Trust's control
- A **communication strategy** would be developed to share progress and address perceptions versus reality.
- A targeted **People Plan for Prospect Park Hospital** would be developed to address specific challenges.

The Interim Chair acknowledged the significant progress that had been made and the ongoing challenges.

Sonya Batchelor, Non-Executive Director, supported the proposed next steps, particularly the development of a targeted People Plan for Prospect Park Hospital and a communication strategy to challenge perceptions.

The Director of People pointed out that if you were an ethnically diverse member of staff applying for a role where there was much greater competition and you got repeatedly rejected that would be your reality about the difficulty in progressing in your career

Sally Glen, Non-Executive Director asked whether it would be useful for the Trust to benchmark itself against other mental health inpatient units.

The Director of People thanked Ms Glen for her suggestion and agreed to take this forward.

Action: Director of People

Ms Glen noted that Healthcare Assistants comprised 8% of the Trust's workforce but comprised 31% of the disciplinaries.

	The Director of People said that Healthcare Assistants were the staff group who had daily contact with patients and therefore were more vulnerable and exposed to claims made against them. It was noted that the Case Working Review would hopefully shed light on the reasons why certain staff groups were overrepresented in disciplinarys and what actions needed to be taken to address this. The Interim Chair shared that he had recently visited Prospect Park Hospital, and he had asked a Ward Manager what he should focus on in his role as Interim Chair. The Interim Chair said that the Ward Manager had responded that he should ensure that the Trust maintained its momentum on anti-racism and equalities, diversity and inclusion work because it made a significant difference to ethnically diverse staff at Prospect Park Hospital. Rebecca Burford, Non-Executive Director commended the Trust's efforts to address inequities and racism especially at a time when many private sector organisations were rolling back their equalities, diversity and inclusion activities. The Interim Chair thanked the Director of People, the Workforce Planning and Insights Manager and the Deputy Director for Leadership, Inclusion and Organisational Experience for attending the meeting and for their work on the WRES and WDES reports. The Trust Board: noted the report.
25/164	Audit Committee Meeting – 23 July 2025 (agenda item 10.1)
	The minutes of the Audit Committee meeting held on 23 July 2025 had been circulated. Rajiv Gatha, Chair of the Audit Committee reported that the External Auditors reported back on the external audit of the Trust's Accounts 2024-25 and had been very complimentary about the collaboration between the External Auditors and the Finance Team. The Audit Committee had put on record their thanks to the Chief Financial Officer and his staff. The Trust Board: noted the minutes of the Audit Committee meeting held on 23 July 2025.
25/165	Trust Seal Report (agenda item 10.2)
	The Chief Financial Officer reported that the Trust's seal had been affixed to a new lease on Nicholson House and on three surveys relating to Prospect Park Hospital. The Trust Board: noted the report.

25/166	Council of Governors Update (agenda item 10.3)
	The Interim Chair reported that he had recently met Brian Wilson, Lead Governor and had discussed various issues. One of the topics included the feedback received from other trusts regarding the future of the Council of Governors following the publication of the NHS Ten Year Health Plan. Some councils had been hesitant to undertake their duties whilst others had been very vocal in proving their worth. It was noted that both the Interim Chair and the Lead Governor agreed that the best approach was to continue with the current operations without speculating on future changes. The Interim Chair said that the Council of Governors continued to play a vital role in the Trust. Despite the uncertainty about their future, the Council remained committed to their responsibilities and was working diligently to support the trust's objectives. The Interim Chair reported that the recruitment process for a new Chair had re-started and it was hoped that an appointment would be made by the end of the year.
25/167	Any Other Business (agenda item 11)
	There was no other business.
25/168	Date of Next Public Meeting (agenda item 12)
	The next Public Trust Board meeting would take place on 11 November 2025.
25/169	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 09 September 2025.

Signed..... Date 11 November 2025

Children and Young People in Care Team (CIC Team)



Staffing



Berkshire Healthcare
NHS Foundation Trust

The CIC Team consists of 17 staff –

Head of Service

Team Lead

6 Specialist Nurses (each allocated to a Local Authority)

3 Children in Care Nurses

6 Administrators (IHA, RHA and Hosted Co-ordinators)

Team Responsibilities

Our responsibilities cover a wide range of areas, including:

- Arranging all statutory health assessments
- Delivering training to staff who work with Children in Care, as well as Foster Carer training
- Contributing to safeguarding forums, foster panel and corporate parenting panels
- Overseeing the health needs of all Children in Care on our caseload (including those placed out of area)
- Acting as a resource and source of support for clinicians
- Completing health summaries for care leavers as they turn 18 and transition out of care

Review Health Assessment

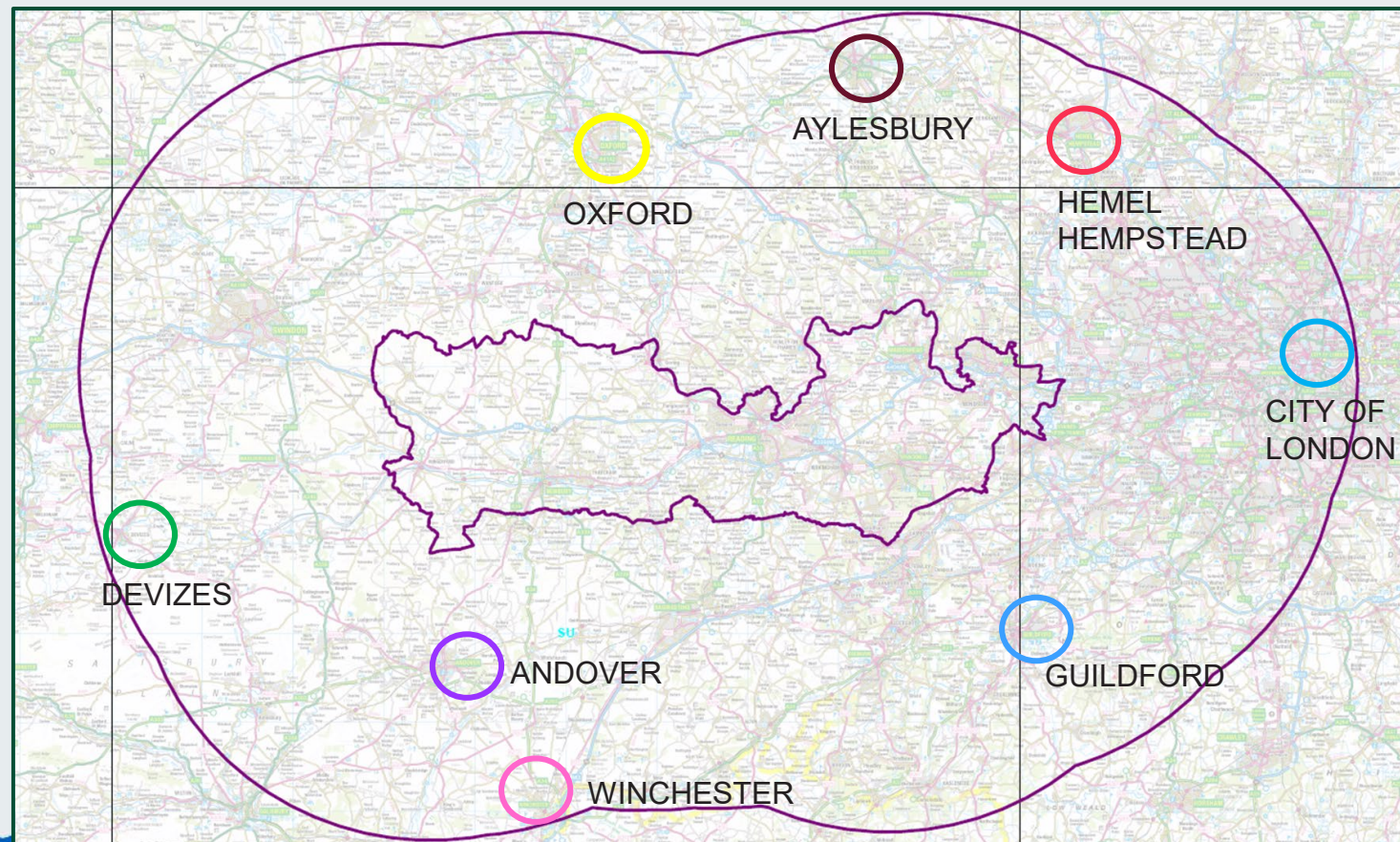
We have a statutory Duty to offer Health assessments every 12 months (or every 6 months for under-5s)

The RHAs are completed by nurses, including:

- CIC Nurses
- Specialist School Nurses
- School Nurses
- Health Visitors
- Youth Justice Physical Health Nurses

CIC Nurse Coverage

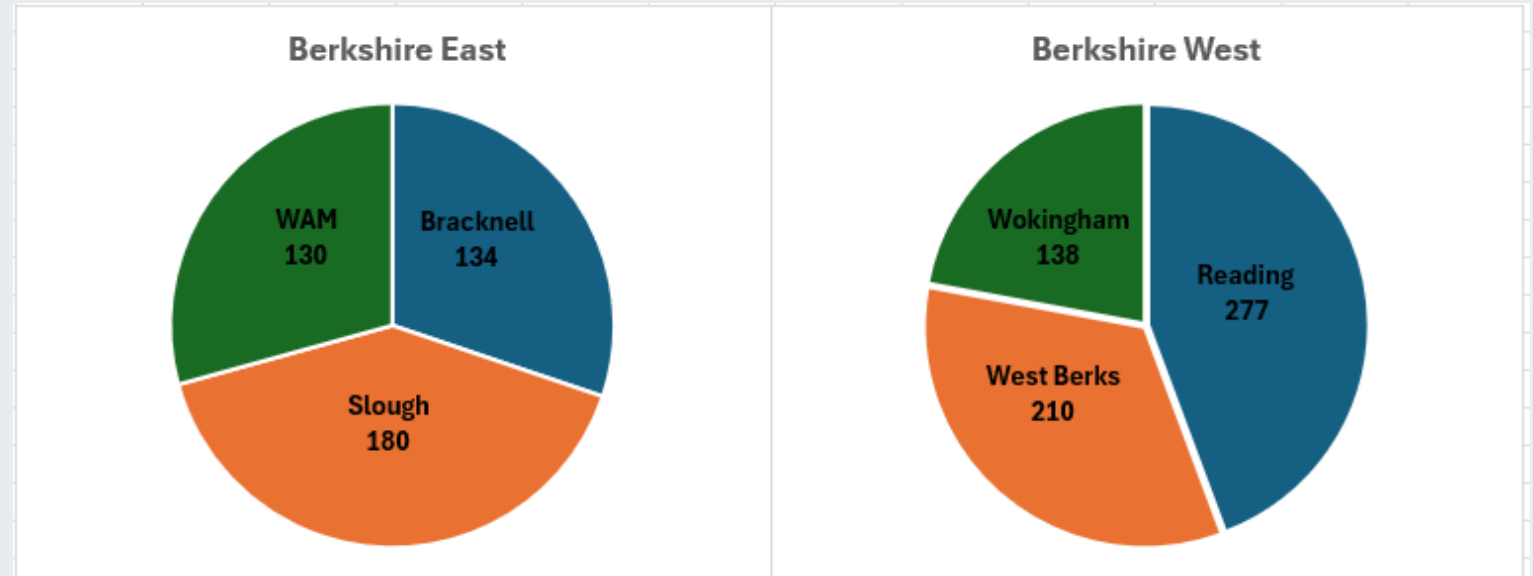
All RHAs for 16+ years and for children/young people not in education, we also cover all ages within a 20-mile radius of Berkshire



Statistics as of 1/9/25

Slough - 180
Bracknell 134
WAM 130
Reading 277
West Berks 210
Wokingham 138

Hosted East- 139
Hosted West- 157



Total of 1374 children and young people in care in Berkshire.

As under 5's have RHAs completed every 6 months- **approximately 1450 RHAs are completed annually.**

Pictorial RHA Project

How our 'You Said, We Did' project began

- Children and young people told us the RHA summary report was too detailed and time-consuming.
- Bracknell Children in Care Council (SiLSiP) raised concerns about being weighed and measured, assessment locations, and how personal questions were asked.
- We reviewed all feedback to design a more child/young person–focused health assessment.
- A questionnaire was also sent to Social Workers, Foster Carers, and health leads (SN, HV, Paediatric, Special School Nursing, Health Visitors, Slough & Windsor/Maidenhead providers, and the Designated Nurse from Frimley ICB).

Pictorial RHA Project

Development of the New Pictorial Form

Designed a draft pictorial form (four versions for different ages and additional needs) plus a written summary report.

July 2024: Five Children in Care Councils (RBWM, Reading, West Berkshire, Bracknell Forest, Slough) reviewed the drafts during a joint activity day; Wokingham was visited separately as unable to attend event.

Feedback was used to refine and amend the forms.

September /October 2024: Training delivered to practitioners who would be completing the new Pictorial RHA Forms when undertaking Assessments.

October 2024: All six Children in Care Councils met for a joint participation day where the updated forms were shared.

November 2024: Final Pictorial RHA form launched for use by professionals. Q&A sessions offered to support implementation.

May 2025: Forms reviewed again, with further amendments made based on feedback after several months of use.

The Forms

Pictorial Assessment- Voice of the child/young person:

Changes in health since last RHA: Last GP Consultation(s): Any ED/A&E attendances: Any hospital admission, illnesses, accidents: Allergies: New medication:		
	What do I like to eat and drink	
	My Sleep, Bedtime routine, Enuresis, Bad dreams, Difficulty settling, quality of sleep	
	Keeping my teeth healthy How often do I brush my teeth	
	My personal hygiene, Hair, skin, nails	
	My Eyesight and Hearing	
	Keeping active Exercise, activities	
	My development Gross motor, Fine motor, Communication Problem solving / cognition, Personal / social, Puberty	
	My learning EHCP, Attendance, progress, concentration What I think of school?	
	Growth Height and Weight (optional)	
	Keeping me safe Online, community, bullying, road safety	
	My thoughts and Feelings Emotions, behaviour, mood score, self-harm.	
	Likes and Dislikes	
	My Friends and Family	
	My questions about me and my health	
	Wishes, Goals and Dreams	
Name of person completing form: (Professional (include profession) /Young Person)		16+ ☐ PA allocated ☐ Employment/education ☐ Future planning ☐ Independence ☐ Young Person accessing health services
Date form completed: 17+ Care Leavers Health Summary • Discussed today: Yes/ No/ N/A • How do you want to receive it? Post/ Email/ Via Social Care • Do you consent for a copy to be shared with Social Care: Yes/No		Children in Care Website Feedback Link

Pictorial Assessment- Voice of the child/young person:

Changes in health since last RHA: Last GP Consultation(s): Any ED/A&E attendances: Any hospital admission, illnesses, accidents: Allergies: New medication:		
	What do I like to eat and drink	
	My Sleep, Bedtime routine, Enuresis, Bad dreams, Difficulty settling, quality of sleep	
	Keeping my teeth healthy How often do I brush my teeth	
	My personal hygiene, Hair, skin, nails	
	My Eyesight and Hearing	
	Keeping active Exercise, activities	
	My development Gross motor, Fine motor, Communication Problem solving / cognition, Personal / social, Puberty	
	My learning EHCP, Attendance, progress, concentration What I think of school?	
	Growth Height and Weight (optional)	
	Keeping me safe Online, community, bullying, road safety	
	My thoughts and Feelings Emotions, behaviour, mood score, self-harm.	
	Likes and Dislikes	
	My Friends and Family	
	My questions about me and my health	
	Wishes, Goals and Dreams	
Name of person completing form: (Professional (include profession) /Young Person)		16+ ☐ PA allocated ☐ Employment/education ☐ Future planning ☐ Independence ☐ Young Person accessing health services
Date form completed: 26		Children in Care Website Feedback Link

The Forms



Berkshire Healthcare
NHS Foundation Trust

Child's name	
NHS Number	Date of Birth



Pictorial Assessment- Voice of the child/young person:

Changes in health since last RHA: Last GP Consultation(s): Any ED/A&E attendances: Any hospital admission, illnesses, accidents: Allergies: New medication:	
	What do I like to eat and drink
	My Sleep, Bedtime routine, Enuresis, Bad dreams, Difficulty settling, quality of sleep
	Keeping my teeth healthy How often do I brush my teeth
	My personal hygiene, Hair, skin, nails
	My Eyesight and Hearing
	Keeping active Exercise, activities
	My development Gross motor, Fine motor, Communication Problem solving / cognition, Personal / social, Puberty
	My learning EHCP, Attendance, progress, concentration What I think of school?
	Growth Height and Weight (optional)
	Keeping me safe Online, community, bullying, road safety
	My thoughts and Feelings Emotions, behaviour, mood score, self-harm.
	Likes and Dislikes
	My Friends and Family
	My questions about me and my health
	Wishes, Goals and Dreams
Name of person completing form: (Professional (include profession) /Young Person) Date form completed:	
Feedback Link	Children in Care Website

Child's name	<client-fullname>
NHS Number	<client-nhs>



Pictorial Assessment- Voice of the child/young person:

Changes in Health since last RHA: Last GP Consultation(s): Any ED/A&E attendances: Any hospital admission, illnesses, accidents: Allergies: New medication:	
Growth, Nutrition and Appetite (height and weight optional)	
Physical Health Immunisations, Dental, Eyes, Hearing, Skincare Any other health appointments	
Healthy Lifestyle Hair, skin, nails Diet, Self-Care, Exercise/activities	
Current Health Any worries? Any changes to your health? Smoking/Vaping/Alcohol Substance Misuse Any current/new referrals?	
Independence & Managing My Health Accessing Services (NHS, 111, GP), Making/attending appointments When you are unwell? Managing medication Independent living skills	
Sleep, Rest and Relaxation Bedtime routine, Enuresis, Bad dreams, Difficulty settling, quality of sleep. What do you do to relax.	
Learning and Development Any difficulties with physical or learning activities? School/Employment EHCP, Attendance, progress, concentration	
My Family, Friends and Supporting adults Family contact, household members, how long they have been living there? How do you communicate with friends? How is your relationship with your social worker/PA? UASC – any ongoing related issues to country of origin/reason for leaving?	
Keeping Me Safe Online, community, bullying, road safety What do you like to do (in real life and online)? How much time do you spend on line? Is your time online positive or negative for you Do you feel being online impacts on your health (physical and/or emotional health)?	
Sexual Health and Relationships (Puberty, Advice of Health Services (Safe Sex Berkshire) Personal Checks, Screening	
My thoughts and Feelings Emotions, behaviour, mood score, self-harm.	
Likes and Dislikes	
Wishes, Goals and Dreams	
Name of person completing form: (Professional (include profession) /Young Person) Date form completed:	16+ ☐ PA allocated ☐ Employment/Education ☐ Future planning ☐ Independence ☐ Young Person accessing health services
17+ Care Leavers Health Summary • Discussed today Yes/ No/ N/A • How do you want to receive 27 Post/ Email/ Via Social Care • Do you consent for a copy to be shared with Social Care Yes/No	Care Leavers Free prescriptions • Discussed today Yes/ No/ N/A • More support needed from Social Care Yes/No
Feedback Link	Children in Care Website

Example



Berkshire Healthcare
NHS Foundation Trust

Child's name: _____ Date of Birth: _____
NHS Number: _____
Berkshire Healthcare
NHS Foundation Trust

Pictorial Assessment- Voice of the child/young person:

Changes in health since last RHA: Last GP Consultation(s) Any ED/A&E attendances Any hospital admission, illnesses, accidents Allergies New medication	
What do I like to eat and drink	no changes. apple, strawberries, cherries, banana's sausages, eggs, chicken, some vegetables - sweetcorn, peas, carrot, drink water and squash
My Sleep , Bedtime routine, Enuresis, Bad dreams, Difficulty settling, quality of sleep	sleeps in room with sister no concerns with sleep. Sleeps through night.
Keeping my teeth healthy How often do I brush my teeth	Brush twice a day manual toothbrush + toothpaste no concerns.
My personal hygiene Hair, skin, nails	supported by carer.
My Eyesight and Hearing	no concerns. checked at school via national programme.
Keeping active Exercise, activities	Dance class on Fridays PE in school, local park across road. Cycling, scooters at home.
My development Gross motor, Fine motor, Communication Problem solving / cognition, Personal / social, Puberty	no concerns.
My learning EHC/P, Attendance, progress, concentration What I think of school?	Doing well in school. no concerns.
Growth Height and Weight (optional)	110.5cm 19.9kg. Healthy and in proportion today.
Keeping me safe Online, community, bullying, road safety	relies on carer to keep safe. age appropriate understanding of road safety.
My thoughts and Feelings Emotions, behaviour, mood score, self-harm	Happy most of time unless unwell.
Likes and Dislikes	Princesses. playing with friends.
My Friends and Family	lives with sister. has contact weekly with both family. lots of friends at school.
My questions about me and my health	no questions today
Wishes, Goals and Dreams	To go on holiday this weekend in Cornwall to Colwolds. Have lots of fun.

Name of person completing form: (this should include profession) (Young Person)
Katy Parker-Johnson - CIC Nurse
Date form completed: 9/7/2025.

Feedback Link: Children in Care Website:

Smiley Face Scale:
1 (Green) 2 (Yellow) 3 (Orange) 4 (Red) 5 (Dark Red)

Handwritten notes:
Brown - 110.5cm
19.9kg



Thank you

Questions...?



Our Pledge

Children and Young People in Care Team

We will continue to listen, gain feedback and collate your views on how you want your RHA's to be completed.

We will continue to review our process and take on board your continuing views where possible.

We will share any changes in our training to all professionals who are completing Health Assessments.

We will pick up any themes through the feedback links (IWGC) you are asked to complete following your Health Assessment which can be filled out anonymously.

We will continue to include the Children in Care Council within each Local Authority to gain your ideas and suggestions.

We will continue to work in partnership with you and all professionals that support you as children and young people in care.



Scan the **QR code** to view our CIC website.
Get in touch via the '**Contact us**' Section.



Scan me



cypf.berkshirehealthcare.nhs.uk

You said, we did Part 2 (6 month review)

Development of a new Pictorial Review Health Assessment Form

We received feedback from Practitioners, Social Workers and Team Managers, Participation Leads and out of area CIC teams. This included comments regarding the voice of the child/young person coming through much more on the pictorial RHA and how the child/young person was much more engaged and involved in the Assessment.

Following the feedback received from all practitioners in relation to the new form, the CIC working group met to discuss implementing some changes.

We reduced the duplication on the Pictorial RHA Form and deleted the 'back page' where most of this sat.

We have taken some sections out of the RHA Summary Report based on the feedback received and added a sexual health section/box to the 11-17 year old form.

The updated forms were implemented on the 1st June 2025.

The Children in Care Councils provided training – 'Our Voice, Our Health Visit', to the BHFT Children in Care Team, BHFT Community Paediatricians, BHFT Senior Management, Senior Safeguarding Lead and Designated Nurse for Children and Young People in Care and our Local Authority Colleagues. Moving forward, the Children in Care Team will incorporate this in the training they deliver to all professionals completing Review Health Assessments

Next steps:

Moving forward, the Specialist Nurses from the Children in Care Team will attend the Children in Care Council Meetings in each area to continue to gain feedback from the children and young people who have had a Review Health Assessment with the new Pictorial Review Health Assessment form.

Pictorial Forms:

The pictorial forms can be A4 or A3.

There are still 4 forms that the child/young person to choose or the practitioner uses the one which they feel would be appropriate. Only one pictorial form will need to be completed. This can be sent to the child/young person prior to the RHA at request. The forms will also be available via our website for you to download/view as young people/carers to have a better understanding of the questions we may ask during your health assessment- this gives you an opportunity to tell us before or during the RHA if there is something you would not like to discuss.

Child's name			
NHS Number		Date of Birth	

Pictorial Assessment- Voice of the child/young person:

Changes in health since last RHA: Last GP Consultation(s): Any ED/A&E attendances: Any hospital admission, illnesses, accidents: Allergies: New medication:			
	What do I like to eat and drink		
	My Sleep , Bedtime routine, Enuresis, Bad dreams, Difficulty settling, quality of sleep		
	Keeping my teeth healthy How often do I brush my teeth		
	My personal hygiene , Hair, skin, nails		
	My Eyesight and Hearing		
	Keeping active Exercise, activities		
	My development Gross motor, Fine motor, Communication Problem solving / cognition. Personal / social, Puberty		
	My learning EHCP, Attendance, progress, concentration What I think of school?		
	Growth Height and Weight (optional)		
	Keeping me safe Online, community, bullying, road safety		
	My thoughts and Feelings Emotions, behaviour, mood score, self-harm.		
	Likes and Dislikes		
	My Friends and Family		
	My questions about me and my health		
	Wishes, Goals and Dreams		
Name of person completing form: (Professional (include profession) / Young Person)		16+ ☐ PA allocated ☐ Employment/education ☐ Future planning ☐ Independence ☐ Young Person accessing health services	
Date form completed: 17+ Care Leavers Health Summary • Discussed today Yes/ No/ N/A • How do you want to receive it? Post/ Email/ Via Social Care • Do you consent for a copy to be shared with Social Care Yes/No		Care Leavers Free prescriptions • Discussed today Yes/ No/ N/A • More support needed from Social Care Yes/No	
		Children in Care Website	



1	2	3	4	5
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Child's name	<client-fullname>		
NHS Number	<client-nnn>	Date of Birth	<client-dob>

Pictorial Assessment- Voice of the child/young person:

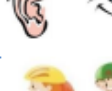
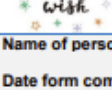
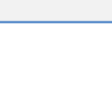
Changes in Health since last RHA: Last GP Consultation(s): Any ED/A&E attendances: Any hospital admission, illnesses, accidents: Allergies: New medication:	
Growth, Nutrition and Appetite (height and weight optional)	
Physical Health Immunisations, Dental, Eyes, Hearing, Skincare Any other health appointments	
Healthy Lifestyle Hair, skin, nails Diet, Self-Care, Exercise/activities	
Current Health Any worries? Any changes to your health? Smoking/Vaping/Alcohol/ Substance Misuse Any current/ new referrals?	
Independence & Managing My Health Accessing Services (NHS, 111, GP, Making/attending appointments When you are unwell? Managing medication Independent living skills	
Sleep, Rest and Relaxation Bedtime routine, Enuresis, Bad dreams, Difficulty settling, quality of sleep. What do you do to relax.	
Learning and Development Any difficulties with physical or learning activities? School/Employment EHCP, Attendance, progress, concentration	
My Family, Friends and Supporting adults Family contact, household members, how long they have been living there? How do you communicate with friends? How is your relationship with your social worker/PA? UASC – any ongoing related issues to country of origin/reason for leaving?	
Keeping Me Safe Online, community, bullying, road safety What do you like to do (in real life and online)? How much time do you spend on line? Is your time online positive or negative for you Do you feel being online impacts on your health (physical and/or emotional health)?	
Sexual Health and Relationships Puberty, Aware of Health Services (Safe Sex Berkshire) Personal Checks, Screening	
My thoughts and Feelings Emotions, behaviour, mood score, self-harm.	
Likes and Dislikes	
Wishes, Goals and Dreams	
Name of person completing form: (Professional (include profession) /Young Person)	16+ ☐ PA allocated ☐ Employment/education ☐ Future planning ☐ Independence ☐ Young Person accessing health services
Date form completed:	Children in Care Website 
17+ Care Leavers Health Summary • Discussed today Yes/ No/ N/A • How do you want to receive it? Post/ Email/ Via Social Care • Do you consent for a copy to be shared with Social Care Yes/No	Care Leavers Free prescriptions • Discussed today Yes/ No/ N/A • More support needed from Social Care Yes/No
	Feedback Link 



1 2 3 4 5

Child's name			
NHS Number		Date of Birth	

Pictorial Assessment- Voice of the child/young person:

Changes in health since last RHA: Last GP Consultation(s): Any ED/A&E attendances: Any hospital admission, illnesses, accidents: Allergies: New medication:		
	What do I like to eat and drink	
	My Sleep , Bedtime routine, Enuresis, Bad dreams, Difficulty settling, quality of sleep	
	Keeping my teeth healthy How often do I brush my teeth	
	My personal hygiene , Hair, skin, nails	
	My Eyesight and Hearing	
	Keeping active Exercise, activities	
	My development Gross motor, Fine motor, Communication Problem solving / cognition. Personal / social, Puberty	
	My learning EHCP, Attendance, progress, concentration What I think of school?	
	Growth Height and Weight (optional)	
	Keeping me safe Online, community, bullying, road safety	
	My thoughts and Feelings Emotions, behaviour, mood score, self-harm.	
	Likes and Dislikes	
	My Friends and Family	
	My questions about me and my health	
	Wishes, Goals and Dreams	
Name of person completing form: (Professional (include profession) /Young Person) Date form completed:		 Feedback Link  Children in Care Website



1	2	3	4	5
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Child's name	<client-fullname>		
NHS Number	<client-nnn>	Date of Birth	<client-dob>

Pictorial Assessment- Voice of the child/young person:

Changes in health since last RHA: Last GP Consultation(s): Any ED/A&E attendances: Any hospital admission, illnesses, accidents: Allergies: New medication:		
	What do I like to eat and drink	
	My Sleep, Bedtime routine, Enuresis, Bad dreams, Difficulty settling, quality of sleep	
	Keeping my teeth healthy How often do I brush my teeth	
	My personal hygiene, Hair, skin, nails	
	My Eyesight and Hearing	
	Keeping active Exercise, activities	
	My development Gross motor, Fine motor, Communication Problem solving / cognition. Personal / social, Puberty	
	My learning EHCP, Attendance, progress, concentration What I think of school?	
	Growth Height and Weight (op'w is I)	
	Keeping me safe Online, community, bullying, road safety	
	My thoughts and Feelings Emotions, behaviour, mood score, self-harm.	
	Likes and Dislikes	
	My Friends and Family	
	My questions about me and my health	
	Wishes, Goals and Dreams	
Name of person completing form: (Professional (include profession) /Young Person)		
Date form completed:		Feedback Link Children in Care Website



1	2	3	4	5
---	---	---	---	---



Review Health Assessment

The young people asked for change...

Developing the new Review Health Assessment paperwork to better capture their voice, this is paramount to our service!

- We reviewed young people's comments and suggestions to create a more child/young person focused health assessment.
- During the summer five children in care councils got together for a joint activity day including The Royal Borough of Windsor and Maidenhead, Reading, West Berkshire, Bracknell Forest Council and Slough. We visited Wokingham separately.
- During the events young people were able to give their views on the newly designed health assessment forms, choosing the designs and wording they preferred.



Scan the **QR code** to view our CIC website. Get in touch via the '**Contact us**' Section.

You said, We did (May – November 2024)

Development of a new Pictorial Review Health Assessment Form

Concerns were shared with us regarding our current Review Health Assessment (RHA) forms being too in-depth, taking too long to complete. Feedback was also received from Bracknell Children in Care Council (SiLSiP), regarding certain aspects such as being weighed and measured, where the Assessment is carried out and some of the personal questions asked and how these are delivered.

Research was then carried out by the Children in Care Team regarding other areas in the country that use a 'Pictorial RHA Form'. Copies were requested from each area that use these in the country and the Children in Care Team in Berkshire met with the Children in Care Team from Buckinghamshire team who use a pictorial RHA form, to find out more information. The time the Review Health Assessment paperwork took to type up following the Assessment in the current format was also reviewed in relation to the potential new format being investigated.

We did: – Children in Care Team (Berkshire Healthcare Foundation Trust) took on board the young people's views and set up a project group to look at developing new forms.

A project team was set up to include members of the Children in Care Team along with other Berkshire Healthcare professionals including the Professional Development Lead for School Nursing, the Health Visitor Lead, Community Special School Nurse Lead, Community Paediatric Nurse Team Lead and also had Health Visitor leads/representation from Solutions 4 Health (Slough) and Achieving for Children (Windsor and Maidenhead). The Designated Nurse from Frimley Integrated Care Board was also part of the group.

A questionnaire was sent to the Local Authorities and forwarded to Social Workers and Foster Carers to obtain feedback regarding their thoughts on the current RHA form and how they use this.

The project

The Project Team met and reviewed the Pictorial RHA's received from other areas. We then created a draft Pictorial RHA from elements of the Pictorial RHA's received from other areas and ideas and suggestions from member of the Project Team. The outcome was a draft Pictorial RHA form created for the 0-10 age range in two forms – one using emoji's and one using photos with the plan that the professional completing the Pictorial RHA would use the most appropriate form for the 0-10 aged child they were seeing. A second draft Pictorial RHA was created for age 11-17 years.

The draft Pictorial RHA forms were shared and discussed with young people from five of the six Local Authorities at a summer participation event. We asked for feedback from the young people regarding their thoughts, ideas and suggestions in relation to the new forms. We then implemented the feedback received and made some amendments and adjustments to the draft Pictorial RHA forms.

An RHA Summary Report form was created by two members of the Project Team from the Children in Care Team. This was based on the Coram Baaf Part C, however, the new RHA Summary Report incorporated areas that were felt to be needed to ensure any information obtained during the Pictorial RHA was recorded on the RHA Summary Report. The RHA Summary Report would be a typed form including all the information obtained during the assessment.

Feedback regarding the project was shared with Participation Officers from all six Local Authorities along with a copy of the updated Pictorial RHA Form and RHA Summary Report Form.

The new Pictorial RHA Forms were shared across the six Local Authorities at Operational Meetings between the Children in Care Team and Heads of Service for Children in Care and some of their team members, along with updates of progress of the project.

A short training session was recorded by a member of the Children in Care Team to support Practitioners who were going to be taking part in the trial of the new Pictorial RHA Form and RHA Summary Report and completing some RHA's prior to the full launch of the new forms.

The trial

In September 2024, the trial commenced for a period of a month. The trial included Berkshire Healthcare Foundation Trust staff, Solutions 4 Health and Achieving for Children School Nurses and Health Visitors.

During this period, it highlighted a need for a Pictorial RHA Form to support those children and young people with additional needs. A meeting was held with the Participation Lead, Bracknell Forest, the Manager of Larchwood Respite Unit and two members of the Children in Care team to support in developing a further Pictorial RHA form. The Pictorial RHA form was created and recognised symbols implemented to aid communication with this client group.

We then had a meeting with the Local Authority Children in Care Council who were unable to attend the summer participation event in July to ensure we gained their feedback as well.

In October 2024, the Children in Care Team attended a further Children and Young People in Care Participation Event to feedback the changes made, share the updated form and inform them of the current plan regarding bringing the form into use from mid-November.

The launch

Another short training video was re-recorded to incorporate any changes and shared with all staff that would be completing RHA's in preparation for the launch of the new Pictorial RHA Form.

RHA refresher training delivered by the Children in Care Team to all Berkshire Healthcare Foundation staff was updated to reflect the new Pictorial RHA, ready to be delivered at training sessions from October onwards.

In mid November, the Pictorial RHA Form was launched by the Children in Care Team for all professionals completing RHA's to commence using.

Next steps

We will review the new Pictorial RHA Form, collect both positive and constructive feedback after a 6-month period of it being in use.

The Specialist Nurses from the Children in Care Team will attend the Children in Care Council Meetings in each area to gain feedback from our service users.

Pictures from the participation/engagement events



What to expect from a Review Health Assessment

Front page of Forms:

The front page of the forms has been designed both as a tool to engage Children/Young People but also for health professionals to write down the information.

Young Person Boxes RHA form- this can be used alongside Q cards that reflect the subjects within the boxes – Young People can then choose what they want to talk about.

Emoji, Picture and Additional needs RHA form - The Child or Young Person may want to draw pictures, write themselves or pick the picture/emoji they want to talk about their health and we write the information.

Child's name		Date of Birth		My Health Plan (Pictorial assessment)		Berkshire Healthcare NHS Foundation Trust	
Learning and Development	Wishes/aspirations/goals	Growth, Nutrition and Appetite (Height and weight related)	Physical Health	Healthy Lifestyle			
Any difficulties with physical or learning abilities? Disability/impairment		Height and weight, diet	Immunisations, Dental, Eyes, Hearing, Drivers Any other health assessments	Diet, Self-Care, Exercise/activities			
Current Health	Keeping Myself Safe	Me & My Health		Sexual Health and Relationships	My Family, Friends and supporting adults		
Any recent? Any changes to your health? Anything changing from/within/without? Have you ever observed? Referrals? What?	What do you like to do to feel fit and active? How much time do you spend doing? Do you have any physical health or your health (physical and/or emotional health)? Is your diet healthy, balanced or regular for you?			Family contact, Household members How do you communicate with friends? How is your relationship with your social network?			
Independence & Managing My Health	How I Feel	Anything else I want to talk about		Sleep, Rest and Relaxation	Children & Young People in Care Website		
Accessing Services Managing my appointments When you are present? Managing medication	How do I manage my emotions? How do I feel? Coping, coping and coping tools				Feedback Link 0620 - East team 0637 - West team		
16+ • PA allocated • Employment/education • Future planning • Independence • Young Person accessing health services		17+ Care Leavers Health Summary • Discussed today: Yes ☐ No ☐ N/A ☐ • How do you want to receive it? • Do you consent for a copy to be shared with Social Care: Yes ☐ No ☐		Care Leavers Free prescriptions • Discussed today: Yes ☐ No ☐ N/A ☐ • More support needed from Social Care: Yes ☐ No ☐			

Child's name		Date of Birth		My Health Plan (Pictorial assessment)		Berkshire Healthcare NHS Foundation Trust	
What do I like to eat and drink	My learning	My thoughts and feelings Emotions, behaviour, mood, stress, self-harm.		My questions about me and my health The biggest change this year			
My development	Keeping me safe	My personal hygiene	Keeping my teeth healthy	My Sleep, bedtime routine, Emotions, Day dreams, Difficulty getting, waking up, sleep.			
Keeping active	My Friends and Family	My Eyesight and Hearing	Wishes, Goals and Dreams				
Children & Young People in Care Website 		Feedback Link 0620 - East team 0637 - West team 					

Child's name		Date of Birth		My Health Plan (Pictorial assessment)		Berkshire Healthcare NHS Foundation Trust	
Food and drink	My learning	What I like & don't like	My questions about me and my health				
Gross motor Fine motor Communication Problem Solving/ cognitive Personal social	Keeping me safe	Cleaning my teeth	My sleep				
Play, Learn and Grow... Together!	Walking and being clean	Growth Height & Weight (continued)					
Keeping active	My friends and family	My hearing	Wishes, Goals and Dreams				
Children & Young People in Care Website 		Feedback Link 0620 - East team 0637 - West team 					

Child's name		Date of Birth		My Health Plan (Pictorial assessment)		Berkshire Healthcare NHS Foundation Trust	
food & drink	my learning	like & dislike	questions about me & my health				
Gross motor Fine motor Communication Problem Solving/ cognitive Personal social	keeping safe	cleaning teeth	my sleep				
Play, Learn and Grow... Together!	washing and personal care	height and weight					
keeping active	friends & family	hearing	wishes goals & dreams				
Children & Young People in Care Website 		Feedback Link 0620 - East team 0637 - West team 					

Back page of all forms:

The back page of all RHA Pictorial Forms are the same, they have been split-up into different colour boxes and the sections are:

Child's name		Date of Birth		My Health Plan (Pictorial assessment)		NHS Berkshire Healthcare NHS Foundation Trust	
NHS Number							

Additional information

Growth	Current	Previous
Height	cm	cm
Weight	kg	kg
BMI	centile	centile

SDQ (Strength and Difficulties Questionnaire)
Date: Score:
Action taken/support needed:

EHCP Y/N

Appearance/Presentation

Unaccompanied children
Translator Y/N
Translator details:
Concerns related to journey:

Medical history

Current health concerns
Include last visit to GP (date & reason) -

Medication: Allergies:

A&E attendance/Hospital admissions

Consent (verbal)

Does the young person consent to:

1. The review health assessment:
Yes ☐ No ☐ N/A due to capacity (age, LD) ☐

2. The obtaining and sharing of relevant health information with other health and children's services including social care and education.
Yes ☐ No ☐ N/A due to capacity (age, LD) ☐

3. A copy of this health assessment being sent to their GP, Carer, Social Care. Yes ☐ No ☐ N/A due to capacity (age, LD) ☐

Immunisation status

For unaccompanied children, consider catch up immunisation schedule

Is this child fully immunised for their age?	Yes ☐ / No ☐
Immunisations required now	
Next one due	

Health appointments

Record date, provider & speciality

Dental appointment date/ Practice

Optician appointment date/ Practice

GP Practice

Other

Health recommendations for the care plan

Outstanding Actions from previous year:

New recommendations:

Have the new recommendations been discussed with the young person?
Yes ☐ No ☐ N/A due to capacity (age, LD) ☐

Information gathered from:

Discussion with YP ☐ Education ☐ Social Worker ☐

Discussion with carer ☐ Previous health assessment ☐

Other

Adult present during review:

Notes

Professional completing the form: Name Date.....Time.....

Role Signature

Key points/changes on the new forms:

The Pictorial RHA is a handwritten form and a tool for the Practitioner to gather information. The child or young person may wish to write or draw pictures on the A3 print out too.

Health practitioners can choose which pictorial form they feel is best for you. Children/Young people can also choose which form they'd like to you.

- We have changed the language we use:
Growth for both Height and Weight measurements. Please remember that Height and Weight are optional for the Child or Young Person.
- My Family**- Children/Young People have the opportunity to discuss with us who is in their "Family", they may only refer to their current foster family. Let's leave it up to them if they want to discuss their birth family, some children like talking about their birth family - others do not.
- When writing the **RHA Summary**, the health practitioners are writing it to the Child or Young Person. i.e. Heather, it was lovely to see you again today for your annual CIC health appointment. Heather, you stated you had no concerns with your vision and this was supported by your Foster Parent.

Summary of Review Health Assessment

The Practitioner then transfers the information gathered during the Assessment and creates a report called the Summary of Review Health Assessment. This is then shared with your Social Worker and GP with your consent.

Next steps –

We will review the new Pictorial RHA Form, collect both positive and constructive feedback after a 6 month period of it being in use.

The Specialist Nurses from the Children in Care Team will attend the Children in Care Council Meetings in each area to gain feedback from the children and young people who have had a Review Health Assessment with the new Pictorial Review Health Assessment form.



Review Health Assessment

You asked for change...

Developing the new Review Health Assessment paperwork to better capture your voice, this is paramount to our service!

- We reviewed your comments and suggestions to create a more child/young person focused health assessment.
- During the summer five children in care councils got together for a joint activity day including The Royal Borough of Windsor and Maidenhead, Reading, West Berkshire, Bracknell Forest Council and Slough. We visited Wokingham separately.
- During the events you were able to give your views on the newly designed health assessment forms, choosing the designs and wording you preferred.



Scan the **QR code** to view our CIC website.
Get in touch via the **'Contact us'** Section.

You said, we did (May – November 2024)

Development of a new Pictorial Review Health Assessment Form

You Said: Children in Care (SiLSiP) shared some of their thoughts

- You know that what you share is going to be shared with your social worker and your IRO, its intimidating that is shared with lots of people.
- The getting weighed thing is intimidating, it's a very uncomfortable situation – have a I gained weight or not?
- I'm a teenage girl and it can be very upsetting commenting on weight.
- I got called out of my class – 'It's your Health assessment!!!' Everyone asked questions about it, said – 'where you've been?'.
- There are lots of questions we are asked, and I don't always like the way they are asked.
- I've been asked if I self-harmed – even if I did, I wouldn't tell a stranger!
- They asked me about drugs, I wouldn't tell them anything anyway!
- I don't like being weighed; it's embarrassing.
- The questions made me feel uncomfortable – I feel like they want to know all my personal information.
- I was asked are you sexually active (16yr old) which in my opinion is personal and for a person who I don't know asking me that is awkward and the way they ask the questions are like interrogation – like "do you vape?" I feel like if they just spoken to us, they can still get the information through a conversation and that way the young person is more likely to feel comfortable. Especially as its all recorded for like my carers and IRO and social worker to see, it's so embarrassing if the questions are really personal.

We did: – Children in Care Team (Berkshire Healthcare Foundation Trust) took on board the young people's views and set up a project group to look at developing new forms

- Social Workers and Foster Carers were sent a questionnaire asking for their feedback about the Review Health Assessment Forms.
- New draft Pictorial Review Health Assessment Forms were designed.
- During the summer five children in care councils got together for a joint activity day including The Royal Borough of Windsor and Maidenhead, Reading, West Berkshire, Bracknell Forest Council and Slough. There were 24 care experienced young people that attended the event. During the event young people were able to give their views on the newly designed health assessment forms, choosing the designs and wording they preferred.
- Five young people from the sixth Local Authority, Wokingham, who had been unable to attend the participation event, were visited at their Children in Care Council meeting to get their feedback.
- Changes and amendments were made following the feedback.
- Children in Care Council Meeting (SiLSiP) was attended by the Children in Care Health Team to share the draft Pictorial Review Health Assessment form with Managers and Councillors.
- A trial was held during the month of September where the draft Pictorial Review Health Assessment form was used.
- In October 2024, the six Children in Care councils got together for a joint participation Activity Day. There were approximately 18 care experienced young people that attended the event. The new Pictorial Review Health Assessment forms were shared.
- In mid November, the final Pictorial Review Health Assessment Form was launched by the Children in Care Team for all professionals completing RHA's to commence using.

This is what you can expect when you have your Review Health Assessment :

Front page of Forms:

The front page of the forms has been designed both as a tool to engage you in the Assessment, but also for health professionals to write down the information.

Child's name		Date of Birth		My Health Plan (Pictorial assessment)		Berkshire Healthcare NHS Foundation Trust	
Learning and Development	Wishes/aspirations/goals	Growth, Nutrition and Appetite (Height and weight optional)	Physical Health	Healthy Lifestyle			
Any difficulties with physical or learning activities? Disability/impairment		Height and weight, diet	Immunisations, Chills, Cough, Hayfever, Stomach Any other health appointments	Diet, Bad Cereals, Exercise/activities			
Current Health	Keeping Myself Safe	Me & My Health		Sexual Health and Relationships	My Family, Friends and supporting adults		
Any worries? Any changes to your health? Any ongoing or previous conditions? Have Any new symptoms? Medication, health	What do you like to do in your free time? Do you have any hobbies or interests? Do you have any pets? Do you have any friends or family? Do you have any pets? Do you have any friends or family?			Partners, Sexual Health, Contraception, STIs, Sex Personal Choice, Sexuality	Family contact, Visitation, Support How do you get on with family? How is your relationship with your social network?		
Independence & Managing My Health	How I Feel	Anything else I want to talk about	Sleep, Rest and Relaxation	Children & Young People in Care Website			
Assessing Services Main difficulties/appointments When you are absent? Managing medication	How do I manage my emotions? Need additional support? Grief Cultural, religious and spiritual beliefs			Feedback Link 0828 - East team 0837 - West team			
16+		17+ Care Leavers Health Summary		Care Leavers Free prescriptions			
- PA allocated - Employment/Education - Future planning - Independence - Young Person accessing health services		- Discussed today Yes ☐ No ☐ N/A ☐ - How do you want to receive it? Yes ☐ No ☐ - Do you consent for a copy to be shared with Social Care Yes ☐ No ☐		- Discussed today Yes ☐ No ☐ N/A ☐ - How do you want to receive it? Yes ☐ No ☐ - More support needed from Social Care Yes ☐ No ☐			

Child's name		Date of Birth		My Health Plan (Pictorial assessment)		Berkshire Healthcare NHS Foundation Trust	
What do I like to eat and drink	My learning	My thoughts and Feelings Emotions, behaviour, mood, stress, self-harm		My questions about me and my health			
	ENCL: Attendance, progress, assessment			The biggest change this year			
My development	Keeping me safe	My personal hygiene	Keeping my teeth healthy	My Sleep , bedtime routine, dreams, Bad moods, Caffeine, snoring, quality of sleep			
Classroom Free time Communication Problem solving/ negotiation Personal social Physical	Online, community, bullying, mood valley	Face, skin, nails		Growth Height and Weight optional			
Keeping active	My Friends and Family	My Eyesight and Hearing	Wishes, Goals and Dreams				
Exercise, activities							
Children & Young People in Care Website		Feedback Link 0828 - East team 0837 - West team					

Child's name		Date of Birth		My Health Plan (Pictorial assessment)		Berkshire Healthcare NHS Foundation Trust	
Food and drink	My learning	What I like & don't like	My questions about me and my health				
Gross motor Fine motor Communication Problem Solving/ cognitive Personal social	Keeping me safe	Cleaning my teeth	My sleep				
Keeping active	My friends and family	My hearing	Wishes, Goals and Dreams				
		My eyesight					
Children & Young People in Care Website		Feedback Link 0828 - East team 0837 - West team					

Child's name		Date of Birth		My Health Plan (Pictorial assessment)		Berkshire Healthcare NHS Foundation Trust	
food & drink	my learning	like & dislike	questions about me & my health				
Gross motor Fine motor Communication Problem Solving/ cognitive Personal social	keeping safe	cleaning teeth	my sleep				
keeping active	friends & family	hearing	wishes goals & dreams				
		eye sight					
Children & Young People in Care Website		Feedback Link 0828 - East team 0837 - West team					

Back page of all forms:

The back page of all RHA Pictorial Forms are the same, they have been split-up into different colour boxes and the sections are:

Child's name				My Health Plan (Pictorial assessment)	 Berkshire Healthcare NHS Foundation Trust
NHS Number		Date of Birth			

Additional information			Medical history		Consent (verbal) Does the young person consent to: 1.The review health assessment: Yes ☐ No ☐ N/A due to capacity (age, LD) ☐ 2.The obtaining and sharing of relevant health information with other health and children's services including social care and education. Yes ☐ No ☐ N/A due to capacity (age, LD) ☐ 3.A copy of this health assessment being sent to their GP, Carer, Social Care. Yes ☐ No ☐ N/A due to capacity (age, LD) ☐																	
<table border="1"> <tr> <th>Growth</th> <th>Current</th> <th>Previous</th> </tr> <tr> <td>Height</td> <td>cm</td> <td>cm</td> </tr> <tr> <td>Weight</td> <td>kg</td> <td>kg</td> </tr> <tr> <td>BMI</td> <td>centile</td> <td>centile</td> </tr> </table>	Growth	Current	Previous	Height	cm	cm	Weight	kg	kg	BMI	centile	centile	SDQ (Strength and Difficulties Questionnaire) Date: _____ Score: _____ Action taken/support needed: _____ EHCP Y/N _____ Appearance/Presentation _____ Unaccompanied children Translator Y/N _____ Translator details: _____ Concerns related to journey: _____		Immunisation status For unaccompanied children, consider catch up immunisation schedule <table border="1"> <tr> <td>Is this child fully immunised for their age?</td> <td>Yes ☐ / No ☐</td> </tr> <tr> <td>Immunisations required now</td> <td></td> </tr> <tr> <td>Next one due</td> <td></td> </tr> </table>		Is this child fully immunised for their age?	Yes ☐ / No ☐	Immunisations required now		Next one due	
Growth	Current	Previous																				
Height	cm	cm																				
Weight	kg	kg																				
BMI	centile	centile																				
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Immunisations required now																						
Next one due																						
Health recommendations for the care plan Outstanding Actions from previous year: New recommendations: Have the new recommendations been discussed with the young person? Yes ☐ No ☐ N/A due to capacity (age, LD) ☐			Information gathered from: Discussion with YP ☐ Education ☐ Social Worker ☐ Discussion with carer ☐ Previous health assessment ☐ Other _____ _____ _____ Adult present during review: _____		Health appointments Record date, provider & speciality Dental appointment date/ Practice _____ Optician appointment date/ Practice _____ GP Practice _____ Other _____																	
Professional completing the form: Name Date.....Time..... Role Signature			Notes 																			

Key points/changes on the new forms:

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BOARD OF DIRECTORS MEETING 11.11.25

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 review started in October 2025.	
12.01.24	24/198	Estates Strategy Update	The Quality Assurance Committee to have an opportunity to discuss the outcome of the Prospect Park Hospital Mental Health Survey.	January 2026	MM		
08.07.25	25/116	Annual Complaints	The Patient Safety and Learning Report which is presented to the	November	DF	The information will be included from the	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
		Report	Quality Assurance Committee to be more explicit about around whether the learning identified was in connection with a complaint or an incident.	2025		quarter 2 report (the quarter 1 report submitted to the August 2025 Quality Assurance Committee had already been drafted).	
08.07.25	25/120	Executive Report	The Board to receive an update on the NHS Ten Year Plan and the implications for the Trust's Strategy at the future meeting.	October 2025	AG/JH	Included as part of the Board's Strategy Day discussions.	
09.09.25	25/155	Patient Experience Report	The Director of Nursing and Therapies to review the I Want Great Care feedback form to see if more could be done to encourage patients to complete the demographic data questions.	November 2025	DF	We currently say the below: <i>Berkshire Healthcare wants to ensure that all of their services are easily available and suitable for everyone. We are aware that certain groups of people struggle to access good healthcare. To help us achieve this, it is important to ask about things like age, gender,</i>	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						<i>sexual orientation and religion (sometimes referred to as 'demographics').</i> <i>We hope you feel able to provide this information (or tell us why you don't want to) which will help Berkshire Healthcare improve patient experience for everyone.</i> <i>Any feedback provided is not directly identifiable to you, unless you choose to include this level of information in your response. All feedback is completely anonymous and will not be linked to any of your personal data or clinical records.</i> <i>This was agreed with</i>	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						EDI team and staff networks at the time but Liz is more than happy if anyone has further suggestions around wording of this	
09.09.05	25/157	Trust Intensive Care Management and Assertive Outreach Position Action Plan	The Clinical Director, Community Mental Health Services acknowledged that it was important that all clinicians were cognisant of the risk of unconscious bias and agreed to raise this issue at the next Assertive Outreach Team Oversight Group meeting.	November 2025	GF	The issue of unconscious bias was discussed at the Assertive Outreach Team Oversight Group October 2025 meeting.	
09.09.25	25/159	Executive Report – NHS England Provider Capability Statement	There would be an opportunity for the Board to discuss the draft Board Statement at the October 2025 Trust Board Discursive meeting.	November 2025	AG	The Provider Capability Statement was discussed at the October 2025 Trust Board Discursive meeting. The Statement is also on the agenda for the meeting.	
09.09.25	25/161	Performance Report	The Clinical Director, Community Mental Health said that she would confirm the target date with the	November 2025	TW	The new target is included in the True North Performance	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			Interim Chief Operating Officer and inform the Board.			Report.	
09.09.25	25/163	WRES and WDES	The Trust to consider benchmarking Prospect Park Hospital against other comparable inpatient mental health units.	January 2025	JN	The Trust has contacted Oxford Health, Surrey and Border Partnership and Midlands Partnership (currently the top ranked non-acute trust in the country) to take part in benchmarking work. Both Oxford Health and SABP have welcomed the opportunity to participate, and Midlands Partnership have a meeting with us in November. We will return to the Board when this exercise is completed.	

Trust Board Paper Meeting Paper

Board Meeting Date	Tuesday 11 th November 2025
Title	Freedom to Speak Up Report
	For noting
Reason for the Report going to the Trust Board	It is mandated by NHS England and the National Guardian's Office that all Freedom to Speak Up Guardians submit a Board report at least every 6 months. The Care Quality Commission also assesses the Trust's Speaking Up Culture as part of its Well-Led Inspection. The Board is asked to note the contents and support the recommendations.
Business Area	Quality
Author	Mike Craissati, Freedom to Speak Up Guardian
Relevant Strategic Objectives	Workforce Ambition: We will make the Trust a great place to work for everyone To strengthen our highly skilled workforce and provide a safe working environment where staff feel safe to speak out, are listened to and the Trust evidence action taken to deal with issues raised with no detriment suffered by staff.

Highlight Report – Freedom to Speak Up November 2025

1. Why is this coming to the Board?

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

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

2. What are the key points?

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

Data on Concerns raised: Numbers of cases raised for Q's 1 & 2 FY 2025/26 remain reasonably level with no significant change over previous quarters. Levels of concerns that have an element of Bullying & Harassment have decreased but that is mainly due to the recent introduction of a new category "Inappropriate behaviours". The majority of concerns are raised by non-managerial staff (83%) and mainly from the Nursing staff group (36.5%). Poor behaviour between staff accounts for 57% of cases raised with 2 cases that had an element of patient safety (these cases are always immediately raised to the Director of Nursing & Therapies, the relevant Divisional or Clinical Director as well as patient safety colleagues).

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

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

Impact on staff:

It is recognised that certain staff groups, such as those with protected characteristics, have barriers to overcome before raising a concern. The Guardian is working closely with the staff networks to understand and try to reduce or eliminate these barriers. 5 of the cases raised during the period involve issues around protected characteristics, however it would appear that more staff with ethnically diverse backgrounds are approaching the Guardian for advice or support (if not actually formally raising a concern).

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

3. Conclusions and Recommendations for consideration by the Board

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

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

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

- Support and encourage initiatives to address subjective “Staff Experience” concerns, specifically those that include an element of bullying & harassment and/or microaggressions.
- Support and encourage initiatives to minimise the risk of detriment.
- Support and encourage initiatives to improve the quality of feedback to those who raise concerns. This links into issues around detriment, good effective feedback can help provide “closure” to staff.

Mike Craissati - Freedom to Speak Up Guardian

October 2025



Berkshire Healthcare
NHS Foundation Trust

Report to the Meeting of the

Berkshire Healthcare NHS Foundation Trust Board of Directors

Freedom to Speak up Report for November 2025

Background

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

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

In line with the above and as part of our regular policy review process, the Berkshire Healthcare FTSU policy was reviewed and updated in September 2023 with minor changes added in 2025.

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

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

The Role of the Freedom to Speak Up Guardian

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

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

- To give independent, confidential advice and support to members of staff who wish to speak up that have an impact on patient and staff safety or issues around malpractice, wrongdoing and fraud. This is not exclusive to permanent members of staff but extends to temporary or agency staff, trainees or students, volunteers and trust governors.
- To promote a culture where members of staff feel safe to raise concerns and do not fear adverse repercussions or detriment as a consequence of doing so.

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

Communication

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

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

- Raising Concerns presence on Nexus
- Presentations and attendance at management/team meetings (ongoing)
- Production and dissemination of posters, leaflets and cards etc (ongoing)
- Virtual or F2F presence at Corporate Induction, Resident Doctor's Induction & Student's Induction
- Supporting all EDI/Staff Networks as an Ally.
- Membership of the Safety Culture Steering Group, Strategic People Group, Diversity Steering Group, Anti-Racism Taskforce, Violence Prevention & Reduction Working Group amongst others
- Chair of Bullying & Harassment Reduction Task & Finish Group
- Managing a cohort of 35 FTSU Champions. The role of the Champions is to support the Guardian by raising awareness of the FTSU process locally and to signpost to the Guardian should any staff member wish to raise a concern. The Champions cover a wide range of pay bands with representation within all Divisions. 37% of Champions are declared staff network members and 30% have also raised concerns to the Guardian prior to becoming a Champion. It is hoped that the cohort fairly represent the diversity of the Organisation.
 - Gender - 22% male, 78% female (Trust 14% & 83%)
 - Ethnicity – 66% White, 34% Ethnically Diverse (Trust 64.3% & 33.7%)
 - Disability – 18% disabled, 72% non-disabled (Trust 84% & 9% with 7% not declared)
- During the period the Guardian has delivered an ongoing series of “Lunch & Learn” webinars which are available for all staff
- The Guardian is using the 2024 NHS National Staff Survey to develop a “Culture Barometer” which can be applied to services at Locality 5 where sub-scores can be

rated against an average sub-score of the Trust, thus allowing for a targeted approach for service support and culture improvement. This can also be done for responses sorted by protected characteristics. This barometer is based on the 8 questions within the National Staff Survey that are used as a progress metric within the [Freedom to Speak Up Vision & Strategy 2023-26](#)

Contribution to the Regional and National Agenda

The Guardian is Chair of the Southeast Regional FTSU Guardian Network consisting of all NHS Trusts and private providers (including Primary Care) this numbers 237 Guardians representing 141 Organisations and provides input to quarterly meetings between the NGO & regional Chairs.

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

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

It should be noted that funding for the National Guardian's Office will cease at the end of March 2026 and various responsibilities for FTSU (yet to be determined) are expected to be transferred to NHSE/DHSC/CQC. The provision of a Guardian at Organisational level is still a requirement under the NHS Standard Contract.

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

The NGO requests and publishes national quarterly speaking up data.

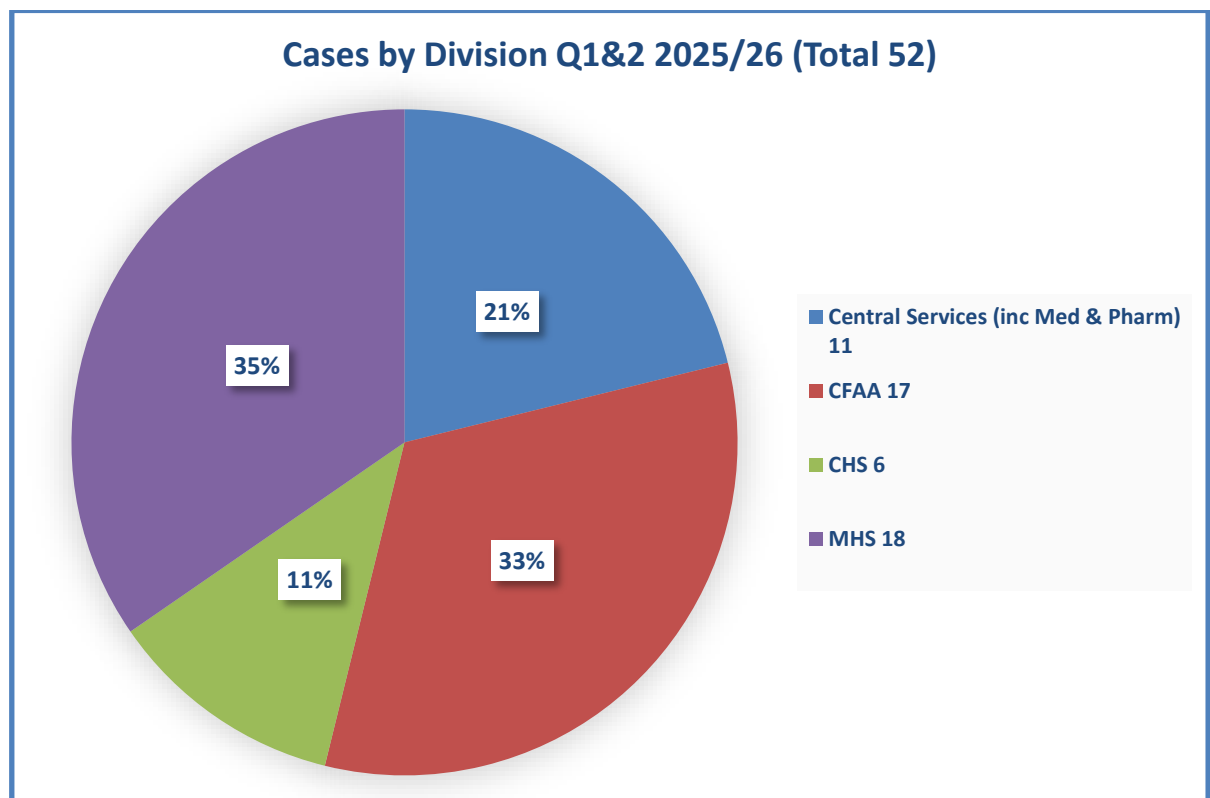
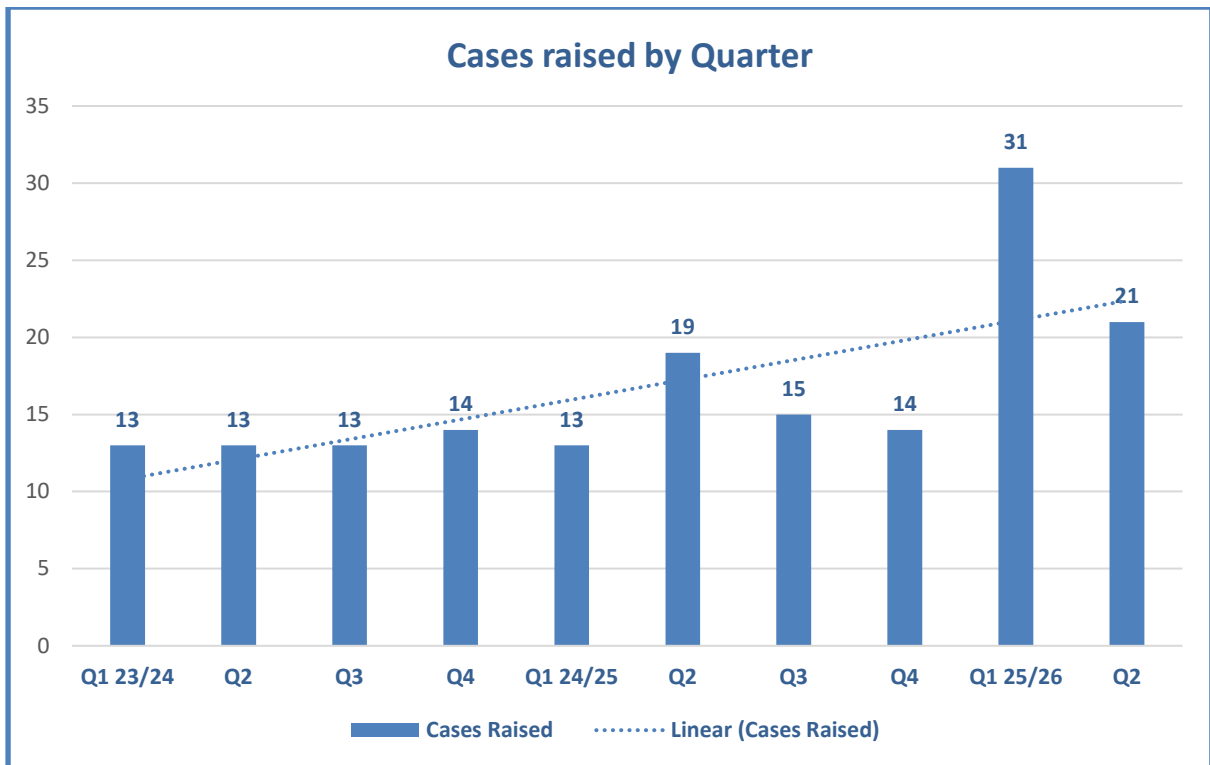
Contacts are described as "enquiries from colleagues that do not require any further support from the FTSUG".

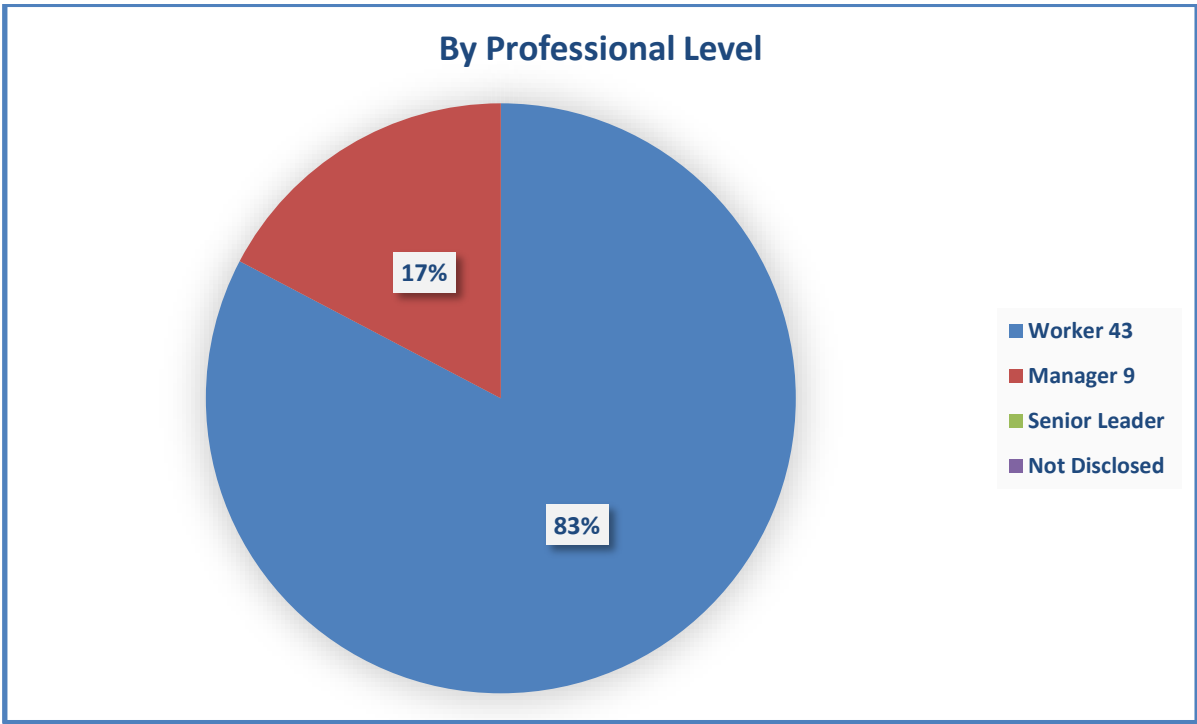
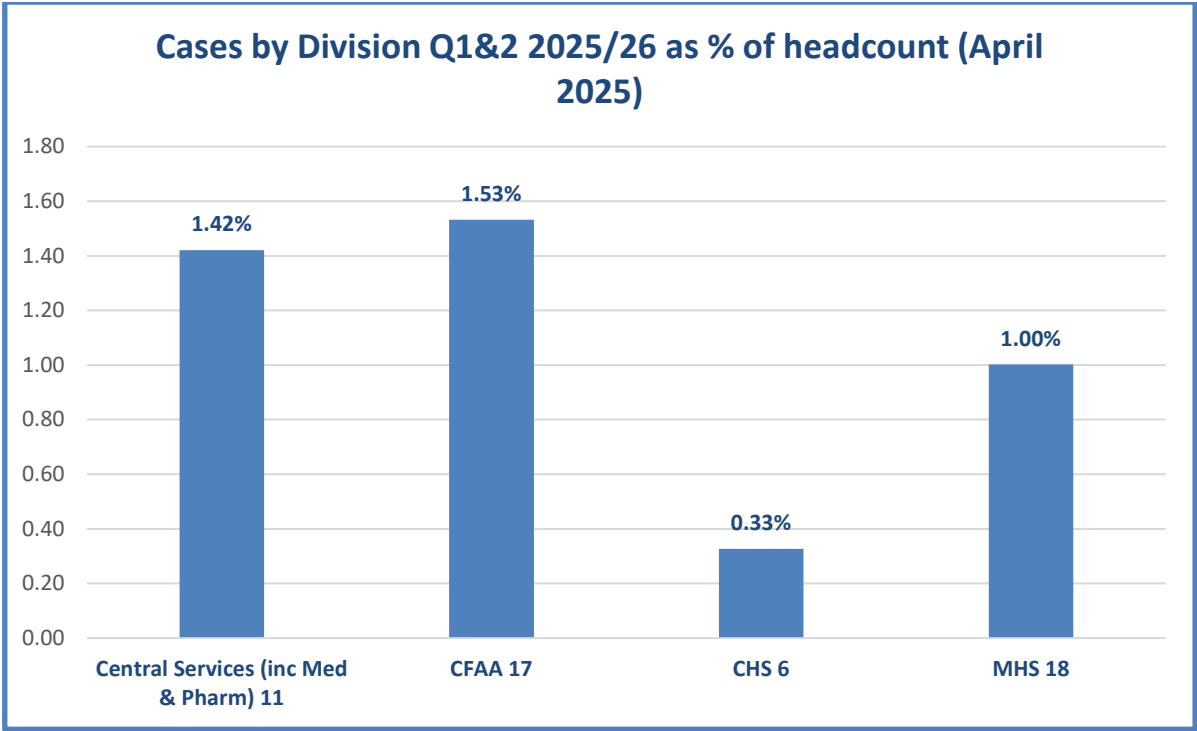
Cases are described as "those concerns raised which require action from the FTSUG".

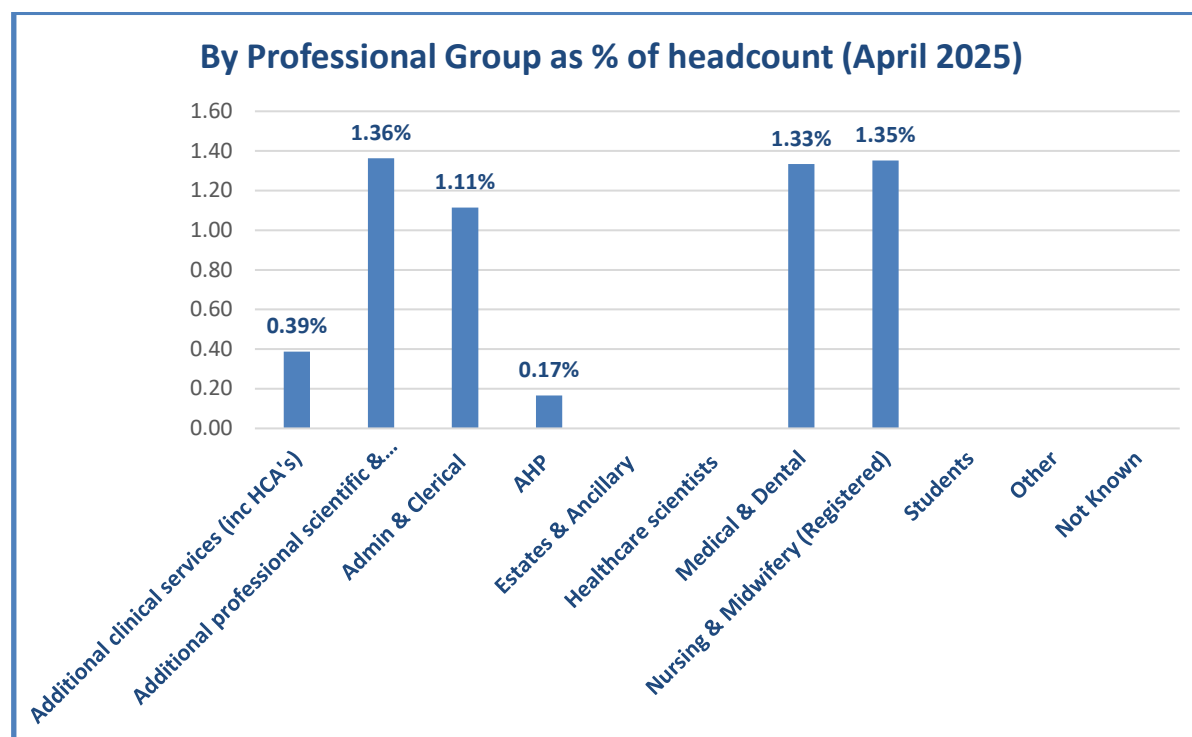
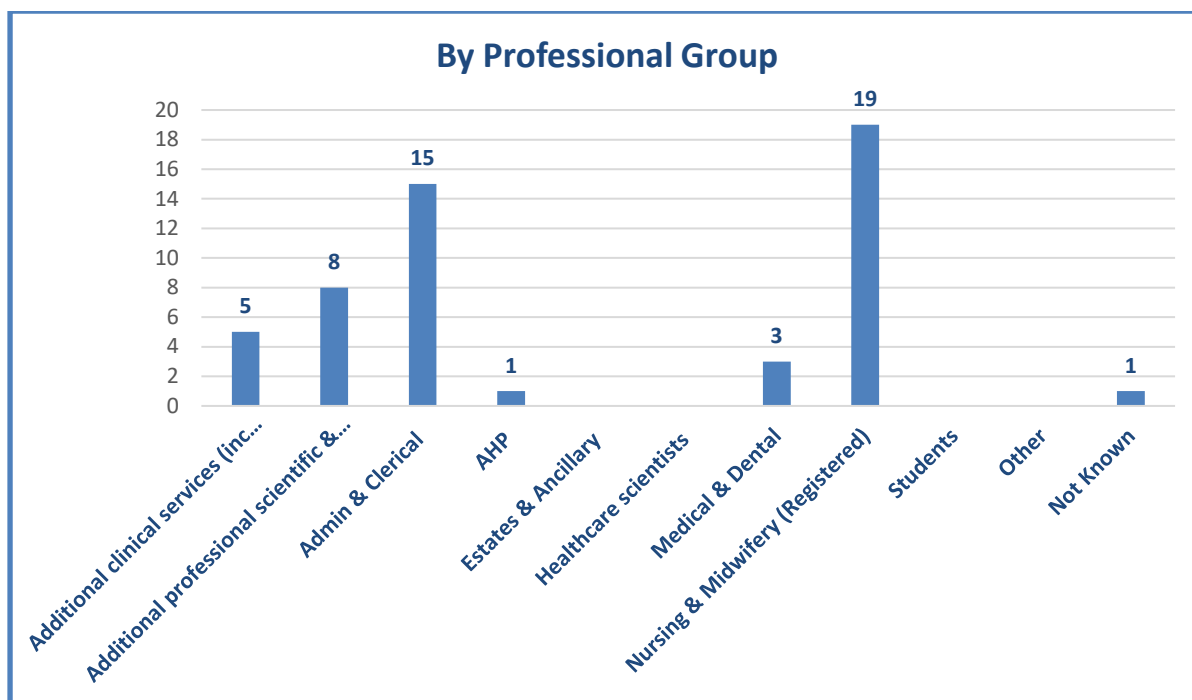
During 2024 the National Guardian's Office changed their guidance and Guardians are now required to report both contacts and cases as part of their quarterly submissions.

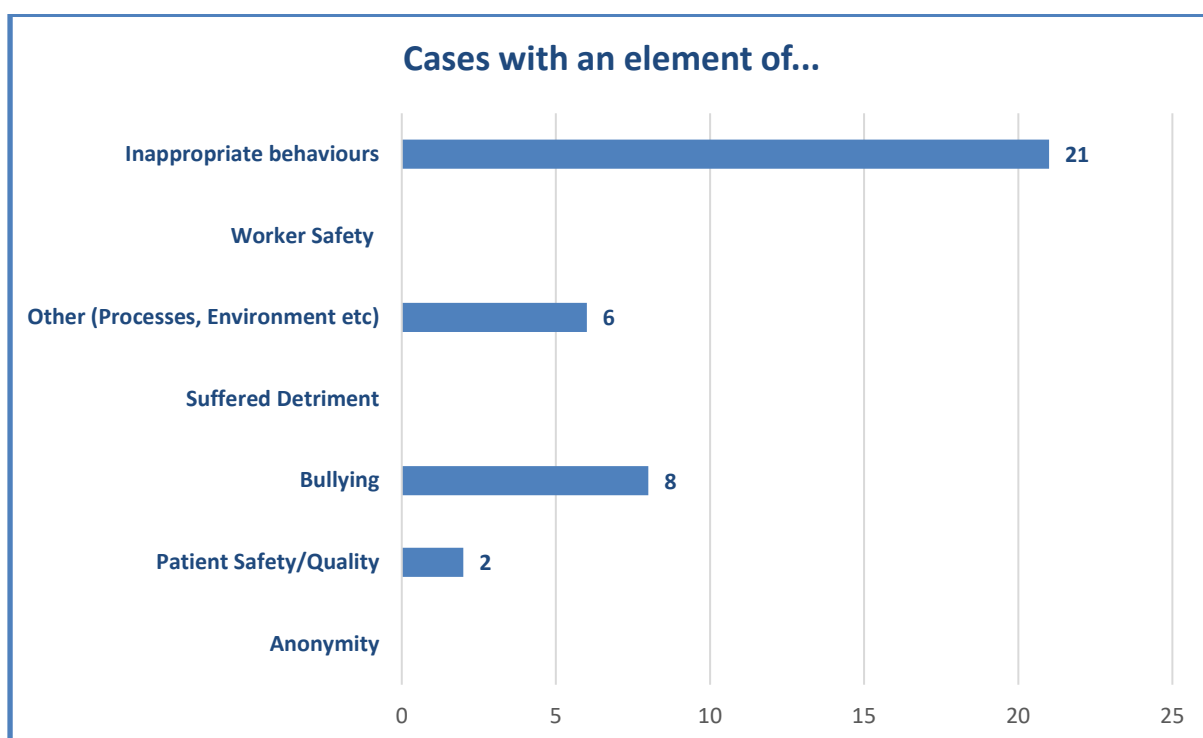
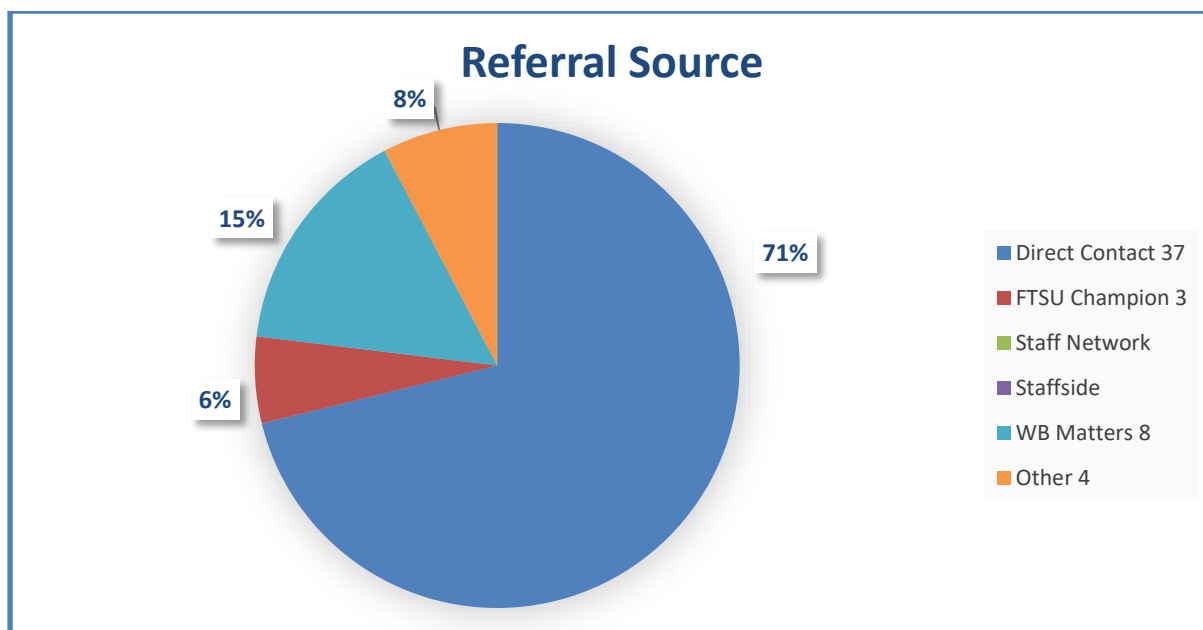
Outlined below are Berkshire Healthcare's submissions to the NGO for Q1 & Q2 FY 2025/26

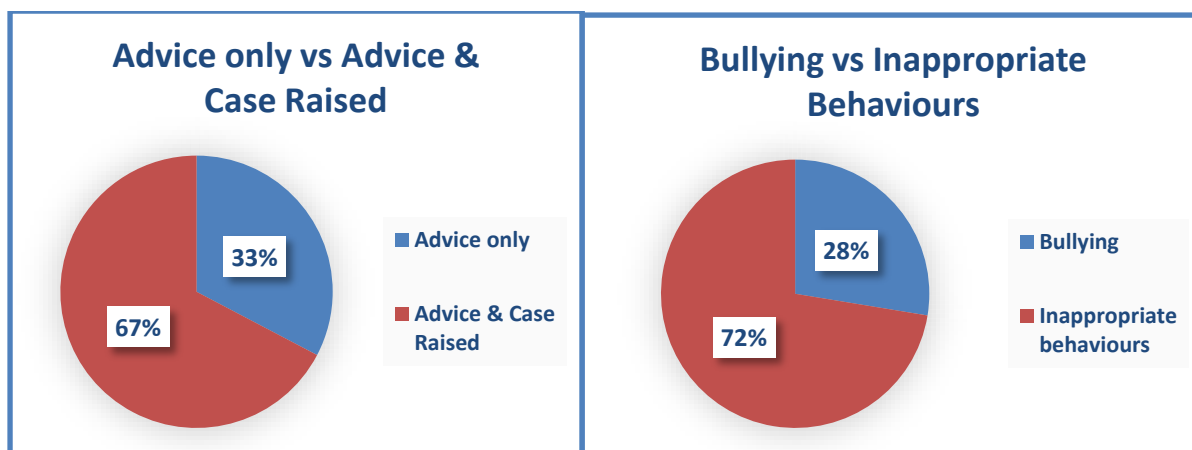
It's difficult to make comparisons with other similar organisations as the data does not provide a narrative regarding how many guardians or champions there are, how many days a week they work and if they have recorded both cases and contacts.











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

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

Assessment of Issues

- The number and type of cases raised fit into the general pattern of cases from previous periods and could be considered the norm.
- Returns show that 2 cases raised via FTSU contains an element of patient safety, the Board can be assured that any other patient safety issues are raised via other routes, handovers etc.
- A high proportion of cases raised are done so where the person raising the concern wishes some form of anonymity or confidentiality having spoken to the Guardian. In such circumstances the Guardian acts as a “go-between” between those raising a concern and the service concerned. Generally, a Commissioning Manager and Investigating Officer will know the identity of the person to aid progress of the case.
- During the period the Guardian received no anonymous concerns.
- A significantly high proportion of cases are around the “staff experience” and specifically from staff who are stating the cause is bullying & harassment (B&H) from fellow staff members (no cases have been received where B&H has been reported as coming from patients or from the public at large – this would normally be highlighted via Datix).

Improving FTSU Culture

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

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

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

Learning and Improvement

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

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

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

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

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

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

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

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

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

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

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

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

Statistics for course completions for Q1 & Q2 are as follows:

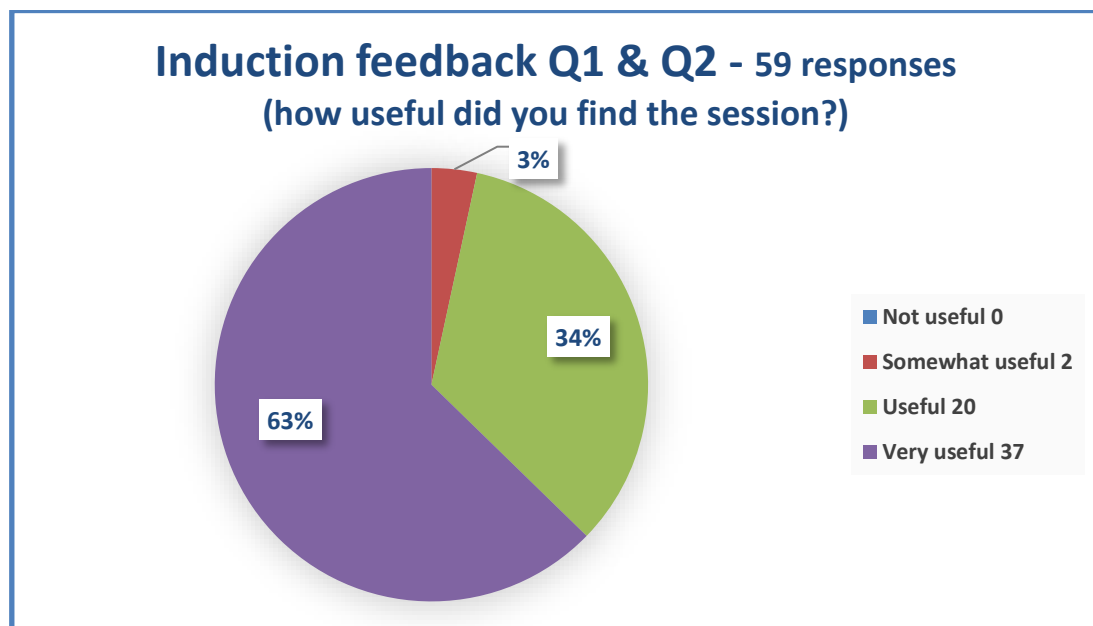
Q1 & Q2 Totals	Speak Up Core training (E-Learning)	Speak Up Core training (Induction)	Speak Up Core training (TOTAL)	Listen Up Managers	Follow Up Leaders	TOTAL
TOTAL	44	241	285	19	11	600

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

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

Feedback from Corporate Induction

Independent feedback is collated from those attending Corporate Induction, responses for Q1 & Q2 are:



Learning – Some follow up actions from cases raised.

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

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

Examples of non-implementation of learning from concerns raised:

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

Recommendations from the FTSU Guardian

The Trust Board is asked to support the following:

- Support and encourage initiatives to address subjective “Staff Experience” concerns, specifically those that include an element of bullying & harassment and/or microaggressions.
- Support and encourage initiatives to minimise the risk of detriment.
- Support and encourage initiatives to improve the quality of feedback to those who raise concerns. This links into issues around detriment, good effective feedback can help provide “closure” to staff.

Mike Craissati - Freedom to Speak Up Guardian

October 2025

Trust Board Paper Meeting Paper

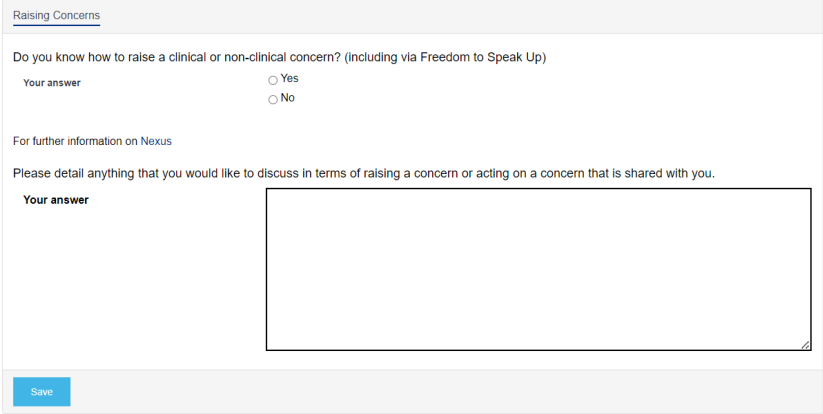
Meeting Date	November 11 th 2025
Title	Freedom To Speak Up - Self Assessment Improvement Plan
	for Noting
Reason for the Report going to the Trust Board	It is good practice, as detailed by NHS England for the freedom to speak up, self-reflection tool to be reviewed by organisations at least every 2 years, the aim being to identify gaps and areas for improvement as well as areas of good practice on a regular basis. The latest version of our self-reflection and planning tool was approved at Board in March 2024; within the tool areas for ongoing improvement were identified areas. It was agreed that progress against these would be presented to the Board on a six-monthly basis, with timing to be such that the plan is available to the Board for the same meetings as the Freedom to Speak Up Guardians Report.
Business Area	Organisational
Author	Debbie Fulton Director Nursing and Therapies
Relevant Strategic Objectives	The Plan is relevant to all strategic objectives, Patient safety: Ambition: We will reduce waiting times and harm risk for our patients Health inequalities Ambition: We will reduce health inequalities for our most vulnerable patients and communities Workforce Ambition: We will make the Trust a great place to work for everyone
Summary	Since this self-assessment improvement plan was last presented to the board the following has been completed: • Staff crib sheet/ guidance around detriment is available on Nexus, the guide was also the subject of a Managers Support Network Session in July with access to the video of this session available on Nexus. • Internal audit review of case work completed with reasonable assurance achieved. • Development of a barometer using staff survey results which will be built on as further years results are available; this is being used to identify teams with lower scores to enable support and development that encourages psychological safety and a more effective listen up / follow up approach. The two areas where there is further ongoing work are: • Review of case work using a quality improvement approach • Identifying how to gain positive stories following FTSU contacts. The self -assessment tool will be revisited between January and March 2026 with the aim of a revised version being presented at the March Board.

Freedom to Speak Up self-assessment action Plan

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

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

		July 2025 update: MSN session completed and video of this available on Nexus	
Consideration of mandating of training for certain groups • Board • Governance teams • Networks • SLT • People Directorate • Staff who manage people • Staff in teams that have had an OD intervention/support relating to poor culture. All staff to complete FTSU e-learning module as part of induction - following this MS teams' questionnaire for staff to ensure understand process.	Debbie Fulton / Jane Nicholson	The directorates detailed have been made aware of this ask and completion can be monitored each quarter To address 'staff who manage people' undertaking the modules, it is suggested that this form part of the Leading for Impact Course; this has raised with learning and development and will be considered as part of a general review of this course. Induction has been reviewed, the online FTSU session continues as part of that with feedback form last 3 quarters rating this as highly valued. 1. L&D include a link to training as part of inductee's resource pack 2. Slide included in FTSUG induction presentation to remind re the online training 3. Link to e-learning in FTSUG follow up email to inductees 3 months after their induction.	October 2024

Add question to Appraisal paperwork in relation to 'do you know how to speak up'?	Tracey Slegg	A question has been added to the mid-year appraisal review for all staff as below Freedom to Speak Up It is important that we raise any concern we have about risk, malpractice or wrongdoing at work. We can do this via one of the routes set out in the Freedom to Speak Up policy. Raising Concerns 	September 24
Mike participating in regional group looking at detriment and developing a tool kit for providers, explore how we can understand what detriment looks like for staff and what we can do to mitigate against this.	Mike Craissati	Documents and presentation around Detriment co-authored by SE Regional Guardians has been reviewed and will be adapted for local use within Organisation and inserting into Raising Concerns Policy (and possibly Early Resolution Policy). November 2024 update: NGO are finalising clarity around definitions of detriment anticipated to be released by end December 24- we will review this when published and ensure that it meets need.	June 2025

		March 2025 update: Detriment guidance now published by NGO, work to review in progress. May 2025 Update: Part of FTSU Comms plan for the year, crib sheet to be published and cascaded via Managers Support Network, Information to be part of review of Early Resolution Policy and Raising Concerns policy is currently being updated. Actions to be completed by end of Q1. June 2025 update: Detriment guidance now available on Nexus, MSN session scheduled for July 2025.	
Improve circulation of positive speak up stories and learning from speak up.	Mike Craissati / Marcomms	Positive aspects of FTSU are currently promoted via Lunch & Learn Webinars, FTSU awareness sessions, Leading for Impact module & general proactive work. Promoting stories via Team Brief, Nexus etc to be started during Q1 November update: These will be included in the all staff newsletter (Team brief) as part of Freedom to speak up month and are now on the trust intranet (nexus) - review of further showcasing to be agreed May 2025 Update: initial inclusion in team brief and on nexus and will be an ongoing piece of work. Nov 2025 Update Receiving feedback from those who have raised a concern has been minimal. Further work is required to explore with champions and those contacting FTSUG to ascertain how we might best achieve this.	
Internal Re-Audit of Freedom to Speak up processes (2024/25)	Debbie Fulton	Included in 2024/25 internal audit plan November 2024 Update: finalised report demonstrated substantial assurance, it was shared at the October Audit Committee and will be shared to November safety culture group. 2 low actions identified	September 2024

		1. A timescale will be put into place from when the Freedom to Speak Up Guardian / Leadership Associate gains all information and then passing the information to the right teams/ personnel to address the concern. Agreed to have in place for end December. 2 The Trust will continue to raise awareness of FTSU through a variety of means.	
Consider how we encourage staff to raise concerns at an earlier stage and support appropriate response to reduce escalation of concerns and possible detriment.	Mike Craissati	Engage staff during Gemba and face to face opportunities with FTSU gain learning and insights that can be used to support. Use of national staff survey data to understand areas for focus where confidence in raising concerns appears lower. Visibility of FTSUG and champions across staff networks and key trust events promote Psychological Safety via Webinars, Leadership course, management training/awareness. Engagement with People Directorate (HR/OD) to support this by reviewing policy and casework to encourage early raising of concerns May 2025 update FTSU Culture barometer (based on National Staff Survey) to be presented at May 25 Safety Culture meeting, regular meetings with OD, HR, WBM colleagues to triage & target hotspots October 2025 Update Use of the barometer has been expanded to various services who are now able to create their own barometer. Work is in progress to have an interactive barometer on Tableau with the 2024 NSS data currently being placed onto tableau . Some form of interactive	October 2025

		reporting is anticipated by the end of Q3 with the aim being to have the 2025 results there shortly after embargo. The current data and barometer is proactively being used with divisional leads to identify teams with lower scores to enable support and development that encourages psychological safety and a more effective listen up / follow up approach.	
Review investigatory processes to ensure that they are as timely as possible and that those involved are kept updated appropriately	Tracey Slegg	Short term – Deputy Director People has weekly call with team to enable oversight of case work and timeliness. An employee relations casework is joining the team to review current processes and have oversight of progress/ timeliness. Medium Term - Case work review to be undertaken using QI processes to commence in Jan 25, this is part of 3 programmes work agreed across organisation. This programme of work will include trust wide representation and agreement of countermeasures to enable improvement of processes. May 2025 Update: Internal auditors undertaking casework audit Q1 2025/26. Case work review to commence September 2025 October 2025 update: Internal audit review completed with reasonable assurance achieved. 4 low recommendations and 1 medium recommendation were identified as areas for building on current strong processes. The medium action is to review whether current internally set timescales are realistic for complex cases or if alternative target timescales for completion should be set on an individual basis at the point their complexity is realised Internal QI casework was postponed until audit completed and will now commence Nov/Dec 2025.	

Trust Board Paper

Board Meeting Date	11 th November 2025
Title	Patient Experience Report -Quarter 2 (July – September 2025)
	Paper for noting
Reason for the Report going to the Trust Board	This report is written to provide information to the Board in relation to a range of patient experience data available to us. It also provides assurance in relation to the Trust handling of formal complaints as set out within The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and by the CQC through the Health and Social Care Act 2008 (regulated activities) Regulations 2014: Regulation 16 receiving and acting on complaints.
Business Area	Trust Wide
Author	Elizabeth Chapman, Head of Patient Experience (full report) Debbie Fulton; Director Nursing and Therapies (Highlight Report)
Relevant Strategic Objectives	Understanding the experience of our patients, how we respond to this, capture and learn from all forms of feedback is fundamental to the provision of safe, caring and effective services. Patient safety Ambition: We will reduce waiting times and harm risk for our patients Patient experience and voice Ambition: We will leverage our patient experience and voice to inform improvement Health inequalities Ambition: We will reduce health inequalities for our most vulnerable patients and communities

Highlight Patient Experience Report - Quarter Two 2025/26

1. Why is this coming to the Board?

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

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

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

2. What are the key points?

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

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

Patient Experience – overall Trust Summary		Target	Q1	Q2	Q3	Q4	Year end
Patient numbers (inc discharges from wards)	Number		162,555	146,499			
Number of iWGC responses received	Number	61,000 year for 10%	13,604	11,107			
iWGC Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	10%	8.4%	7.6%			
iWGC 5-star score	Number	4.75	4.8	4.82			
iWGC Experience score – FFT (good or very good experience)	%	95%	94.67%	94%			
Compliments received directly by services	Number	24/25 4904	1682	1285			
Formal Complaints received	Number/ %	24/25 230 (0.032%)	51	58			
Formal Complaints Closed	Number	24/25 198	57	61*			
Formal complaints responded to within agreed timescale	%	100%	100%	100%			
Formal Complaints Upheld/Partially Upheld	%	50%	54%	62*			
Local resolution concerns/ informal complaints Rec	Number	2024/25 189	46	71			
MP Enquiries Rec	Number	2024/25 27	12	14			
Complaints upheld/ partially by PHSO	Number	2024/25 2	0	0			

There has been a reduction in the number of responses through the iWGC survey. We have identified that no SMS were sent after 2 September 2025, over 25% of our total feedback responses are usually received through SMS. The error causing this has been rectified with monitoring put in place to alert of any issues in the future. A retrospective request of unsent SMS has been sent to patients, and any retrospective data will be updated in the Quarter 3 report.

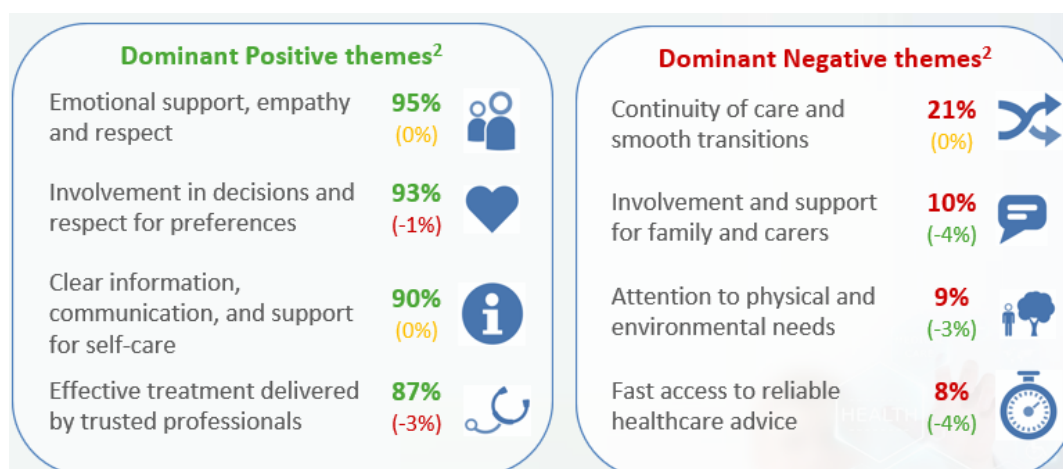
The data continues to show only small variations each quarter. The exception to this is that there is a drop in overall satisfaction for the CFAA division. Review of data suggests that this is due to us now successfully receiving feedback from our children's immunisations team and the response rate for this service being 80.7% with feedback being that biscuits would be appreciated and they don't like having vaccinations. When removing the immunisation team responses from the data the division overall positivity is in the 95%.

The other change is that over the last year we received a significantly lower number of MP enquires compared to previous years (27 in 2024/25 compared to 73 in 2023/24), the numbers are starting to increase to pre-election levels.

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

The lowest sub scores across all divisions remain within the mental health inpatient services, where feeling informed, involved and listened to remaining lower in terms of star rating than other services, this quarter these scores have improved, and the rating was above 4/5 for these. The wards all have ongoing work to support improvement, 3 of our wards are participating in the full NHS England Culture of Care programme, and our other mental health wards are participating in bespoke elements of the programme which was offered to all Mental Health Trusts as part of their transformation programme. This programme aims to improve the culture of inpatient mental health and learning disability wards for patients and staff so that they are safe, therapeutic, and equitable places to be cared for, and fulfilling places to work.

Overall feedback remains overwhelmingly positive with questions around our staff and involvement continuing to be dominant positive themes. There is very little movement from the last quarter in terms of these themes that are dominant positive or negative although we have seen an improved position in terms of involvement and fast accessible advice since the last quarter. The predominant negative theme is in relation to smooth transition, and much work is being undertaken to improve transition between services within Mental health and between child and adult services.



*Number in brackets shows change from previous quarter

What are the implications for EDI and the Environment?

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

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q2 attendances
Asian/Asian British	9.20%	12.63%	10.08%
Black/Black British	5.75%	1.05%	3.14%
Mixed	2.30%	2.10%	3.34%
Not stated	6.90%	5.26%	8.98%
Other Ethnic Group	2.30%	2.11%	1.98%
White	73.57%	76.85%	72.48%

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

This quarter we have also looked at ethnicity by complaint outcome, due to the high number of complaints where ethnicity was not known/ not stated it is not possible to draw meaningful conclusions. Further work is needed to ensure that we have improved ethnicity recording.

In terms of gender, we continue to see a slightly higher percentage of males making formal complaints and lower completion of the patient survey compared to women. We continue to see a high percentage of people who are not completing some of the demographic questions including gender. The data would indicate that there is no discernible difference between the upholding or not of a complaint based on gender of complainant.

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

Services are able to drill down into the feedback given by characteristics, this not only helps services to ensure that they are being as inclusive and accessible as possible but also supports wider pieces of work such as the Neurodiversity Strategy and Patient and Carer Race Equality Framework (PCREF).

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

3. Conclusions and Recommendations for consideration by the Board

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

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

Further, targeted work is required to improve the recording of patient demographics in relation to complaints, as this will enable us to more accurately analyse data in terms of any differential experience. We have narrative within our survey to encourage people completing our staff survey to complete the demographic data which was agreed in collaboration with our EDI team and staff networks.

Berkshire Healthcare wants to ensure that all of their services are easily available and suitable for everyone. We are aware that certain groups of people struggle to access good healthcare. To help us achieve this, it is important to ask about things like age, gender, sexual orientation and religion (sometimes referred to as 'demographics').

We hope you feel able to provide this information (or tell us why you don't want to) which will help Berkshire Healthcare improve patient experience for everyone.

Any feedback provided is not directly identifiable to you, unless you choose to include this level of information in your response. All feedback is completely anonymous and will not be linked to any of your personal data or clinical records.

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

NHS England have now published their Medium-Term Planning Framework, within this there are two areas specific to patient feedback of relevance to us as detailed below:

Between now and the end of 2025/26, all NHS trusts will be expected to:

1. Capture near real time experiences with a renewed focus on ensuring effective discharge processes. **This is in place through our patient experience survey.**
2. Complete at least one full survey cycle to capture the experience of people waiting for care: Have they had cancellations? Has anyone been in touch? What do they think has got worse since they have been on the waiting list? What information do they need to manage their condition well? This should support delivery teams to improve the experience of waiting and, where necessary, re-prioritise patients who may need to be treated faster. **How we achieve this will be explored over the next few weeks.**

Patient Experience Report Quarter Two 2025/26

Introduction

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

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

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

The response rate is calculated using the number of unique/distinct clients rather than the total number of contacts. Patients will continue to be offered the opportunity to give feedback at each appointment.

Table 1

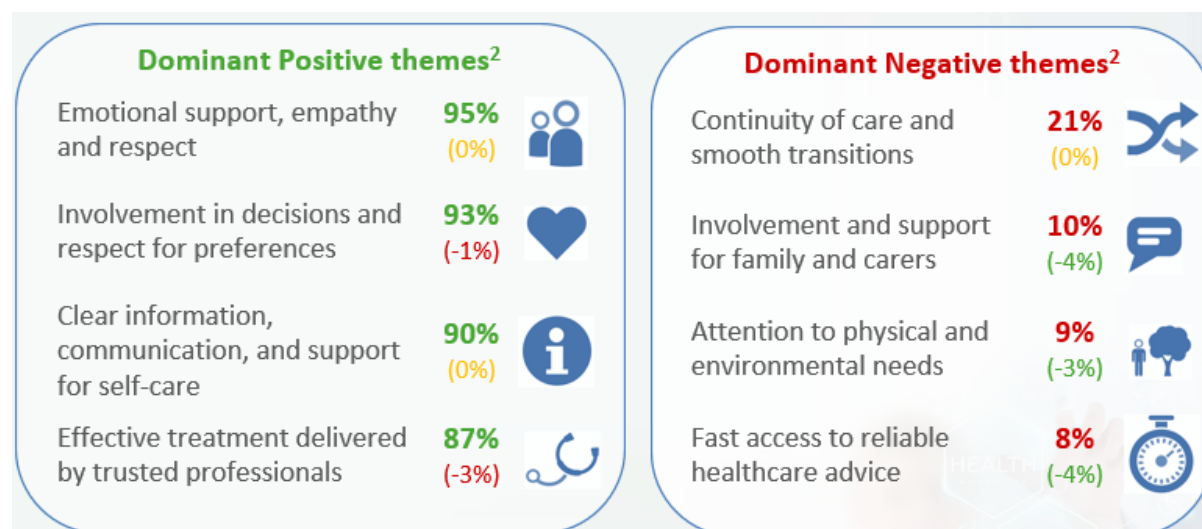
Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Year end
Distinct patient numbers (inc patient discharges)	Number	162,555	146,499			
Number of iWGC responses received	Number	13,604	11,107			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.4%	7.6%			
iWGC 5-star score	Number	4.80	4.82			
iWGC Experience score – FFT	%	94.67%	94%			
Compliments received directly by services	Number	1682	1285			
Formal Complaints Rec	Number	51	58			
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	13	13			
Formal Complaints Closed	Number	57	61 *			
Formal complaints responded to within agreed timescale	%	100%	100%			
Formal Complaints Upheld/Partially Upheld	%	54%	62%			
Local resolution concerns/ informal complaints Rec	Number	46	71			
MP Enquiries Rec	Number	12	14			
Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	6	4			

*11 of these closed complaints didn't progress due to lack of pt consent/ withdrawal of complaint

There has been a reduction in the number of responses through the iWGC survey. We have identified that no SMS were sent after 2 September 2025, over 25% of our total feedback responses are usually received through SMS. The error causing this has been rectified with monitoring put in place to alert of any issues in the future. A retrospective request of unsent SMS has been sent to patients, and any retrospective data will be updated in the Quarter 3 report.

There has been an increase in the number of formal complaints received this quarter and the number of complaints closed although year to date we continue to see a reduction in formal complaints received compared to last year (132 in first 6 months 2024/25 and 108 this year). The amount of informal complaints/local resolutions has increased with more cases able to be resolved without escalating to a formal complaint. There has also been an increase in number of MP enquiries received for the second quarter in a row; with enquires now returning to pre – election levels.

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



The brackets () in the picture above shows the comparison to the report for Quarter 1. (+) means that there has been an increase in satisfaction since the last report, (-) means a decrease. The picture shows that there has been a positive decrease in the experience of patients across all but one of the dominant negative themes.

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

What the data is telling us

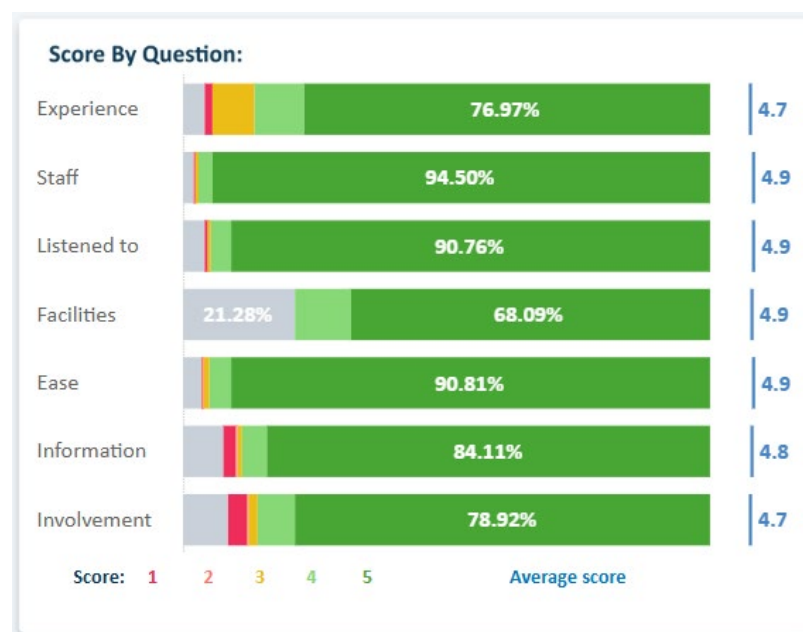
Below is a summary and triangulation of the patient feedback we have received for the divisions.

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

Table 2: Summary of patient experience data.

Patient Experience - Division CFAA and LD		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	4956	3530		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	12.7%	7.7%		
iWGC 5-star score	Number	4.78	4.82		
iWGC Experience score – FFT	%	94.2%	86.4%*		
Compliments received directly by services	Number	163	118		
Formal Complaints Rec	Number	16	6		
Formal Complaints Closed	Number	13	16		
Formal Complaints Upheld/Partially Upheld	%	53.8%	62.5%		
Local resolution concerns/ informal complaints Rec	Number	7	11		
MP Enquiries Rec	Number	3	7		

*95.7% excluding feedback from the young people's immunisation team which account for over 2000 of the responses and received an 80.7% positive response.



For children's services further work has been undertaken with the services, young people, and parents/carers to promote increasing the number of responses, this has included the design and layout of the new posters that will now be used across CFAA services.

Of the 3530 responses, 3259 responses related to the children's services within the division; these received, with positive comments about staff being friendly and kind and a few suggestions for further improvement, this included ten reviews for Phoenix House. 169 of the responses related to learning disability services and 38 to eating disorder services.

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

The CFAA division produce a detailed quarterly report on learning from feedback which is shared with staff for learning and sharing of good practice.

Children's Physical Health Services

There was one formal complaint for children's physical health services received this quarter. This related to a breach of confidentiality within the Health Visiting Service.

2883 of the 3530 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Immunisation and Health Visiting Wokingham – New Birth Visit; the Immunisation Team received 2171 (14.5% response rate) of these responses which scored positively receiving a rating of 4.75 and feedback included they were kind; injection was quick, and nurses were kind. *"It and was not that bad because the NHS people were really nice and it was quick."* health visiting services also receive very positive feedback with positivity score of 97.7%- and 5-star rating of 4.96.

Immunisation Service

The immunisation team has developed feedback stations for gathering feedback during school immunisation sessions with posters to promote, paper copies and pens, this is having a positive impact on responses received back to the team. The overall positivity score from the 2171 responses was 80.7%, with the themes to improvements being to please supply biscuits and that the young people did not like having vaccinations.

Child and Adolescent Mental Health Services (CAMHS)

For Child and Adolescent Mental Health Services there were four complaints received, of these 1 related to waiting times, 2 were about care and treatment and 1 was about medication.

There have been 380 responses for CAMHS services received through our patient survey for this Quarter. These include 246 received from those attending our neurodiversity services (positive score 94.72% and star rating of 4.90 with lots of positive comments about staff and the experience).

Adult ADHD Service

There has been one complaint about neurodevelopmental services, and this related to communication.

Learning disability

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

Overall, there were 169 responses for all Learning Disability services; responses were for the Community Teams for People with a Learning Disability, Learning Disability Inpatient Unit and Learning Disability Intensive Support Team. These received a 95.3% positive score; feedback included that staff provided support, *"The team is supportive, easy to reach and engage, they are sharing information and working in collaboration and partnership with us to support meet and meet service user's needs."* there were comments for improvements including wait time was too long, wanting easy read letters, more activities and wanting to be more involved in their care. The 1 response that received with a score below 5 left no comments.

Regular engagement takes place with patients on the unit including 1:1s and huddles with groups of patients to ensure that their views on the facilities and environment are heard.

Eating disorders

There were no complaints received for the Eating Disorder Services.

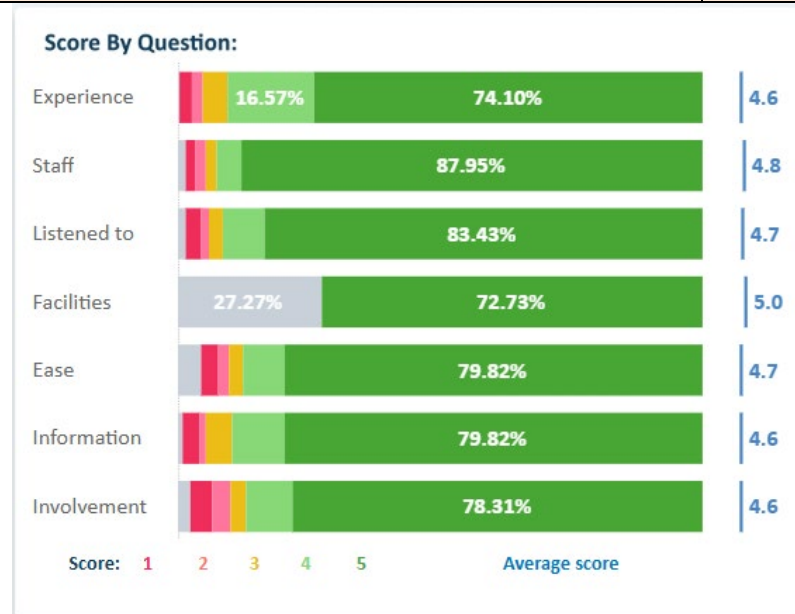
Of the 38 feedback responses received, 37 scored a 5 with comments such as “[name removed] has totally changed how I think about myself. We have worked through all my preconceptions about weight so that I have a much healthier view about myself. She is kind and patient and insightful. I’m very glad I did this.” “I have had nothing but care and on going support from all members of the BEDS team but I would like to mention my keyworker Lauren and Tinashe who have gone above and beyond with the care I am still receiving. I can’t thank them enough and hope they are aware just how special they are to me as well as all the other ladies attending the day programme.” “All of the experiences I have had with BEDS has been really good. My 1;1 sessions with [Name Removed] have been particularly great as she understood me and helped me to better understand myself. An extremely worthwhile service which I am so grateful to have been able to access.” Areas for improvement included wanting better out of hours support and shorter wait times.

Mental Health Division

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

Table 3: Summary of patient experience data.

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	315	332		
Response rate (calculated on number contacts)	%	3.25%	3.37%		
iWGC 5-star score	Number	4.64	4.65		
iWGC Experience score – FFT	%	91.4%	90.7%		
Compliments received directly by services	Number	159	50		
Formal Complaints Rec	Number	5	14		
Formal Complaints Closed	Number	12	7		
Formal Complaints Upheld/Partially Upheld	%	58%	57%		
Local resolution concerns/ informal complaints Rec	Number	2	8		
MP Enquiries Rec	Number	2	1		



14 Formal Complaints were received into the division; in addition, there were 8 informal/locally resolved complaints. 7 complaints were closed during the Quarter. 4 of these were either fully or partially upheld and they were across CMHTs and Talking Therapies.

Feedback through IWGC indicates that the opportunity for most improvement is in relation to the feeling of being involved in your care and treatment.

The services receiving the majority of iWGC responses were Crisis Response Home treatment Team (CRHTT) East with 77 responses, CMHT Slough with 43 responses and Memory Clinic Bracknell with 40 responses.

Across the CRHTT East survey, the average 5-star score was 4.29 with 75.3% positive feedback, a slight decrease in the 5-star score and a slight decrease in the percentage positive feedback from last Quarter. 70 of the overall number of responses received (77) scored a 4 or 5-star rating with many comments about staff being supportive, listened, kind and helpful; *"The service was very good. They were very supportive. Signposted me to the appropriate services – but also said I could ring them if I needed their support again."* *"They were there when I needed them. They did what is expected when a person is in crisis – and I was in crisis – and they really helped."*

This Quarter, questions relating to information and feeling involved were least likely to be positive with areas for improvement and dissatisfaction with the service about not being supportive, felt like staff didn't care and didn't feel listened to.

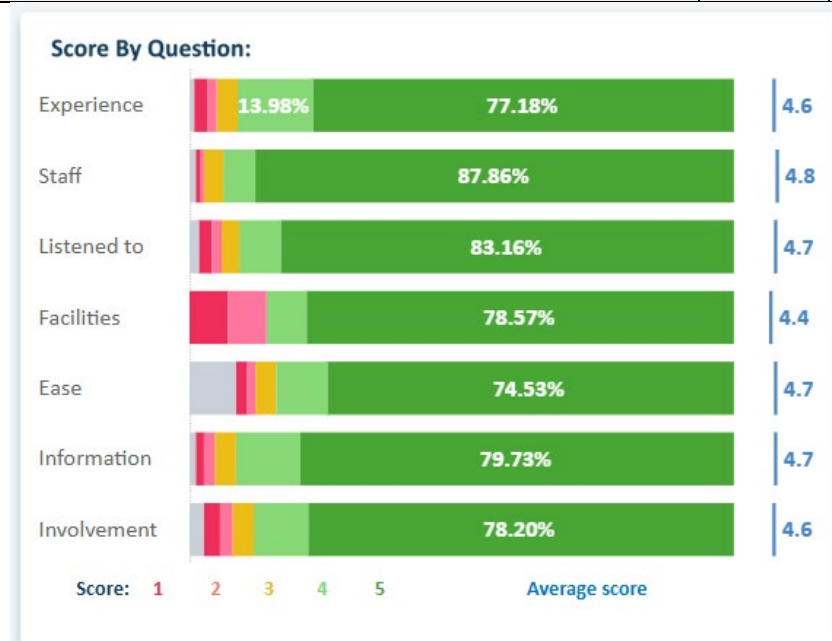
The Memory Clinic – Bracknell. received 97.5% positive score (4.95-star rating) and received positive feedback about staff being friendly, helpful, and listened. *"We were treated very well and made to feel at ease by the lady in question - well done! Following the appointment at the Memory Clinic we were met by [Name removed], who made us feel welcome and made us relax. She was very good with her questions and overall she was a very good and caring person. My wife said what a nice lady"*

CMHT received 76 responses (Bracknell 24, Slough 43, and WAM 9) with 92.1% positive score and 4.67 star with 5 of the total responses scoring less than a rating of 4; comments included *"Reception staff itching out of responsibility for their job. Only meant to meet and greet out-patients on entry to building and alert by informing professionally educated and experienced psychiatrists of out-patient arriving for appointment!,"* *"Receptionist was dismissive and short in her tone, not necessary at all. People need to be in jobs that they enjoy and support others, not leave me feeling worse mental health."* And *"[Name Removed] ignores me, she never communicates with me what she's going to do. She's failed to help me at all since becoming my SW and she can't spell my name.."* There were several positive comments that staff were caring, professional, helpful and listened examples of comments are *"[name removed] has been on amazing support for me while navigating as very difficult time, he's always kind and considerate of my needs, which can change week to week",* *"I hoped there would be an amazing for how I felt overall. I finally feel I've got, not just the right help for me but the best version of it in [name removed]. I genuinely feel good about life moving forward and until now I've honestly only been able to imagine how that might feel. The most positive 2 hours of my year so far not including my children. Obviously, I know there's a road ahead. But I feel that I'm finally on the right road"* And *"The doctor I saw was brilliant he listened to me. He explained everything so well with regards to my diagnosis and medication. He's even agreed to see me again in 4 weeks to review me and my new medication. Thank you again for listening to me and coming to a very good outcome."* Some of the suggestions for improvement included receptionists were unhelpful and communication needs improvement. Further work is being conducted with Mental Health services to improve uptake as part of the wider patient experience improvement plan.

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

Table 4: Summary of patient experience data.

Patient Experience - Division MHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	1138	1087		
Response rate (calculated on number contacts)	%	4.78%	4.41%		
iWGC 5-star score	Number	4.66	4.69		
iWGC Experience score – FFT	%	90.25%	91.17%		
Compliments received directly by services	Number	154	55		
Formal Complaints Rec	Number	12	14		
Formal Complaints Closed	Number	11	17		
Formal Complaints Upheld/Partially Upheld	%	38.4%	53%		
Local resolution concerns/ informal complaints Rec	Number	5	10		
MP Enquiries Rec	Number	3	1		



14 Formal Complaints were received into the division; in addition, there were 10 informal/locally resolved complaints. 17 complaints were closed during the Quarter. 9 of these were either fully or partially upheld and they were from services across the geographical localities and services but three were for West Berkshire CMHT.

The Mental Health West division has a wide variety of services reporting into it, including the Talking Therapies service and Court Justice Liaison and Division service (CJLD), as well as secondary mental health services. The 3 services with the most feedback through the patient survey were Talking Therapies Step 2 with 193 responses, CRHTT West with 135 responses and Talking Therapies Step 3 with 119 responses.

Questions relating to involvement and information have the least number of positive responses. Examples of feedback include patients were not involved in their decisions regarding their care when accessing Talking Therapies, CMHT and CRHTT.

For CRHTT West there was an 85.9% positivity score and 4.49-star rating. There were lots of positive comments about staff listening, being helpful, and supportive, *"I had an amazing support from you, helpful. [name removed] was fantastic, really helped make me better. It reassured me and helped me understand myself better. really kind to me. Richmond was also fantastic. [name removed] was very helpful. They know what to say at the right time. They all did so much to help and I do not want your help to go unnoticed."* Some of the areas

for improvement included read clients notes so they do not need to repeat themselves, would like more help rather than medication, wanting more appointments.

The Older Adult Mental Health Service and Memory Clinic combined have received a 98.4% positivity rating (4.89-star rating) some of the feedback included *"I was seen promptly after arrival which was slightly earlier than appointment. The Dr gave a review of what he knew and asked if anything had changed. I undertook a series of cognitive tests which were very well explained. Dr then went through the results of brain scan again explaining the findings. He asked if I had questions and answered those that I had. Overall I felt at ease with the Dr."*

There were 33 responses received for West CMHT teams with 81.8% positivity score and 4.52-star rating, 27 of these were positive with comments received that staff listened and were supportive, there was 1 negative response for West Berkshire and Wokingham with reviews stating that patients felt like staff were not honest and did not give them information regarding their diagnosis.

Most comments were very positive about the staff, including that they listened, were kind and supportive. Several of the comments/areas for improvement were they wanted therapy or counselling and wait to be seen was long. For example, *"Always felt safe and able to discuss my feelings. I always feel listened to. I was always asked about my medication and how it was working etc."*

For Talking Therapies, the overall scores were 89.35% positivity and 4.65 star rating with the Talking Therapies step 2 pathway getting the highest scores. Many of the comments were positive about staff having listened, and that they were helpful and understanding.

Examples of positive feedback about Talking Therapies included, *"I feel much better after consulting talking therapies and applying CBT to my day to day chores. I also loved the Silver cloud platform which was extremely helpful and useful during hard days."* *"My assessment with [Name removed] was a very positive experience she made me feel totally at ease in the questions posed to me completely and thoroughly explained what she felt would be the best way for me is and overall a very pleasant and knowledgeable person."* and *"I had a friendly, professional, kind young lady , called [name removed] talking with me . She done the first and second assessment, assuring that I am safe and she gave me the emergency contact number and information. She put me in the waiting list for Talking Therapy and she advised me to access the emergency number any time . I felt listened and reassured . Thank you so much! "* Patients reported that they felt *"I felt listened to and I was informed of the next steps and sent the information I was told I would be sent. "*

Op Courage

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

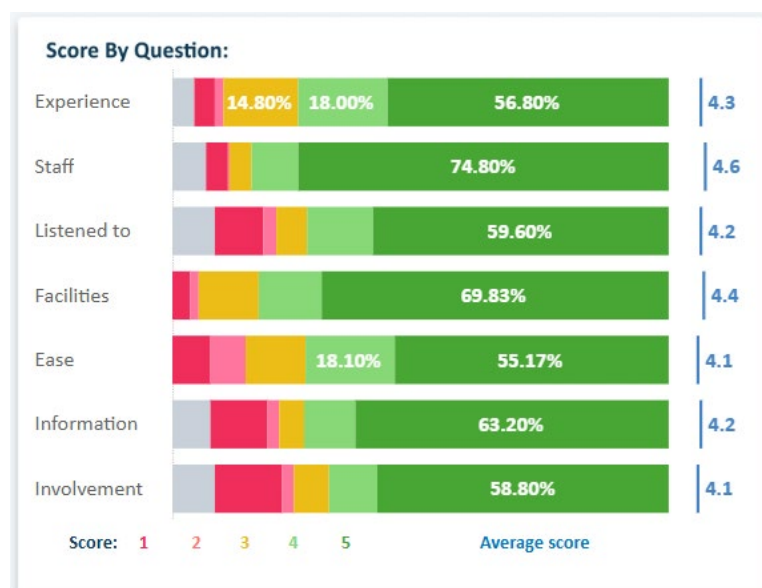
Op COURAGE received 44 responses during the Quarter, their patient survey responses gave a positivity score of 100% (4.91-star rating), none of the reviews scored less than 4.

Mental Health Inpatient Division

Table 5: Summary of patient experience data.

Patient Experience - Division MH Inpatients (wards)		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received*	Number	289	*250		
Response rate	%	133.8%	136.6%		
iWGC 5-star score	Number	4.15	4.27		
iWGC Experience score – FFT	%	74.4%	74.8%		
Compliments	Number	18	19		
Formal Complaints Rec	Number	9	8		
Formal Complaints Closed	Number	10	7		
Formal Complaints Upheld/Partially upheld	%	20%	28.5%		
Local resolution concerns/ informal complaints Rec	Number	1	0		
MP Enquiries Rec	Number	0	2		

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



The satisfaction rate was 74.8% with 52 of the 252 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to involved received the least positive scores with overall 5-star rating for this question being 4.1 and 58 of the 250 giving a score of 3 or less to this question.

The Ease question asks whether they felt involved in their care, comments relating to ease of access and information also received lower scores with some comments relating to patients wanting more information, food could be improved and would like more activities.

All of the wards are currently participating in various programmes as part of the national culture of care programme which focuses on safety and involvement of patients, the aim of the programme is to promote an environment where caring, empathy, and support are central to both service users and staff; there is also ongoing work in relation to improving communication and the involvement of patients making decisions about their care, particularly around managing risk.

There were 8 Formal Complaints received for mental health inpatient wards during the quarter across all wards.

There were 7 Formal Complaints closed during the quarter and of these two were partially upheld or upheld.

There were many positive comments received in the feedback including comments such as staff were friendly, helpful, kind and caring. There were some comments for improvement about listen to patients, more staff and wards being noisy. Examples of the feedback left are *"I found that all the nurses and other staff were very caring, understanding and friendly and they always had time to listen to you and help you however they could"* *"I was impressed with the professionalism & friendliness of the staff. They all follow protocol & procedure which made this stay a safe experience. Thank you."* *"Staff were lovely, kind, patient and attentive; the full schedule of varied activities and holistic approach to treatment with OT, outdoor and group activities as well as medical attention by Doctors and Nurses was superb all- round; NHS, you are all amazing!!!"*

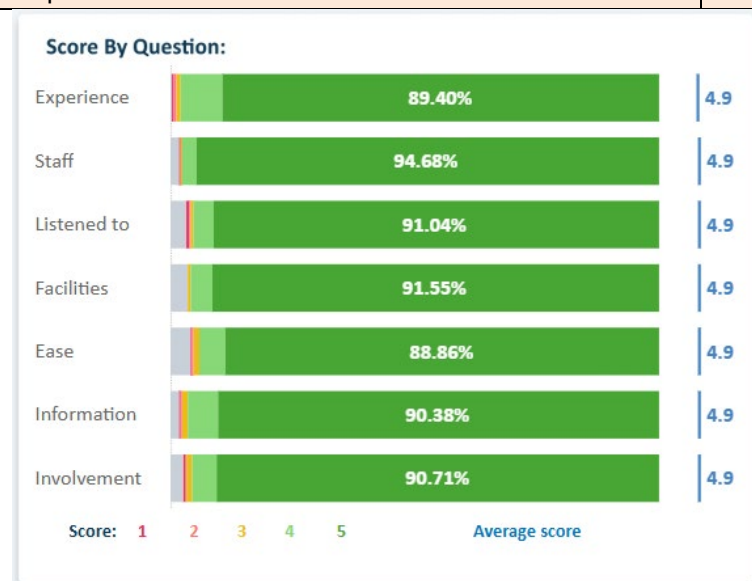
In addition to the feedback about the wards, there were 14 responses for a Place of Safety and the average score was 4.21, with only 1 feedback giving a score of less than 4/5. Some comments received were Honestly, the support I have received from here has been outstanding! Every single need has been taken care of and I have been very looked after!" *"Put me at ease as was very scared. Very friendly staff. Great support."*

Community Health Services Division

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

Table 6: Summary of patient experience data.

Patient Experience - Division CHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	2676	2443		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.6%	8.1%		
iWGC 5-star score	Number	4.91	4.90		
iWGC Experience score – FFT	%	97.8%	98.04%		
Compliments received directly into the service	Number	69	210		
Formal Complaints Rec	Number	4	6		
Formal Complaints Closed	Number	1	5		
Formal Complaints Upheld/Partially Upheld	%	58.3%	40%		
Local resolution concerns/ informal complaints Rec	Number	1	10		
MP Enquiries Rec	Number	0	2		



The 6 Formal Complaints received this quarter; there was no more than one per service. Five complaints were closed with two being either upheld or partially upheld. The overarching theme for complaints that were found to be upheld this quarter was communication.

The Hearing and Balance Service received 92 responses to the patient experience survey with a 96.7% positive score and 4.88-star rating.

East Community Nursing/Community Matrons received 456 patient survey responses with a 98.3% positive scoring, many comments were about staff being kind and professional, for example *"The nurse was efficient, kind, and gentle. It can be difficult when my catheter is changed but she made me feel better."* *"You are always early or on time - as you know I like that. You are all very professional and kind. You lift my spirits and make me happy all day"* *"[Name removed] was outstanding so kind and caring she helped me so much today , I felt so down and in so much pain , that she did everything for me today from reading a letter to me to contacting my GP , she was brilliant and I'm so grateful"* There were also some comments around wanting more visits from the nurses for example *"Come more regularly. Even when I have not got any wounds."*

The wards received 115 feedback responses (42 responses for Jubilee ward 95.2% positive score and 73 responses for Henry Tudor ward with a 100% positive score). Positive comments were received in relation to staff being caring, helpful and friendly. Two of the responses scored less than 4, comments for improvement related to needing more staff, answering the bell, too noisy and lack of parking for visitors.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 98.4% (4.90-stars), comments were very complimentary about staff being professional and helpful, *"Professional informative approach. Explanations of treatment. Additional suggestions for self-help to incorporate into daily routine. A very pleasant, cheerful, and smart practitioner."* The reoccurring improvement suggestion for this Quarter was for shorter waiting time.

Outpatient services within the locality received a positivity score of 97.9% with 4.91 stars from the 723 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"Each member of the team had time for me as a person, I was not treated as just another case to be dealt with as quickly as possible. Exams and treatments were clearly explained and followed up."*

The Diabetes Service received 231 feedback responses with 97.4% positivity and some lovely comments including Both presenters took time to listen to questions & comments and answer them sympathetically, mindful of the person who was commenting, asking the question & understanding they might be frightened or frustrated, created a safe space for everyone to ask questions/share experiences." Alongside some helpful suggestions for the service to consider around people being late to the groups and *"There was supposed to be a nurse but there was not. Maybe more group work for interaction. Hard to stay concentrated when listening for a long time."*

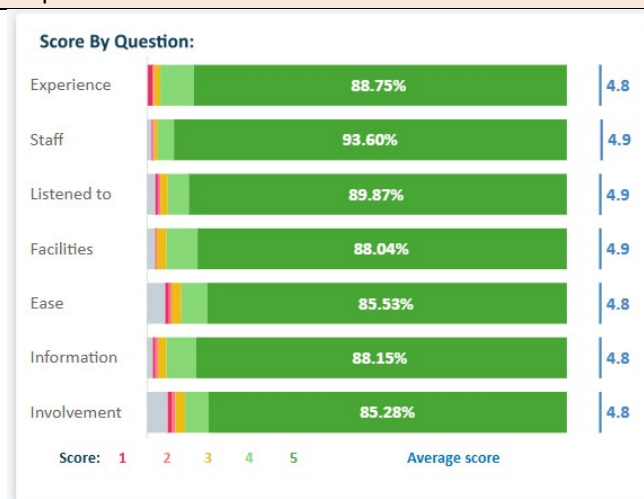
The Assessment and Rehabilitation Centre (ARC) also received positive feedback including *"I had sessions with three different practitioners. They were very easy to rate from excellent, good, and satisfactory. This is based on the time of the session, to the involvement and attitude of those staff concerned. I will name [name removed] as my excellent teacher. I spoke to a senior member of staff about the satisfactory element; this judgement is on overall session by her."*

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

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

Table 7: Summary of patient experience data.

Patient Experience - Division CHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	4168	3485		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	7.1%	6.3%		
iWGC 5-star score	Number	4.85	4.86		
iWGC Experience score - FFT	%	96.2%	96.8%		
Compliments (received directly into service)	Number	132	399		
Formal Complaints Rec	Number	5	9		
Formal Complaints Closed	Number	10	10		
Formal Complaints Upheld/Partially Upheld	%	36.3%	40%		
Local resolution concerns/ informal complaints Rec	Number	3	24		
MP Enquiries Rec	Number	1	0		



There are a significant number of services within the division and a generally high level of satisfaction received as detailed in the overall divisional scoring of 96.8% positive satisfaction and 4.86-star rating and the question on staff receiving a 97.6% positive scoring from the 3485 responses received.

There were 9 Formal Complaints received in Q2, these were split across several different services. The only service with more than one complaint was Ascott Ward. The complaints both involved communication, and one was about the appropriateness of the discharge location. The overarching theme for complaints that were found to be upheld this quarter was communication.

The community hospital wards have received 256 responses through the patient survey receiving an 94.9% positive score and 4.64-star rating, (12 responses scored three and below) questions around information and involvement receive the most results of three and below. Comments include *"Oakwood Unit was exactly the care I needed in my rehabilitation process recovering from a non-weight bearing broken leg. The range of support services from medical, physios, OTs, social care was appropriate and 'joined up' working seamlessly as a multidisciplinary team. The nursing staff were caring, knowledgeable and kind, without exception. The food was excellent and facilities well designed. I was well prepared to go back to my home environment. I cannot thank Oakwood enough!," "From arrival on the ward my husband was treated with kindness & respect. All the staff were professional but also friendly and welcoming in difficult circumstances. Overall it was a good experience. He enjoyed all the activities, help and guidance in preparation for coming home."* *"Everyone went above and beyond. The care and help was exceptional. The encouragement very*

helpful. Lovely people doing 110% to enable me to do my best. The garden was most appreciated. Very lucky to have Wokingham hospital. Thanks to all.” And *“Call bell, tea and food were always within reach, excellent. Brilliant food, brilliant bed making. Treated my Wife very well. Gabby the pharmacist was amazing.”* there were some individual comments where patients were less satisfied with answer bell quicker, listen more, food needed improvement and more staff. Comments for reviews with responses that scored below 4 included More staff, poor communication, did not feel listened to, discharged rushed, wanted to be more involved in their care, beds were uncomfortable and want more. There were four reviews which received a score of 1, 1 review did not give reason for their score.

There were no Formal Complaints for the Out of Hours GP service.

WestCall received 3265 responses through the iWGC questionnaire this Quarter (93.96% positive score, 4.82-star rating, 16 scores received below 4. Positive comments included *“The 111 operator was very helpful and was able to book me in for a face-to-face appointment that same evening. The urgent care were so kind and helpful when I arrived and treated me effectively so I could start my treatment asap.”* *“I was treated by [Name removed]. I had been to see a doctor the day before but symptoms worsened. [name removed] reassured me that the diagnosis and treatment was correct but it needed more time to kick in. He was very kind and polite and gave me plenty of his time. I have visited the NHS before and been made to feel guilty for having taken their time or going in when I should not have. [Name removed] was the opposite, made me feel welcome and I cannot speak highly enough of him or his professionalism and I am very grateful to him.”* *“111 doctor arranged an appointment within 2 hours. Staff were excellent from reception to nurse to doctor. I had a sense they really cared. I was quickly diagnosed with a kidney infection and left reassured and with medication. Outstanding.”* Areas for improvement included better signage around hospital, wait times long and need more doctors.

The Podiatry Service received 187 patient survey responses. Most responses were very positive receiving five stars (overall 97.3% positivity 4.90-star rating) with examples including *“The podiatry team were professional, polite, helpful and had good communication skills. The podiatry clinic appeared to be organised and had good hygiene standards.”* *“Doctor I saw was very understanding and listened to my needs. She asked me questions to get an understanding of the issue. I felt listened to and taken seriously and I understand clearly what the next steps are for treatment!”* and *“I would like to say thank you to the Nurse for being so kind and dealing with empathy. Podiatrist Mr Abdul was such a nice and professional. He was so supportive and helped to relieve my pain due to ingrown toenail by cutting the side of it causing infection. Much appreciated the services and support.”*

There were 2 formal complaints for the Community Nursing Service. These related to attitude of staff.

To provide some context across our East and West District Nursing teams combined there were 15,303 unique patients this Quarter.

765 responses were received for Community nursing (98.4% positive score and 4.94/5 stars) Lots of comments included nurses were kind, caring, and friendly, *“Our nurse was knowledgeable and very kind and patient. She dealt with some unexpected (concerning) symptoms efficiently and fast and gave me all the information I needed to take matters forward with my GP. Very reassuring, 100% satisfied.”*, *“Always treated very well, everything about my treatment plan has gone well. [name removed] has made this so much easier, I can't thank her enough.”* and *“I am extremely grateful to you and all your team for your continued support and helping trying to make Mum's situation a little bit more bearable it means a lot to have such great support when I know how stretched you are in all directions*

so I just wanted to take this opportunity to thank you all so much.” There were several positive comments about nurses being caring and there were very few suggestions for improvement; some nurses rush visit and would like to be given more notice if an appointment is changed.

MSK Physio has received one Formal Complaint in the Quarter. The service has received 502 patient survey responses with a 98.0% positive score (4.89 -star rating), very few areas for improvement were included in the feedback there were a few suggestions including long wait times, waiting area was too small and lack privacy in the rooms and the overall feedback was extremely positive with lots of comments about staff were helpful, professional, friendly and kind.

Bladder and Bowel (continence) services received 95 survey responses with 96.8% positivity and 4.89 star rating, with comments about staff listening and being helpful.

Demographic profile of people providing feedback.

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q2 attendances
Asian/Asian British	9.20%	12.63%	10.08%
Black/Black British	5.75%	1.05%	3.14%
Mixed	2.30%	2.10%	3.34%
Not stated	6.90%	5.26%	8.98%
Other Ethnic Group	2.30%	2.11%	1.98%
White	73.57%	76.85%	72.48%

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

It will be important to ensure as we continue to gain an increase in our patient survey responses that everyone is able to access and use the survey; the survey is provided in easy read and several differing languages, but it will be important to ensure that the prompts to complete this are not inhibiting feedback representative of the community and our patients.

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

Table 9: Gender

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q2 attendances
Female	45.98%	55.79%	55.87%
Male	52.87%	21.05%	44.08%
Non-binary/ other	0%	1.05%	0%
Not stated	1,15%	22.11%	0.05%

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

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

Table 9A: Gender by outcome code

Gender - as stated	Not Upheld	Partially Upheld	Upheld	Grand Total
Female	38.46% (decrease from 46.43%)	42.31% (increase from 35.71%)	19.23% (increase from 17.86%)	100.00%
Male	38.46% (decrease from 46.67%)	46.15% (increase from 33.33%)	15.38% (decrease from 20%)	100.00%
Not stated	35.29% (decrease from 38.46%)	47.06% (increase from 46.15%)	17.65% (increase from 15.38%)	100.00%
Grand Total	36.84% (decrease from 44.64%)	43.86% (increase from 37.50%)	19.30% (increase from 17.86%)	100.00%

The above demonstrates no significant difference between gender when looking at whether complaints are upheld or not.

New for quarter two, below is the information for complaints closed in the Quarter, by ethnicity. It is difficult to draw definite conclusions given that the ethnicity is not known for a number of complaints and there are very few complaints where ethnicity is known to be non-white British. This data needs to be explored further and increased efforts made to gain ethnicity data for all complainants to enable accurate analysis and conclusions.

Table 9A: Ethnicity by outcome code

Ethnicity - as stated	Not Upheld	Partially Upheld	Upheld	Grand Total
Asian or Asian British - Any other Asian Background	50% (1)	50% (1)	0.00%	100.00%
Black or Black British - African	0.00%	50% (1)	50% (1)	100.00%
Black or Black British - Other Black Background	0.00%	100% (1)	0.00%	100.00%
Not Known - Waiting for first appointment/not recorded	20% (1)	60% (3)	20% (1)	100.00%
White - any other white background	0.00%	100% (2)	0.00%	100.00%
White - English/Welsh/Scottish/Northern Irish/British	46.67% (7)	33.33% (5)	20% (3)	100.00%
Not stated	41.38% (12)	41.38% (12)	17.24% (5)	100.00%
Other ethnic category	0.00%	0.00%	100% (1)	100.00%
Grand Total	36.84%	43.86%	19.30%	100.00%

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q2 attendances
0 to 4	5.75%	33.69%	6.49%
5 to 9	0%		2.40%
10 to 14	4.60%		4.07%
15 to 19	5.75%		5.39%
20 to 24	10.34%	3.16%	3.40%
25 to 29	6.90%		3.26%
30 to 34	11.49%	5.26%	3.83%
35 to 39	2.30%		4.03%
40 to 44	9.20%	8.42%	3.78%
45 to 49	6.90%		3.85%
50 to 54	4.60%	12.63%	4.23%
55 to 59	3.45%		4.76%
60 to 64	8.05%	12.63%	5.18%
65 to 69	4.60%		4.98%
70 to 74	4.60%	13.68%	5.80%
75 to 79	4.60%		8.35%
80 to 84	5.75%	5.26%	9.46%
85 +	0%		16.73%
Not known	1.15%	5.26%	0%

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

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

Ongoing improvement

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

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

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

Some examples of services changes and improvements are detailed below. The Head of Service Engagement and Experience is attending the Senior Leadership Team meetings for both Prospect Park Hospital and Community Mental Health Services to support their collection and reporting of patient experience activities.

Service	You said	We did
Ascot and Windsor Wards, Wokingham Community Hospital	Hand wipes at mealtimes.	These are provided at all meals and are available in the dining room at the bedside and hand hygiene for patients are encouraged.
	More information about the ward.	Booklet designed, currently being printed but should be on the ward in October.
Oakwood Ward	More information to be given to patients on what planned treatment is and the goals of the treatment.	To communicate to patients' expectations on admission, therapy goals, and treatment. Therapy Team devised a Therapy information leaflet to be disseminated once approved by Marcomms .
	Patient was registered blind and highlighted communication concerns.	Create a personalised digital communication card –RNIB. Communication card can be individualised according to patient's needs.
Henry Tudor Ward and Jubilee Ward	Lack of additional seasoning at Mealtimes	Reiterated to staff to ensure additional seasoning is placed on pts meal trays and tables in the dining room.
	You would like to be informed of Discharge Plans before your NOK	Reminder that patients must be informed of the discharge date

		as soon as we know and before NOK are informed.
Talking Therapies	Sessions feeling “tick boxy” and generic	Following a theme from a small number of clients that their appointments felt rushed and robotic at times, we have planned to review therapist skills around expressing genuine empathy in CSS sessions.
	Technology/Noise Issues During Appointments	IWGC highlighted concerns from some clients regarding signal problems with phones, poor connections, and background noise during appointments. Our clinicians either work from home or in the office, where we provide the internet. We have confirmed with the team the back-up plans for contacting clients should there be any technology issues. We have also reminded the team to keep noise to a minimum in office spaces and to ensure they are using the appropriate noise-cancelling headphones provided by the service.
	Sessions too short or infrequent at Step 2	The service is following national guidelines for session length at Step 2. We will be reviewing the length of our wellbeing assessments in three months to consider whether these should be increased. We are also currently reviewing data regarding the frequency of therapy sessions at Step 2.
	Disclosures of alcohol misuse as barrier to support	Clients expressed that they felt judged and unsupported when they were turned down from the service after disclosing that they were consuming alcohol or taking substances. The senior leadership team is currently reviewing the need for training around substance use to ensure fair access to the service.
Health visiting	It was not clear what the Health Visiting antenatal offer was	The antenatal welcome letter has been redesigned so that important information and signposting is clear

School Nursing	Young people wanted to know about school nursing and how the services can be accessed	A termly newsletter is now being shared with young people through school
Immunisation team	Some of the wording in the flu triage form was not clear	Listening to the queries that these questions generated , we have reworded the form for 2025
	Experience feedback forms are not suitable for pupils with Special Educational Need (SEN)	We now provide easy read forms for use with pupils
	The mental capacity assessment form needs updating to better be able to assess the mental capacity of pupils	Working with specialist school and speech and language therapists we have developed a pictorial aid to help staff assess a young persons capacity.
Family Safeguarding	You were confused around the range of differing services involved with you and your family	Developed an ‘ at a glance’ overview for parents receiving support from multiple services across health and social care to help them understand the differences across services and their remit
CAMHS getting Help Mental Health Support Teams	Young people would like to see what their practitioner looks like ahead of meeting with them	Staff posters have been produced to display in waiting areas used for clinical work. Photos are now also used in the ‘ meet the Practitioner, and ‘Your first appointment’ leaflets that are sent to young people ahead of the appointment
Intermediate care	You were not clear about Length of service or number visits you would receive	We will ensure that we explain this to you when you at the start of your time in the service.
Court Liaison and Diversion	feedback from HMP Winchester detainee survey that mentioned prison leavers commenting on not being clear how Reconnect will be supporting them once released	We have reviewed the service leaflets and ensure the care plan is recorded in this leaflet and shared with the prison leavers
Orchid Ward	We would like more activities	We have recruited an Activity Coordinator to assist with this

15 Steps

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

Summary

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

Further, targeted work is required to improve the recording of patient demographics in relation to complaints, as this will enable us to more accurately analyse data in terms of any differential experience. We have narrative within our survey to encourage people completing our staff survey to complete the demographic data which was agreed in collaboration with our EDI team and staff networks.

Berkshire Healthcare wants to ensure that all of their services are easily available and suitable for everyone. We are aware that certain groups of people struggle to access good healthcare. To help us achieve this, it is important to ask about things like age, gender, sexual orientation and religion (sometimes referred to as 'demographics').

We hope you feel able to provide this information (or tell us why you don't want to) which will help Berkshire Healthcare improve patient experience for everyone.

Any feedback provided is not directly identifiable to you, unless you choose to include this level of information in your response. All feedback is completely anonymous and will not be linked to any of your personal data or clinical records.

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

Formal Complaints closed during Quarter Two 2025/26

ID	Geo Locality	Service	Description	Outcome code	Outcome	Subjects
10040	Reading	Adult Acute Admissions - Snowdrop Ward	Pt unhappy on the ward from food, personal belongings going missing, medication error and Dr not listening. Says they have physical health issues which are not being addressed. CQC - forwarded concerns regarding loss of property, bullying from staff member and not given medication when requested, also believe they have not received sectioning paperwork plus sexual assaults against staff	No Further Action	Complainant withdrew complaint	Care and Treatment
10156	Reading	Community Hospital Inpatient Service - Oakwood Ward	Complainant asking for their time on the ward to be investigated as they felt under cared for and that, at times, their safety and health was compromised. This included being given medication they were allergic to and people entering their room whilst they were asleep.	Partially Upheld	To improve communication within our Team; Discuss to staff during team meetings and our daily safety Huddles. Inconsistency in application of our protocol during medicine administration; Spot checking /shadowing nurses on their drug rounds. Maintaining patients' privacy and personal space; Feedback sent to the facilities department.	Communication
10074	Bracknell	CMHT/Care Pathways	Patient raising concerns in relation to her therapist, she says she was unprofessionally dressed and described them as a 'terrible therapist.' She is also concerned that when she requested a new clinician this person contacted her again instead of a manager. She did not respond to this and has therefore been left without any support.	Upheld	The complainant was genuinely inconvenienced by the treating clinician who made a booking error and needing to rebook a follow-on treatment appointment, to a day when the service user needed to work. When offered to see a different clinician on a different day, she was accepting of this as an outcome.	Attitude of Staff
10106	Reading	CAMHS - Rapid Response	Parent disagrees with the YP's discharge from PPH that was bought in on a S136. 2 independant Dr's and an AMHP had said they should stay under a section 2 but a different Dr overturned this decision and the pt was sent home. Parent states community CAMHS is not working so they need to try something different.	Not Upheld	Not Upheld.	Discharge Arrangements
10150	Wokingham	Community Hospital Inpatient Service - Ascot Ward	It is felt the reponse is full of inaccuracies and they would like a more considewred response ORIGINAL COMPLAINT BELOW Concerns raised in relation to the appropriateness of the discharge placement. The placement provider is concerned that they raised before the patient was discharged to their care that they could not meet their needs but this was not taken into consideration.	Not Upheld	Although concerns were raised about the suitability of his independent living accommodation, interim support and equipment were arranged, and social services were engaged to explore longer-term solutions. Rehousing process is outside the hospital's control. It is not the purpose of the hospital team to source different accommodation for patients if their home if safe and appropriate, unless a patient is deemed to have 24 hour care needs. In this case we would work closely with Social Services to help patients and their families with this but the patient, in discussion with all these people was not deemed to require this.	Discharge Arrangements
10085	Slough	Crisis Resolution and Home Treatment Team (CRHTT)	Feels the response was dismissive, believes we have not learned anything as they called Crisis, made the call handler aware they were recording the call and their tone changed. ORIGINAL BELOW Complainant concerned about the lack of crisis support for her son and the impact this is having on her own mental health. She is very concerned about her son's safety and risk to himself.	Not Upheld	Following a review of staff actions and communication, it has been confirmed that staff followed appropriate clinical and safeguarding guidelines.	Care and Treatment
10158	Reading	Adult Acute Admissions - Rose Ward	Patient is stating that the Trust are not allowing their assistance dog on the ward. Also that they have asked for a fob for their room and this has not been supplied.	Not Upheld	Not Upheld.	Care and Treatment
10181	West Berks	Community Hospital Inpatient Service - Highclere Ward	Unhappy with all previous responses especially the DASH form	Partially Upheld	There was no change in the outcome from the previous complaint.	Care and Treatment
10141	Reading	CMHT/Care Pathways	Private MH diagnosis. CMHT - Qu as to if Olanzapine should have been prescribed for a pre-diabetic pt. Crisis - believes nurse gave inaccurate and unsafe advice around clonazepam. Wants to know why NICE guidance was not followed and wants pts to be listened to	Not Upheld	The patient was provided medication advice in accordance with the plan recorded by the Doctor. It was evident that she had ongoing concerns about her prescribed medication, and it was therefore suggested that a home visit visit was carried out on the same day to review her needs and to clarify her concerns, which was the appropriate action to take. Advice provided was guided by and consistent with medication plan by the Doctor	Medication
10118	Slough	District Nursing	pt believes DN no1 lied saying the pt was not home. Why was the pt left over the weekend? Unhappy with DN no2 who redressed the leg	Not Upheld	Not upheld.	Attitude of Staff

10100	Reading	Health Visiting	Complainant unhappy with the accusatory attitude of the HV on the visit dated 8 July	Partially Upheld	The staff member who witnessed the incident was asked if she wished to comment but she did not respond to the email. There were discrepancies in both parties account of the incident. The incident has had an emotional impact on both parties involved. The member of staff involved completed a datix in terms of the verbal abuse she experienced. No evidence of bias or unprofessional conduct was found but there is learning that could be implemented to reduce the possibility of further incidents.	Attitude of Staff
10066	Reading	Adult Acute Admissions - Bluebell Ward	Via CQC too - complaint raised against several staff members. Alleging being treated like an animal, defrauded and defamed and abused,	Not Upheld	Information on use of force to be shared / discussed with complainant and evidenced on RIO.	Abuse, Bullying, Physical, Sexual, Verbal
10138	Wokingham	CAMHS - ADHD	complainant wishes the YP prioritised due to the long wait, they feel the waiting time has been miss managed	Consent Not Granted	No consent received	Waiting Times for Treatment
10089	Reading	Health Visiting	Feels the point around the complainants refusal to remove the NG tube has not been addressed ORIGINAL COMPLAINT complaint about alleged false claims from the HV regarding removal of an NG tube	Partially Upheld	Correct procedures were followed in relation to the safeguarding referral following evidence provided by other professionals within the MDT. Following advice from the Assistant Head of Safeguarding, there are some areas where the process was not completely followed: According to the fab-ill-flowchart.pdf, the paediatrician should have taken the lead, and the referral should have come from them, with BHFT input forming part of the integrated chronology. BHFT safeguarding team had some awareness of this case — primarily through supervision with CYPIT and general discussions between the HV manager and the Named Professional. However, they did not have the level of oversight that would be expected, particularly in terms of being included in the professionals meeting. Given the nature of the concerns, and the policy around fabricated or induced illness, involvement from the safeguarding team should have been more structured and clearly defined.	Communication
10120	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Complainant believes pt was misdiagnosed 35 years ago as they have now been diagnosed with ADHD. Complainant believes we can answer what has happened over the years without accessing pt records.	Not Upheld	The challenges the patient experienced reflect the wider national issues regarding adult ADHD and autism services. There is exceptionally high demand for autism and ADHD services nationally and we have seen large increases in referrals to our services in Berkshire Healthcare Trust. The volume of referrals we receive outstrips the service capacity and this has resulted in waits that are much longer than we would like. It is not uncommon for ADHD or autism to be recognised later in life, especially when someone has already been navigating other mental health challenges. These conditions can sometimes overlap with each other, making it harder to identify neurodevelopmental differences. Awareness of how autism and ADHD present, especially in women and girls, has also changed significantly in recent years and this has led to growing awareness, better training for professionals, and increased advocacy, especially from women sharing their lived experiences.	Care and Treatment
10122	Reading	Eating Disorders Service	pt left in a poor state, unable to access treatment for significant period of time contributing to worsening condition, forced to pursue private treatment. Family wish reimbursement of past and future expenses	Partially Upheld	Recommendation for Team Lead BEDS to meet with patient and family to discuss how BEDS can support. Information provided regarding the NHS Resolution website should they wish to make a claim. https://resolution.nhs.uk/services/claims-management/advice-for-claimants/	Access to Services
10157	West Berks	Physiotherapy Musculoskeletal	Unhappy with the response, wishes for a review by a different IO ORIGINAL BELOW Concerns raised in relation to the patient feeling as if an appointment they had caused an increase in pain for them which has not settled	Not Upheld	the IO noted that the exercises were modified during the appointment in response to the discomfort the patient was experiencing, and the clinical records indicate that they had already reported an increase in lower back pain and limitations with walking prior to this session. The investigation found that the exercises documented in your notes are clinically appropriate for addressing both hip and lower back pain.	Care and Treatment
10144	West Berks	Crisis Resolution and Home Treatment Team (CRHTT)	Complainant concerned that his wishes are not being taken into consideration by his clinician and has requested his father not be involved in his care	Local Resolution	Matter resolved in a local meeting with the team	Attitude of Staff
9356	Wokingham	CAMHS - Specialist Community Teams	Complaint referred to PHSO	Referred to other organisation	Closed with no further action	Care and Treatment
10078	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	family feel there is a lack of professionalism, proactive support. Poor communication with the family and shortage of experience staff have all led to an escalation in pt MH deterioration.	Upheld	Working group to be set up to look at a SOP to support clinical staff surrounding repatriation and guidance for carers and clinicians. Review the care and treatment of the patient with the named worker when he returns from sick leave.	Care and Treatment

10179	Wokingham	Integrated Pain and Spinal Service - IPASS	OOA pt previously under IPASS Sept/Oct 2019. Pt obtained MRI scan in South Africa showing they had 2 bulging disc's. Pt believes the service made them believe the concerns were psychological and not physical. Pt states they were not referred to physio. wants a proper diagnosis and treatment.	Not Upheld	The patient moved out of area and was therefore not eligible for further support from the service. The advice to speak to his GP was therefore appropriate and there was no concern from the investigation about the clinical care he received before discharge	Care and Treatment
10124	Wokingham	Community Hospital Inpatient Service - Ascot Ward	poor care and treatment given to the pt and fellow pt's on the ward	Consent Not Granted	No consent given	Care and Treatment
10185	Reading	Continence	Pt believes they were shown blue disposable pull ups in the meeting not washable pants	Not Upheld	Not Upheld.	Communication
10143	Windsor, Ascot and Maidenhead	Musculoskeletal Community Specialist Service	Pt suffering with knee issues for over 18 yrs. expecting a specialist appt, keeps being given regular physio which they say does not work. Pt says this is now affecting their MH. 4 points to answer	Not Upheld	Following investigation, a triage decision was appropriately made based on the clinical information provided by the patients GP. Upon receipt of additional information from the patient a specialist appointment was immediately offered. The triage correspondence was sent and processed appropriately and no error can be identified from BHFT to account for why the patient sadly did not receive the letters. There is no identified mishandling of care for any BHFT services.	Care and Treatment
10148	Reading	District Nursing	Concerns raised in relation to the dismissive attitude of a member of staff which led to the patient being denied care from the service. They also raised concerns that the team manager did not contact them as they requested	Not Upheld	Not Upheld.	Attitude of Staff
10067	West Berks	CMHT/Care Pathways	Complainant disputes a number of elements of the previous complaints response ORIGINAL COMPLAINT: concerned medication is not working, lack of call back from staff member, when eventually called felt to be very aggressive and sharp, no empathy and did not listen then cut the call off	Partially Upheld	It was acknowledged that the conversation was extremely difficult and upsetting. The meeting with clinicians explained the diagnosis and offered reassurance that prescribed medication was appropriate for current diagnosis. There is no written evidence to suggest that there has been calls were not responded to, other than 2 calls for the Doctor.	Communication
10082	Windsor, Ascot and Maidenhead	Crisis Resolution and Home Treatment Team (CRHTT)	Pt believe CMHS made up a referral which has meant Crisis are harrassing and bullying them. They say they had to leave their house and stay in hotels and the Trust should compensate £25,000	Not Upheld	It was found that due process was followed with this patients care	Abuse, Bullying, Physical, Sexual, Verbal
10069	Bracknell	Children's Occupational Therapy - CYPIT	Delays in receiving the report and the provision starting, poor communication, provisions documented not delivered. 10 points to answer. Apology wanted	Partially Upheld	Co-production Reminder to all clinicians about co-production of goals, in particular with children and young people (CYP) who are able to participate and can articulate their wants, needs and aspirations. This will be shared via the CYPIT East team channel, recapped at whole team meeting and revisited during Care Aims refresher trainings Communication Reminder to all clinicians and admin to ensure the language used in all communication (including reports) is clear and accessible. Clinicians should consider that parents/carers may have additional needs themselves that need to be accommodated as a reasonable adjustment. Reminder to clinicians that being open and honest with our service users is best practice as this will reduce frustrations. This will be shared via the CYPIT East team channel, recapped at whole team meeting. Reports Reminder to all clinicians: Making sure reports are updated appropriately e.g. not writing a whole new report when an updated therapy plan would suffice. Ensure Appendices are clear and do not overwhelm with the amount of information included. This will be shared via the CYPIT East team channel, recapped at whole team meeting. Admin Time Ensure Locum staff have protected admin time to avoid delays in reports being sent out (already actioned). Reminder to all clinicians to notify their Line Manager if they are getting behind on reports. This will be shared via the CYPIT East team channel, recapped at whole team meeting.	Care and Treatment
10109	Reading	Adult Acute Admissions - Bluebell Ward	Friend unhappy with discharged as family felt the pt was not well enough. 3 days later the pt took an overdose and is currently in Hospital. Friend also unhappy with the insufficient support from the Crisis team.	Serious Untoward Incident Investigation	This moved to a Patient Safety Process	Discharge Arrangements

10086	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Serious delay of 5 months in forwarding this complaint to the complaints department. Concerns regarding attitude of Dr being dismissive, incompetant and having a harmful approach. Pt was given ADHD medication when there was no formal diagnosis giving them kidney issues. Catalogue of pyschiatrists leaving so having to repeat everything 3 times, no call backs despite numerous promises. Investigation into why the service did not pass this on is also required	Partially Upheld	The clinician was unaware of any issues but expressed regret for any distress caused and reaffirmed his intention to provide appropriate care. The ADHD referral remains pending and has been flagged for completion. It was confirmed that ADHD medication was not prescribed; instead, Mirtazapine was initiated. A medication review was later prompted by her GP due to side effects and liver function concerns. Referral pathways were found to be unclear, with a referral made to the Managing Emotions Programme, though the complainant believed she was being referred to Talking Therapies. Significant communication gaps and inconsistent follow-up were identified, partly due to staffing changes, including leave, sickness, and locum turnover. These disruptions impacted continuity of care and are being addressed through service improvement measures. An urgent outpatient appointment with a consultant psychiatrist has been recommended and will be scheduled within two weeks, following the arrival of a new locum consultant on 25th July. The patient has also commenced the Managing Emotions group programme and the clinican has been advised to follow up on the referral for ADHD assessment.	Care and Treatment
10061	Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward	Relative concerned about attitude of staff, and provision of medication and physiotherapy.	Consent Not Granted	Closed due to lack of consent	Attitude of Staff
10011	Reading	Adult Acute Admissions - Rose Ward	Discharge planning, complainant feels pt has been placed in an unsafe environment	Partially Upheld	Wokingham Integrated team has reviewed local processes so that a social care practitioner speaks to all Wokingham inpatients, The responsible LA column has been added to the bed management spreadsheet to recognise that some people are under a CMHT in one area but get there social care from another and correct identification of both is important. In Wokingham both health and social care colleagues have oversight to reduce the chance of errors. Teams to ensure they send copies of plans and discharge summaries and contact details to the patient as well as the GP and that RiO is updated with the correct address even if it is a temporary address.	Discharge Arrangements
10104	West Berks	Community Hospital Inpatient Service - Donnington Ward	Deceased pt - Unhappy with the treatment of the pt whilst on Donnington Ward and the Rainbow Rooms, prior to their death	Partially Upheld	The clinical care was appropriate. This was a very difficult admission for the patient and their family due to their prognosis. There were opportunities to assure and support the family missed as they were raising concerns this could have been a time to give them more support about what was expected to happen. There was a slight delay in pain relief being given after the request from the family, due to the nurse being on the drug round. Again, given the circumstances and balance with caring for all patients on the ward, this could have been expedited.	Care and Treatment
10084	Slough	Sexual Health	Terrible experience - Atitude of clinican, did not respect the pt's privacy and dignity. Received medication for things the Dr said they wouldn't be testing for.	Partially Upheld	Misinterpretation of the attitude of the health care professional. Accurate information regarding window periods and need to test after certain time period was discussed. Lack of clear diagnosis due to the time period that had lapsed since symptoms.	Attitude of Staff
10073	Windsor, Ascot and Maidenhead	Community Team for People with Learning Disabilities (CTPLD)	Complainant remains concerns that we are in breach of acts and is asking for a start date for therapy ORIGINAL COMPLAINT: Angry at wait times for adult psychology. No provision of therapy for 6 months, wishes to know when it will start and if we will fund private therapy.	Partially Upheld	The service carried out a triage for this referral by liaising with the referrer. The outcome of the triage was not communicated to the referrer, client and her system in a timely way. On reviewing this case it would have been more appropriate for the service to have carried out an initial assessment at the point of referral which would have enabled the client and her family be more involved in the process and enabled sharing of appropriate resources for the client to support whilst waiting.	Care and Treatment
10063	Wokingham	CAMHS - ADHD	Waiting times, family are unhappy they have had to spend on private care and wish it reimbursed. Poor communication with the family	Partially Upheld	The nurses have caseloads between 120-160 depending on banding. Wokingham locality all clinicians are at capacity so difficult to allocate to new cases	Waiting Times for Treatment
10070	Windsor, Ascot and Maidenhead	Talking Therapies - PWP Team	Requesting a statement be removed from medical records regarding suicidal thoughts	Partially Upheld	We will make a clinical entry in the notes to record the client's disagreement that she has ever experienced thoughts of not wanting to be here or to self-harm and we can update her GP to that affect.	Medical Records
10039	Bracknell	District Nursing	Attitude of DN from refusing to put on protective shoe covers, to putting injection in the wrong arm and generally being argumentative and unhelpful	Consent Not Granted	Closed due to lack of consent	Attitude of Staff
10072	West Berks	Crisis Resolution and Home Treatment Team (CRHTT)	Family unhappy with the lack of therapy being offered/provided to YP. Believes our actions are against many 'Acts'.	Not Upheld	Not Upheld.	Care and Treatment

10083	Reading	Other	DATA BREACH - Pt letter uploaded to the wrong pt with the same name but different NHS numbers and addresses. Person who has the letter on their records wishes for it to be removed as nothing to do with them and is having extreme consequences	Upheld	Consultant Psychiatrist has spoken with the technician from T-PRO to ensure the same does not happen again. GP Letter to be removed from the complainants record.	Medical Records
10093	West Berks	CMHT/Care Pathways	Pt feels they need a compliant capacity assessment which they thought the appt was for. Pt felt unheard, unsupported. Wants Support person under resonable adjustment of equality act. Wants appt of 30th June removed from records. wants different psychiatrist. Loss of earnings requested	Upheld	All appointments purpose to be clear from the outset. Discussion with patient about their reason for attending, expectations. All appointments letters/communications to advise that patients can bring someone with them if they wish. All new patient appointments must be face to face to enhance assessment, rapport and understand visible presentation.	Communication
10033	West Berks	CAMHS - ADHD	unhappy there was no welcome pack with the initial letter regarding the up coming appt. Unhappy with the way the appt was conducted	Partially Upheld	The service has reflected on the complaint and experience to identify learning and actions: •We will review the physical health questionnaire and how we use it to ensure consistency in this and avoid the risk of any confusion or overreaction. •A training session for the ADHD Team has been arranged for September – this will be provided by a GP with a special interest in ADHD and will focus on assessment and management of chest pain/potential cardiac issues in children and young people. •Identified there was a longer than expected gap (3 weeks) before the information was discussed in supervision. This has been followed up with the team to remind everyone to raise any concerns promptly and where needed to raise these ahead of the next booked supervision session.	Communication
10129	Unknown	Talking Therapies - PWP Team	Complainant concerned about their experience with a therapist as they found that they were dismissive, lacking empathy and made harmful assumptions. They also found they frequently interrupted and misused psychological concepts in an emotionally unsafe way where the patient often had to defend or explain themselves, rather than explore safely	Local Resolution	Resolved locally	Attitude of Staff
10054	Reading	Adult Acute Admissions - Snowdrop Ward	Pt wishes to know why they have a diagnosis of schizophrenia, why they were forced to take medication, they state they were abused whilst in PPH. Also say they sent complaints to snowdrop ward that were not responded to	Partially Upheld	Overall the investigation found that the patients care plan remains focused on supporting her treatment compliance, addressing risk factors linked to relapse, and maintaining open channels of communication to resolve concerns constructively. The multidisciplinary team continued to monitor her progress, ensuring that appropriate safeguards are in place to mitigate risk and promote recovery in a manner that respects her dignity and wellbeing.	Care and Treatment
10045	Reading	Community Physiotherapy	Unhappy the response does not cover the Dr chanting at the pt ORIGINANL COMPLAINT BELOW Pt left traumatised, invalidated and deeply concerned about the standard of care and culture within the clinic, feels the behaviour breaches the Equality Act 2010	Upheld	Despite differing perceptions, it is clear that the patient and his mother had an unsatisfactory experience at the Pain Clinic appointment and emerged feeling upset and humiliated. They did not feel that their needs were understood or addressed, both in terms of the reason for the appointment and the environment in which it took place. The patient is aware that the clinician is leaving BHFT and the Pain Clinic in the coming week and doesn't feel the need to take the complaint further. He and his mother are keen that other people should not have the same experience as they had. Had they not been leaving, we could have used future supervision sessions to reflect on any further learning.	Attitude of Staff
10036	West Berks	Community Team for People with Learning Disabilities (CTPLD)	Unhappy that the feeding tube brand has been changed as causing unnecessary problems for the pt	Not Upheld	Nutricia to provide further feedback regarding the concerns that were raised and to gain an understanding from them on the equipment and its safe use for her son.	Support Needs (Including Equipment, Benefits, Social Care)

10037	Reading	Psychological Medicine Service	hostile and dismissive attitude from MH staff, complainant questions if it had anything to do with their ethnicity. family didn't feel listened to. Pt given lorazepam injection and discharged. Pt later traveled to Bristol unsupervised and upon arrival was taken to hospital where he was detained under the MHA on a sec 2 after 2 nights he was transferred to another Psychiatric hospital	Partially Upheld	There is some evidence that the patient received hostile and dismissive attitudes from the nurse involved. Additionally, there is evidence that the Emergency Department is not a confidential space and unfortunately the Psychological Medicine Service do not have a designated side room for their psychiatric assessments to take place. This is however something the Psychological Medicine Service have been working with Royal Berkshire Hospital for a long time and is not something that could have been prevented. There was a failure to perform a Mental Health Act Assessment, although clinicians completed thorough assessments and organised appropriate crisis level support in the community from the evidence both in interviews with the clinicians and from reviewing RiO notes, a Mental Health Act assessment may have been appropriate given the level of deterioration in mental state and the risks he was presenting with.	Care and Treatment
9993	Reading	Children's Speech and Language Therapy - CYPIT	Discharged from OT and now SLT. Feels the therapist did not interact with the pt in a way the family felt was correct. Does not want a report going to the new school from the therapist and wishes another therapist to review.	Upheld	SALT's manner had been poor that day. Family offered a re-assessment session before transition/discharge.	Communication
10001	West Berks	CMHT/Care Pathways	Patient concerned that the treatment they have received does not meet the NICE guidelines for the OCD pathway as thier symptoms are getting worse and not better.	Partially Upheld	Further consideration for IO to have called client back in terms of the feedback and concerns that were expressed subsequent to the initial complaint made. CBT offer that was being provided by Doctor was in accordance with the trust guidelines on CBT	Care and Treatment
10121	Reading	Mental Health Integrated Community Service	lack of communication prior to assessment appointment and the overall delay in treatment	Upheld	it was found that this failed contact occurred due to IT issues and not being unable to contact via Webex, a system MHICS uses to contact patients. This has since been in communication with IT to try and resolve this issue	Communication
9968	West Berks	Crisis Resolution and Home Treatment Team (CRHTT)	Pt unhappy at people turning up unannounced at the place they are staying as it is jeopardising whether they can stay there. Believes if services need them they should call	Partially Upheld	IO apologised to Complainant for how he felt about the delivery of care by CRHTT. He appreciated the need especially for the initial unannounced but pointed out to the distress caused by subsequent unannounced visit when he had already expressed his needs and worries.	Care and Treatment
10087	Reading	CAMHS - Rapid Response	Complainant concerned by interaction with staff during YP's appointment.	Referred to other organisation	Police involvement	Communication
9995	Slough	CMHT/Care Pathways	Concerns raised in relation to a home visit that took place despite specific requests from the patient that for their privacy they did not want anyone visiting them at home	Upheld	The social worker did not have consent to conduct a home visit and apologised for this oversight. However, the complainant's preference against home visits from health professionals is noted in the case note on RiO. Unfortunately, there is no alert, making it easy for this information to be overlooked.	Communication
10050	Slough	CAMHS - ADHD	Parent unhappy as YP's referral was not processed	Upheld	Patient's mother was incorrectly advised that the referral for her daughter, sent to Community Paeds by the school SENCO, had been forwarded to CPE as she did not meet the criteria for Community Paediatrics. The error only came to light when she contacted CAMHS ADHS two years later about the referral. Since then, a thorough investigation has occurred and an action plan put in place, to mitigate against the same error happening again. The action plan has been completed. The patient has been offered a prioritised appointment and is therefore not disadvantaged in terms of her place on the waiting list. Apologies given, alongside confirmation of when she should expect an assessment for her daughter, and details of the measures put in place to stop a similar error occurring.	Care and Treatment
10059	Unknown	Urgent Community Response - UCR	Concerns raised in relation to the lack of jointed up care between UCR and other services. They are concerned that UCR support was withdrawn whilst the patient was still clinically unwell and highly vulnerable	Not Upheld	The patient was clinical optimised prior to discharge and it was appropriate for her to be discharged with an onward referral made to the Community Matron team.	Care and Treatment
9999	Reading	CAMHS General	Complainant is concerns for the YP and wishes an urgent review of their care, an explanation into the safeguarding concerns, and clarity as to who holds responsibility	Not Upheld	The investigation found that CAMHS/SCT responded appropriately to all safeguarding events that came to our attention. The care was found to be adequate as was the crisis response.	Care and Treatment
10028	West Berks	CMHT/Care Pathways	believes historic diagnosis is incorrect, wishes reassessment plus a copy of the original assessment report	Upheld	Complainant is requesting a full assessment by a Psychiatrist for clear diagnosis which would indicate the most effective clinical treatment offer. As this is not clear form her contact with MHS to date and a number of symptoms have been suggested that could inform clinical formulation, she will be given a full diagnostic OPA.	Communication

10055	Wokingham	CAMHS - ADHD	ADHD Assessment with diagnosis took place in March 2025 by the out sourced company 'Problem Shared'. YP needed medication but the company could not prescribe. Complainant cannot understand why BHFT are using a company that cannot complete the job as now they need to go on to an wait list for the medication	Local Resolution	Closed as local res	Medication
10023	Wokingham	CMHT/Care Pathways	lack of support and communication from CMHT	Partially Upheld	it was agreed that they will be allocated a new named worker, she will attend bipolar group, and once it is complete, she will have another assessment of her needs if clinically indicated. CMHT staff will do their very best in trying to respond to her calls when she is struggling as quickly as it is clinically possible.	Care and Treatment
10046	Reading	A Place of Safety - Patient Admitted to POS	Pt brought to PPH from CJL&D but was discharged by PPH Dr's. Family asked BHFT to liaise with the Priory but they did not. Complainant does not understand why this was allowed to happen	Not Upheld	We did not receive consent so were only able to provide a limited response but this outlined that after review there was evidence policy was followed	Care and Treatment
10065	Reading	Talking Therapies - PWP Team	Pt does not understand why we allegedly won't do anything when we say we did it wrong ORIGINAL COMPLAINT BELOW Scheduled appt, therapist called from a private number leaving a message stateing they would call back despite pt advising not to leave a message. Therapist said they had sent an email, but nothing received. Pt feels telephone appts for them are difficult due to disabilities	Partially Upheld	The complainant's issue regarding the staff member leaving a voicemail when he has indicated to the service that voicemails are not to be left, and that the staff member reported that they would call him back and did not do this is upheld. The complainant's additional issues regarding the staff member and Silvercloud cannot be upheld as there is no clear evidence that these issues occurred in the manner the complainant has described them or that his concerns regarding the suitability of Silvercloud and CBT were not discussed with the complainant.	Care and Treatment

Appendix 2: complaint, compliment, and PALS activity

All formal complaints received.

	2024/25						2025/26								
Service	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Q2	Compared to previous quarter	Q2 no. of contacts	% contacts Q2	Q3	Q4	Total for year	% of Total
Acute Inpatient Admissions – Prospect Park Hospital	8	3	11	5	27	11.74	8	6	↓	134	4.48			14	93.33
CAMHS - Child and Adolescent Mental Health Services	10	13	3	5	31	13.48	8	4	↓	1534	0.26			12	80.00
CMHT/Care Pathways	12	13	7	9	41	17.83	10	10	No change	3553	0.28			20	133.33
Common Point of Entry	2	3	0	1	6	2.61	0	1	↑	1645	0.06			1	6.67
Community Hospital Inpatient	4	4	4	1	13	5.65	1	5	↑	489	1.02			6	40.00
Community Nursing	6	3	1	1	11	4.78	1	3	↑	14799	0.02			4	26.67
Crisis Resolution & Home Treatment Team (CRHTT)	5	3	2	8	18	7.83	3	9	↑	4754	0.19			12	80.00
Older Adults Community Mental Health Team	1	0	0	1	2	0.87	0	1	↑	1930	0.05			1	6.67
Out of Hours GP Services	2	2	3	5	12	5.22	2	0	↓	5008	0.00			2	13.33
PICU - Psychiatric Intensive Care Unit	0	2	2	0	4	1.74	0	1	↑	7	14.29			1	6.67
Urgent Treatment Centre	1	0	0	0	1	0.43	0	0	No change	4088	0.00			0	0.00
Other services during quarter	17	18	17	12	64	27.83	18	18	No change	116974	0.02			36	240.00
Grand Total	68	64	50	48	230	100	51	58						109	

Informal Complaints received

	Month Received			
Division	July	August	September	Grand Total
Children Young People and Families	2	1		3
Mental Health	5	5	4	14
Mental Health Inpatients	2	2	3	7
Physical Health	2	2	2	6
Grand Total	11	10	9	30

Locally resolved concerns received.

	Month Received			
Division	July	August	September	Grand Total
Children Young People and Families	4		4	8
Mental Health East				
Mental Health West	2	1	1	4
Physical Health	10	8	10	28
Grand Total	16	19	15	45

KO41a Return

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

Formal complaints closed

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

Outcome of formal complaints closed.

Outcome	2024/25						2025/26						
	Q1	Q2	Q3	Q4	Total for year	% of 24/25	Q1	Q2	Q3	Q4	Higher or lower than previous quarter	Total for year	% of 25/26
Consent not granted	0	1	0	0	1	0.53	2	4				6	5.17
Locally resolved/not pursued	0	1	1	0	2	1.07	2	3			↑	5	4.31
Not Upheld	19	24	29	14	86	45.99	24	19			↓	43	37.07
Partially Upheld	9	29	19	13	70	37.43	19	21			↑	40	34.48
Upheld	12	3	7	3	25	13.37	8	10			↑	18	15.52
SUI	1	1	1	0	3	1.60	0	1			↑	1	0.86
Other	0	0	0	0	0	0.00	0	3			↑	3	2.59
Grand Total	41	58	57	30	187		55	61				116	100.00

62% of complaints closed last quarter were either partly or fully upheld (excluding those which were not completed through the formal complaint process. This is compared to 54% in Q1. These were spread across several differing services with no themes identified.

Complaints upheld and partially upheld.

Service	Main subject of complaint							Grand Total
	Access to Services	Attitude of Staff	Care and Treatment	Communication	Discharge Arrangements	Medical Records	Waiting Times for Treatment	
Adult Acute Admissions - Rose Ward					1			1
Adult Acute Admissions - Snowdrop Ward			1					1
CAMHS - ADHD			1	1			1	3
Children's Occupational Therapy - CYPIT			1					1

Children's Speech and Language Therapy - CYPIT				1				1
CMHT/Care Pathways		1	4	4				9
Community Hospital Inpatient Service - Donnington Ward			1					1
Community Hospital Inpatient Service - Highclere Ward			1					1
Community Hospital Inpatient Service - Oakwood Ward				1				1
Community Physiotherapy		1						1
Community Team for People with Learning Disabilities (CTPLD)			1					1
Crisis Resolution and Home Treatment Team (CRHTT)			1					1
Eating Disorders Service	1							1
Health Visiting		1		1				2
Mental Health Integrated Community Service				1				1
Other						1		1
Psychological Medicine Service			1					1
Sexual Health		1						1
Talking Therapies - PWP Team			1			1		2
Grand Total	1	4	13	9	1	2	1	31

Care and Treatment complaint outcomes.

Service	Outcome of Complaints about Care and Treatment			Grand Total
	Not Upheld	Partially Upheld	Upheld	
A Place of Safety - Patient Admitted to POS	1			1
Adult Acute Admissions - Rose Ward	1			1
Adult Acute Admissions - Snowdrop Ward		1		1
CAMHS - ADHD			1	1
CAMHS General	1			1
Children's Occupational Therapy - CYPIT		1		1
CMHT/Care Pathways	1	3	1	5
Community Hospital Inpatient Service - Donnington Ward		1		1
Community Hospital Inpatient Service - Highclere Ward		1		1
Community Team for People with Learning Disabilities (CTPLD)		1		1
Crisis Resolution and Home Treatment Team (CRHTT)	2	1		3
Integrated Pain and Spinal Service - IPASS	1			1
Musculoskeletal Community Specialist Service	1			1
Physiotherapy Musculoskeletal	1			1
Psychological Medicine Service		1		1
Talking Therapies - PWP Team		1		1
Urgent Community Response - UCR	1			1
Grand Total	10	11	2	23

PHSO/LGO

The table below shows the PHSO activity since April 2024:

Month opened	Service	Month closed	Current stage
Sept-24	Community Dental Service	May	Closed
Sept-24	CMHT/Care Pathways	Ongoing	Final report received

Oct-24	Older Adults Inpatient Service - Rowan Ward	Aug-25	Closed
Oct-24	IPS - Individual Placement support	June-15	Small financial remedy offered but declined
Dec-24	District Nursing	Ongoing	Documents requested by PHSO
June-25	Place of Safety	Ongoing	Documents sent to LGO
June-25	Place of Safety	Ongoing	Documents sent to LGO

CQC

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

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

In Q2 we received one complaint via the CQC relating to restraint and injection on Bluebell Ward.

Compliments

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

Year	2024/25					2025/25				
Quarter	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Received	1237	1012	1289	1366	4904	1682	1285			

Patient Advice and Liaison Service (PALS)

PALS provides a signposting, information, and support service across Trust services within Berkshire. The service deals with a range of queries with an emphasis on informal

resolution. PALS collaborates with the complaints team to triage queries which may merit a formal investigation.

PALS has continued to facilitate the 'Message to a loved one' service, which involves collating messages for patients, which are then delivered on the ward. This is available across all inpatient areas. The PALS Manager continues in the role Armed Forces Service Network champion and has begun involvement with the Trust sustainability group. PALS is also involved in the transition project which is being rolled out across the Trust.

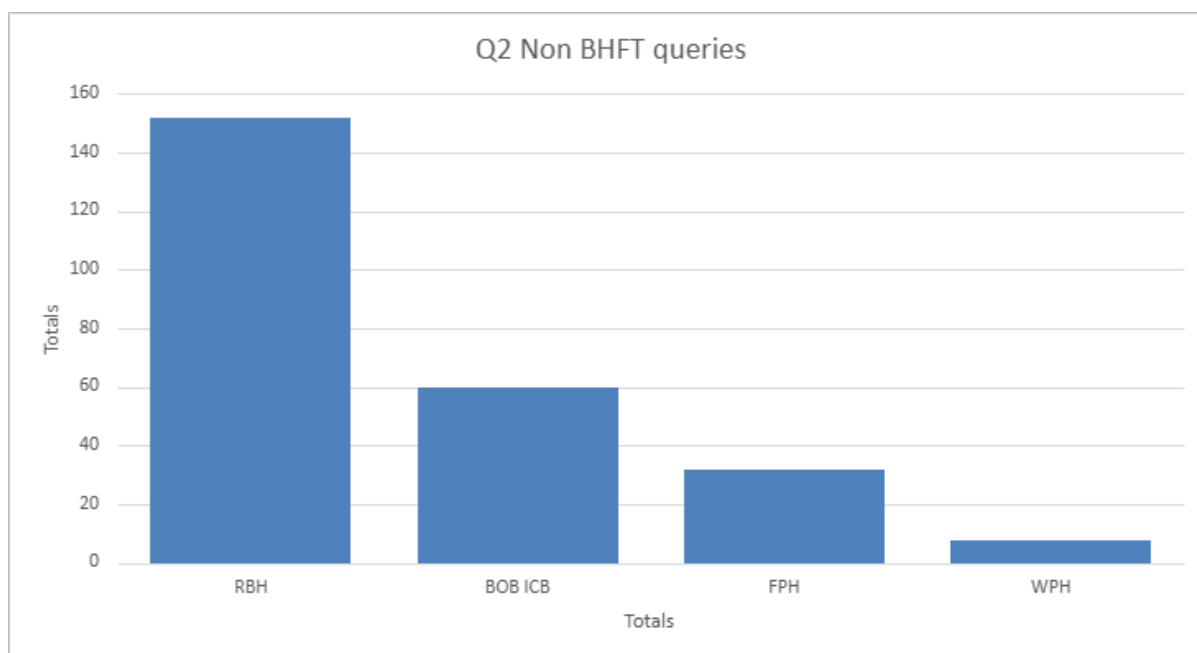
PALS also responds to postings on the Patient Opinion website which refer to Trust services. Arrangements have been made to attend Trust sites across Berkshire to ensure equity of access. The PALS Manager is also attending PALS services in East and West Berkshire to improve communication and identify best practice.

PALS also attended the Community Appointment Day in Slough, which was an opportunity to be immediately available to patients and to forge links with Trust and external local organisations.

There were 445 queries recorded during Quarter two. All of these were acknowledged within the five working day target. The recording of queries has improved with the involvement of other team members. Team members have been collaborating with the PALS Manager to familiarise with the response and recording processes. The volume of calls and e mails coming into the service continues to be high. The Patient Experience Team has undertaken work to standardize and streamline the PALS process, to make it more user friendly for the wider team and enable the service to be covered consistently during the absence of the PALS Manager.

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

In addition, there were 294 non-BHFT queries recorded. Another member of the Patient Experience Team is consistently helping with the recording process to improve the rate of data collection. Most queries originated from the Royal Berkshire Hospital.



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

Service	Number of contacts
CMHT/Care Pathways	34
CAMHS ADHD	14
Continence	13
Physiotherapy MSK	13
District Nursing	9
Physiotherapy Adult	8
Gateway	8
Hearing and Balance	8
Urgent Treatment Centre	8
MCSS	8
Talking Therapies	8
CDS	8

Appendix 3

15 Steps; Quarter Two 2025/26

The 15 Steps programme was relaunched in April 2024, and during quarter two, there were 9 visits:

Mental Health Services Division		
Prospect Park Hospital		
Ward	Positives	Observations
Daisy Ward	We were welcomed to the ward with a smile from the staff that we came into contact with. Clear information on visiting and process were on the outer door. The ward appeared calm. The ward appeared well organised and was not cluttered. Ward felt very calm. Information on how to give feedback was available.	It would be good to see some positive patient feedback on display. It would be good to see more 'You said, we did' on display.
Rose Ward	We were welcomed to the ward with a smile from the staff that we came into contact with. Photos of staff and their interests is welcoming. Clear information on visiting and process were on the outer door. The ward appeared busy but calm. The ward appeared well organised and was not cluttered. Call bells answered promptly. Staff were seen interacting with patients on the ward, who appeared settled and happy. Information on MHA and IMHA/Advocacy is accessible in the communal area. Information on how to give feedback was available. There are multiple garden areas which are all well used by patients.	It would be good to see some positive patient feedback on display. It would be good to see more 'You said, we did' on display. Some of the noticeboards needed a tidy up
Rowan Ward	We were welcomed to the ward with a smile from the staff that we encountered. Clear information on visiting and process were on the outer door. The ward appeared calm. The ward appeared well organised and was not cluttered.	It would be good to see some positive patient feedback on display. QMIS board needs to be updated. Door had the sign upside down.

	Ward felt very calm.	More information on Advocacy would be good to see.
Community Physical Health Services		
Service	Positives	Observations
Diabetes East	Clear directions to the department Photo board of staff was good but needed slight updating. Small garden area well-kept with seating available. Staff welcoming and friendly. Were not aware of 15 steps but explanation given. Department was calm and well organised. TV in waiting area displaying diabetes related information. IWGC displayed throughout Information boards had good information on travel with diabetes plus other relevant topics.	Parking at site was pressured. It would be good to see some "you said, we did" displayed. Larger banner advertising IWGC but no access to the QR code which might be useful if further banners were being made.
Hearing & Balance	Signage in the department was clear and large. Receptionist and Manager were very welcoming. Children's areas very welcoming and well decorated conducive for young patients. Area was bright and clean. Appeared calm despite some IT issues trust wide. Patients giving positive feedback on service despite IT problems. "You said we did" on a notice board and on television. Appropriate leaflets available. Work underway in developing a sensory area.	Parking at King Edward is very pressured. A lot of work going on at the site meaning it was quite difficult to find access to the department from main reception.
Podiatry, Kind Edward	Waiting area clean and tidy. Lots of appropriate instructions for patients. Clear names of staff displayed. Could benefit from photographs for easier identification. Patients aware of processes for appointment and where to wait (patient discussion). IWGC clearly displayed. Appeared calm and organised. Staff were engaged in clinic work but were accommodating and informative. Appropriate leaflets available.	Parking at the King Edward site is very pressured. Signage to podiatry department was not clear from the main reception area. Disabled toilet signage was poor, just a picture of a wheelchair. Not really clear it was a toilet.
Community Dental, Bracknell	Met by both a dental nurse and dentist. No receptionist available. The dentist spoke about the pride and passion in her role and the extras she records in notes when managing	Strip lighting was quite overpowering in the waiting area. No QR code available for IWGC although other

	complex patients to improve patient experience and treatment. Excellent display boards in the waiting area with some eye-opening figures of sugar content in certain foods. List of dentists and nurses in the department with their registration numbers. Unsure if this was an essential requirement. Selection of chairs in good condition Area very light and airy. Air conditioning in clinic room making it pleasant for patients and staff. Also addresses the aerosol generating work of dentistry. Advised to sign in and out for safety purposes. Staff approachable and knowledgeable.	methods of recording were.
Physiotherapy, Bracknell	Parking and access to building good, all on single level. Waiting area clean and bright with plenty of seating including for those less able and bariatric. Staff all approachable. There was no one at reception but clear instructions of what to do if a patient. IWGC access clearly displayed. Clear photographs of staff working in the department. Good evidence of QMIS work. Good range of equipment available for treating patients QR code access for self-treatments available as required.	Treatment area was a bit untidy although clean.
Podiatry, Bracknell	Team leader was very welcoming and spoke with passion about her service. Good signage from main reception. Parking was ok but quite some distance from the main reception and clinic area. Air conditioning in the room enabling comfort for both patients and staff. Side entrance can be used by less able clients as it is quite a walk from the car park. Signage of who was working today. Staffing was consistent which helped with the positive feedback from patients. Leaflets available. Some in rooms to allow staff to explain more clearly and reduce patient anxiety. IWGC feedback visibly displayed. You said we did visibly displayed.	On entering the podiatry area there was a lady who was quite rude and abrupt. She worked for the GP practice there not the trust. Toilets not well signposted.

	No receptionist on duty but clear instructions as to what patients should do in the department to say they were there.	
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Trust Board Paper Meeting Paper

Board Meeting Date	11 th November 2025
Title	6 monthly Safe Staffing Highlight Report (April 2025 - September 2025)
	for Noting
Reason for the Report going to the Trust Board	This report is presented to the Board to provide assurance in relation to safe staffing on our reports in line with the requirements of the NHS England / Improvement Developing Workforce Safeguards (2018).
Business Area	Organisational
Author	Linda Nelson -Lead Nurse for Professional Practice Debbie Fulton - Director Nursing and Therapies
Relevant Strategic Objectives	The Plan is relevant to the following strategic objectives, Patient safety Ambition: We will reduce waiting times and harm risk for our patients Workforce Ambition: We will make the Trust a great place to work for everyone Efficient use of resources Ambition: We will use our resources efficiently and focus investment to increase long term value

Highlight Report

Six monthly safe staffing report for Board

1. Why is this coming to the Board?

In line with the requirements of the NHS England / Improvement Developing Workforce Safeguards (2018); a report is provided to the Board twice yearly. The expectations under the Developing Workforce Safeguards is that staffing establishments are reviewed and published annually, with a mid-year review and that the review takes into account patient acuity, service developments, staff supply, temporary staffing requirements and quality / safety measures for staff and patients. This report covers the retrospective period April – September 25.

As part of the safe staffing review, it is also a requirement that both the Director of Nursing and Therapies and the Medical Director confirm in a statement that they are satisfied with the outcome of any assessment that staffing is safe, effective, and sustainable. This statement is detailed below in the summary.

2. What are the key points?

	Mental Health Wards			Community physical health Wards			Learning Disability		
Metrics	Baseline Sept 2024	March 25	Current Sept 25	Baseline Sept 2024	March 25	Current Sept 25	Baseline Sept 2024	March 25	Current Sept 25
Vacancy - Registered staffing FTE	27.39 FTE	21.42↓	17.32 ↓	28.25	18.10↓	14.36↓	2.56	1.8	-0.2↓
Use of Temporary staffing	19,988 Shifts	15,785↓	13,532↓	6,068 shifts	6,521↑	3,897↓	2,177 shifts	2,647	1,562↓
Shifts with less than 2 registered nurses	138	108↓	79↓	65	31↓	12↓	0	0↔	0↔

Whilst there remain challenges, particularly in relation to registered nursing recruitment, we continue to see a positive trend in recruitment across our wards, with newly qualified staff being recruited into vacant posts; at the end of September the vacancy across our mental health wards, was around 17% compared to around 30% this time last year; during October this has reduced further with additional appointments made. For the community wards the registered nursing vacancy rate is again slightly lower than the previous six-month period at around 14%, this is compared to around 26% this time last year.

All of our wards have substantive ward managers in post.

Most of the newly recruited nursing staff continue to be recently registered and therefore less experienced. There is a preceptorship programme and structured supervision sessions in place to support these staff which runs through their first year of employment. Alongside this we have Advanced Nurse Practitioners, senior nurses and Allied Health Professionals who are supernumerary to the ward establishment and can support the less experienced staff on duty. For our mental health wards there is also a senior leadership structure of Nurse Consultants, Associate Nurse Consultants, Advanced Mental Health Practitioners, specialist practitioners including the Physical Health and Drug & Alcohol leads, and a Duty Senior Nurse is available 24/7. An internal leadership programme and a programme called 'Reaching my potential' which is open to all band 5 staff and aimed at supporting improved resilience and confidence is also available. Our community wards are also in the process of recruiting to a nurse consultant post.

The Trust achieved the National Preceptorship Quality Mark in July 2025 in recognition of the standard of our preceptorship programme for nursing and Allied Health Professionals.

In line with national reporting, shifts with less than two registered nurses are monitored each month. The positive impact of a reduced vacancy position across our wards means that we continue to see reductions in shifts with less than 2 registered staff, which is now 2% shifts across our mental health wards compared to 3.5% this time last year and 7.5% in 2023. For our community wards the percentage is now less than 0.4%.

Whilst temporary staffing is and will continue to be an important component of our ward staffing as this enables the ability to flex staffing in line with patient need and acuity, the more favourable staffing position has also impacted positively on temporary staffing use. The majority of our temporary staffing is through our bank (NHS Professionals) with only a very small (equivalent of less than 2FTE a month spread across the ward) amount of Agency use where we are unable to secure NHSP.

During this reporting period sickness absence across the wards has generally remained higher than Trust average. The top three sickness absence reasons in terms of number of working days lost due to illness are anxiety/ stress/ depression and other psychiatric illness, chest and respiratory problems and musculoskeletal problems; the most frequent reason in terms of number of staff affected are chest and respiratory problems and cold, cough, flu. Temporary staffing is used to fill gaps in the rota as required when staff absence occurs due to sickness.

As is a requirement when building agreed establishments for wards, a 24% uplift is included to factor in absence such as training, annual leave, and some sickness.

The main ways used to review safe staffing establishments are:

1. Professional judgement (this is what staff and managers believe to be staffing needed).
2. Staffing review tool -Safecare / MHOST tool (this is a national recognised/ NICE approved tool that calculates staffing needed to meet the care of the patients factoring in their acuity and dependency. The safecare tool enables reporting in terms of actual and required staffing expressed in care hours per patient day (CHPPD).

When comparing our CHPPD to our peers using data from the model hospital platform, our data is comparable; we appear to have slightly less registered nursing across our wards than our peers for community and Mental health wards but a richer skill mix and either largely comparable or slightly higher total CHPPD when factoring in total nursing and Allied Health Professionals.

Within the trust we have a People and Culture Strategy with strategic initiatives related to workforce and we have had several workstreams supported by Quality Improvement methodology to focus on identified areas including staff retention. We also have significant ongoing programmes of work to support our staff including our violence reduction and anti-racism programmes, these are reported to the Board.

There is a process in place for ensuring that apprenticeship offers are targeted to areas most challenged in terms of recruitment.

Our 2024 organisational national staff survey results demonstrate year on year improvement in staff perception of flexible working and helping staff to balance their work and home life with consistently above average scores in these areas. The results have also demonstrated that staff would recommend the organisation as a place to work achieving the best national results for our peer group for the last 5 years, and that our staff have development opportunities, scoring best for opportunities to improve skill and knowledge (80.76%) and access to the right learning and development opportunities when I need them (73.18%).

To support staff resilience and wellbeing in all areas of the trust the Professional Nurse Advocate (PNA) programme commenced roll out in June 2021, we currently have 70 qualified PNAs with

further staff in training. The PNA programme is a Health Education England initiative with the PNA providing restorative supervision which is aimed at improving wellbeing as staff feel supported and listened to, this in turn supports staff retention.

3. Ongoing Improvement Work

- Continue to deliver the training and monitor recording of CNSST II data to ensure consistent recording and reporting twice yearly.
- Continued recruitment and retention effort as detailed within recruitment and retention workstream of the People plan.
- Review data available that will support the ability to demonstrate that we are satisfied that the level of nursing staffing/ skill mix across our community services remains appropriate .

4. Summary and Safe Staffing Declaration

Summary position

Review of ward staffing indicates that for the mental health wards, the agreed current establishment can meet the baseline rotas agreed, and that sufficient staffing appears to have been used over the last 6 months to meet the needs/ acuity of the patients by bringing in additional staff as needed. A review of patient feedback for 1st July to the end of September has demonstrated that overall positivity with experience across the differing ward groupings ranged from 81%-88%, whilst satisfaction in relation to experience of staff ranged from 88%-92%. Our learning disability unit was also deemed have been safely staffed during this reporting period.

For the community wards, all of the wards have an establishment to meet the rotas agreed, however, with the exception of Jubilee ward staffing levels appear to be just below optimal for the acuity of the patients. On the wards there are other staff who are not captured in the data such as Occupational and Physiotherapists, senior clinical staff and ward managers also provide care to patients; factoring this in the wards were deemed to be safe.

A review of patient feedback between 1st July and the end of September demonstrated that , the positivity score with overall experience was over 96% in terms of overall experience and 95% in relation to staff.

There is no planned changes that are anticipated to impact on our wards over the coming 6 months.

Declaration

The Safe staffing declaration provides the opinion of the Medical and Nursing Directors in relation to the position of our staffing across our wards over the last 6 months.

Over the last 6 months the wards have been considered to have been safe with no significant patient safety incidents occurring because of staffing levels. It is however recognised that at times during the reporting period nursing staffing on some of our wards was sub-optimal and consequently it is possible that patient experience was compromised.

Medical staffing numbers remain stable with adequate medical cover available during routine working hours for inpatient mental health and community health wards. Out of hours medical cover is provided by GPs for all our community health wards and Campion Unit. Out of hours medical cover is provided by Resident Doctors for the mental health wards with Consultant Psychiatrists providing on-call cover from home.

Six-monthly Safe Staffing Board Report April – September 2025

Overview.

The purpose of this report is to provide the board with a twice-yearly assessment and assurance in relation to safe staffing on our wards, as required in the NHS Improvement, Developing Working Safeguards document published in 2018.

To meet the requirements of the *Developing Workforce Safeguards* (2018) published by NHS Improvement (NHSI) the Trust need to:

1. Include a specific workforce statement in their annual governance statement – this will be assessed by NHSE.
2. Deploy enough suitably qualified, competent, skilled, and experienced staff to meet care and treatment needs safely and effectively.
3. Have a systematic approach of determining the number of staff and range of skills required to meet the needs of people using the service, always keeping them safe.
4. Use an approach that reflects current legislation and guidance where available.

This report is in addition to the monthly safe staffing report provided to the Finance Improvement and Performance Committee and Quality Performance Executive Group and published on the Trust internet; it provides detail on metrics and information used to assess both retrospective staffing safety and prospective staffing requirements.

The main ways used to review safe staffing establishments are:

1. Professional judgement (this is what staff and managers believe to be staffing needed)
2. Staffing review tool -Safer Nursing Care Tool (SNCT) /Mental Health Optimal Staffing Tool (MHOST) (these are nationally recognised/ NICE approved tools that calculate staffing needed to meet the care of the patients factoring in their acuity and dependency).

Wards enter data twice a day into the Safecare facility on Health Roster using the appropriate recognised tool for the ward speciality; this is presented as care hours per patient day (CHPPD). In this way data is collected consistently rather than previously as a 20-day snapshot.

Care Hours Per Patient Day (CHPPD) looks at an average number of hours each patient has of care provision each day, this allows us to benchmark across wards. Across our wards CHPPD does not include supernumerary staff such as the Ward Managers, Doctors, or Allied Health Professionals / Psychologists and therefore the actual hours of total care received from all professionals is slightly more than the CHPPD indicates.

The minimum staffing expectation of at least two registered staff on each ward for every shift remains a requirement. The exception to this minimum is on Campion ward where it was agreed that a skill-mix of one registered with three support workers was best able to meet with patient need at night. For this reporting period 2.05% of the shifts across the mental health wards had less than 2 registered staff (2.82% in previous 6 months and 3.5% for the same period last year), whilst the west community wards had 0.4% of their shifts and the east community wards had 0.0% of shifts with less than 2 registered nurses.

This reduction in shifts with less than 2 registered staff across our mental health wards, is in part due to a reduction in registered nursing vacancy with 10FTE more registered staff in post than this time last year and due to our ability to secure registered nursing staff through our temporary workforce .

Across the wards the e-roster tool (Optima) is used to support with rota completion. Temporary staffing, primarily through NHSP (and agency where this is not possible) provides support to fill any gaps in the rota or additional need. During the last 6 months 3.77% of our temporary staffing requests were unfilled. This is a decrease on the previous 6 months where 7.27% requests were unfilled.

In terms of ward configuration, the acute mental health wards have reduced their patient numbers from 22 to 18 to support a more therapeutic environment and align with national guidance on mental health ward sizes; baseline staffing has remained unchanged. In April, the acute wards have also moved to having one single sex male and one female ward, with the other two wards remaining mixed sex.

Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and executive leaders. The board should discuss the workforce plan in a public meeting. An effective workforce plan should be multidisciplinary, evidence-based, integrated with finance, activity, and performance plans, and directly involve leaders and managers of the service. The Director of People for the Trust leads on this piece of work.

Within the trust we have 'Our People and Culture Strategy 2025-2028' supported by our Inclusion, Culture and Equity Framework 2025-2028, the key areas of focus being Attract, Develop, Retain, and Improve. These key areas are translated into workstreams with specific measures and outcomes with updates reported to Board.

Our 2024 organisational national staff survey results demonstrate year on year improvement in staff perception of flexible working and helping staff to balance their work and home life with consistently above average scores in these areas. The results have also demonstrated that staff would recommend the organisation as a place to work achieving the best national results for the last 5 years, and that they have development opportunities, scoring best for opportunities to improve skill and knowledge (80.76%) and access to the right learning and development opportunities when staff need them (73.18%).

There are several initiatives in place to grow the workforce, these include Nurse Associate posts that have now been successfully embedded in several services across the organisation, apprenticeships, and a small number of international recruits. Most of the newly recruited nursing staff, particularly those across our mental health wards continue to be newly registered. There is a preceptorship programme and structured supervision sessions in place to support these staff which runs through their first year of employment. There is a process in place for ensuring that our apprenticeships are focused to areas of staffing challenge.

The Trust achieved the National Preceptorship Quality Mark in July 2025 in recognition of the standard of our preceptorship programme for nursing and allied Health Professionals.

To improve staff resilience, support and wellbeing, the Professional Nurse Advocate (PNA) programme commenced roll out in June 2021 and there are now 70 PNAs across the trust.

Sickness absence in general is higher than Trust average across our inpatient wards (table 7 & 8) although there are pockets of lower figures. The top three sickness absence reasons in terms of number of working days lost due to illness are: anxiety/ stress/ depression and other psychiatric illness, respiratory problems, and musculoskeletal problems. Temporary staffing is used to fill gaps in the rota as required when staff absence occurs due to sickness.

Prospective changes to wards and staffing

There are no changes anticipated across the wards over the next six months that will impact staffing; Henry Tudor ward continues to have capacity to take up to 29 patients (5 additional patients) when required and staffing is altered as patient numbers require this.

Summary

In summary, this review of ward staffing indicates that for the mental health and learning disability wards, the agreed establishment can meet the baseline rotas deemed necessary, and that sufficient staffing appears to have been available to meet the needs/ acuity of the patients. It is recognised that vacancy, sickness and fluctuating patient acuity means that additional staffing is required at times and therefore

temporary staffing continues to be used although around 70% of our temporary staffing are our own substantive staff undertaking additional shifts and staff are moved around the hospital to ensure that staffing is in the right place to best meet patient need.

To help support this perceived position real time data from our patient experience is reviewed, this is detailed within the main body of the report.

For the community wards, the review indicates that total nursing staffing was slightly lower than would be optimal for the acuity of the patients, with the exception of Jubilee ward that is indicating higher staffing than required, this is due to a need to provide additional staffing at night. However, when factoring in therapy staff available the wards were deemed to be safely staffed.

Declaration of safe staffing

Following the publication of Developing Workforce Safeguards (NHSI, 2018) there is a requirement as part of the safe staffing review for the Director of Nursing and Therapies and the Medical Director to confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.

Declaration by Director of Nursing and Therapies and Medical Director.

Over the last 6 months the wards have been considered to have been safe with no significant patient safety incidents occurring because of staffing levels. It is however recognised that at times during the reporting period nursing staffing on some of our wards was sub-optimal and consequently it is possible that patient experience was compromised.

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.

Community Nursing

In Community Nursing the Community Nursing Safer Staffing Tool (CNSST) was paused in June 2024 by NHSE whilst it was reviewed and was relaunched in January 2025 as CNSST II. Following a planned rollout, initial data was collected in June 2025. In line with NHSE guidelines the data cannot be used to analyse staffing levels until 2 data collections have been completed, there is a plan to undertake the 2nd data collection early in the new calendar year. This will then be reported into this 6 monthly paper.

Main report

Right Skills, right place, and time.

Berkshire Healthcare NHS Foundation Trust has the following wards:

- 1 Learning disability unit
- 7 Community hospital wards
- 7 Mental health wards

All the wards have a staffing establishment that includes an allowance of 24% for planned and unplanned leave (training, annual leave, sickness absence). Table 1 demonstrates the ward establishments, alongside shift patterns agreed with wards and senior leaders (professional judgement) and the establishment required to achieve that shift pattern.

All our Mental Health and Community Wards are staffed to provide two registered staff on every shift and the shifts with less than two registered staff on duty are seen as a red flag and highlighted in the local dashboard (table 2). For Campion Unit (Learning Disability unit) the agreed staffing levels are two registered nurses during the day and one registered nurse at night.

On shifts with less than two registered nursing staff there were senior clinical staff and therapy staff

working on the wards, as well as the wider senior leadership team during the week that provided support. Out of Hours there is a senior nurse covering Prospect Park mental health wards as well as on call arrangements covering all wards.

At Prospect Park and where community wards are co-located staff also move around the hospital to accommodate where this is required to meet patient need. Where this movement occurs the safecare tool will continue to reflect the original position and therefore an element of clinical judgement and review of overall position across wards is also used when making the assessment around safe care.

Table 1: Staffing establishment September 2025

Ward	Beds	FTE Establishment in budget 25/26	Professional judgement FTE	Planned shift pattern. (Early-late-night)
Bluebell	18	44.7	41.6wte + 1 ward manager + 0.5 DSN + 1 deputy ward manager = 44.1 FTE	7-8-6 activity coordinator inc on the late shift
Daisy	18	44.7	41.6wte + 1 ward manager + 0.5 DSN + 1 deputy ward manager = 44.1 FTE	7-8-6 activity coordinator inc on the late shift
Rose	18	44.7	41.6wte + 1 ward manager + 0.5 DSN + 1 deputy ward manager = 44.1 FTE	7-8-6 activity coordinator inc on the late shift
Snowdrop	18	44.7	41.6wte + 1 ward manager + 0.5 DSN + 1 deputy ward manager = 44.1 FTE	7-8-6 activity coordinator inc on the late shift
Orchid	20	61.32	57wte + 1 ward manager + 0.5 DSN + 1 deputy ward manager = 59.5 FTE	10-10-10
Rowan	20	61.32	57wte + 1 ward manager + 0.5 DSN + 1 deputy ward manager = 59.5 FTE	10-10-10
Sorrel	11	42.92	40.6 + 1 ward manager + 0.5 DSN + 1 deputy ward manager = 43.1 FTE	7-7-7
Campion	9	33	32+ 1 ward manager = 33FTE	7-7-5
WBCH	45	64.3	63.7 + 0.3 on Donnington and 0.3 Highclere as matron development lead. Ward Manager not in budget. = 64.3TFE	14-11-11
Oakwood	24	41.7	39.7 + 1 ward manager and 1 dep. ward manager/ matron = 41.7FTE	9-7-4
Wokingham	46	55.8	54+ 1 ward manager + 0.8 matron = 55.8FTE	13-10-7
Henry Tudor	24 (up to 29 when required)	41.5 (for 24 beds)	40.5 + 1 ward manager (When there is an increase in patient numbers temp staffing is used to achieve rota pattern). 41.5FTE	10-9-6
Jubilee	16	35.4 (does not factor in additional night staff member being used currently)	34.4 + 1 ward manager *There is a need to provide an additional nurse at night from a safety perspective (This is sourced via NHSP). =53.1FTE	Current 7-5-5 (usual pattern is 7-5-4) additional staff member at night

Establishment Review using Safecare data April 2025 to September 2025

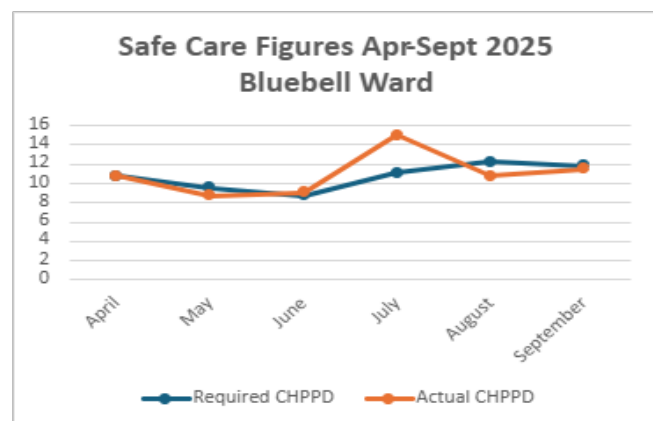
The Safecare tool is a software module within the Optima E- Roster system, it provides information on actual staff levels together with the acuity/ dependency of patients, this has been implemented across all wards and aids understanding of daily staffing need.

When workforce modelling is undertaken for the wards, the Keith Hurst dependency modelling tools are used to assist with the evidence data (these are nationally recognised, NICE approved tools), alongside benchmarking and professional judgement. For Mental Health wards the modelling tool used is the Mental Health Optimal Staffing Tool (MHOST) and the community wards use the Safer Nursing Care Tool (SNCT) as a basis for the dependency calculations. The wards now enter this data via Safecare twice a day, so average dependency is undertaken throughout the year rather than as a 20-day snapshot as it was previously.

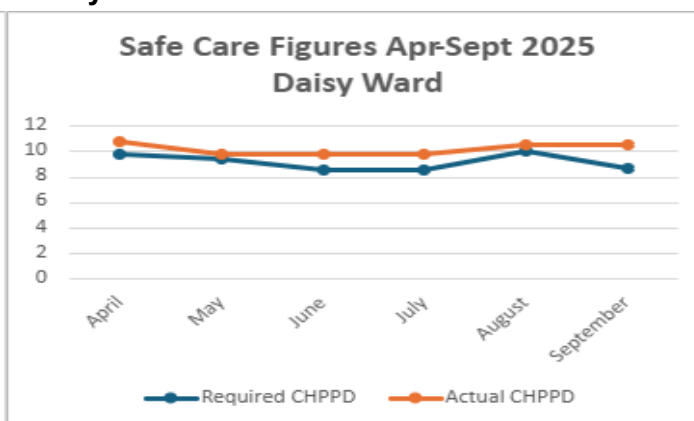
It is recognised that there is no tool specifically for dementia wards at present. These and older adult Mental Health wards often require increased staffing due to a combination of physical and mental health need that does not appear to be reflective of the available tools.

Acute Mental Health Wards

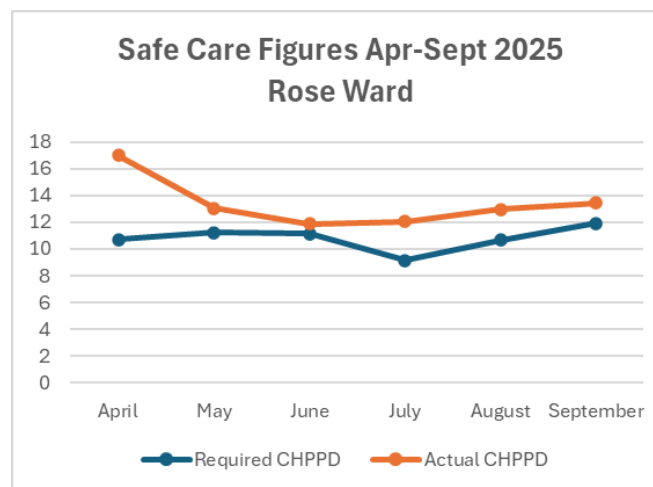
Bluebell Ward



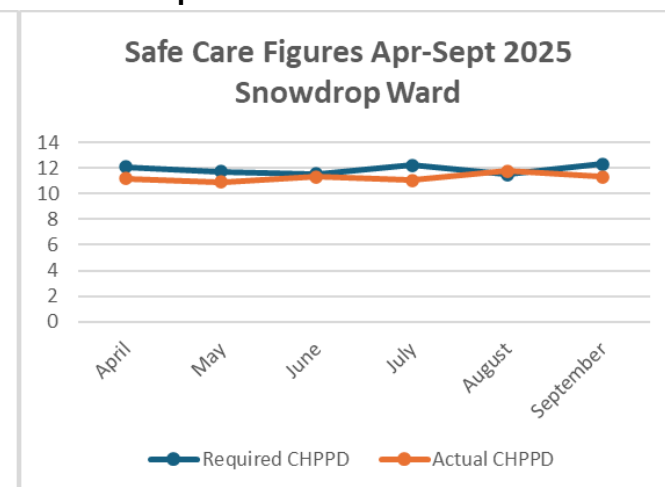
Daisy Ward



Rose Ward



Snowdrop Ward

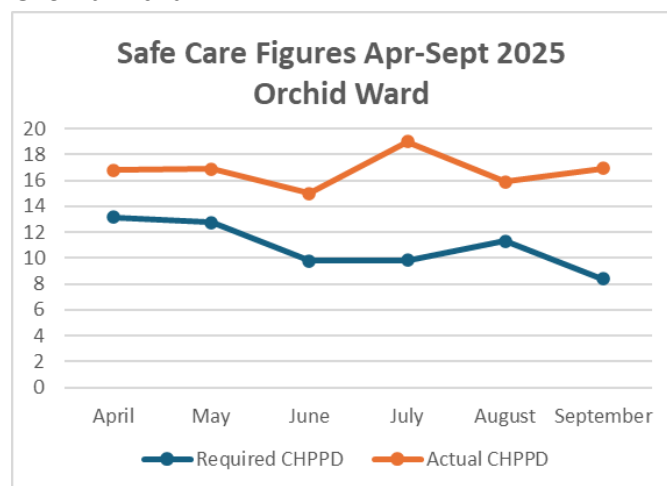


From the data, the acute mental health wards appear to have sufficient staff for the acuity of the patients. Total hospital staffing is considered throughout the day/ night, and staff do move to ensure all wards are safely staffed to continue to achieve this (there is a daily huddle involving each ward and senior staff across the mental health wards to review both staffing and patient acuity, this supports ensuring that we have the right staff in the right place).

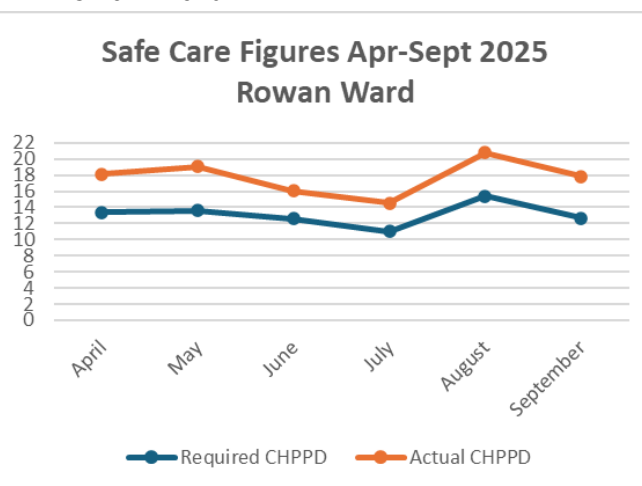
Patient feedback from the 140 surveys completed for the acute wards from 1st July to end September demonstrated an 85% overall positive score and 88% positive score for experience in relation to staff. The national Culture of Care Programme that the wards are participating in has a component around feeling of safety for both staff and patients which wards are exploring alongside patients and those with lived experience.

Older Mental Health Wards: April 2025 to September 2025

Orchid Ward



Rowan Ward

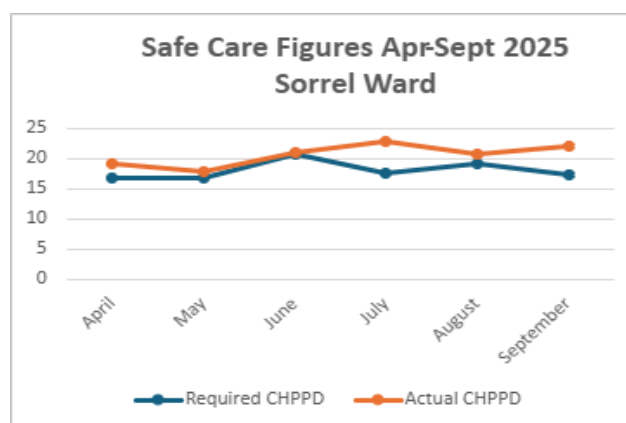


The data demonstrates that both older people's mental health wards were safely staffed during the last 6 months.

Patient feedback was received from 70 patients between 1st July and the end of September with an 88% positivity score for overall experience and 92% for their experience in relation to staff, as with the acute wards the older adult wards are participating in the Culture of Care program.

PICU: April 2025 to September 2025

Sorrel Ward



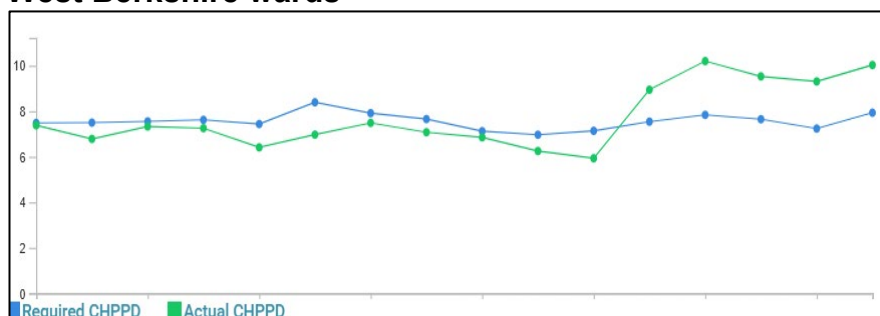
The data demonstrates that the staffing levels on Sorrel ward appear to be sufficient for the acuity of the patients.

40 patients completed the patient experience survey between 1st July and end September, 81% reported positively in relation to their experience. As with the other mental Health wards Sorrel is involved in the Culture of Care Programme.

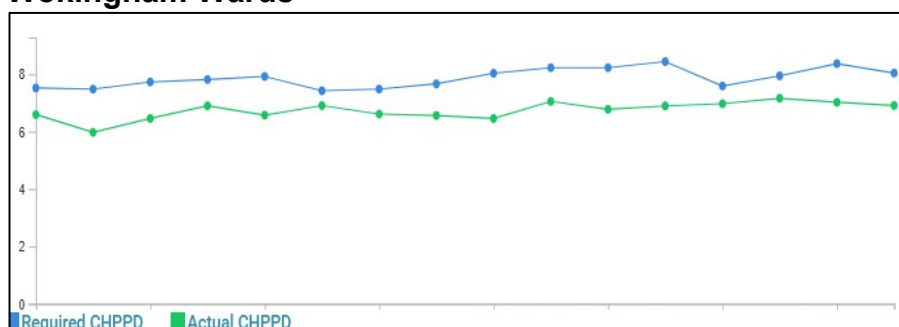
Safecare data Community Health Wards:

For the community wards, there was a pause in use of the safecare tool and data collection due to implementation of a new contract, therefore the data for the community wards is only available for September as below. The tool is now being used daily by all community wards again.

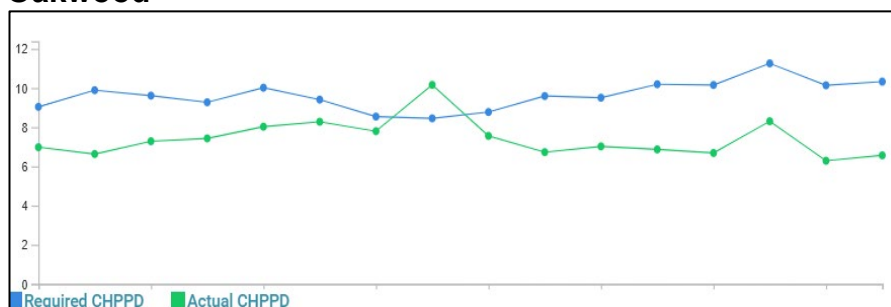
West Berkshire wards



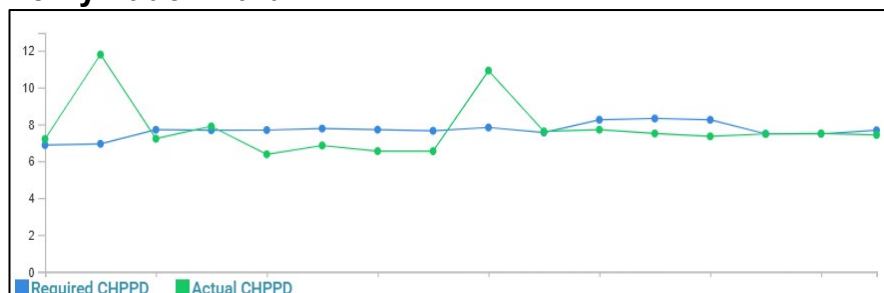
Wokingham Wards



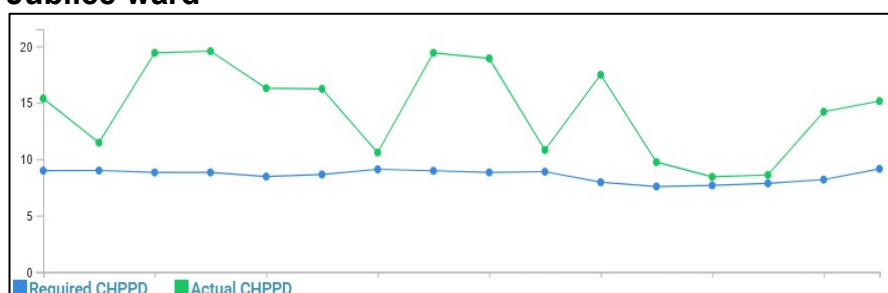
Oakwood



Henry Tudor Ward



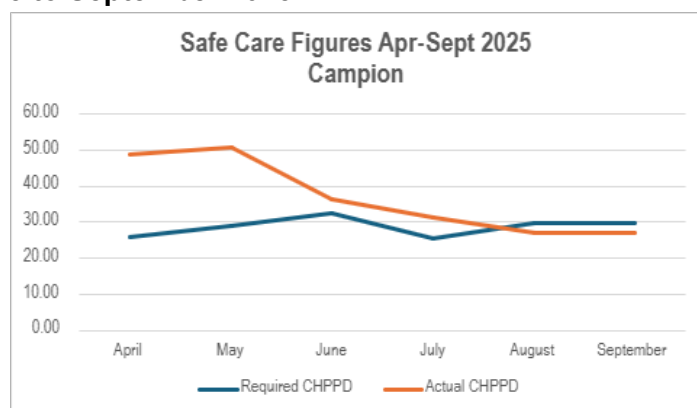
Jubilee ward



The safecare data indicates that the community wards (except Jubilee) have slightly less total nursing staff than would be indicated for the acuity and number of patients. However, when factoring supernumerary staff including allied health professional and ward manger/ matrons that are not included in the data the wards were deemed to be safe.

Alongside use of the safecare tool a review of the patient feedback between 1st July and end September has been undertaken, 371 reviews were completed during this period. The data demonstrated that 96% patients reported positively for overall experience and 95% of patients reported positively in terms of their experience in relation to staff.

Campion Ward April 2025 to September 2025



The Safecare data demonstrates that staffing levels were appropriate for the acuity of the patients on Campion ward.

There were only 3 reviews completed in our patient survey within the reporting timeframe, a 67% positivity score was recorded. 2 of the 3 patients gave a 5-star rating whilst one patient did not provide a score which would have skewed the data.

How we compare to Peers for Care Hours Per Patient Day (CHPPD)

The most recent data available on model Health is from June 2025. This data demonstrates that across all of our wards, our CHPPD by ward speciality is broadly aligned with our peers. We have slightly lower registered nursing than our peers but are generally aligned for total nursing and appear to have slightly more overall staffing when factoring in allied health professionals, this would indicate a richer skill – mix across our wards than some of our peers . For the older adult and learning disability wards we appear to have higher levels of total staffing and total nursing, the mix of physical and mental health acuity on the older adults' wards as well as differing trusts having differing patient cohorts on wards can impact on this.

ward speciality	Ward	Total Nursing and AHP	peer data	Total Nursing (Registered and Support Workers)	Peer data	Total Registered Nursing	peer data
Acute Mental Health Wards	Rose	12.81	10.92	11.8	10.6	3	4.13
	Bluebell	11.22		10.12		2.97	
	Daisy	11.3		10.15		2.9	
	Snowdrop	13.03		11.97		3.03	
Psychiatric Intensive care	Sorrel	23.86	23.65	22.41	23.7	5.08	7.03
Older Adult Mental Health	Orchid	17.15	11.62	15.7	11.6	3.25	4.13
	Rowan	18.78		17.3		3.17	
Learning Disability assessment and treatment	Campion	54.15	42.49	50.36	41	15.64	16.39
Community phsycial Health wards	Henry Tudor	9.67	8.2	7.25	7.87	3.26	4.16
	Jubilee	11.76		9.47		3.23	
	Oakwood	9.91		7.96		3.25	
	Wokingham - Ascot ward	9.22		7.46		3.4	
	Wokingham - Windsor ward	8.62		7.02		3.51	
	West Berks - Donnington	8.91		7.6		2.73	
	west Berks - Highclere	10.17		8.91		3.47	

Red flags

The ability to achieve a position of at least two registered staff on duty is perceived as a metric of quality (NICE; 2014 and 2018) and less than two registered staff is therefore considered as a red flag incident.

Table 2 demonstrates the number of occasions by ward and month where there were less than two registered nursing staff at the start of the shift. There has been a continued decrease in the number of shifts where there were less than 2 RNs over the last year from 203 (3.5%) this time last year, 140 (2.82%) in previous 6 months to 91 (2.05%) during this reporting period.

For all the wards where there are less than two registered nurses, senior staff, and ward managers (who are supernumerary to the safe staffing numbers) as well as other clinical staff such as Physiotherapy and Occupational Therapy provide support when available. For the wards at Prospect Park Hospital, the Duty Senior Nurse / senior Night practitioner is also available and able to take an overview of the wards and redeploy staff to areas of most need, as necessary.

Table 2: Wards and number of occasions where there were less than two registered nursing staff on duty*

	April 25	May 25	June 25	July 25	Aug 25	Sept 25	Total for ward
	Total	Total	Total	Total	Total	Total	
Bluebell	0	0	0	4	6	0	10
Daisy	3	0	0	0	4	0	7
Rose	3	3	0	1	4	10	21
Snowdrop	2	0	2	5	2	2	13
Orchid	7	6	0	1	3	1	18
Rowan	0	0	0	0	0	0	0
Sorrel	4	6	0	0	0	0	10
Campion	0	0	0	0	0	0	0
Donnington	0	0	0	0	0	0	0
Highclere	0	0	0	2	0	0	2
Oakwood	0	0	0	0	0	0	0
Ascot	2	2	1	0	3	1	9
Windsor	0	0	0	1	0	0	1
Henry Tudor	0	0	0	0	0	0	0
Jubilee	0	0	0	0	0	0	0
Total for month	21	17	3	14	22	14	91

*Supernumerary staff are not factored into our number of shifts with less than 2 registered staff therefore deployment of the supernumerary staff to the wards will have reduced these numbers.

Safety on our wards

The NHSE/I in its workforce safeguarding recommendations recommends organisations need to demonstrate effective governance and commitment to safety so boards can be assured that their workforce decisions, promote patient safety and comply with the Care Quality Commission's (CQC) fundamental standards. Therefore, it is just as important to have the appropriate staff capability alongside the number of staff to ensure that they can deliver a safe and quality service to all patients.

Quality indicators.

To monitor safety of care delivered on the wards the Director of Nursing and Therapies and the board reviews a range of quality indicators monthly alongside the daily staffing levels.

The indicators we use for this are:

Community Wards:

- Falls where the patient is found on the floor (an unobserved fall).
- Developed pressure ulcers.
- Patient on staff assaults.
- Moderate and above medication related incidents.

Mental Health Wards:

- AWOL (Absent without leave) and absconsion.
- Self-harm.
- Falls where the patient is found on the floor (an unobserved fall).
- Patient on patient physical assaults.
- Seclusion of patients.
- Use of prone restraint on patients.
- Patient on staff assaults.

Monthly discussions are held with senior staff from each ward area to discuss staffing data along with the listed indicators. Any concerns are highlighted in the monthly safer staffing board report and inform the safe staffing declaration provided by the Director of Nursing and Therapies.

Table 3: Quality metric for mental health inpatient wards and Campion (April 2025-September 2025).

Ward	AWOL	Falls	Patient on Patient Assault	Patient on Staff Assaults	Prone Restraint	Seclusion	Self-harm
Bluebell	10	25	45	85	2	5	153
Daisy	7	18	38	34	0	4	10
Rose	12	9	12	58	0	6	385
Snowdrop	13	7	16	71	1	3	160
Orchid	0	27	1	2	0	0	5
Rowan	1	20	9	34	0	4	0
Sorrel	0	5	11	40	2	17	6
Campion	1	3	4	76	0	2	22
Total	44	114	136	400	5	41	741

* Correct at time of report

There were no incidents reported to have occurred due to staffing levels during this period.

There are several Quality Improvement programmes and initiatives being undertaken across the Trust including reducing restrictive practice and reducing assaults. The mental health wards are participating in the national mental health ward Culture of Care programme (an NHS initiative aimed at improving the quality of care in mental health, learning disability, and autism inpatient settings by fostering a supportive and therapeutic environment for both patients and staff); this supports the embedding of the NHS England Culture of Care Standards using quality improvement and co-production. An element of the programme focuses on safety including risk, violence reduction and reducing restrictive practice.

Table 4: Quality metric for community physical health inpatient wards (April 2025-September 2025).

Ward	Medication incidents (moderate harm and above)	Falls	Pressure Ulcers developed Grade 2 and above where a lapse in care has been identified	Patient on Staff Assaults
Donnington	0	25	0	4
Highclere	0	13	0	10
Oakwood	0	15	0	2
Ascot	1	14	0	1
Windsor	0	7	0	1
Henry Tudor	0	9	0	2
Jubilee	0	3	0	0
Total	1	86	0	20

* Correct at time of report

There have been no incidents reported as a direct result of staffing levels during this period.

The Trust falls group considers all falls and identifies any areas for improvement; despite significant quality improvement work being undertaken the number of falls occurring across the wards during this 6 monthly time period has increased slightly (86 from 74 in previous reporting period). There has been a

decrease in alleged patient on staff assaults (28 to 20), with this remaining a key trust initiative to reduce all violence and aggression occurring across the Trust. Developed pressure ulcers where there was a lapse in care was zero for this reporting period. There is a Pressure Ulcer Oversight Group chaired by the Deputy Director of Safety and Quality which meets quarterly which has focussed on reducing and minimising the incidents of pressure damage across both in patient and community settings.

Table 5: Percentage Bed Occupancy April 2025 to September 2025

	Apr-25	May-25	June-25	Jul-25	Aug-25	Sep-25	Average
Bluebell	94.4	99.6	96.3	87.7	96.6	98.5	95.52
Daisy	100.3	98.9	98.5	99.5	98.4	98.5	99.02
Rose	96.1	95.6	96.3	98.4	98.0	92.8	96.20
Snowdrop	104.6	98	95.6	97.5	97.9	99.3	98.82
Orchid	94.2	80.6	81.8	92.1	91.3	88.4	88.07
Rowan	76.2	63.1	74	78.5	57.4	68.0	69.53
Sorrel	100.3	96.8	92.1	98.8	94.1	100	97.02
Campion	99.6	87.1	56.7	48.7	69.4	53.7	69.20
Donnington	93.2	88.7	87.2	87.4	83.3	94.1	88.98
Highclere	93.3	90.8	88.9	85.6	80.3	84.2	87.18
Oakwood	95.4	93.4	84.2	83.7	84.6	87.3	88.10
Ascot	98.9	88.5	92.3	86.1	64.2	86.1	86.02
Windsor	93.5	86.2	86.6	81.5	91.2	93.7	88.78
Henry Tudor	87.4	80.5	83.5	83.3	79.9	79.0	82.27
Jubilee	67.6	82.7	89	87.7	83.3	87.4	82.95

*Over 95% occupancy is flagged as a potential cause for concern.

Right skills

Recruitment and Retention

Berkshire Healthcare has a People and Culture Strategy supported by a with proactive work streams focusing on improved diversity, reducing violence, recruitment and retention including workforce pipeline, wellbeing, sickness absence.

Vacancies

Across the mental health wards registered nurse vacancies have varied during the last six months; however, we have seen positive improvement, vacancy at end September was 17.32FTE compared to 27FTE September 2024, recruitment of newly qualified staff to the wards during October has reduced our registered vacancy rate further.

Unregistered vacancies have also varied widely between 60.81 and 81.85 FTE. The mental health wards aim to have substantive recruitment into 85% of their vacancies utilizing temporary staffing for the remaining need as this provides flexibility to ensure safe staffing is deployed across the wards. Factoring this in, there are less vacancies that we are actively looking to recruit into.

The CHS wards have also had some staffing challenges although, like the mental health wards, we have seen vacancy reduce over the last 6 months and newly registered nurses taking up posts as they qualify in September/ October.

Temporary staffing, primarily through NHS Professionals (and agency where this is not possible) provides support to fill any gaps in the rota or additional need. During the last 6 months 3.77% of temporary staffing requests were unfilled, this is a decrease in the previous 6 months (7.27%). Campion unit continues to

have low vacancy rates.

Table 6: Full Time Equivalent (FTE) vacancy of registered nursing and healthcare worker for April 2025 to September 2025

		April	May	June	July	August	September
MH Wards	Registered	20.44	21.55	19.55	20.12	18.12	17.32
	Unregistered	71.47	69.47	60.81	77.56	81.85	80.72
CHS Wards	Registered	19.45	17.47	16.45	15.86	15.86	14.36
	Unregistered	14.89	14.21	15.21	15.87	18.87	18.67
Campion	Registered	-0.20	-0.20	-0.20	-0.20	-0.20	-0.20
	Unregistered	1.60	1.60	1.60	1.60	1.60	1.60

*Figures to fill to 100% establishment

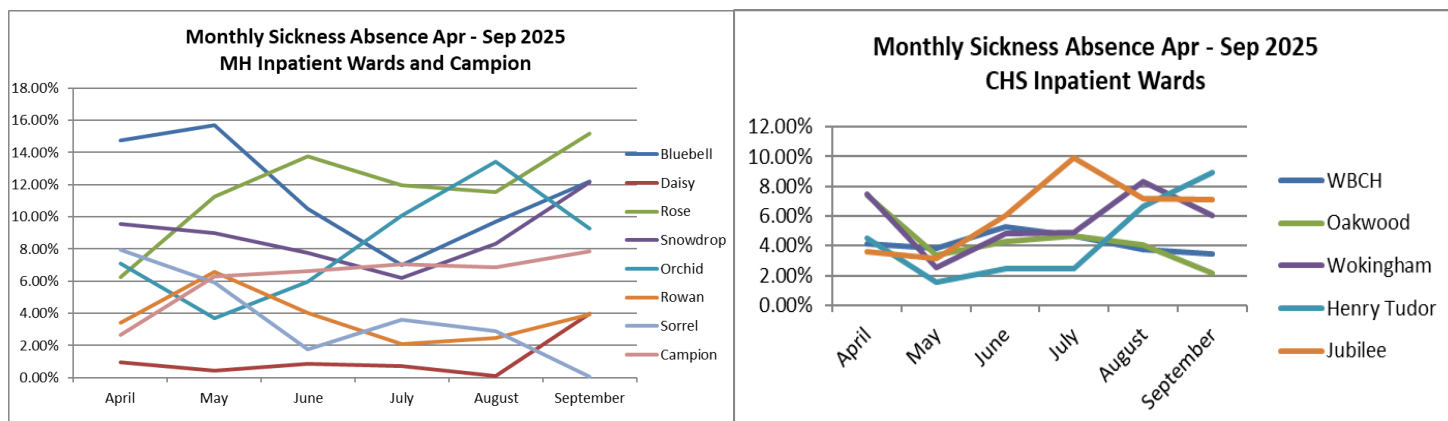
Sickness absence

During this reporting period there continues to be challenges which have impacted staffing due to sickness absence amongst our permanent workforce. Sickness absence in general is higher than the trust target of 3.5% and the organisational average of 4.5% as can be seen in table 7 and 8; there are however some significant variations across wards, this is due to a mix of long and short-term absence.

The top three sickness absence reasons in terms of number of working days lost due to illness are, anxiety/ stress/ depression and other psychiatric illness, respiratory problems and musculoskeletal problems; the most frequent reason in terms of number of staff affected are chest and respiratory problems, and cold, cough, and flu.

The Trust has a supporting attendance policy which supports appropriate action by staff and managers in relation to sickness related absenteeism. The Trust has occupational Health provision and an Employee Assistance Programme alongside support for support staff with both physical and mental health care needs including a health and wellbeing hub, access to MSK physio and the Professional Nurse Advocacy programme. There is also specific support for staff who have been involved in an incident or who are impacted by incidents of violence and aggression including dedicated support at Prospect Park hospital where most incidents of verbal and physical assaults against our staff occur.

Table 7 and 8: Monthly Sickness Absence Graphs April 2025 – September 2025



Temporary staffing

Table 9: Temporary staffing usage April 2025 -September 2025

	Total number temporary staffing shifts requested	Number of temporary shifts requested to fill registered staff gap	Total temporary shifts unfilled
PPH	13532	2286	370
West Community Wards	2873	1159	268
East Community Wards	1024	161	49
Campion	1562	427	30

The total number of temporary staff requests was 18,991 compared to 24,954 in the previous 6 months. The unfilled shifts were 3.77%, which is a decrease since the previous 6 months, which was 7.27%. The need for temporary staff continues to be driven by absences, vacancy and the need to increase staffing due to patient acuity.

Agency use across all our wards for both nursing and AHP over the 6-month period has been equivalent to no more than 2FTE in total each month spread across all community and Mental health wards. With most individual wards using around the equivalent of no more than 1-2 shifts a month, where they are unable to gain temporary staffing through NHSP and safety would be compromised.

Staff training

Staff training compliance along with clinical supervision is monitored by the divisions and into relevant committees, this along with preceptorship and supportive training and upskilling programmes ensures that staff have the right skills for the roles that they are undertaking. NHS professionals staff also have a training matrix agreed as appropriate for the roles that they are undertaking, with access to Berkshire Healthcare training where this is more specialist such as PMVA.

Ward staff are required to complete a number of statutory, mandatory, and essential training courses dependent on their roles for the purposes of this report key statutory and mandatory training is reviewed.

Table 10: Overview of wards training compliance (as a percentage of required staff trained)

UNIT	Manual Handling	Infection Control	PMVA	Inpatient Fire	Resus	Safeguarding
Rose Ward	100	85	100	89	100	100
Snowdrop Ward	87	92	88	98	100	100
Bluebell Ward	88	94	97	91	67	100
Daisy Ward	100	97	100	97	72	100
Sorrel Ward	100	86	100	83	92	100
Rowan Ward	88	93	100	98	83	100
Orchid Ward	88	93	80	98	86	100
Henry Tudor Ward	97	94	-	95	95	100
Jubilee Ward	93	93	-	90	100	100
WBCH	89	88	-	93	69	100
Oakwood Ward	95	97	-	95	100	100
Wokingham	92	94	-	97	88	100
Campion Unit	82	94	-	91	64	100

*The aim for all areas is to achieve 85% compliance. The exception to this is safeguarding where we aim for 90%.

There continues to be a focus on areas where compliance is not quite at the level we are aiming to achieve. Compliance is monitored through relevant meetings and groups as well as at service level. Staff on all of the wards have dates for completion of their Resus training over the coming months.

Alongside statutory, mandatory and essential training, a range of leadership and Organisational Development programmes for both individuals and services are also available for our staff.

Currently wards at Prospect Park hospital are participating in the national Culture of Care Programme (an NHS initiative aimed at improving the quality of care in mental health, learning disability, and autism inpatient settings by fostering a supportive and therapeutic environment for both patients and staff).

All the wards have access to a range of specialists able to provide support and advice for specific patients/situations, these include but are not limited to, for Mental health Physical Health, Drug and Alcohol specialist practitioners and the PMVA team, and for all wards tissue viability specialists, Dieticians, speech and language therapists and the infection control team.

Nurse Associates and nurses in training

The Trust currently has 28 nurse associates employed (27 in March 2025) and further 2 in training. Other nursing and Allied Health Professional apprenticeships are also being undertaken by our staff; this assists with supporting a pipeline of new staffing in addition to traditional recruitment. This includes Advanced Clinical Practice as well as entry level training.

Preceptorship

There is a preceptorship programme and structured supervision sessions in place to support these staff which runs through their first year of employment. In addition, there is a programme called 'Reaching my potential' which is open to all band 5 staff and aimed at supporting improved resilience and confidence.

The Trust achieved the National Preceptorship Quality Mark in July 2025 in recognition of the standard of Our preceptorship programme for nursing and allied Health Professionals.

Professional Nurse Advocate (PNA) Programme

We currently have 70 qualified PNAs and ongoing interest to complete this programme. The PNA role involves providing restorative supervision which is aimed at improving wellbeing as staff feel supported and listened to, this in turn supports staff retention. The PNA programme is a Health Education England initiative which has been a requirement in midwifery for some years. It has been rolled out nationally across healthcare. At Berkshire Healthcare the PNA focus is to assist with ensuring the availability of SPACE (reflective supervision) groups for clinical physical healthcare staff, this is well established across the mental health clinical staff teams. Work is being undertaken in collaboration with our psychological support and mental health teams to ensure that this is also embedded across our physical health wards.

Services with Nursing in the community

We are starting to consider how we might report on other community services with nursing; whilst there is no safer staffing tools available, we do have annual benchmarking data for some services and are commencing monthly reporting against planned establishment, sickness and some of the key metrics used for the wards in the monthly safe staffing report. We will develop reporting of this further over the coming months.

As part of the annual planning cycle all clinical services are being asked to make a judgement on current staffing in context of national and local requirements. This data will be used to help inform service planning for the new financial year.

Ongoing improvement work

- Continue to deliver the training and monitor recording of CNSST II data to ensure consistent recording and reporting twice yearly.
- Continued recruitment and retention effort as detailed within recruitment and retention workstream of the People plan.
- Review data available that will support the ability to demonstrate that we are satisfied that the level of nursing staffing/ skill mix across our community services remains appropriate.

Trust Board Paper

Board Meeting Date	11 November 2025
Title	Getting the Basics Right for Resident Doctors: Ten Point Plan Report
	Item for Noting
Reason for the Report going to the Trust Board	To fulfil the Board level reporting requirements set by NHS England that the actions detailed in the 10-point plan are being progressed and that any required improvements will be implemented to achieve the 10-point plan.
Business Area	Medical Director
Author	Executive Lead: Medical Director Peer Lead: Micheala Sasse Resident Doctor Representative Amanda Mollett: Associate Director of Medical Development, Clinical Effectiveness and Clinical Audit
Relevant Strategic Objectives	Workforce Ambition: We will make the Trust a great place to work for everyone

Summary	On 29th August 2025, NHS England published: Getting the basics right for resident doctors: 10 Point Plan. It set 10 ways in which NHSE and Trusts are required to improve resident doctors working conditions over the next 12 weeks and further milestones extending into 2026. To ensure meaningful progress, it will be formally incorporated into the new NHS Oversight Framework. From Autumn 2025 NHS England will begin publishing trust-level data on the following indicators as part of the NHS Oversight Framework: • access to basic facilities (lockers, rest areas, hot meals, on-call parking spaces) • work schedule and rota notice compliance • self/preferential e-rostering • payroll errors • board-level reporting and assurance A key element of the plan is the requirement for all NHS trust boards to appoint 2 named leads: one senior leader responsible for resident doctor issues, and one peer representative who is a resident doctor. The senior lead must be an Executive, the Medical Director has this role, the resident doctors proposed Micheala Sasse Resident Doctor Representative as the peer lead, and she will take on this role for 1 year. To meet the requirements a working group was set up with our resident doctors' representatives to develop an action plan and assurance framework. The attached plan details our current baseline and the actions required to meet the individual 10 points. Whilst we are currently on track to meet all the required timeframes and actions that have currently been set, several actions consist of a review or audit of the current status, it is anticipated that further metrics of compliance will be identified by NHSE following these initial steps and data submissions. Key areas which are being worked through currently and may have potential resource implications due to process and reporting requirements are: • Annual Leave processes – centralised rota required for trust level oversight • Payroll improvement process
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	Implementation of the new national framework for exception reporting. The Board is asked to note the action plan's progress and assurance provided that we are on track to meet with the current objectives set by NHS England.
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QPEG Residential Doctors 10 Point Plan Action Log Dashboard Summary

Prepared by Emma Walsh, 18/09/25

Metric	Number	% of Total
Total Actions	25	100%
Completed	9	36%
On Track	12	48%
Overdue	0	0%
Causes for Concern (risk of becoming overdue)	0	0%
Pending - Dependent (action creation reliant on an action in progress)	3	12%
TBC (to be confirmed - no action agreed yet)	1	4%
% Check (should equal 100%)		100%
Date (last updated)		30/10/2025

Note: Green = Completed | Red = Overdue | Amber = At risk/ Pending/ TBC | White = On Track

QPEG Residential Doctors 10 Point Plan Action Log			Status Colour Code Key: Red = Overdue Amber = At risk/ Pending/ TBC White = On track Grey Highlight = Completed Purple Highlight = Linked not direct action					
Prepared by Emma Walsh								
No.	Action Point to be Achieved	Current State	Action	Action Lead	Action Deadline Date	Update	Status	Action Completion Date
Initial Recommended Actions								
1	Encourage boards or executive teams to meet with resident doctors committee to discuss issues addressed in plan and any other local concerns	18/09/25: Board Assurance Framework oversight through QPEG and Board meetings. Papers prep support from Amanda Mollett. 26/09/25: Tolu Olusoga invited to join working group meetings as an Executive Director and plans to attend the Resident Doctors Forum twice yearly.	To take to Oct QPEG & Nov Board: QPEG: 20/10 (papers due 06/10); Board: 11/11 (papers due 27/10).	Amanda Mollett & Peer Reps	13/10/2025	09/10/25: Plan to take to Oct QPEG and Board meeting with senior and peer representatives.	Completed	09/10/2025
1. Improve workplace wellbeing for our resident doctors External Action Deadline Date: 26/11/25 Trusts are expected to take meaningful steps to improve the working environment for resident doctors. Issues will vary by location, so trusts can adapt implementation to reflect local needs and operational realities in these and other areas. This audit and subsequent plans must be approved by the trust's people committee or equivalent body. Trusts will be expected to provide updates for national reporting on progress.								
1	Within 12 weeks: Conduct a self-assessment of the feasibility of improving priority areas and develop action plans to address any gaps	11/09/25: Discussed and baseline assessment survey draft completed in Working Group Meeting. Survey completed and submitted by deadline.	1. To confirm answer to Q24. 2. To confirm answers re. payroll and study leave/ expenses. 3. To complete baseline assessment MS Form and submit. 4. To develop action plan at Working Group Meetings.	Hardip Joham Amanda Mollett Emma Walsh	26/11/2025	11/09/25: Baseline assessment submitted and a copy is saved in MS Forms and word template for reference. 29/09/25: Fortnightly working group meetings scheduled, teams channel and chat with shared files implemented. Process in place to monitor, chase, update, and escalate actions. Assurance framework in development linked to action log.	Completed	29/09/2025
2	Where possible, [provide designated on-call parking spaces]	Action is where possible and not mandated. 11/09/25: On-call spaces not available. Main issue leaving late and shift times. RDs would like two spaces near entrance in well-lit area at PPH. 26/09/25: Parking at PPH is not an issue out of hours. The main challenge arises when RDs are on call during the day and return to site (Mon–Fri, 9am–5pm) and struggle to park often having to return to their cars off site at night. Any changes to car spaces would need to go through the appropriate channels, as this may affect other staff groups. 10/10/25: RDs gathered feedback from colleagues on frequency and impact to better understand the scale of the issue to determine whether implementation action is required.	1. Amanda Mollett to liaise with Rose and Theresa to progress implementation and oversight. 2. Alison Rees to coordinate with Steph Gould who will arrange installation and provide timeline for implementation for the November Board report. 3. Usage to be reviewed after six months to assess need for an additional space, noting daytime on-call access remains challenging.	Allison Rees	26/11/2025	26/09/25: Estates have confirmed feasibility of allocating two on-call bays near PPH main reception. Need to consider unintended consequences and the feasibility of this action- Rose Hombo and Theresa to over oversight of this plan in regards to any changes are PPH. Amanda Mollett to discuss with them and identify any groups or committees this needs to be discussed/ agreed at. Subject to this next steps are to agree signage wording, confirm funding source, and submit a variation request to ISS. Estates recommend no site-wide comms; any queries will be directed to NHSE 10 Point Plan guidance. Estates have indicated an estimated £200–£400; a formal quote will depend on agreed signage wording. 10/10/25: Executive discussion confirmed national expectation that RDs should not be required to walk long distances when attending site on-call. It has been agreed to allocate one designated on-call parking space near the PPH entrance. Tolu Olusoga confirmed funding and rellietare this is a key national driver.	On track	
3	The autonomy to complete portfolio and self-directed learning from an appropriate location for them	11/09/25: F1s - entitlement is 2 hours per week (prefer 1 day a month). Not all consultants or RDs aware of entitlement. Logistically possible, awareness needs improvement.	Nav Sodhi to send email raising awareness to supervising consultants that F1s can have 1 day a month instead of 2 hours a week.	Nav Sodhi	26/11/2025	10/10/25: Foundation Year doctors have coordinated and agreed consultant provision of one day per month. Supervising consultants to be formally informed that allocation in this way is permitted.	On track	
			Add entitlement information into RD induction.	Deborah Hoyte	26/11/2025	10/10/25: Additional unlinked action includes Joel Richardson to liaise with Amanda Mollett regarding unrelated induction areas requiring review.	On track	
			To find out what the core trainees entitlement is.	TBC	26/11/2025		TBC	
4	Access to mess facilities, rest areas and lockers in all hospitals, including new builds.	11/09/25: Lockers in place and do not believe more are required. Facilities are good.	No further action required.	N/A	N/A	N/A	Completed	11/09/2025
5	A 24/7 out-of-hours menu offering hot meals and cold snacks for staff	11/09/25: At PPH, new hot food vending machine on trial.	No action currently but to check when trial reviewed	Allison Rees	26/09/2025	NK and SG confirmed hot vending machine is not on trial and is permanent.	Completed	19/09/2025
2. Resident doctors should receive work schedules and rota information as per the requirements of the Rota Code of Practice External Action Deadline Date: 26/11/25 Performance data must be submitted by trusts, and NHS England will monitor and report on national compliance across all stages of the process								
1	From now, and for all rotations going forward NHS England must provide at least 90% of trainee information to trusts 12 weeks prior to rotations commencing.	Data delays from NHSE may impact Trust timelines for progressing related actions.	Medical staffing to track when information is received from NHS England.	Amanda Mollett Deborah Hoyte	10/10/2025	06/10/25: AM confirmed medical staffing process in place.	Completed	06/10/2025
2	From now, Trusts must use this information to ensure that resident doctors receive their work schedules at least 8 weeks in advance and detailed rotas no later than 6 weeks before the rotation begins.	26/09/25: Timescales are being met. 06/10/25: Some delays in receiving information from the Lead Employer, creating a risk of breaching the 8-week timeframe.	Establish a process within Medical Staffing to track and clearly identify issues affecting Resident Doctors, including the source of the issue and whether it is within the Trust's control, to ensure appropriate and timely action is taken to provide support.	Deborah Hoyte James Jeffs Babu Mani	10/10/2025	06/10/25: AM confirmed medical staffing process in place.	Completed	06/10/2025
3	From now, Trusts must use this information to ensure that resident doctors receive their work schedules at least 8 weeks in advance and detailed rotas no later than 6 weeks before the rotation begins.	11/09/25: Rotas previously issued less than 6 weeks in advance, impacting annual leave coordination as doctors were unsure who to align leave with. 26/09/25: Timescales now being met (rotas issued at least 6 weeks in advance).	The SpR rota for December is currently being planned and will be issued in due course.	Medical Staffing James Jeffs Babu Mani	13/10/2025	06/10/25: Rota to be issued by the week commencing 13 October to meet the requirement. 10/10/25: Amanda Mollett to liaise with Babu Mani to ensure progress remains on track.	On track	
4	Linked not direct action Occupational health, adjustments and contracted hours information for rotas.	26/09/25: Medical staffing receive names of incoming doctors but not whether they are full-time, part-time, or have occupational health exemptions (e.g. nights/on-calls). Current process relies on doctors self-declaring status; gaps in this lead to late identification after rotas are made, creating rota challenges.	A piece of work is underway to address how occupational health information and adjustments are captured at point of entry to avoid these knock-on effects.	Hardip Johal	13/10/2025	10/10/25: Occupational Health impact on rotas recognised. Hardip Johal currently reviewing and addressing the issue.	On track	
3. Resident doctors should be able to take annual leave in a fair and equitable way which enables wellbeing External Action Deadline Date: 26/11/25 It is vital that leave is allocated in a way that meets individual needs while maintaining service delivery. This review will identify areas for improvement and lead to clear recommendations to ensure a more consistent, transparent and supportive approach across all trusts.								
1		26/09/25: Annual leave approval varies by consultant and ward. Process relies on manual leave cards (or emails) signed by consultants if cover is arranged, though application is inconsistent. No formal tracking system (e-roster resisted previously due to concerns about unintended consequences/financial implications). On-call swaps managed by doctors. GMC guidance places responsibility on doctors to ensure safe cover. Tolu Olusoga has	Amanda Mollett to review the history of previous e-roster discussions/ decisions, to understand barriers and opportunities for improving annual leave (AL) management for Resident Doctors.	Amanda Mollett	01/11/205	10/10/25: No concerns about annual leave. Plan in place to review the rota system with a move from paper-based annual leave booking to an electronic system.	On track	

2	Within 12 weeks: Conduct a review of how annual leave is currently agreed and managed for our resident doctors.	expressed interest in revisiting e-roster (annual leave/sickness) and a separate working group may be needed. Other systems used but other trusts (e.g. Rota Geek) record leave, sickness, and on-calls effectively; sickness for RDs is not consistently recorded. Consultants are informed and copy in medical staffing, but no action is taken with this data until ARCP (days collated annually). Lack of timely processes may impact payroll accuracy, wellbeing, and governance. No robust system currently in place for RD annual leave and sickness management.	Separate working group to be arranged focusing on annual leave.	Amanda Mollett	01/11/2025	06/10/25: Working group on electronic rota system. Meeting with Westcall on 09/10/25 & RNH medical staffing meeting booked for week commencing 13/10/25.	On track	
4. All NHS trust boards must appoint 2 named leads: one senior leader responsible for resident doctor issues, and one peer representative who is a resident doctor. Both should report to the board. External Action Deadline Date: 07/10/25 The resident doctor lead will act as a peer representative and enable trust boards to hear directly from resident doctors themselves. They should be invited to attend board level discussions on issues which specifically relate to improving doctors' working lives.								
1	Within 6 weeks, trusts should: appoint a senior named lead for resident doctors' issues (where one is not already in place), and a resident doctor peer representative, to report to the board. The senior lead will formally take on this responsibility within an existing role, supported by a national role specification to be published by NHS England in September.	NHS England published a national role specification for the board lead. Published 15th September: Executive Level Lead Medical Director and Peer Lead for RDs confirmed.	Resident Doctors to discuss with Mohamed Sayed and agree collectively on the decision.	Mohamed Sayed Joel Richardson Micheala Sasse	08/10/2025	06/10/25: Email sent to MS & MS requesting update. EW. One will attend Board in November and they may share the role. All attend the working group. 09/10/25: Email from AM to MS, MS & JL with NHSE guidance and role attached. 10/10/25: Senior Lead: Tolu Olusoga. Peer Representative: Micheala Sasse. Peer rep does not need to attend board however RDs will approve paper. Details to be provided to national office.	Completed	10/10/2025
2	Boards should also ensure their executive teams engage directly with resident doctors to understand local working conditions and priorities. This should be supported by national and local data sources (for example, GMC/NET Survey), with improvement plans developed with the same rigour as staff survey responses.	11/09/25: Executive engagement in place through Tolu Olusoga. GMC action plan established. Awaiting Resident Doctor meeting outcomes. LNC meetings include executive representation.	GMC action plan completed by James Jeffs with RDs	Amanda Mollett	26/09/2025	06/10/25: Discussed in 10 Point Plan Working Group. Action plan in place and being progressed through Resident Doctor and LNC channels.	Completed	06/10/2025
5. Resident doctors should never experience payroll errors due to rotations External Action Deadline Date: 26/11/25 Following a successful pilot that has reduced errors by half, we are extending the learning from this work to all NHS trusts.								
1	Within 12 weeks: Participate in the current roll out of the national payroll improvement programme	National Payroll Improvement Programme is a Trustwide workforce initiative, not specific to RDs.	Amanda Mollett booked on national webinar on 26/09. Payroll has also attended. Update to be provided after attendance.	Amanda Mollett	26/09/2025	15/09/25: Email from Simon Perham confirming Darren from payroll attended webinar on 11/09/25. 06/10/25: AM attended national webinar. Payroll errors are to be monitored through the Medical Staffing team, as there is currently no central tracking system (a position consistent with other NHS trusts). In most cases, Trust overpayments are monitored, but underpayments are not. RBH Payroll does not currently track payroll errors. A Trustwide Board Assurance Framework on payroll errors is being developed.	Completed	10/10/2025
2	Ensure that payroll errors as a result of rotations are reduced by a minimum of 90% by March 2026.	26/09/25: Payroll errors can and do occur due to human error when selecting codes in ESR. 09/10/25: Issue not previously recorded. Eight cases identified in the August rotation due to incorrect rota allowance being selected. On-call rota was also sent to the Lead Employer late, linked to absence of substantive staff within Medical Staffing during the August rotation.	Medical Staffing to log errors that are reported to them.	Deborah Hoyte Simon Perham	31/03/2026	10/10/25: October payroll errors have been resolved. Deborah Hoyte contacted all affected staff. Requested to contact Amanda Mollett and/ or Deborah Hoyte if any issues. RDs have communicated and will continue to share information to otehr RDS through different channels including WhatsApp. Process in place for Medical Staffing to log type of payroll errors in realtime and create actions for improvement as required.	On track	
3	All organisations are required to establish a board-level governance framework to monitor and report payroll accuracy and begin national reporting as required.	Webinar: National-level payroll processes apply to all workforce groups, not solely Medical Staffing. Board-level governance and oversight will be managed at a Trustwide level.	Amanda Mollett to discuss with Jane Nicholson.	Jane Nicholson	26/11/2026	10/10/25: Trust-wide requirement. Amanda Mollett overseeing RDs pay to ensure accuracy and implementing improvement actions as needed.	On track	
6. No resident doctor will unnecessarily repeat statutory and mandatory training when rotating External Action Deadline Date: 26/11/25								
1	Within the next 12 weeks if they are not already doing so, every trust should: Comply with agreements set out in the MoU signed by all trusts in May 2025 by ensuring acceptance of prior training.	Under review nationally via SECEG; Berkshire Healthcare awaiting outcome. HR confirmed plan to escalate at the end of September; feedback channels already in use.	1. Monitor outcome of SECEG review on Adult Resus Level 2 (e-learning). 2. Track HR escalation of exceptions to the national Stat/Mand review (end of September) 3. Hardip Johal will follow up with Mike Thomas to confirm progress and next steps with aim to implement for December 2025 intake.	Mike Thomas/ Hardip Johal	26/11/2025	22/09/25: The Trust requires local training at point of entry for high-risk manual handling, inpatient/community fire safety, and CPALS paediatric/adult resus, as CSTF content is acute-focused and does not reflect community/mental health needs. These requirements currently affect very few Resident Drs (only one for resus) and will remain in place until CSTF is revised or SMEs confirm risks are resolved. Feedback has been escalated nationally, with the next escalation due Sept 2025, and requirements will be revisited alongside the national framework reform in April 2026. 10/10/25: Hardip Johal confirmed receipt of an update from Mike Thomas; the work remains ongoing with further meetings scheduled for 14/10/25 and a national statutory/ mandatory review the following week. Amanda highlighted importance of completion before the next December rotation, noting the main rotation in February. Tolu Olusoga reiterated measures must be in place before December to avoid RDs repeating valid training already completed at previous trusts.	On track	
2	By April 2026, NHS England will: reform the entire approach to statutory and mandatory training with a revised framework as outlined in the 10 Year Health Plan for England.	TBC	No action currently until reform	TBC	30/04/2026		Pending - Dependent	
7. Resident doctors should be enabled and encouraged to Exception Report to better support doctors working beyond their contracted hours External Action Deadline Date: 30/11/25 The changes should clarify the reporting process for resident doctors, ensure they are better fairly compensated for the additional hours they are required to work, and will ensure the safety of their rotation hours. We are committed to implementing these reforms as soon as possible.								
1	A new national Framework Agreement for Exception Reporting was agreed on 31 March 2025 and will be rolled out for implementation in due course.	11/09/25: A new national Framework Agreement for Exception Reporting was agreed on 31 March 2025, with implementation due by 04 February 2026. Local process remains unclear for RBH-employed F1s reporting while placed at Berkshire Healthcare. Malar GSW to ensure BHFT meets requirements. Host organisations will need to provide Resident Doctors with access to their exception reporting systems during placements. A monthly return to the Lead Employer and NHSE, potentially via Payroll, will be required once NHSE communicates the new process. Revised terms and conditions were published on 19 September, with further employer guidance and software updates expected to support implementation. Once issued, current practice will be reviewed and updated to ensure compliance. 02/10/25: Implementation across trusts confirmed for February 2026. The Lead (MS) will provide updates to the RD Working Group in due course.	08/10/25: Amanda Mollett meeting with supplier for Exception Reporting (DSR4 → DR55) alongside Malar and Babu to ensure system upgrade supports implementation of the new Framework Agreement.	Amanda Mollett GOSW Mala DME Babu Mani	01/12/2025	10/10/25: Amanda Mollett confirmed progress on transitioning from DSR4 to DR55 to align with the new national Exception Reporting Framework. Work is ongoing between the supplier, Guardian of Safe Working, Deborah Hoyte, and Babu Mani to ensure compliance. The supplier is expected to attend the RDs Forum on 06/11/25 to provide an update and demonstrate the upgraded system. The new platform will support compliant exception reporting and ensure associated payment processes function appropriately.	On track	
8. Resident doctors should receive reimbursement for course-related expenses within 4 to 6 weeks of submitting their claims External Action Deadline Date: 26/11/25 We will transition nationally from an approach where expenses for approved study leave are reimbursed only after a resident doctor has attended a course/activity, to one where reimbursement is provided as soon as possible after the expense is incurred.								

1	Within the next 12 weeks every trust should: Review their current processes to ensure they can reimburse resident doctors upon submission of valid receipts for all approved study leave-related expenses, including travel and subsistence.	10/10/25: Existing exception reporting system (DSR4) in place and functioning, but not compliant with the new national Framework. Transition to DRS5 underway with supplier engagement to ensure system compliance and readiness ahead of implementation.	Take link from intranet and email to everyone with process.	Amanda Mollett Deborah Hoyte Hardip Johal	26/11/2025	26/09/25: Accent system does not allow pre-attendance payment. Work around in place in exceptional circumstances enabling earlier payment using EASY expenses system. 06/10/25: AM confirmed expenses process email was sent. 09/10/25: Email sent to DH to requesting to resend expenses process to RDs. EW. 10/10/25: Issue rasied regarding approver, if not Amanda Mollett or Deborah Hoyte request for RDs to contact directly so it can be resolved. Deborah Hoyte confirmed in process of resending expenses process to all RDs.	On track	
9. We will reduce the impact of rotations upon resident doctors' lives while maintaining service delivery External Action Deadline Date: 26/11/25 A review of how rotations are managed is now underway and is being led by the Department for Health and Social Care (DHSC) in conjunction with the British Medical Association (BMA). NHS England is working closely with the BMA to fully understand trainees' concerns and to find constructive and workable solutions to address their needs as a matter of priority.								
1	Within 12 weeks, NHS England will: develop and launch suggested pilots of reformed rotational changes, while continuing to look at wider reform.	Awaiting NHS England directive.	TBC	TBC	26/11/2025	TBC	Pending - Dependent	
10. We will minimise the practical impact upon resident doctors of having to move employers when they rotate, by expanding the Lead Employer model External Action Deadline Date: 31/10/25 NHS England is committed to extending the Lead Employer model to cover all resident doctors and dentists in training. This change will eliminate the need for trainees to change employers with each rotation, reducing duplication and administrative errors while improving continuity, efficiency, and the overall training experience.								
1	By October 2025, NHS England will: develop a comprehensive and financially sustainable roadmap, underpinned by a robust business case. This will include detailed recommendations on costing and funding, service catalogue requirements, and pricing models for national implementation. The roadmap will provide a clear framework for expanding Lead Employer arrangements across the system.	Awaiting NHS England directive.	TBC	TBC	31/10/2025	TBC	Pending - Dependent	

Trust Board Paper

Board Meeting Date	11 November 2025
Title	Executive Report
	Item for Noting
Reason for the Report going to the Trust Board	The Executive Report is a standing item on the Trust Board agenda. This Executive Report updates the Trust Board on significant events since it last met. The Trust Board is requested to seek note the report and to seek any clarification on the issues covered in the report.
Business Area	Corporate Governance
Author	Chief Executive
Relevant Strategic Objectives	The Executive Report is relevant to all the Trust's Strategic Objectives

Trust Board Meeting – 11 November 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. Appointment of a New Chief Operating Officer

Theresa Wyles has been appointed as the Trust's new Chief Operating Officer. Theresa was appointed as the Interim Chief Operating Officer following the departure of Tehmeena Ajmal in March 2025. Theresa was appointed to the substantive role following a robust recruitment process. Prior to her interim role, Theresa was Director of Mental Health Services at the Trust.

Executive Lead: Julian Emms, Chief Executive

3. Staff Winter Flu Vaccination Report November 2025

Seasonal flu vaccination remains a critically important public health intervention and a key priority for 2025-26 as part of protecting the public and staff over the winter months.

In the Core NHS standard contract for 2025/26, flu vaccinations for frontline healthcare workers is retained as an employer responsibility to offer and deliver the flu vaccine.

The national aim is to offer vaccinations to 100% of frontline healthcare workers, with a minimum uptake of 5% higher than last year, we are aiming for at least 50%. We offer the vaccination to all of our staff.

We commenced our vaccination programme at beginning October and are providing vaccinations through a variety of means including clinics, peer vaccinators and, recognising that many staff live outside of Berkshire and/or work from home also offer vouchers for flu vaccination. Staff are also encouraged to let us know if they have received their vaccine through other means such as GP or local clinic.

Whole organisational uptake of flu vaccination as of end October is 25.82%

Frontline workers update of flu vaccination as of end October is 25.36%

Directorate	% Uptake
Central Services	31.88%
Mental Health Services	19.63%

Directorate	% Uptake
Community Health Services	25.85%
Children, Family and All Age Services	31.46%

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

4. District Nursing – National Picture

Ahead of the government's new NHS Workforce Plan, a Nuffield Trust report reveals that from 2009/10 to 2023/24, the number of district nurses fell by 43% (an estimated 55% when taking into account growing patient need), while the need for the service is estimated to have risen by 24%. The Nuffield Trust says that this trend must be urgently addressed, and restoring the service to 2009 levels, relative to current population, could cost £376m.

The analysis also found concerning variation in patient access to services across the country, with the number of staff recorded in district nurse roles significantly higher in the North West (13.7 nurses per 100,000 needs-weighted population), but lower in the East (2.8), South East (3.3) and South West (4.4).

Further findings include:

- There were 2.8 million fewer recorded district nursing contacts (such as face-to-face or telephone appointments) in 2023/24 (29.2 million) than in 2009/10 (32.0 million)
- There was a fourfold unexplained variation in reported average cost of a face-to-face appointment between providers of district nursing services in 2023-24 (ranging from £23 to £98)
- In 2023/24, fewer than half of training places led to qualified district nurses
- District nurses are expected to typically start on the NHS agenda for change pay Band 6, but the analysis found that over one in four (27%) of staff recorded as 'district nurses' are at a lower pay band. This could be attributed to experienced staff retiring and newly qualified nurses filling the vacancy.
- An increasing proportion of the staff working within the district nursing workforce are not nurses – the proportion of staff employed in other roles, including as healthcare assistants, has risen from 18% in 2009 to 28% in 2024.

Previous studies have highlighted issues with district nurses' experience of work. Up to fifth (19%) of district nurses' time is spent on administrative tasks, and in a 2023 survey, a quarter of the workforce reported that they are carrying out more than seven hours a week of unpaid work. The heavy workload is regularly cited as a factor by those leaving the workforce, while the lack of senior roles and access to professional training and development also impacts retention.

The Nuffield Trust report sets out a range of clear recommendations to reverse these trends and improve the supply and retention of district nurses. This includes calling for the Department of Health and Social Care and NHS England to work with employer representatives to ensure there is a mechanism and funding in place, so all newly qualified district nurses have an appropriate role available to them.

District nurses are the bedrock of community service and the aspiration to move more care into the community won't be achievable unless the current state of district nursing is addressed nationally.

Executive Lead: Julian Emms, Chief Executive

5. Staff Sickness Absence in the NHS

The most recent data for published by NHS England showed the overall sickness absence rate was 4.9% in June 2025. NHS staff took more than half a million days off due to stress or depression each month, figures reveal. Mental health problems are now the leading reason for NHS staff to take sick days, accounting for nearly a third of all absences. The absence data shows that there were 626,800 days lost due to anxiety, depression, stress or psychiatric illnesses.

Musculoskeletal problems and gastrointestinal illnesses were the most common reasons after mental health. Overall absence rates in the NHS have been significantly higher since the pandemic. Levels of anxiety, stress and depression have accounted for the rise – particularly amongst younger staff. The data clearly highlights the need for organisations to be proactive in addressing the underlying causes of mental health issues in the workplace as well as having a well thought through, targeted wellbeing offer.

Executive Lead: Julian Emms, Chief Executive

6. Medium Term Planning Framework 2026-29

On 24 October 2025, NHS England (NHSE) and the Department of Health and Social Care (DHSC) jointly published a Medium-Term Planning Framework covering the financial years 2026/27 to 2028/29.

An NHS Providers “On The Day Briefing” is appended to the executive report. The briefing summarises the key changes to NHS objectives and outlines priorities from the planning guidance, supporting delivery of elements of the 10 Year Health Plan.

The Trust is working to develop its integrated finance, operational and workforce plans over three years, aligning in discussion with NHS partners. There is no requirement for a system plan.

Initial plan submission is expected in latter part of December 2025, with final submission including a five-year narrative in early February 2026. We await three-year planning templates for completion.

Executive Lead: Alex Gild, Deputy Chief Executive

7. Jess’s Rule

The initiative is named after Jessica Brady, a 27-year-old engineer who died in 2020 from advanced cancer after multiple GP visits without a definitive diagnosis. Jess’s Rule was launched on 23 September 2025 by the Department of Health & Social Care and NHS England, in collaboration with the Royal College of General Practitioners.

The core principle is that if a patient presents three times with the same of similar unresolved symptoms, or worsening symptoms without a substantiated diagnosis, clinicians are encouraged to “reflect, review and rethink” which could include switching to face-to-face consultation, consider broader differential diagnoses, escalate for peer review or specialist referral. The purpose is to improve earlier diagnosis of serious illness, especially in younger adults, reduce avoidable harm, standardise earlier escalation in primary care, and reduce variation in care.

As we provide the Out of Hours GP service for the Berkshire West as well as having some self-referral pathways into mental health and MSK Physiotherapy we need to understand how this rule applies to the Trust and what actions are required to ensure we are compliant with the requirements

of the rule. A working group has been established with progress reported to the Quality Assurance Committee.

Executive Lead: Theresa Wyles, Chief Operating Officer

Presented by: Julian Emms
Chief Executive
11 November 2025

Medium term planning framework 2026-2029

On 24 October 2025 NHS England (NHSE) and the Department of Health and Social Care (DHSC) jointly published a [Medium Term Planning Framework](#) covering the financial years 2026/27 to 2028/29.

This briefing highlights the [key points](#) from the framework that providers should be aware of, including [submission deadlines](#). It also sets out the work NHS Providers has done to [influence](#) and gives [our view](#) on the guidance. The remainder of the briefing contains [more detail](#) about the guidance.

Introduction

Unlike most recent planning guidance covering only one year, this planning framework covers three years, following the three-year revenue and four-year capital spending review settlements published in the summer.

The framework commits to more ambitious targets across cancer, urgent care, waiting times, access to primary and community care, mental health, learning disabilities and autism, and dentistry, with an ambition to achieve constitutional standards by 2028/29 where possible. It also 'returns to some of the basics that have taken a back seat over the last decade' incorporating expectations around patient and staff feedback, and aims to support delivery of the ambitions in the [Ten year health plan](#) (10YHP).

Key changes to NHS objectives

Elective care, cancer and diagnostics:

- In 2026/27: deliver a minimum of a 7% improvement in 18-week performance, or deliver care to 65% of patients within 18 weeks, whichever is greater, to meet the national performance target of 70%.
- In 2028/29: Achieving the standard that at least 92% of patients are waiting 18 weeks or less for treatment.
- Maintain performance against the 28-day Faster Diagnosis Standard (FDS) at 80%. Improve against cancer constitutional standards – 31-day performance to 94% and 62-day

performance to 85% by March 2027 and maintain performance against the 31-day standard at 96% and 62-day standard at 85% by 2028/29.

- Improve performance against the DM01 diagnostics 6-week waiting standard in 2026/27 to deliver a minimum 3% improvement or performance of 20% or better, whichever is greater, and by 2028/29 to achieve a rate of 1% for waits over 6 weeks.

Urgent and emergency care:

- 4-hour A&E performance: every trust to maintain or improve to 82% by March 2027, up from 78%. National target of 85% set for 2028/29.
- 12-hour A&E performance: improve performance on the percentage of patients admitted, discharged and transferred to ED year on year.
- Improve Category 2 ambulance response times to an average of 25 minutes in 2026/27 and 18 minutes in 2028/29, returning to constitutional standards.

Community services and primary care:

- New target to deliver same-day appointments for all clinically urgent patients (face to face, phone or online) is 90% for all years covered by the framework.
- Addressing long waits for community services: 78% of activity within 18 weeks in 2026/27; 80% within 18 weeks in 2028/29.
- 'Develop a plan' to eliminate all 52-week waits and 'actively manage' long waits for community services.
- New target to deliver 700,000 additional urgent dental appointments against July 2023 to June 2024 baseline period.

Mental health and learning disabilities and autism:

- New targets for those accessing talking therapies - 805,000 courses of NHS talking therapies by the end of 2026/27 (up from 700,000) with a 51% reliable recovery rate (up from 48%) and a 69% reliable improvement rate (up from 67%). 915,000 courses of NHS talking therapies by end of 2028/29 with 53% reliable recovery rate and 71% reliable improvement rate.
- Expanded coverage of mental health support teams (MSHTs) in schools and colleges, aiming for 77% coverage of operational MSHTs in 2026/27 and 100% coverage in 2029.
- Moving towards the elimination of inappropriate out-of-area placements, reducing the number by March 2027 and further reducing or maintaining the number at zero in 2028/29.
- Reduce reliance on mental health inpatient care for people with a learning disability and autistic people by 10% in 2028/29.

Workforce:

- Annual limits on bank and agency spend will be set individually for trusts, based on the national target of 30% reduction in agency use in 2026/27 and 10% year on year reduction in spend on bank staffing, working towards zero spend on agency by August 2029.
- Ambition to reduce sickness absence rates to the lowest recorded national average level (approximately 4.1%).

Submission requirements

The final section of the guidance sets out a broad timetable for submission. The 10YHP 'foundational' planning began in July with integrated care board (ICB) engagement and publication of the early-stage **Planning framework** in September.

From October to December, providers should develop their first submissions, to be sent to NHSE 'before Christmas':

- 3-year revenue and 4-year capital plan return
- 3-year workforce return
- 3-year operational performance and activity return
- integrated planning template showing triangulation and alignment of plans
- board assurance statements confirming oversight of process

Plans are expected to be finalised in early February.

Full plan submissions will include updated versions of those listed above plus the five-year narrative plan.

System plans are no longer required, however providers' integrated plans should be developed in collaboration with their NHS partners and in discussion with NHSE regional teams.

Our influence so far

One of NHS Providers' key purposes is to positively influence the environment in which trusts and foundation trusts operate.

Since the publication of the 10YHP, we have continued to represent members' views to NHS England, DHSC and HM Treasury that:

- The general direction of travel set out is the right one, but **the operating context must be reformed appropriately to support delivery.**

- Many trust leaders have been increasingly frustrated by the annual planning process – **single-year planning hampers efforts to tackle systemic longer-term challenges** and **reinforces focus on short-term savings** rather than delivering longer-term productivity benefits.
- The **NHS needs longer-term planning cycles and financial flows** that properly incentivise the three shifts and sustainability.

We also:

- Engaged constructively with the relevant teams at NHSE in designing their proposed changes to the **payment models for urgent and emergency care (UEC) and elective care**.
- Continue to **sit on NHSE's Quality Reference Group** working on the new quality strategy, as well as on the **Maternity and Neonatal Equity and Equality Steering Group**, and to call for **appropriate priority for mental health services**, including **protecting mental health spending**, as the 10YHP is implemented.
- Continue to work closely with relevant colleagues at NHSE and DHSC to influence **operating model reforms**, including the forthcoming strategic commissioning framework, new FT framework, model IHO and the model neighbourhood, ensuring there is clarity for providers.

We shared feedback on a draft of this guidance, highlighting the **focus on operational priorities** ahead of transformation in line with the 10YHP, **and voicing concerns about the risk of mental health** in particular being overlooked.

NHS Providers view

The shift away from annual planning and financial cycles to a three-year window is significant, welcome, and something we have long been calling for. We greatly welcome the commitment to publish this framework earlier than in previous years. However, an expected turnaround for initial plans before Christmas is hugely challenging for providers, particularly in this first iteration of a new three-year cycle and without financial allocations being published at the same time.

It is clear that the government has twin priorities of both substantial reform and significant improvement on operational and financial performance, and it is good to see the framework recognise that a full return to constitutional standards is contingent on also delivering the significant reform of the fundamentals successfully. The recovery targets in here are ambitious but for the most part realistic in scope, given the current financial envelope (and subject to improving the system at pace), and if delivered will result in a significantly better experience for patients.

The framework could be understood as a bridge between the 10YHP and future guidance. While providers are already developing their plans to deliver the three shifts, we await further specifics on the shift to neighbourhood care, the future shape of the provider sector, and new contractual models. In advance of the 10 year workforce plan's publication, the production of accurate workforce plans may continue to prove challenging. We also hope that the forthcoming guidance will provide the clarity and enablers for trusts to make swift progress on neighbourhood ambitions, in particular to help keep elderly people healthy for longer and care for them in their place of residence, avoiding unnecessary hospital admissions.

It is notable that the guidance offers no further development on the 10YHP's pledge to shift resources from hospital to community care. This, together with the focus on well-established constitutional standards, makes it likely that the drift towards an increasing proportion of revenue spend going to the acute sector will continue.

Likewise, there is a gulf between the aims of this guidance and the 10YHP's emphasis on the need to improve population health. National leaders have committed to building better population health and collaborative working into how providers are overseen and rated. However for now, the concrete areas of focus in the framework remain well-understood operational metrics such as urgent and emergency care (UEC) and referral to treatment (RTT) targets, to deliver the improvements patients seek.

Equally on the shift to digital and more strategic use of technology, where there is evidence to support it, specific productivity targets associated with, for example, the use of ambient voice technology, might be considered.

We will be keen to see how these key targets will be reflected in the next NHS Oversight Framework (NOF), alongside relevant metrics to drive the required reform. Substantial progress towards the 10YHP's population health ambitions will require the key drivers, including the funding flows and operating model, to be aligned successfully and speedily.

Trust leaders broadly welcome reforms to the NHS financial regime, including a shift to multi-year planning and a fairer funding allocation model. These changes support longer-term improvements in care but must be implemented at a manageable pace to avoid financial instability. While the requirement to deliver break-even positions and 2% annual productivity gains is challenging, trusts have shown readiness to take tough decisions to ensure value for money. There are significant unknowns in relation to costs, not least on drug pricing, which could materially affect trusts' ability to deliver breakeven next year, if financial support to cover such cost pressures was not provided. It will be essential to see the financial allocations to understand how realistic these targets are.

We have consistently highlighted the long waits faced by children and young people and we welcome the strong focus on this throughout the framework.

The absence of any reference to the mental health investment standard is very worrying, as this has helped safeguard spending on these essential services over many years. We have been clear all mental health trusts need to receive the MHIS **as a minimum**. We hope to see more detail in forthcoming financial technical guidance on how mental health resourcing will be protected.

Trust leaders will welcome a renewed acknowledgement of the importance of calling out all forms of discrimination in the NHS, but we are concerned that the EDI improvement plan has still not been recommitted to.

Efforts to improve staff experience at work are welcome: we ask NHSE to commit to working with providers to review implementation and unlock any barriers to progress – some of which will be national rather than local.

Trust leaders will welcome the increased focus on quality and have called for a national strategy that supports local improvement. They emphasise the need to align quality with finance and operations, empower frontline staff, and ensure new maternity care interventions are well-monitored to avoid unintended consequences. We look forward to supporting our members to work with NHS England on their new approach, and **building where necessary on the work we have carried out to date**, to develop this.

The planning framework

Finances

The framework outlines significant changes to the NHS financial regime, which aim to deliver:

- Incentives that are aligned to key delivery priorities;
- A fairer distribution of funding;
- Longer-term planning; and
- A revised approach to capital funding.

We expect further details on the changes to the financial framework and multi-year revenue and capital allocation to be set out in the accompanying technical guidance. At present, this guidance has yet to be published.

Financial priorities

All ICBs and trusts will be expected to deliver the following in all years of the planning period:

- A break-even or surplus financial position without deficit support funding.
- Meet a 2% annual productivity ambition.
- Adherence to other requirements (including guidance on managing provider/commissioner funding changes and a new board risk assessment process).

Urgent and emergency care payment reform

Work is underway to dismantle block contracts and reform the payment scheme. For 2026/27, a new payment model will be introduced for urgent and emergency care (UEC) comprising a fixed element (based on cost x activity) and a variable element (roughly 20% of total payment). New best practice tariffs on day cases, outpatients and more efficient ways of working will also be proposed as part of the 2026/27 NHS Payment Scheme. The UEC payment model will be further developed to incentivise shifting more care out of hospitals and into community settings, to be trialled with pilot sites in 2026/27.

Fairer distribution of funding

A review of the wider funding formula is underway which will seek to return system allocations to their corresponding fair share of resources. The pace of implementation will be balanced with ensuring finances are not destabilised in the short term.

Further information on changes to the financial framework, as well as the multi-year revenue and capital allocations, will be set out in the forthcoming technical guidance.

Productivity

To deliver the 2% year-on-year improvement to productivity, the framework outlines two key areas of focus

- Getting the basics right – reducing inpatient length of stay, improving theatre productivity and returning to pre-pandemic levels of activity per whole-time equivalent (WTE).
- Seize the opportunities offered by technology, service transformation and cost variation – accelerating the shift to digital-by-default and embedding more efficient models of care.

Systems are expected to make demonstrable progress on two key shifts in care models:

- UEC: expanded use of digital and telephony-based triage and increased access to same-day or next-day scheduled care.
- Outpatients: expanding the use of advice & guidance and digital triage tools and empowering patients with greater choice and control over their follow-up care.

Digital

All acute, community and mental health providers are expected to be onboarded to the Federated Data Platform (FDP), and by 2028/29 using its core products for elective recovery, cancer, and urgent and emergency care.

The NHS App should be fully adopted across all care settings by the end of 2028/29.

From April 2026, providers are expected to:

- Adopt and implement all core national products and services specified in the forthcoming national product adoption dashboard by the end of 2027/28 including: Electronic Prescription Service & Electronic Referral Service APIs.
- Achieve full compliance with the **Digital Capabilities Framework standards** and 100% coverage of electronic patient record systems (EPRs) as soon as possible.
- Deploy Ambient Voice Technology (AVT) at pace, as well as digital therapeutics.

Quality of care

From April 2026, ICBs and providers will be expected to:

- Use the forthcoming National Quality Board (NQB) quality strategy to improve the quality of care they deliver.
- Implement modern service frameworks (MSFs). The first three will be focused on CVD, serious mental illness and sepsis, with further MSFs on dementia and frailty to follow.
- Implement the New Care Delivery Standards (which are currently under development and due for publication in March 2026).
- Plan for the introduction of the Single National Formulary in the next two years, prioritising the following efficiency savings in 2026/27 to enable headroom for the uptake of new innovations: use of best value Direct Acting Oral Anticoagulants, SGLT-2 medicines and adoptions of the wet AMD Medical Retinal Treatment Pathway.
- Continue to focus on improving all-age continuing care (AACC) services, addressing unwarranted variation while meeting statutory NHS Continuing Healthcare duties.
- Review local processes and workflows to make sure digital systems are used and paper-based processes removed.
- Implement the **Paediatric Early Warning System (PEWS)** by April 2027, with a view to complete the transition by April 2028.

The framework has a specific focus on the quality of maternity services, asking that all ICBs and providers take immediate action to improve maternity care by:

- Implementing best practice resources as they are launched.
- Using the national Maternity and Neonatal Inequalities Data Dashboard to identify variation in practice and put in place interventions for improvement.
- Participating in the Perinatal Equity and Anti-Discrimination Programme

The Maternity Outcomes Signal System (MOSS) will be implemented for all trusts by November 2025, enabling the use of near real-time data to monitor key safety indicators such as stillbirth, neonatal death, and brain injury rates.

Patient experience

Between now and the end of 2025/26, all NHS trusts will be expected to:

- Complete at least one full survey cycle to capture the experience of people waiting for care.
- Capture near real-time experiences, on at least five wards/departments from patients prior to discharge. A resource pack will be published on NHS England's website before the end of October to support those organisations who don't already do this.

Leadership and management

Ahead of the publication of the latest staff survey results, NHSE will work with staff experience leads to revise the approach to national pulse surveys alongside annual staff surveys, to support local boards in measuring and improving staff experience. In the meantime, boards are expected to use recent survey findings to produce detailed analysis of all free text comments, as well as identify at least three areas with the greatest staff dissatisfaction, analyse their impact, and develop plans to resolve in-year where possible.

The framework calls for 'redoubled' efforts to create safe and welcoming environments for staff and patients. Organisations are expected to continue to tackle sexual misconduct, including regularly assessing progress on the Sexual Safety Charter. No date is given for manager disbarring to be introduced.

There is acknowledgement that high expectations of leaders and managers in the NHS must be accompanied by the right tools and support:

- A Management and Leadership Framework is due this autumn. It must be embedded into all recruitment and appraisals (with leaders self-assessing against it). Supporting digital tools are due in 2026/27.
- 2026/27 will see more progress towards a College of Executive and Clinical Leadership, and the publication of a national curriculum and interactive online models for leadership and management development.
- National leadership programmes will be updated. ICBs and providers should incorporate these national offers as part of personalised development pathways for leaders and managers.
- NHSE will develop a talent database of leaders to guide challenged systems and organisations.

Genomics, life sciences and research

- The framework restates the 10YHP's **150-day target for clinical trial set-up times**.
- From April 2026, providers should deliver services in line with the NHS Genomic Medicine Service specification.

Elective, cancer, diagnostics

NHS performance improvement targets for elective, cancer and diagnostic waiting times propose gradual annual improvements with an ambition to return to delivering constitutional standards in full by 2028/29. This includes a requirement to treat 70% of patients within 18 weeks next year, and 92% by 2028/29.

The key priorities include the transition to using the e-Referral Service (e-RS) for all advice and guidance requests from primary care from July 2026, and via third-party platforms from October 2026. For patients who require specialist outpatient care, providers are expected to:

- reduce the number of clinically low-value follow-ups, supported by forthcoming good practice guides from GIRFT.
- expand 'straight to test' pathways and one stop clinics, with the aim of including all clinically appropriate specialties by March 2029.

Other priorities include:

- Waiting lists to reduce during 2026/27, prioritising patients by clinical need, and validating lists.

- Improve long waits for children and young people's (CYP) planned care, developing ringfenced CYP capacity within ICB footprints.
- Cancer care expectations include continued prioritisation of diagnostics and treatment capacity for urgent suspected cancer pathways.
- Diagnostic capacity should be expanded in line with targets through the full utilisation of community diagnostic centres, capital-funded capacity increases, improved productivity initiatives and demand optimisation (which will be supported by the 'Right Test, Right Time' campaign this autumn).

Urgent and emergency care (UEC)

NHS urgent and emergency care improvement targets have been set for 2026/27 and 2028/29. Over the coming weeks, NHSE will work with NHS providers and the relevant professional bodies to develop a new approach enabling more patients to be seen in urgent treatment centres (UTCs) and more rapid assessment and treatment for children throughout 2026/27.

Priorities for improvement include:

- Ensuring the full utilisation of 111 and 'hear and treat'. A renewed focus on directing to UTC by default where relevant.
- Neighbourhood care expansion, delivering more care in the community to frail older people.
- Continued collaboration between acute trusts and ambulance services to reduce handover times towards the 15-minute standard.
- Category 2 ambulance responses – improving from 30 to 18 minutes by 2028/29, returning to constitutional standards.
- Alignment with the soon-to-be-published Model Emergency Department and clinical operational standards for the first 72 hours in hospital to improve against four-hour performance target (82% by March 2027, and 85% by March 2029).
- Improve emergency department paediatric performance, with the expectation of returning to 95% over the coming months.
- Establishment of mental health emergency centres in type 1 emergency departments.
- Improve in-hospital discharge processes, making best use of community beds, and increasing home-based intermediate care capacity.
- Take early action to improve flu vaccination uptake among staff and the public.

Community health

Key priorities for all ICBs and community health services providers for 2026/27 include:

- Increase community health service capacity to meet 3% expected annual growth in demand, reducing the proportion of waits over 18 weeks and developing a plan to eliminate all 52-week waits.
- Identify and act on productivity opportunities, including ensuring teams have the digital tools and equipment they need, and expanding point-of-care testing in the community. To support this, community health service productivity metrics will be published later this financial year.
- Continue to **standardise core service** provision.
- Consider where approved digital therapeutics, such as for MSK treatment, could be deployed at pace.

A key success measure is to address long waiting times, with at least 78% of community health service activity occurring within 18 weeks in 2026/27. The target increases to 80% in 2028/29.

Mental health

The planning guidance commits to working with NHS mental health providers to develop a new approach for mental health in 2026. No mention is made of the mental health investment standard, unlike previous years.

Key priorities for ICBs and providers in 2026/27 include:

- Reducing inappropriate out of area placements.
- Developing local plans for establishing mental health emergency departments by 2029/30.
- Using ring-fenced funding to support the delivery of 63,500 people accessing individual placement and support and 805,000 courses of NHS talking therapies.
- Expanding coverage of mental health support teams in schools and colleges to 77% next year. The target is 94% in 2028/29, reaching 100% in 2029.
- Identifying and acting on productivity opportunities e.g. in children and young people's community mental health services and length of stay in adult acute mental health beds.
- Ensuring all mental health practitioners undertake training and deliver care in line with the **Staying safe from suicide** guidance.

Learning disability, autism and ADHD

The framework recognises that people with a learning disability and autistic people too often experience avoidable health inequalities and can be inappropriately admitted to mental health hospitals for long periods. Plans for the reform of SEND will be published 'in due course'.

All ICBs and providers must reduce reliance on mental health inpatient care for people with a learning disability and autistic people by 2028/29, delivering a minimum 10% reduction year-on-year.

Workforce

As noted above, providers are asked to submit an initial three-year workforce return to NHSE “before Christmas”. In addition to this, providers are asked to:

- Produce workforce plans (ahead of the 10 year workforce plan) which account for delivering the three shifts, and finance and activity plans.
- Implement the [10 Point Plan to improve resident doctors’ working lives](#) and publicly report progress.
- Demonstrate progress to reduce sickness absence rates to the 10YHP’s 4.1% target.
- Continue to reduce agency staffing reliance
- Implement the statutory/mandatory training framework and staff safety management, when published in March 2026.
- Implement reforms to consultant job planning and:
 - Ensure that 95% of medical job plans each year are signed off in line with business cycles.
 - Enact a system monitoring and assuring job planned activity, by the end of 2026/27.
 - Achieve tracking of job planned activity for the full year by the end of 2027/28.
 - Ensure multiprofessional service level activity and job planning are in place by the end of 2028/29.

The new operating model

New in the planning framework is a definition of integrated health organisations (IHOs) as contract-based delivery methods, not new forms of organisation. Updates to the [NHS Oversight Framework](#), to support the new operating model, are planned for 2026/27.

A suite of guidance will be published over the coming months to support delivery of 10YHP ambitions. These include:

- A strategic commissioning framework (due this month).
- Draft new foundation trust framework for consultation (due in November).
- A system archetypes blueprint (due in November).
- A draft Model Neighbourhood framework (due in November).
- An integrated health organisation (IHO) blueprint (due ‘later this year’).

NHSE England will also publish:

- a national neighbourhood health planning framework to guide collaborative planning locally;
- model neighbourhood health centre archetypes offering options to optimise existing estates and new build solutions.

Trust Board Paper Meeting Paper

Board Meeting Date	Tuesday 11 th November 2025
Title	Health & Wellbeing Update
	For Discussion
Reason for the Report going to the Trust Board	The health and wellbeing update is scheduled for review every six months. The paper is presented for information and discussion.
Business Area	People Directorate
Author	Jane Nicholson, Director of People Steph Moakes, Health, Wellbeing & Engagement Lead
Relevant Strategic Objectives	Workforce Ambition: We will make the Trust a great place to work for everyone Our health and wellbeing offer is a key part of our employee retention strategy

Report to Trust Board – November 2025

Health, Wellbeing, Engagement & Rewards Update

Executive Summary

The Health & Wellbeing Update report provides a comprehensive overview of the Trust's initiatives and progress in enhancing staff health, wellbeing, engagement, and rewards. The report highlights the following key points:

1. **STEPtember Challenge:** Nearly 1 in 5 staff (932 people) participated in a physical activity challenge, logging over 220 million steps and raising £1,000+ for charity. Feedback was overwhelmingly positive, with 100% interested in future challenges.
2. **Wellbeing Matters Service:** Demand for psychological support grew by 20%. Staff using the service showed significant improvements in wellbeing and goal achievement, with new digital systems enhancing confidentiality and reporting.
3. **Wellbeing at Work Series:** 23 sessions on wellbeing topics reached over 2,500 attendees, with high satisfaction and the introduction of regular mindfulness sessions.
4. **Ongoing Wellbeing Benefits:** Continued provision of eye test vouchers, physio, salary finance, milestone awards, and cycle-to-work schemes. Peppy Health contract ends October 2025, with alternatives under review.
5. **Employee Assistance Programme:** Health Assured selected as the new provider, delivering emotional support and counselling with strong improvements in anxiety and depression scores among users.
6. **Financial Wellbeing Support:** Robust support includes salary advances, loans, savings, and food bank vouchers. Demand is steady and now being tracked for better monitoring.
7. **Capacity Challenges & Roadmap:** Reduced team capacity has limited some projects, with further gaps expected. Priorities ahead include boosting staff survey participation, embedding new digital systems, developing line manager training, and pursuing new wellbeing funding opportunities.

Introduction

Health, wellbeing and rewards continues to be a high priority and profile activity. This is reflected in the new People and Culture strategy, with an aim under the 'retain' area being to "ensure that staff wellbeing and recognition offers are compassionate, inclusive and affordable and recognise, support and value the diversity and contribution of our staff".

This paper looks to update on the work that has happened since the last report and give an indication of the planned milestones ahead.

The past six months have seen our capacity reduced within the general wellbeing space. This means that despite broad ambitions on the team Plan on a Page for this year, the reality of current resourcing means that the output is more limited than in previous reports. This is something that will likely continue and priorities and expectations are being re-evaluated in this knowledge.

Review:

The Health and Wellbeing team have delivered the following outcomes, since the last board update in May.

Activity	Target staff group	Data and impact (including feedback and uptake where appropriate)
Over August and September, we ran our first physical health challenge with the support of the Berkshire Healthcare Charity. This was a step challenge called STEPtember ; teams signed up in August and then competed throughout September, aiming to win prizes donated by the charity for top stepping team and top stepping individual. Teams could also decide if they wanted to fundraise and if so, they were eligible for the top fundraising team prize. We had 71 teams sign up and 932 staff taking part, nearly 1/5 of the total organisation.	All Staff	71 team 932 individual participants 220,431,779 total steps Over £1000 charitable funds raised by 5 teams Feedback: Average rating: 4.91 out of 5 85% of people said the challenge motivated them to be more active than usual, the other 15% answered somewhat more active than usual.

Over the month, the participants racked up over 220 million steps, taking them approximately four times around the earth. Our winners were: Top Stepping Team: Wolf Pack – MSK Physio with 403972 average steps per person! Top Individual Stepper: Vicky Thorp with 973898 steps! Top fundraising team: Legs Miserables - Op Courage who raised £337.50 for the charity. In total, over £1000 was raised for the Berkshire Healthcare Charity from 5 teams. Feedback was collected at the end of the challenge and whilst the response so far has been low (33), it is overwhelmingly positive – details can be found in the impact column. We will be planning in another challenge next year and want continue working with the Charity and also bring in the Purple network to consider how to make these challenges as inclusive as possible.		100% of respondents would be interested in another challenge. What did you enjoy most: • “Our team spirit was increased and we took time to walk together on our lunch break.” • “The camaraderie of our team and the fun competitiveness between us. Also the impetuous to walk more” • “It was nice and motivating to think about my activity level in terms of steps as part of my team in a social way :)” How has the challenge made a difference to your daily routine or wellbeing? • “The challenge has increased my daily step goal - it has been nice leaving the office to walk at lunch time too I feel it has helped with my concentration in the afternoons having that walk, it is definitely something I would like to continue doing.” • “I definitely moved a lot more than usual, made me go for a long walk in the evenings which in turn, made me feel better physically and mentally.” • “It made me get up out of my chair and move more during the day.” • “It's helped me to set a routine and to strive towards achieving 8000-10000 steps per day. Next challenge is to stop driving to work and to use a environmentally friendly alternative.”
Wellbeing Matters is our internal psychological support service for staff and teams.	All Staff	User data and feedback between July and December 2024: Wellbeing Line Assessments – 132 (+ 277 follow up appointments)

The most recent six-monthly data report from January – June 2025 has the key points summarised below: 1) Demand for “wellbeing assessment and support” continues to grow - increase of 20% - and evaluation data continues to show significant positive impact in relation to goal-based change, psychological wellbeing, improvement in functioning, and supporting staff to feel valued. New research (Gupta & Collett, in publication, 2025) indicates a correlation between improved psychological wellbeing following psychological support and reduction in absenteeism risk and turnover intention. 2) Engagement with individual support has remained high, particularly by staff going through investigation processes - a highly stressful experience often with negative impact for individuals and the organisation (sickness and attrition). 3) Satisfaction and engagement with team support remains consistently positive; these interventions are reported to positively impact the working lives of staff. 4) Proactive, preventative innovations, grounded in the expanding evidence base for psychological staff support, continue to be trialled across the Trust. This approach has been found to yield the highest return on investment (Deloitte, 2022), and continues to show consistently positive outcomes for us, further driving momentum for this type of support despite challenges to management buy-in. 5) WBM-specific digital record system now launched, which reinforces the confidentiality of the service,	Average rating of 5/5 stars. Additional satisfaction measures and analysis of qualitative feedback are now being captured and can be found in the full report Goal Based Outcome Measure (GBO) GBO's are rated from 0-10 in terms goal achievement (0 being not at all and 10 fully achieved). All individuals made positive improvements in their GBO when comparing pre and post WBL support. Average improvement was 2.6 steps (range 1-7 steps) which is statistically significant WEMWBS (Warwick Edinburgh Mental Wellbeing Scale) The WEMWBS total score is between 14 and 70, with higher scores representing better wellbeing. The vast majority of those supported on WBL (75%) experienced “meaningful” (Johnson et al. 2012) positive change to their wellbeing as indicated by their WEMWBS scores. 28% made 8 points or greater change. All individuals had improved WEMWBS scores after WBL support with the average improved from 37.5 to 43.8 – an increase of 6.3 points on average, which is statistically significant. Investigative support – 7 Team Check in & support – 14 with 105 attendees 100% of attendees agreed or strongly agreed that the session was useful and would recommend to others. Staff Support Post Incident (SSPI):
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enables additional scrutiny of data to guide outreach, and improve reporting functions. The full report is available here.		Team – 21 with 110 attendees 100% of staff reporting that the session was useful and 75% saying that they agreed or strongly agreed that it supported them to continue in their work. Individual – 73 initial assessments and 62 follow ups. Professional Tree of Life – 11 teams engaged with 212 attendees. Feedback showed 89.5% of staff rated it 4 or 5 stars and there was a positive move in all pre and post workshop indicators (e.g. I feel a sense of connection to my team) Feedback We also collect qualitative feedback and wanted to include the following quotes. This first quote was from a caller to the wellbeing line and shows the appreciation for continued engagement: • <i>“The way in which this service kept in contact with me and didn’t just discharge me until I was well again.”</i> The second quote came from a participant within a Team SSPI: • <i>“I feel more comfortable talking about grief with my colleagues... It improved my confidence in my interactions with my colleagues and supporting them.”</i>
Our Wellbeing at Work series has continued to be popular over the past six months. These are regular sessions dedicated to supporting our people’s wellbeing which came out of the Wellbeing Review. Each session will focus on a different theme, providing practical advice, expert insights and a chance to connect with colleagues. The sessions cover both general	All staff	Wellbeing at work: 23 sessions delivered on 19 topics. Attendees: approx. 2500 Feedback: 4.78 average rating out of 5 and positive change in knowledge/confidence post session.

wellbeing, an introduction to particular offers or benefits available and psychoeducation from the Wellbeing Matters team. All sessions are recorded so that staff can watch back if they can't attend the live session. Since the sessions started in March, we have run 23 sessions with over 2500 attendees. We have also launched regular mindfulness sessions after a successful trial.		Mindfulness: 5 sessions delivered 75 attendees on average
We continue to offer and administrate various wellbeing support and benefits as part of business as usual. This includes: - Access to eye test vouchers - Peppy Health (until end of October 2025) - Early access physio service (provided by Optima Health) - Salary Finance - Milestone awards including Long Service - Cycle to Work and access to vouchers through Vivup We have highlighted some key data from these services on the right	All eligible staff	Milestone Awards Between May and October 2025, we have issued: BHFT service milestone (1-40 years): 716 NHS Milestones (5-40 years): 309 Between March 2025 and August 2025, we have also issued: Retirement awards: 53 New starter cards: 313 Vivup (21 Oct 24 – 20 Oct 25) Cycle to Work 25 orders, 22 accepted, 2 cancelled, 1 rejected Average order value £817 Employer savings £5051 Lifestyle Savings (Vouchers) 616 gift cards purchased £71,124* (£3726 savings) Top suppliers: Sainsbury's, Tesco & Asda Most saved: Sainsbury's, Tesco & Airbnb Peppy Health Oct 21 – Sep 25

		525 Menopause users, 100 Men's Health users. They have accessed: 723 Live events 681 courses 14477 articles 28200 WhatsApp messages 140 consultations Net Promoter Score (NPS) is 75.
Employee Assistance Programme (Health Assured) A recent procurement exercise with 3 additional trusts in the BOB ICB has been completed and Health Assured has won the contract. This is currently going through contracting and should be in place by the start of November. By tendering together, we were able to deliver a cost saving.	All Staff	Health Assured (Aug 24 – Jul 25) Calls – 610 532 for emotional support/counselling (top themes - anxiety, low mood and concerns over own health) 77 for advice (top themes – employment, divorce & separation and access to service) 0 for coaching After engaging in structured therapy: • 70% improvement in the Generalised Anxiety Disorder (GAD-7) scores • 72.9% improvement in the Patient Health Questionnaire (PHQ-9) scores Net Promoter Score (NPS) is 79.9 (across Health Assured)
Financial wellbeing support Since the cost of living crisis began in 2023, we have ensured that we have a robust financial support offer available to staff.	All staff	Internal Support: Mar – Oct 2025 15 staff given financial support

This support makes a huge difference to the individuals who are facing very difficult situations. This includes access to Salary Finance for advances, loans, savings and education, as well as internal 1-1's with our team to help staff explore what financial support is available and support with food bank vouchers, salary advances etc where possible. The input to these conversations vary – some are simple signposting, others can be more complex work including arranging salary advances, benevolence payments, housing support etc. Links are often made to other wellbeing support as well such as Wellbeing Matters. The demand on this work has been variable and as a result, wasn't previously tracked. The trend this year has turned to constant and relatively steady and is now being tracked in order to monitor usage.		11 food bank vouchers issued to 6 staff members Salary Finance Jul 23 – Oct 25 Borrow: 251 applications 132 full loans offered 113 declined and debt advice signposted Of the 88 loans issued. 69 full loans 19 starter loans £4287.50 average value Reasons for loans: - 35 – debt consolidation - 10 – home - 10 – car - 33 – other Advance: 122 active users 2479 advances @ average £154.72 Save: 18 active save accounts £122.5 average savings (£14,260 total)
Capacity As mentioned, the capacity in the team is currently reduced and this looks set to continue into the next six months. This	All staff	Some examples of projects being impacted include: - The wellbeing newsletter and tour - Longer term actions from the wellbeing review such as review of the MHFA and Wellbeing Champion roles

means various projects are being paused or limited and the team are unable to join as many cross trust projects as previously possibles. In this regard, it would be supportive if the board could mention health and wellbeing related support to staff on their board to ward walks. We can produce a short document with overview of the support available to help with this.		- Research of alternatives following the Peppy contract ending - Multi-faith steering group - Maternity support project linked with the women's network - Wellbeing Champion network calls were paused and will be quarterly going forward.
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Future Roadmap:

Upcoming project delivery and likely timescales are captured below.

Activity	Target staff group	Intended benefit
Staff Survey The 2025 Staff Survey is currently open until 28 November 2025. As of 16th October, our response rate is 37.06% which is 3% lower than at this point last year and is particularly low in the Central Services division. Work is ongoing with the HR People Partners to identify teams that need support to increase their response rate and how to deliver this.	All staff	Increasing employee voice.
Wellbeing Matters areas of focus over the next six months include: <u>Embedding of digital system:</u> With the new clinical records system now in place, work over the next six months will be to embed the system, ensure that we are taking full advantage of the functionality and develop the reporting from the system.	All staff	Development of the service in line with organisational need.

<u>Providing divisional usage data:</u> We are looking to regularly attend divisional PSQ's to communicate overview of support options and uptake. We hope this will lead to improved divisional understanding and increased engagement and uptake. <u>Line manager training:</u> new research (by Gupta & Collett, in publication) evidences a link between psychological support, improved wellbeing, and reduction in costs to the organisation. It therefore makes sense to prioritise and develop further training for line managers to equip them to recognise psychological distress, improve early access to psychological support, and consider how their role can directly improve the mental health of their team. We will work in partnership with our colleagues in OD to consider how to progress this.		
As previously reported, NHS Charities Together have launched the Workforce Wellbeing Grant and applications for the first wave were submitted in June. We submitted an application in partnership with the charity but were unsuccessful. The second wave is now open and we are exploring options for a different bid. There are three funding streams available to apply for: 1. Immediate impact grants (£10,000 - £50,000) - Projects will need to make a tangible difference to the health and wellbeing of NHS staff by responding to a currently unmet need. 2. Innovation grants (£10,000 - £50,000) - Support projects which seek to innovate and find creative solutions to long-standing issues. 3. Transformation (£100,000 - £250,000) - funding a small number of projects which will deliver significant change and improvements for NHS	TBC	TBC

staff, especially where there are hidden needs not being met by current provision.		
Upcoming capacity gaps In addition to the capacity gaps experienced in the last six months, there will be more gaps upcoming. This impacts on a couple of roles, in particular our senior ergonomic advisor is going on maternity leave. Our experience is that these roles are hard to recruit and is likely to leave a gap while we recruit. This will impact on our ability to deliver the added value projects such as improving DSE experience and targeted ward visits until staffing is more stable.	All staff	NA

Board Meeting Date	November 2025
Title	Violence Prevention and Reduction Assurance Report
	FOR NOTING
Reason for the Report going to the Trust Board	The Board is asked to note this report, support the continued action and keep updated as per the Board Assurance Framework, and corporate risk on violence and abuse. As part of the NHS contract and the National violence prevention standards self-assessment we are required to share our violence prevention and reduction performance with the Board – recommended twice a year. All NHS organisations were written to in April 2024 asking them to sign the Sexual Safety Charter if they hadn't already, and to act, as well as report to Board with relevant data.
Business Area	People Directorate, Organisational Experience and Development
Author	Ash Ellis, Deputy Director for Leadership, Inclusion, and Organisational Experience Debbie Fulton, Director Nursing, Therapies and Quality (Exec Sponsor)
Relevant Strategic Objectives	This work links and connects through a few of our strategic objectives. We want to reduce harm risk for our patients, we want to make the Trust a great place to work and receive care, and we want to use our resources efficiently. The threat and impact of violence, aggression, and abuse puts us at risk of achieving these objectives and vision.
Summary	The summarises our progress to date against the National violence prevention and reduction standard, and progress with the NHS Sexual Safety Charter, and Employers Initiative Domestic Abuse Charter commitments.

Highlight Violence [Prevention and Reduction October 2025

1. Why is this coming to the Board?

This report is written to provide information in relation to violence and aggression experienced by our staff and assurance to the Board around our ongoing actions to reduce this. The report builds on previous iterations and therefore includes updates of actions over the previous 6 months and not all actions we have in place that have been previously reported.

The report includes the provision of assurance in relation to the Worker Protection (amendment of Equality Act 2010) Act 2023 which came into force in October 2024, placing a legal duty on employers to take reasonable steps to prevent sexual harassment and create a safe working environment.

To support our ongoing programmes of work, we are using national frameworks as detailed below:

- The **NHSE England Violence ,prevention and Reduction standards** (latest revision Dec 2024)
- **The Sexual Safety Charter** which we signed up to in September 2023, this commits us to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate, and/or harmful sexual behaviours within the workplace, set out through 10 core principles. A revised assurance framework to support implementation of the charter principles was published by NHS England in August 2025.

Alongside publication of the assurance framework, Trusts received a letter asking them to encourage staff to complete the e-learning on sexual misconduct, undertake review of staff policies including the chaperone policy, and to review sexual misconduct through a patient safety lens as well as through HR processes.

- **The Employers Initiative Domestic Abuse Charter** which we signed up to in March 2024, this sets out 5 commitments to support staff affected by domestic abuse.

The Trust has a violence Prevention and Reduction Steering Group which has oversight of ongoing programmes of work and an Anti-Racism Task Force which oversees our unity against racism workstreams.

2. What are the key points?

- The majority of the assaults (physical and non-physical) that occur across the trust continue to be experienced by staff working within our mental health services. Taking into account that 2025/26 data within this report only covers the first 6 months of the financial year, the data indicates that by year end (if the same numbers of incidents occurs in the remaining 6 months of the year) that our staff are experiencing an increase of both physical and non-physical assaults as well as racial abuse compared to 2024/25. The data in relation to sexual assaults would indicate that less incidents have been reported than last year.
- The Crown Prosecution Service (CPS) has updated its guidance to prosecutors to reinforce that assault on emergency workers including NHS staff will not be tolerated, and to encourage them to consider the full range of available offences when charging assaults against emergency workers. There is ongoing work to encourage and support staff to report any violence experienced.

- Our staff wellbeing team proactively offer support to all staff reporting physical and non -physical assault, around 12% of staff reporting assaults have requested support from the team this year to date. Prospect Park Hospital Advocacy for Racial Equity Team (PPARET) is also available to assist staff with racial abuse; this team provides advocacy and support from trained peers working within Prospect Park Hospital.

This report builds on previous reports presented to the Board including updates, the most significant updates since the last report are:

- A review of training needs for staff across the organisation based on risk assessments has been undertaken.
- Achievement of Centre Status, enabling us to deliver Royal Society for Public Health VPR Level 3 and 4 qualifications for operational leads and those working in high-risk environments; we are currently piloting our first cohort of managers.
- A Task and Finish group has been established focusing on Bullying and Harassment (based on this being the most reported of all Violence across the trust).
- Embedding of our behaviour's framework across the organisation.
- The resolution pathway is now readily available on Nexus and includes the development of an internal mediation scheme with 17 colleagues having undertaken mediation certification training.
- Further development of sexual safety intranet pages has been undertaken.
- Our managing allegations policy and process to follow when sexual safety related allegations are made has been updated.
- We have reviewed the revised sexual safety assurance framework to ensure that our ongoing actions continue to align with the recommendations and best practice.
- Processes have been implemented to ensure that the Board are made aware when staff make allegations of a sexual nature against another member of staff (in addition to staff on patient and patient on staff board reporting that is already in place).
- We are providing ongoing wellbeing support to staff in relation to domestic abuse.
- A Trust wide abuse survey has been completed, this has generated around 400 responses which are currently being reviewed, as this was undertaken last year, we are able to review results against these to ascertain where progress has been made / concerns remain, and further actions are needed.
- We are ensuring that the Culture of Care programme across our wards at Prospect Park Hospital (an NHS initiative aimed at improving the quality of care in mental health, learning disability, and autism inpatient settings by fostering a supportive and therapeutic environment for both patients and staff) and our wider Violence Prevention and Reduction work is aligned.

Appendix 1 contains data and analysis of this in relation to violence, Prevention and Reduction.

Violence Prevention and Reduction Assurance Report

1. Introduction

This paper provides an update on our assessment of, and our focus on Violence Prevention and Reduction (VPR) in Berkshire Healthcare. This work overlaps with our Unity Against Racism programme, and includes our work on sexual safety, domestic abuse as well as violence, abuse and aggression.

Our Trust VPR Working Group continues to meet 6 weekly chaired by the Deputy Director for Leadership, Inclusion and Organisational experience with representatives from across the organisation including staff networks and unions. The Group reports to the Safety Culture Steering Group.

In May 2025 our last assurance report came to Board which outlined our position, and progress. This paper builds on that and provides further progress as to our updated position.

It is also worth noting that the Trust has signed up to and being working to align with the Culture of Care programme which supports our VPR work and so isn't separate but is entwined with what we are already doing. This approach ensures care must be trauma informed, neuroinclusive and culturally competent.

A letter was sent to all NHS Organisations on 20 August 2025 asking to take further actions to identify and act against potential perpetrators of sexual misconduct in the NHS. A people policy questionnaire was completed and returned to NHSE as well as a mapping exercise to capture any actions set out in the letter that required focus; we were already compliant with the majority of the actions and any additional actions needed are detailed in section 4 below.

2. Our Progress

1. VPR Training

We conducted a Trust-wide Training Needs Analysis (TNA) informed by risk assessments carried out by every service. We have presented the report and recommendations to service leads and will be engaging with other relevant forums to take the recommendations forward, which is likely to be later in 2026. Key recommendations include:

- Standardising a **tiered training model** across services.
- **Embedding annual risk assessments** to inform training needs.
- **Maintaining a train-the-trainer model** to ensure sustainability and relevance.
- **Rationalising training systems** if appropriate to one consistent model.
- **Ensuring adequate on-site tutors** in high-risk areas.
- **Removing exemptions** for PMVA training in risk-identified roles.
- **Enhancing training content** to include local scenarios and patient experience.
- **Developing bespoke training** for specific services (e.g. dental, children's).
- **Publishing clear staff guidance** on training requirements.
- **Conflict training as mandatory for all staff**
- **VPR Training for managers**

We have already started to build into job descriptions, job adverts and contracts of employment training requirements to ensure candidates are aware and are able to undertake and complete PMVA training.

These steps will improve compliance, reduce variation, and ensure training is fit for purpose across all care settings.

Having achieved Centre Status, enabling us to deliver Royal Society for Public Health VPR Level 3 and 4 qualifications for operational leads and those working in high-risk environments, we are piloting our first cohort of managers which commenced in September 2025, with our second cohort due to commence in January/February 2026. Data on violence and aggression is shared in Appendix 1.

2. Bullying and Harassment

A task and finish group has been established from the VPR Group, taking a QI approach to addressing bullying and harassment. The following progress has been made:

- Clear definitions of both Bullying and Harassment are now included in all relevant People Policies.
- This includes a clear indication of actions that will be taken to both support victims and address the behaviour of those alleged to have perpetrated such behaviour.
- Coupled with a Comms. plan, a violence barometer is being circulated to Service Directors to show hotspots and, alongside a QI approach, will assist Divisions/Services to identify current or proposed initiatives to address Bullying.
- Staff voice – Engagement with the Trust Staff Networks to get feedback on what would make a difference, and their experiences starts in November 2025 (to coincide with Anti Bullying Week).
- Central initiatives – These include support/guidance for managers to deal with allegations & support victims, awareness via Conflict Resolution & Violence Prevention & Reduction training, embed awareness as part of Behaviours Workshops and publication of Upstander guidance for all staff.

3. Behaviours, and Resolution pathway

We continue to embed our behaviour framework within and across the organisation, making clear the standards and behaviours we expect from each other. Some of which includes:

- We have also supported a number of teams with bespoke workshops and sessions around our behaviours.
- We have developed and delivered Manager Support Network sessions on how to bring our behaviours to life
- We developed our behaviours into z cards and these have gone out to all our main sites, where we engaged with colleagues, as well as at our Trust Leaders events.
- We have also started to work on embedding within our recruitment questions.

Our Resolution Pathway is now live and readily available on Nexus, our staff intranet page. As part of this pathway we developed an internal mediation scheme, which we launched around March/April 2025. We trained 17 colleagues in their workplace mediation certification training, and they have been accessing CPD and peer support sessions with an ongoing programme of support in place. Most mediators have now had a live case, most of which had the theme of relationship differences. In terms of stats:

- In Q1 (Apr-Jun) we had 12 referrals – 5 closed, 6 an agreement was reached and 1 approval was declined.
- In Q2 (Jul-Sept) we had 4 referrals – 2 are in progress, 1 agreement was reached and 1 approval was declined.

4. Sexual Safety Charter

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

- Continuing to promote our Sexual Safety learning package that we developed in-house, which has seen more than 300 colleagues undertake it since we launched at the end of October 2024. It is also now highlighted to all new staff at corporate induction when joining the Trust.
- Further developed our sexual safety intranet pages with a number of resources to support staff, which has seen over 290 hits since we launched it.
- Updated our managing allegations policy, to include staff on staff allegations in line with the NHSE requirements for Board to be made aware when staff make allegations of a sexual nature against another member of staff. The process to follow when staff raise the allegation is also included and a risk assessment for how the alleged perpetrator is managed/supported during the investigation
- Wellbeing support to staff; where staff have opted in to support from Wellbeing Matters (See Figure 14 in Appendix) – From Jan-July 2025 3 of the 200 incidents had a sexual aspect or alleged sexual assault. (compared to 11 the previous 6 months).
- We have also built a question check into our Annual Policy Awareness Checks for all staff, to ensure all staff are aware of our sexual safety policy.
- Our Chaperone policy is also currently being reviewed in line with the NHSE request.

We continue to have active actions in place for all principles and commitments of the Charter. Although we have more to do, this is around engagement, awareness raising and education, we will also need to continuously monitor quantitative and qualitative data to respond pro-actively to any learning and trends.
Data on sexual safety is shared in Appendix 1.

5. Domestic Abuse Charter

Being signatories of the Employers Initiative Domestic Abuse (EIDA) charter we have been working on several key actions such as communication and awareness raising, and some of our activity includes:

- May 2025- to date, 5 discussions with either the staff member themselves or a line manager seeking advice. (compared to 9 the previous 6 months)
- Promoting EDIA webinars and learning sessions to staff such as 'Black experiences of Domestic Abuse'.
- Wellbeing support to staff; where staff have opted in to support from Wellbeing Matters (See Figure 14 in Appendix) From Jan-July 2025 we worked with 6 people on the wellbeing line where domestic violence was the main theme. (compared to 3 the previous 6 months)

We have active actions in place for all commitments of the Charter. Although we have more to do, this is generally around continuous engagement, awareness raising and education.

Also to note, our Specialist Practitioner for Domestic Abuse left the Trust in September 2025. We have recruited, and the postholder will commence from December 2025. Our Heads of Safeguarding will provide support needed to staff in the meantime.

6. Incidents, Empowerment and Support Anti-racism Workstream

The VPR Group also oversees the action plan for one of the five Exec led antiracism workstreams. Some good progress has been made, some progress includes:

- A Trust Leaders session on dealing with racism from patients in September 2025.
- Our Annual abuse survey achieved around 400 responses, analysis currently happening.
- An active bystander infographic and guidance have been developed.

- Wellbeing support to staff; where staff have opted in to support from Wellbeing Matters (See Figure 15 in Appendix) – From Jan-July 2025 21 of the 200 incidents were of a racism/racist nature.(compared to 21 in the previous 6 months)

Our other antiracism workstreams continue to progress with some important actions linking to this work, including; antiracism GEMBA toolkit now in use and being embedded in our QI tools, Stat and Mand Task and Finish Group commenced, and positive practice guide support plan for staff is being launched during Black History Month.

Our monthly Antiracism Taskforce continues to meet to review progress, share learning and monitor impact of interventions.

Appendix 1 – Violence and Aggression prevalence in Berkshire Healthcare

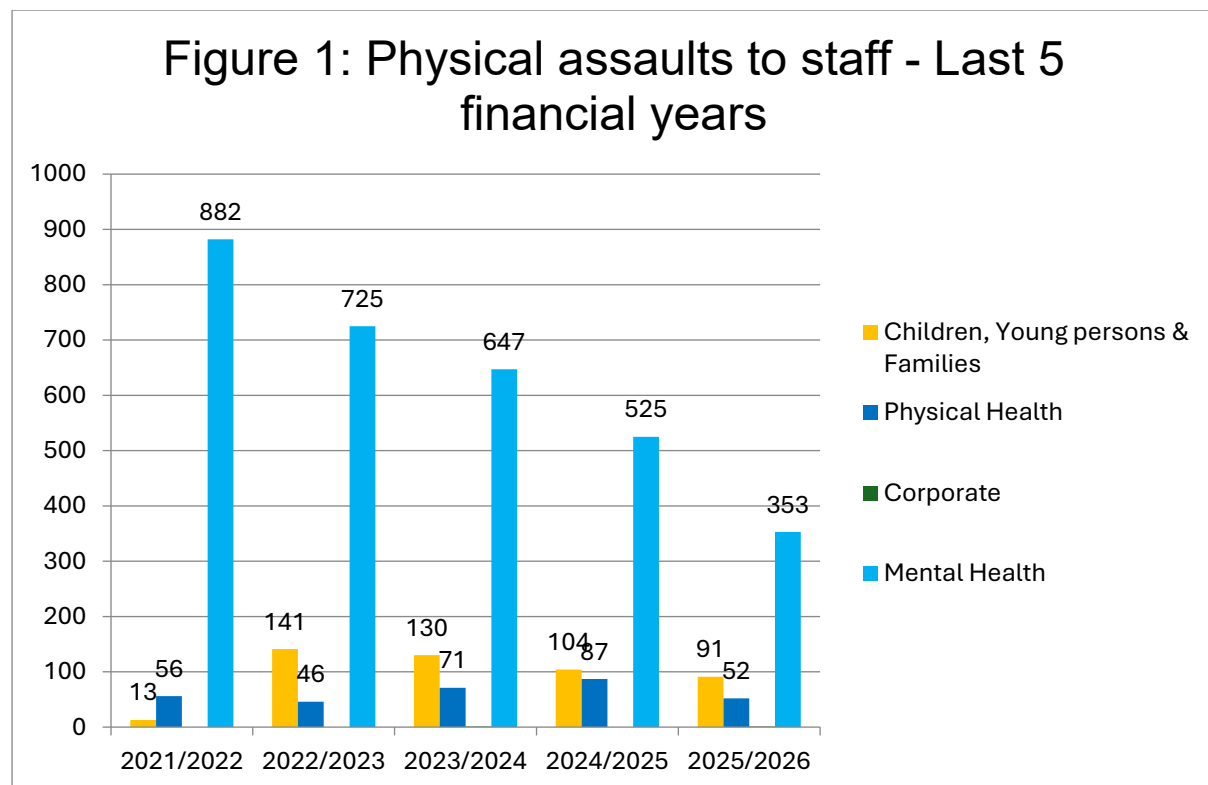


Figure 1 shows that most of our physical assaults happen within our mental health services, although the last 4 years this looks to be decreasing but with our physical health services the last 3 years shows an upward trend.

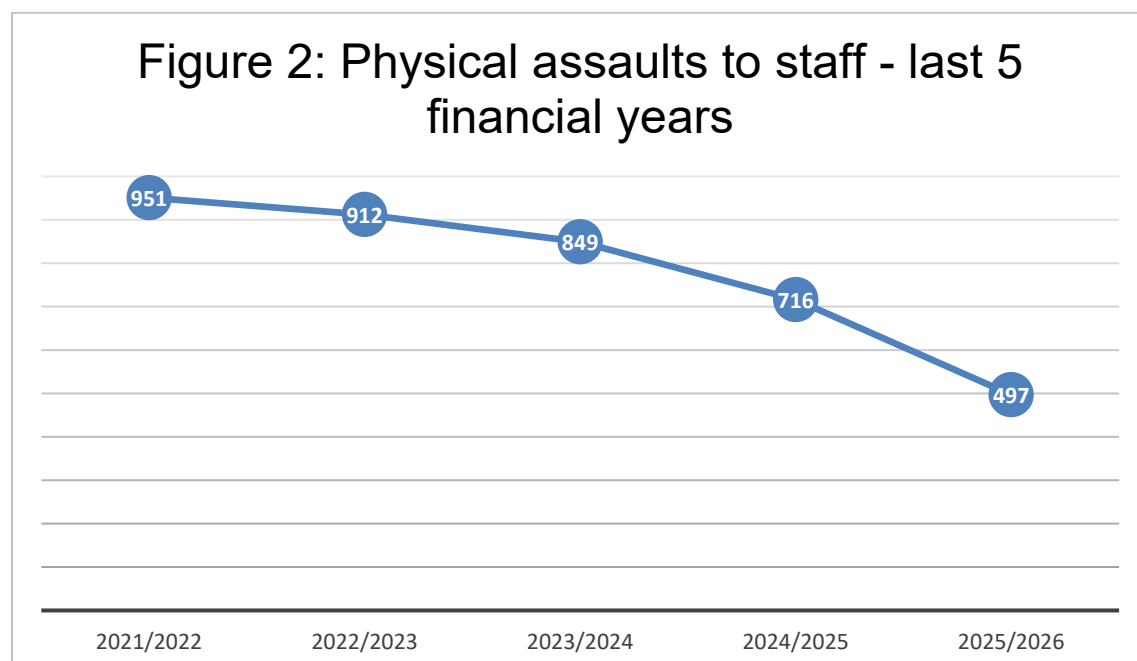


Figure 2 shows that the last 4 years have seen a decrease each year in assaults reported, coming back to a similar position from 5 years ago (672 in 2020/21). To note, only first 6 months of 25/26 is showing.

Figure 3: Type of physical assault to staff - Last 5 financial years

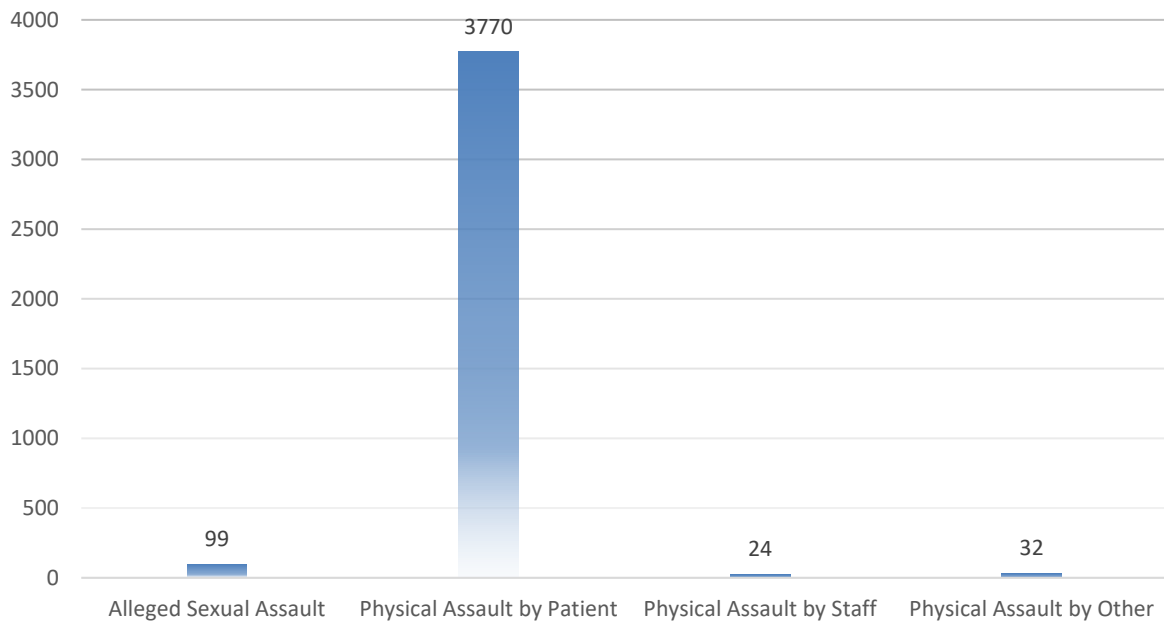


Figure 3 shows the type of physical assault across the last 5 years, which is mostly from patients to staff.

Figure 4: Non-Physical assaults to staff - Last 5 financial years

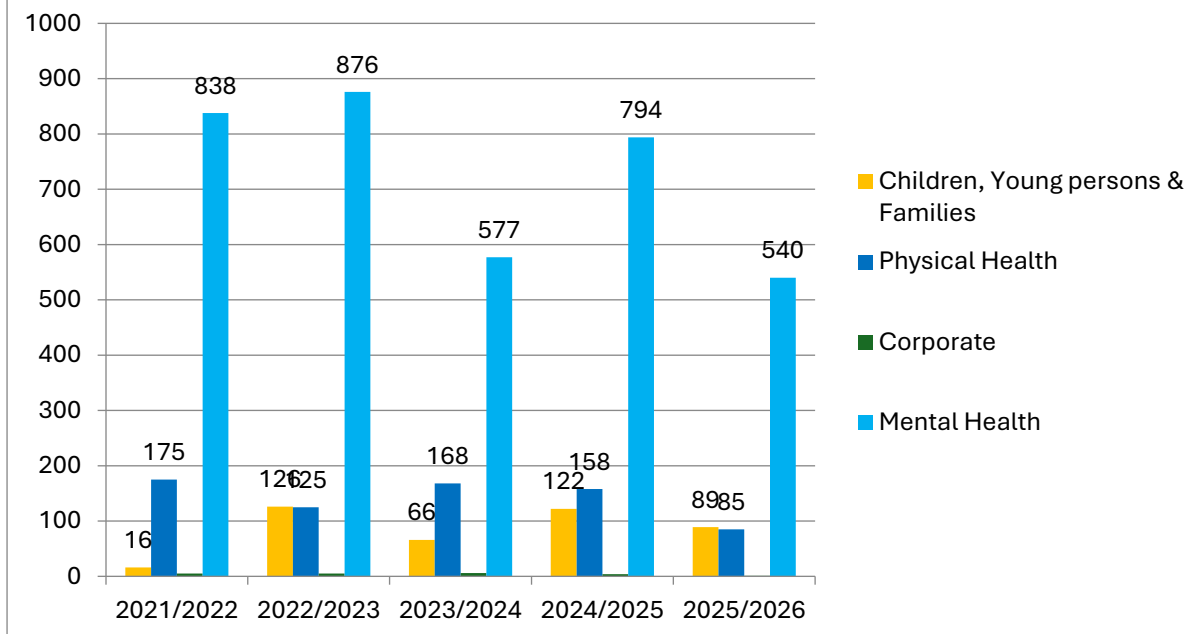


Figure 4 shows that the majority of non-physical assaults happen in our mental health services. To note, only first 6 months of 25/26 is showing.

Figure 5: Non-Physical Assaults showing type reported over the last 4 years

	Sexual	Racial	Threats	Allegations	Disability	Religious	Gender or sexual identity	Other	Total
Abuse by Patient	344	888	1710	293	4	32	109	1142	4521
Abuse by Other	8	32	88	38	0	5	4	172	347
Abuse by Staff	3	7	29	14	0	0	1	54	108
Total	355	927	1827	345	4	37	114	1368	4977

Figure 5 shows that the majority of non-physical assaults over the last 4 years are that of a threatening nature.

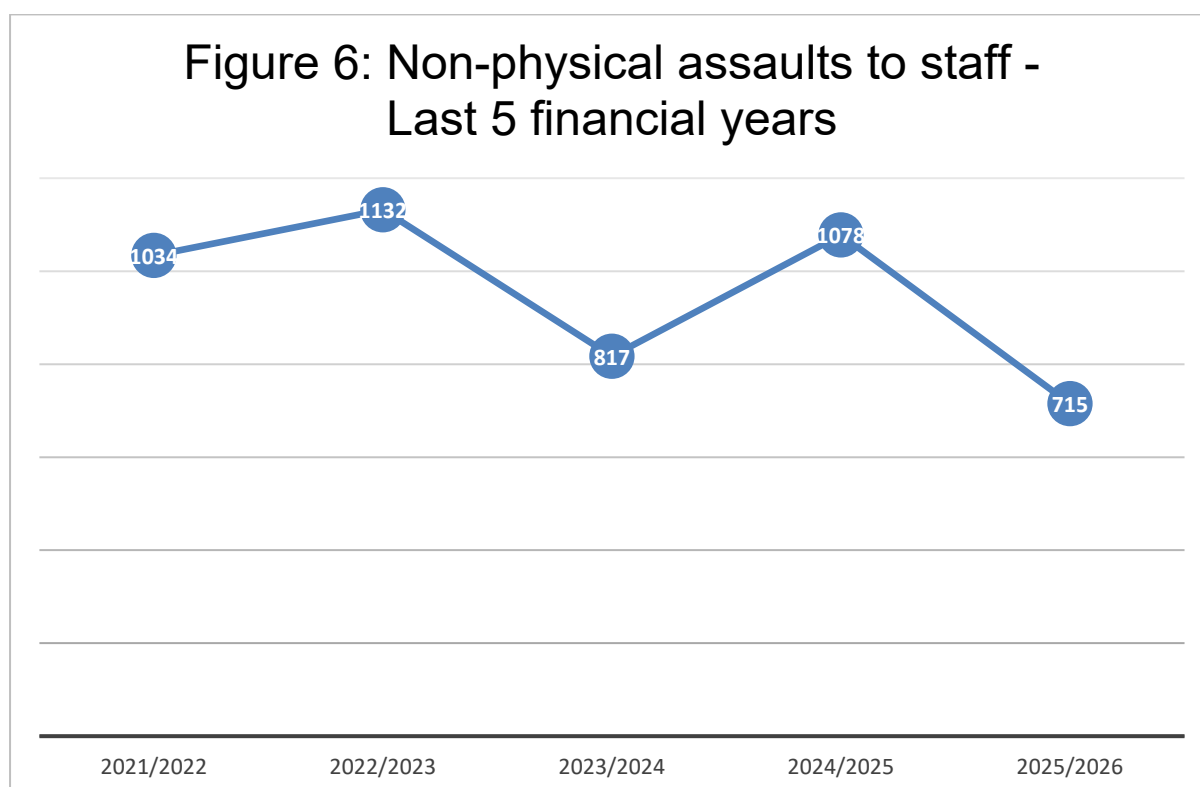


Figure 6 shows us that non-physical assaults are on a slight decline across the past 5 years. To note, only first 6 months of 25/26 is showing.

**Figure 7: Physical sexual assaults -
Last 5 financial years**

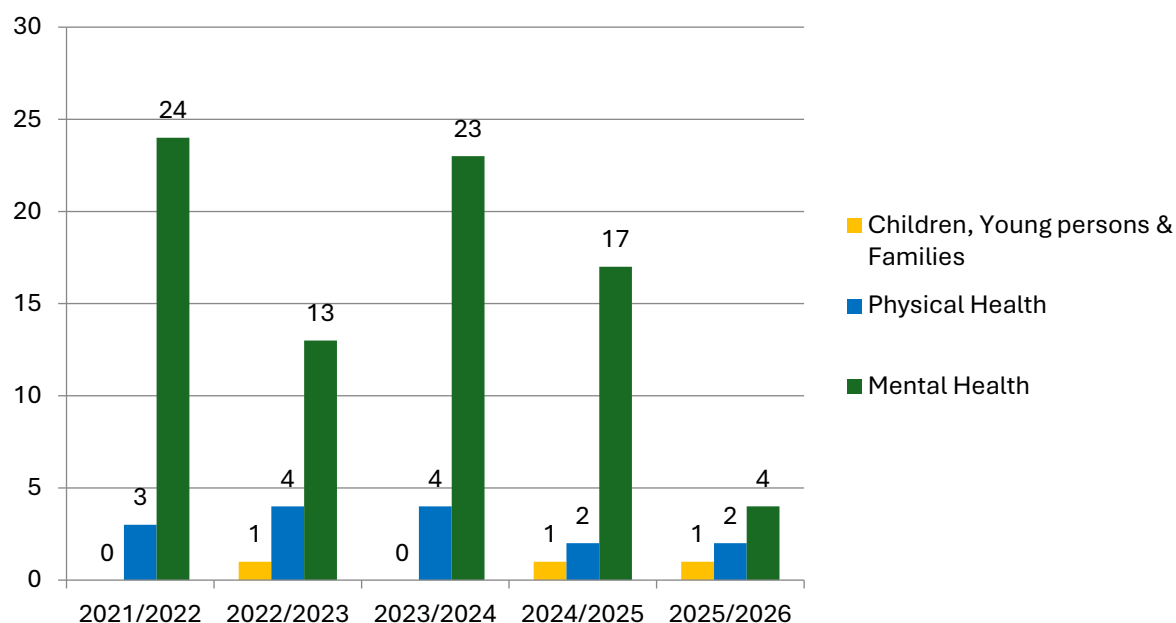


Figure 7 shows that the majority of physical sexual assaults happen in our mental health services, which is a continuing trend each year. To note, only first 6 months of 25/26 is showing.

**Figure 8: Physical sexual assaults to staff -
Last 5 financial years**

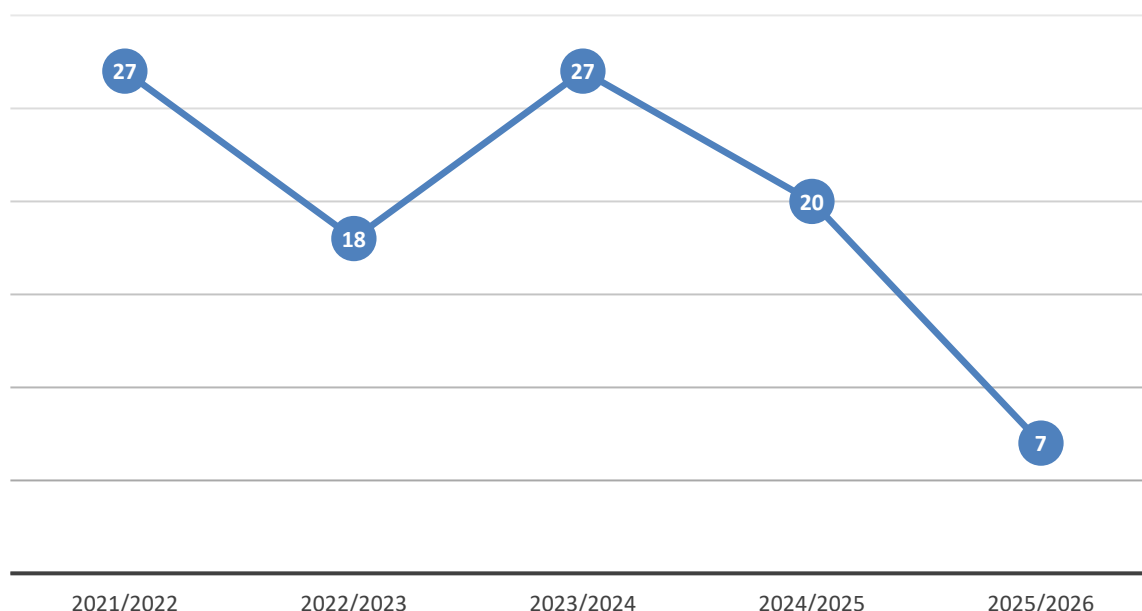


Figure 8 shows physical sexual assaults appear to be on a gradual downward trend across the last 5 years. To note, only first 6 months of 25/26 is showing.

Figure 9: Non-physical sexual assaults to staff - Last 5 financial years

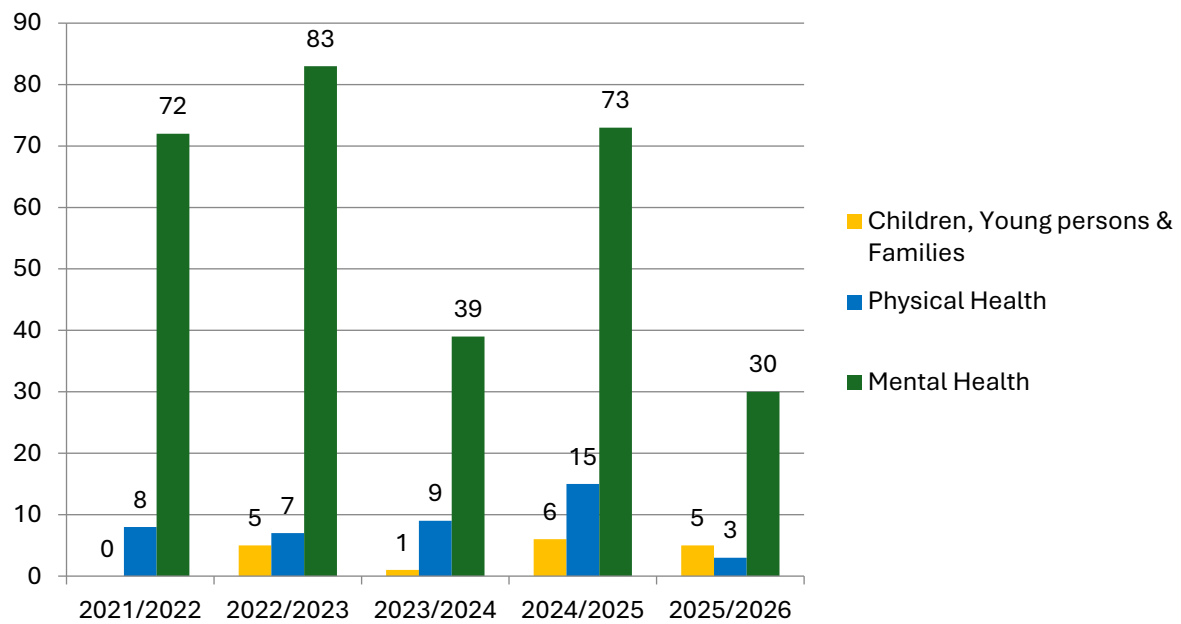


Figure 9 shows that non-physical sexual assaults happen mainly in our mental health services. Physical health service have seen a slight increase each year. This could correlate with our sexual safety work and encouraging staff to report. To note, only first 6 months of 25/26 is showing.

Figure 10: Non-physical sexual assaults - last 5 financial years

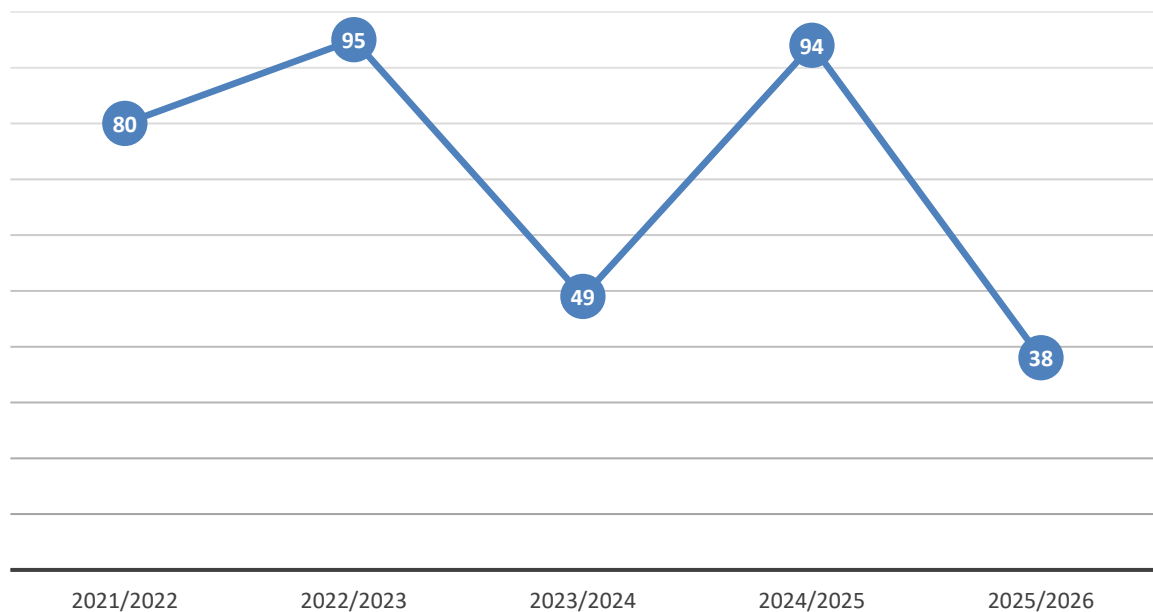


Figure 10 shows that non-physical sexual assaults are on a slight downward trajectory across the last 5 years. To note, only first 6 months of 25/26 is showing.

Figure 11: Racial abuse to staff - last 5 years

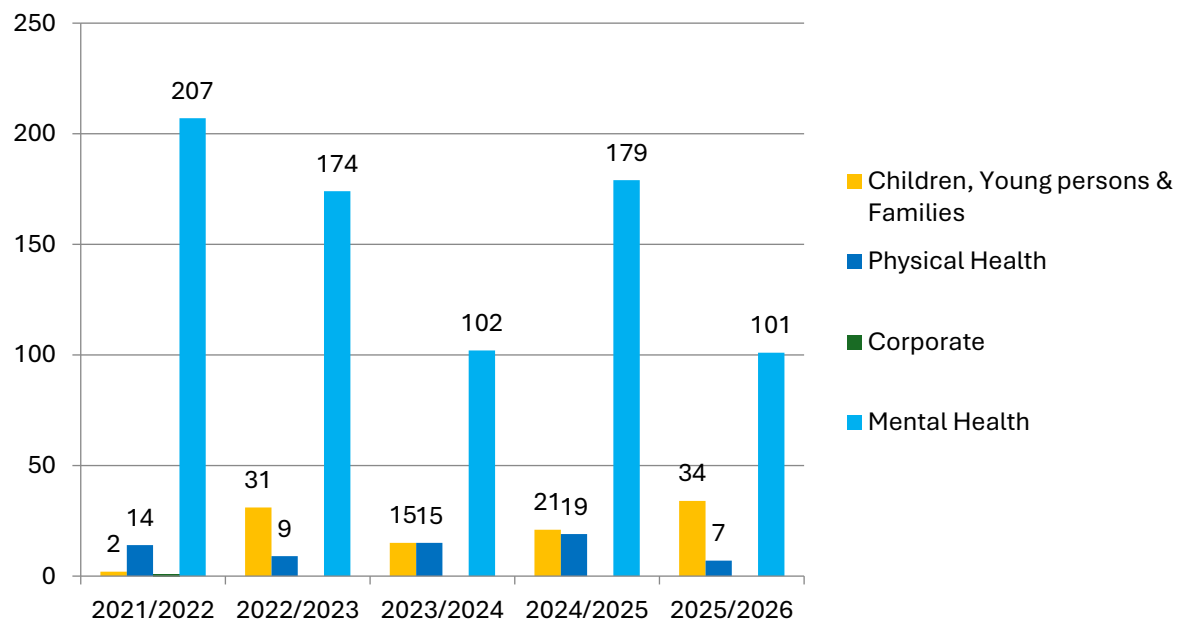


Figure 11 shows that the majority of racial abuse happens in our mental health services, the same for the last 4 years. We also have a high proportion of Ethnically diverse staff who work in mental health inpatients with over 60%. The last 3 years has seen a steady rise in racial abuse in our children, young persons and Family services. To note, only first 6 months of 25/26 is showing.

Figure 12: Racial abuse to staff - Last 5 years

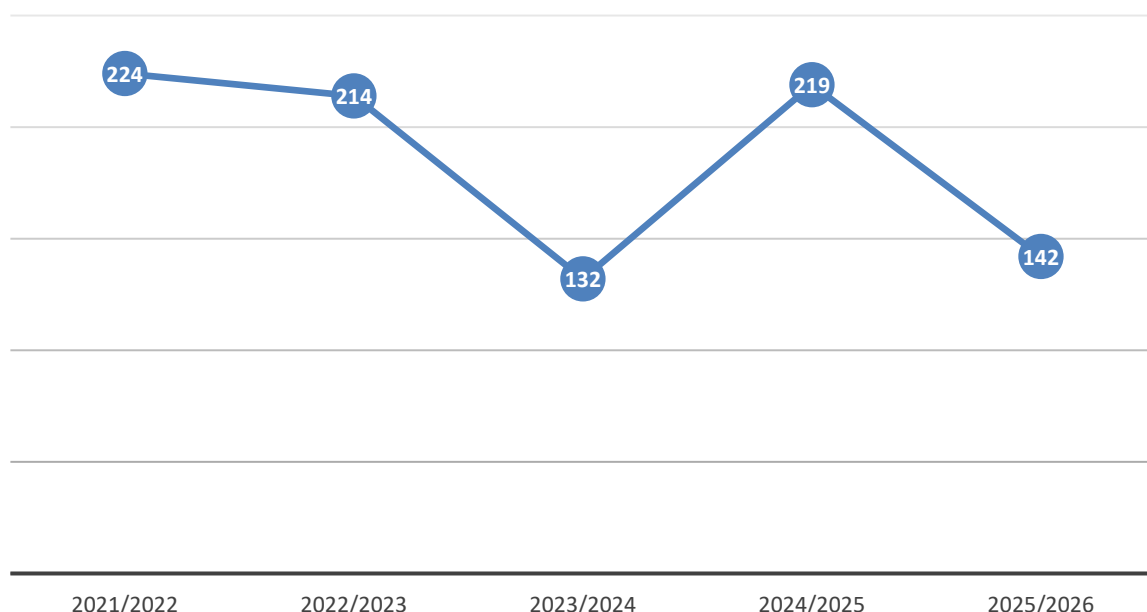


Figure 12 shows that racial abuse across 5 years is on a steady trajectory, our anti-racism programme and work to support staff reporting could be a factor for this. To note, only first 6 months of 25/26 is showing.

Figure 13: Sexual Safety HR Cases April 2019 to March 2025

Date	Early Resolution	Disciplinary	Whistleblowing
April 2025 – September 2025	0	2	0
April 2024 – March 2025	1	3	0
April 2023 – March 2024	0	2	0
April 2022 – March 2023	1	4	0
April 2021 – March 2022	0	1	0
April 2020 – March 2021	0*	11	0
April 2019 – March 2020	0*	4	0

*Grievance and Dignity at Work Policy. We made some changes to our policies and trackers in April 2021 (replaced grievance and dignity at work policies with early resolution)

Notes:

- Most allegations are against males and of these, the majority are from ethnically diverse backgrounds.
- Most incidents occurred in mental health services and pertained to allegations between patients and staff members.
- Most cases close at fact find with no case to answer; where cases have progressed to a hearing via a disciplinary process, the staff members have all been summarily dismissed.

In April 2020 – March 2021, 5/11 cases related to 2 incidents of simultaneous allegations against differing staff members (i.e. 2 patients made allegations of an incident that involved 2 and 3 staff members)

Figure 13 shows that there are no real trends or patterns for sexual safety HR casework across the last 6.5 years, with disciplinaries averaging around 4 per year.

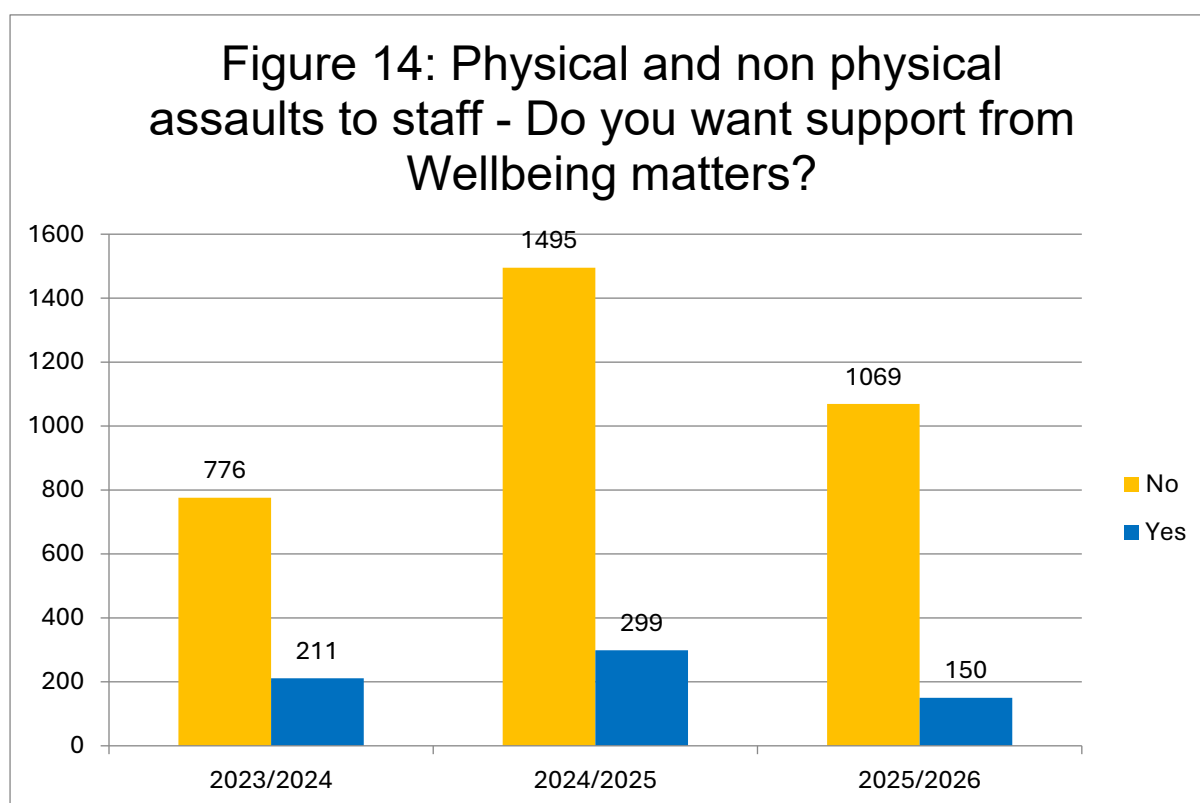


Figure 14; when staff report incidents they are asked whether they want support from our Wellbeing Matters service, which is then followed up by our wellbeing team. This shows that more staff choose not to access support, although there is still a fair amount of staff that say yes to wanting wellbeing support. To note, only first 6 months of 25/26 is showing.

Trust Board Paper Meeting Paper

Board Meeting Date	11 November 2025
Title	Finance Report September 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 September 2025.
Business Area	Finance
Author	Chief Finance Officer
Relevant Strategic Objectives	Efficient use of resources Ambition: We will use our resources efficiently and focus investment to increase long term value The report gives an overview of the Trust's financial performance including use of revenue and capital funding and delivery against the cost improvement programme. The Trust's results contribute to the performance of BOB ICS.

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report
Financial Year 2025/26
September 2025

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 30 September 2025.

Document Control

<i>Version</i>	<i>Date</i>	<i>Author</i>	<i>Comments</i>
1.0	06/10/2025	Rebecca Clegg	Draft
2.0	10/10/2025	Paul Gray	Final

Distribution

All Directors.

All staff as appropriate.

Confidentiality

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Dashboard & Summary Narrative

Target	Year to Date			Forecast Outturn		
	Actual £m/%	Plan £m/%	Achieved	Actual £m/%	Plan £m/%	Achieved
1 Income and Expenditure Plan	1.3	1.3	Yes	1.7	1.7	Yes
2 CIP - Delivery	8.7	8.7	Yes	17.5	17.5	Yes
3 Cash Balance	50.7	49.2	Yes	45.2	45.2	Yes
4a Better Payment Practice Code Volume Non-NHS	98%	95%	Yes	95%	95%	Yes
4b Better Payment Practice Code Value Non-NHS	97%	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	99%	95%	Yes	95%	95%	Yes
5 Capital Expenditure not exceeding CDEL	2.1	4.4	Yes	20.8	20.8	Yes
6a Agency Expenditure Reduction	28%	30%	No	30%	30%	Yes
6b Bank Expenditure Reduction	19%	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 quite 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. There are still some outstanding payments from commissioners which we continue to pursue. Cash expenditure on capital projects is lower than planned due to profiling.
- The Better Payment Practice Code is achieved for all 4 targets.
- Capital expenditure spend is below CDEL Year to Date primarily due to the profile of expenditure on the Jubilee Ward relocation project.
- The Trust has 2 targets for temporary staffing. There is a requirement to reduce agency expenditure by 30% when compared to the previous year. Although costs have reduced, the target has not yet been met, we are close to achieving it year to date. 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 by £1m year to date.

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. Progress towards the saving target has been slow and at month 6 the Trust has assumed clawback of £0.6m income year to date in line with the risk share agreement.
- Contract finance schedules have been agreed with BOB ICB and Frimley ICB.

1. Income & Expenditure

Sep-25	Act £'m	In Month Plan £'m	Var £'m	Act £'m	YTD Plan £'m	Var £'m	2025/26 Plan £'m
Operating Income	33.3	32.8	0.4	197.4	197.0	0.5	393.9
Elective Recovery Fund	0.4	0.4	0.0	2.4	2.4	0.0	4.8
Donated Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Income	33.7	33.2	0.4	199.8	199.4	0.5	398.7
Staff In Post	23.9	24.4	0.5	143.5	145.9	2.4	292.2
Bank Spend	1.5	1.5	0.1	8.5	9.2	0.7	18.5
Agency Spend	0.5	0.4	(0.2)	2.8	2.1	(0.7)	4.2
Total Pay	25.8	26.3	0.4	154.9	157.3	2.4	314.9
Purchase of Healthcare	1.7	1.3	(0.4)	9.6	7.7	(1.9)	15.4
Drugs	0.7	0.6	(0.2)	3.4	3.3	(0.1)	6.7
Premises	1.5	1.6	0.0	8.8	9.4	0.6	18.9
Other Non Pay	1.8	1.6	(0.2)	10.3	9.6	(0.8)	19.3
PFI Lease	0.7	0.7	0.0	4.4	4.4	0.0	8.8
Total Non Pay	6.5	5.7	(0.7)	36.5	34.4	(2.1)	69.1
Total Operating Costs	32.3	32.0	(0.3)	191.4	191.7	0.2	384.0
EBITDA	1.4	1.2	(0.1)	8.4	7.7	(0.7)	14.7
Interest Receivable	0.2	0.3	(0.1)	1.5	1.7	(0.2)	3.4
Interest Payable	0.2	0.3	0.0	1.7	1.7	(0.0)	3.3
Depreciation	0.9	0.9	(0.0)	5.7	5.5	(0.2)	11.2
Impairments	0.0	0.0	0.0	0.1	0.0	(0.1)	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	1.1	1.2	0.0	8.9	8.9	(0.1)	16.2
Reported Surplus/(Deficit)	0.5	0.4	0.1	1.0	0.5	0.4	1.9
Adjustments	(0.1)	0.0	(0.1)	(0.1)	0.0	(0.2)	(0.2)
PFI IFRS16 Adjustment	(0.2)	(0.2)	(0.0)	0.4	0.7	(0.3)	0.0
Adjusted Surplus/(Deficit)	0.2	0.2	(0.0)	1.3	1.3	0.0	1.7

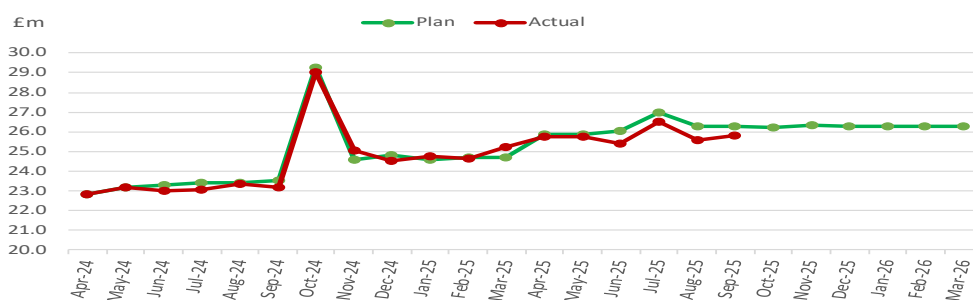
Key Messages

The table above gives the financial performance against the Trust's income and expenditure plan as at 30 September 2025.

The Trust has planned for a £1.7m surplus. Year to date performance is in line with plan. The variance on purchase of healthcare relates to PICU and specialist placements.

Workforce

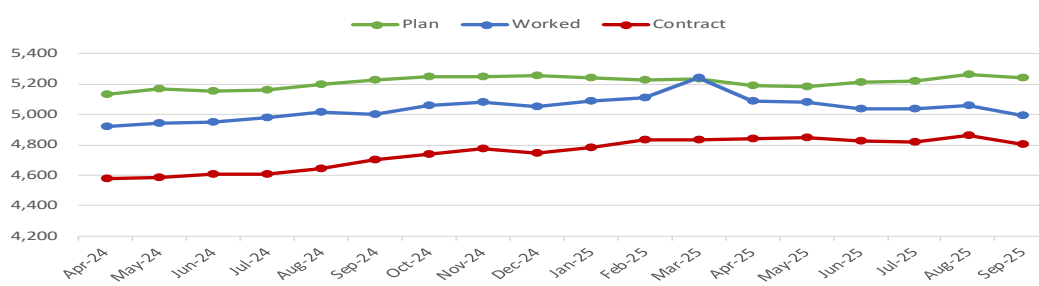
Pay Costs Apr 24 to Current



Staff Costs

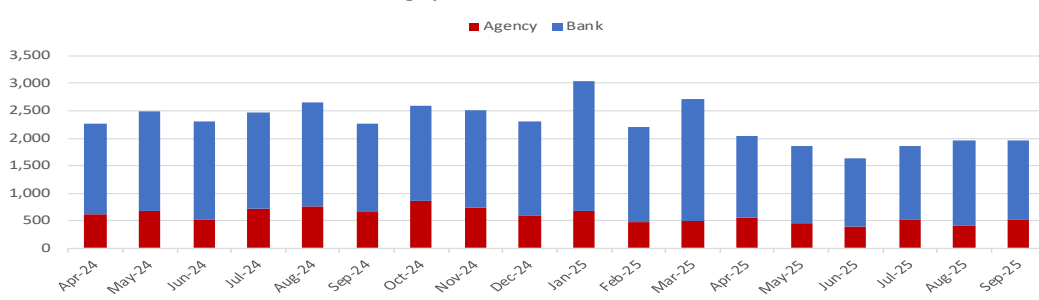
YTD	£m
2025/26	154.9
2024/25	138.6
	12%
Prior Yr	£m
Sep-25	25.8
Sep-24	23.2
	11%

Total FTEs April 24 to Current



Prior Mth	CFTE	WFTE
Sep-25	4,805	4,990
Aug-25	4,864	5,059
	-1%	-1%
Prior Yr		
Sep-25	4,805	4,990
Sep-24	4,704	5,000
	2%	0%

Non Permanent Staffing Apr 24 to current



Non Permanent Staff Costs

YTD	Bank £k	Agency £k
2025/26	8,514	2,829
2024/25	10,517	3,938
	-19%	-28%
Prior Yr	£k	£k
Sep-25	1,457	507
Sep-24	1,618	650
	-10%	-22%

Key Messages

Pay costs in month were £25.8m and year to date the Trust's pay expenditure is lower than planned. . As the pay award has been agreed at a higher level than was assumed for planning, this has created a further cost pressure for the Trust c£0.3m.

WTEs decreased in month by 70 (Worked WTEs) and 59 (Contracted WTEs).

NHSE has 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 £72k year to date. The bank staffing cost reduction of 10% compared to the previous year is being exceeded.

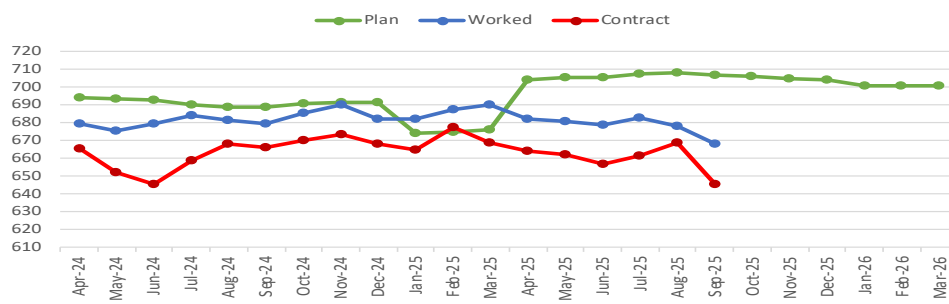
Our bank fill rate remains strong, meeting 90% of the overall temporary staffing demand.

Off-framework agency usage has fallen further to 6%, now restricted to nursery services. We continue to expand our framework supplier base. NHSP is in the process of onboarding an Early Years Practitioner for our Little Dragons Nursery. These actions are part of our broader strategy to eliminate reliance on off-framework agencies.

There were zero non-medical price cap breaches for the second consecutive month — a significant improvement compared to 126 during the same period last year.

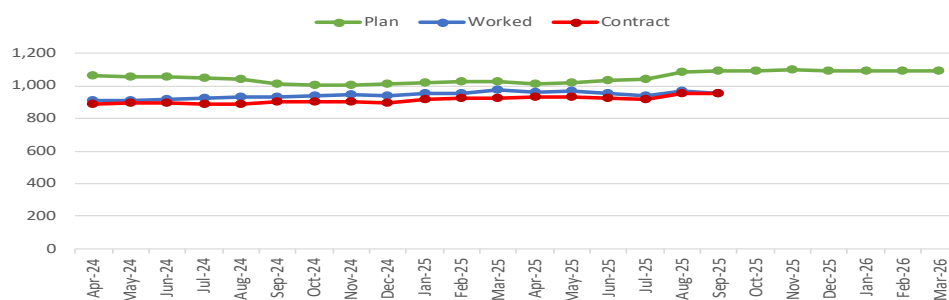
Staff Detail (Division)

Central Services FTEs April 24 to Current



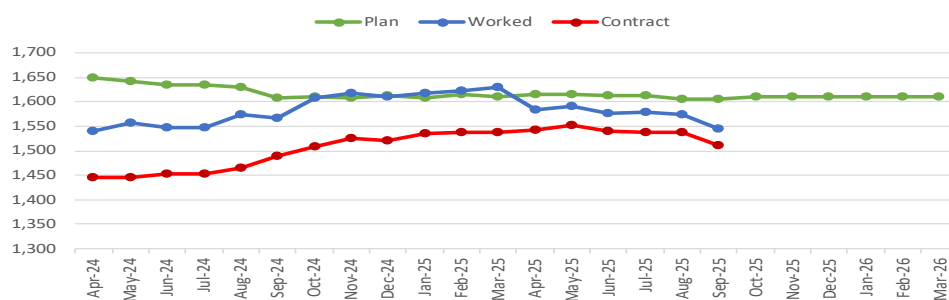
FTEs		
Prior Mth	CFTE	WFTE
Sep-25	645	668
Aug-25	669	678
	-4%	-2%
	▼	▼
Prior Yr		
Sep-25	645	668
Sep-24	666	679
	-3%	-2%
	▼	▼

Children Family & All Age FTEs April 24 to Current



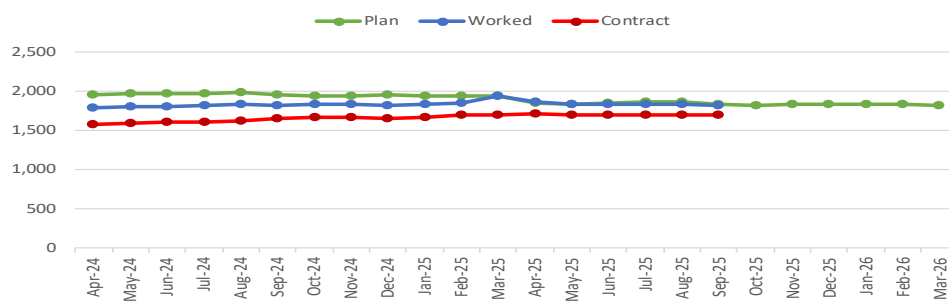
FTEs		
Prior Mth	CFTE	WFTE
Sep-25	952	957
Aug-25	955	971
	0%	-1%
	▼	▼
Prior Yr		
Sep-25	952	957
Sep-24	902	928
	6%	3%
	▲	▲

Community Health FTEs April 24 to Current



FTEs		
Prior Mth	CFTE	WFTE
Sep-25	1,512	1,544
Aug-25	1,538	1,573
	-2%	-2%
	▼	▼
Prior Yr		
Sep-25	1,512	1,544
Sep-24	1,488	1,568
	2%	-2%
	▲	▼

Mental Health FTEs April 24 to Current



FTEs		
Prior Mth	CFTE	WFTE
Sep-25	1,695	1,821
Aug-25	1,702	1,837
	0%	-1%
	▼	▼
Prior Yr		
Sep-25	1,695	1,821
Sep-24	1,647	1,825
	3%	0%
	▲	▼

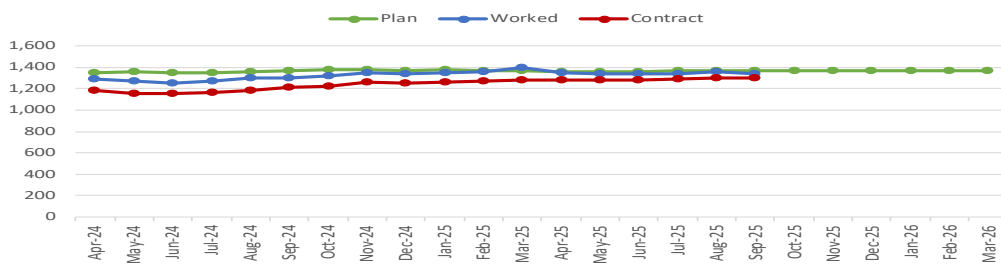
Key Messages

Worked WTEs are below plan for all clinical divisions and Central Services. The reduction in contracted WTEs month has been in part due to the resident doctors rotation (18 WTEs). In the Mental Health division, WTEs have reduced in Pharmacy and Inpatients. In Community Services, there have been reductions in Community Nursing, Inpatients and Urgent Care. We have had some reductions due to MARS across all divisions.

Overall, worked WTEs are 254 lower than plan in September.

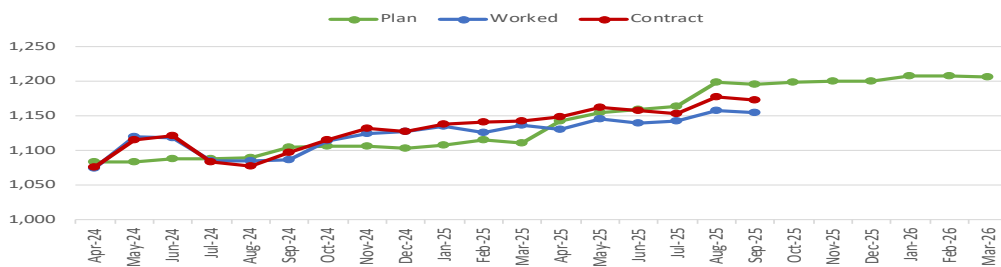
Staff Detail (Staff Group)

Registered Nursing FTEs April 24 to Current



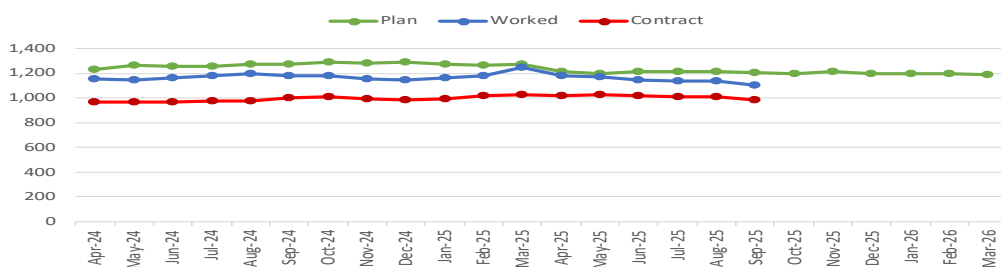
FTEs		
Prior Mth	CFTE	WFTE
Sep-25	1,298	1,341
Aug-25	1,298	1,355
	0%	-1%
Prior Yr		
Sep-25	1,298	1,341
Sep-24	1,218	1,299
	7%	3%

Other Qualified Non Medical FTEs April 24 to Current



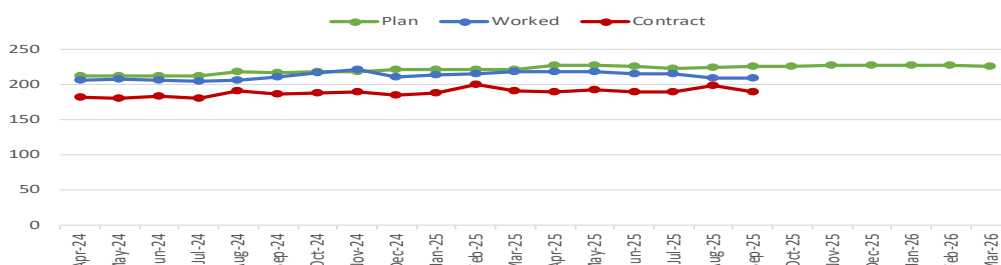
FTEs		
Prior Mth	CFTE	WFTE
Sep-25	1,172	1,154
Aug-25	1,177	1,157
	0%	0%
Prior Yr		
Sep-25	1,172	1,154
Sep-24	1,097	1,086
	7%	6%

Support to clinical staff FTEs April 24 to Current



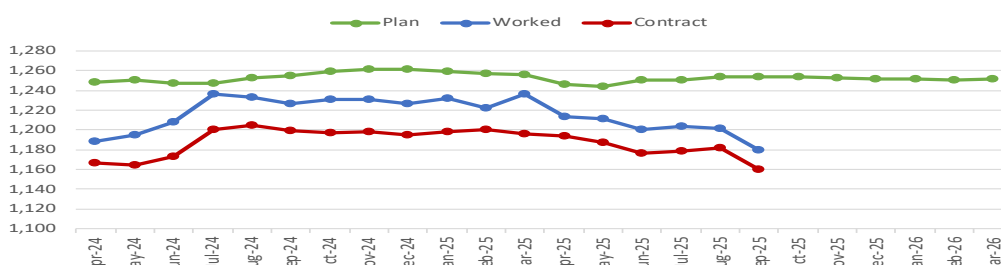
FTEs		
Prior Mth	CFTE	WFTE
Sep-25	985	1,106
Aug-25	1,007	1,137
	-2%	-3%
Prior Yr		
Sep-25	985	1,106
Sep-24	1,003	1,177
	-2%	-6%

Medical Staff FTEs April 24 to Current



FTEs		
Prior Mth	CFTE	WFTE
Sep-25	189	210
Aug-25	199	209
	-5%	0%
Prior Yr		
Sep-25	189	210
Sep-24	187	211
	1%	0%

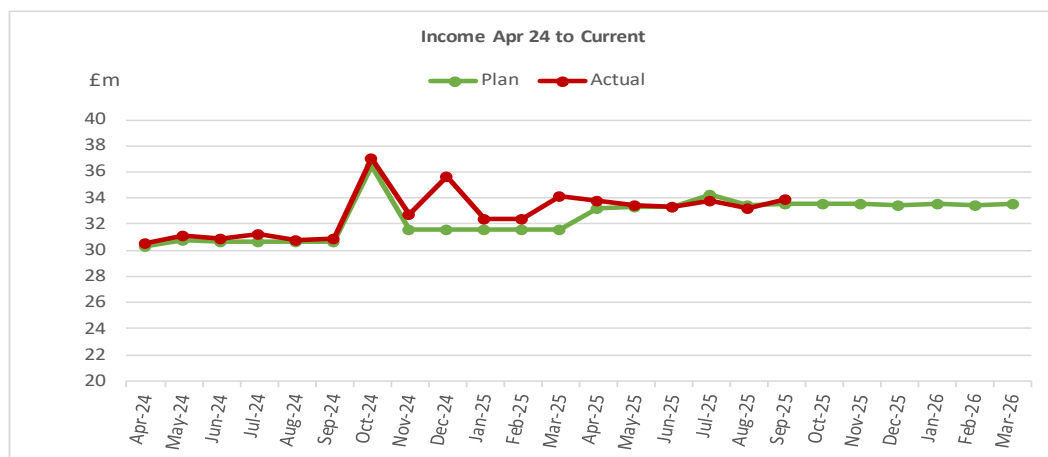
Admin, Estates and Managers FTEs April 24 to Current



FTEs		
Prior Mth	CFTE	WFTE
Sep-25	1,161	1,179
Aug-25	1,182	1,201
	-2%	-2%
Prior Yr		
Sep-25	1,161	1,179
Sep-24	1,199	1,227
	-3%	-4%

Worked WTE actuals have been much closer to plan since the 2022/23 financial reset. However, are some signs of a downward trend in Admin, Estates and Managers. 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	201.3
2024/25	185.4
▲	9%
Prior Yr	£'m
Sep-25	33.9
Sep-24	30.9
▲	10%

Key Messages

Income (including interest received) is slightly ahead of plan year to date due to some final settlements from 2024/25 and the release of deferred income. This is offset in part by the clawback of £0.6m by BOB ICB related to the MHLDA cost improvement risk share. Interest received is slightly below plan with interest rates being lower than in 2024/25.

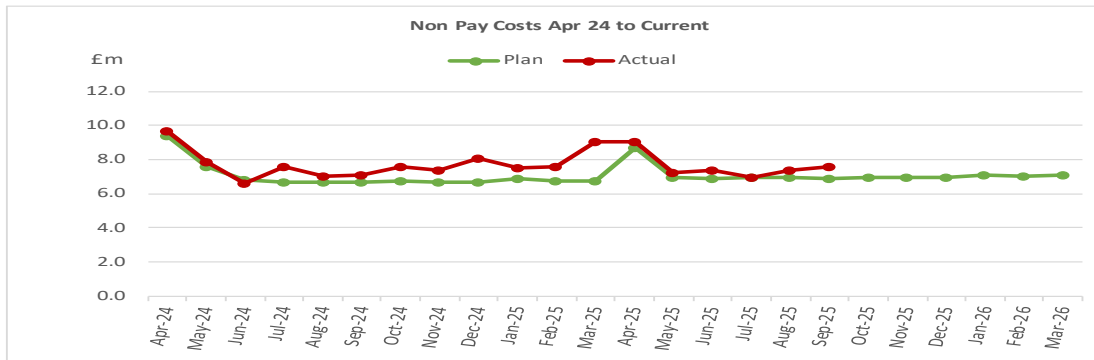
Elective Activity Performance

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 although they acknowledge the level of performance we expect from them based on our expected activity and the financial risk it will present.

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

The “true-up” exercise for 2024/25 has now been completed and we have received confirmation that payment will be made for the income we accrued at the end of the year.

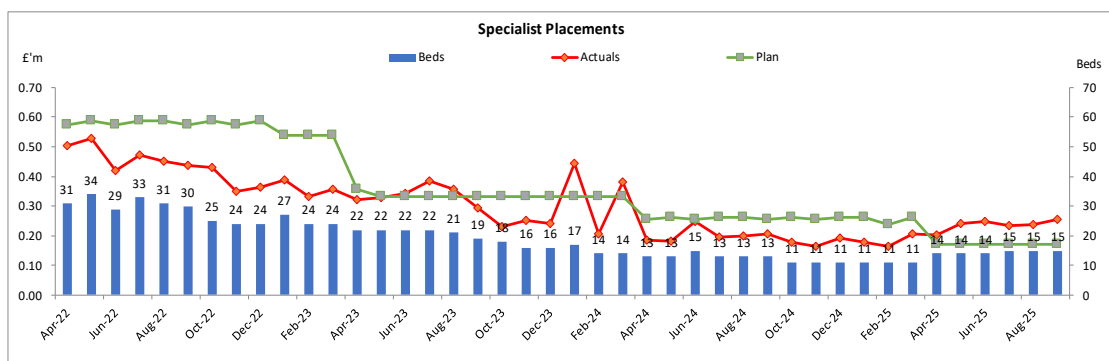
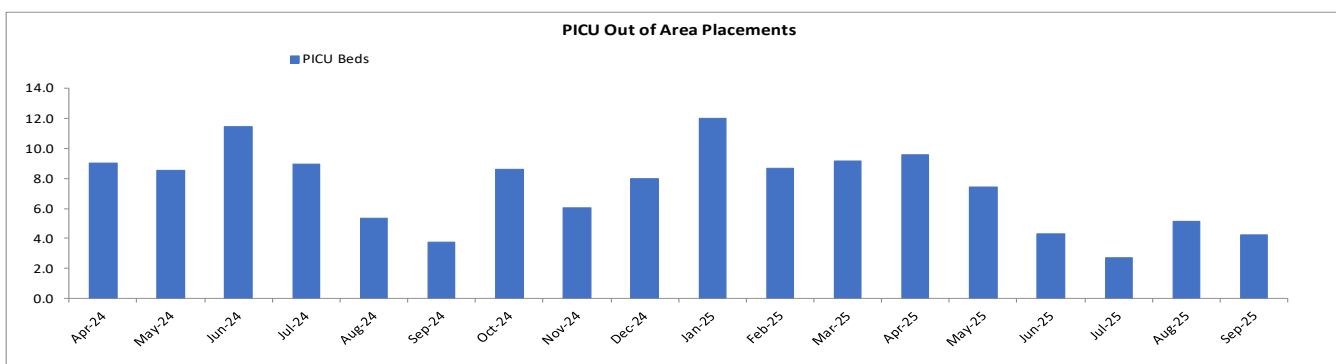
Non Pay & Placement Costs



Non Pay Costs	
YTD	£'m
2025/26	45.5
2024/25	45.9
▲	-1%
Prior Yr	£'m
Sep-25	7.6
Sep-24	7.1
▲	7%

Key Messages

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



Specialist Placements	
YTD	£'m
2025/26	1.42
2024/25	1.22
▲	17%
Prior Yr	£'m
Sep-25	0.26
Sep-24	0.21
▲	24%

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. We currently have 1 OAP, the cost of which is offset by a reciprocal arrangement with another Trust.

PICU. We have planned for 5 PICU placements in 2025/26. At the start of the year, actuals were higher than plan at April (10) but have reduced over the last three months and there are currently 4. The day rate is higher than planned. The overspend year to date is £0.5m.

Specialist Placements. The average number of placements has increased to 15 and this is above the plan of 11. We are looking at options to recharge to at least one of these to another NHS organisation, but in the meantime this had created a cost pressure of £0.4m year to date.

Cost Improvement Programme

Description	Description	Risk	Plan	YTD Actual	YTD Plan	Variance
			£k	£k	£k	£K
Divisional CIPS	Recurrent	Low	5,256	2,628	2,628	0
Balance Sheet Review	Non-Recurrent	Low	3,065	2,832	1,533	1,300
Interest	Recurrent	Low	500	250	250	0
UEC Expenditure	Recurrent	Low	456	228	228	0
Procurement savings	Recurrent	Medium	150	75	75	0
Tax Optimisation	Recurrent	Medium	420	0	210	-210
Contract Contribution	Recurrent	Low	1,850	49	925	-876
Contract Contribution	Non Recurrent		0	876	0	876
Annual leave Accrual	Non-Recurrent	Low	250	0	125	-125
Non - recurrent cover for posts	Non-Recurrent	Low	451	226	226	0
Recharge to income	Recurrent	Low	63	32	32	0
Legal Services review	Recurrent	Medium	150	20	75	-55
Expenses Controls	Recurrent	Low	50	25	25	0
Estates Downsizing	Recurrent	Low	130	65	65	0
Discretionary spend controls	Recurrent	Medium	250	0	125	-125
Temporary staffing reduction stretch	Recurrent	Medium	1,500	0	750	-750
Corporate efficiency stretch	Recurrent	High	1,500	510	750	-240
Further workforce controls	Non-Recurrent	High	1,360	917	680	237
Other	Recurrent	High	62	0	31	-31
Other - Slippage	Non-Recurrent	Low	0	0	0	0
	Total		17,463	8,732	8,732	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 the perspective of 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.

Our balance sheet release is ahead of plan currently, this includes additional balances that we have been able to release to offset in the claw back of income from BOB ICB as a result of the MHLDA risk share not delivering any savings. We have also covered the first tranche of payments under MARS, with further payments expected to happen over the next few months and savings over the year ahead.

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 offset by underspending against control totals. 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.

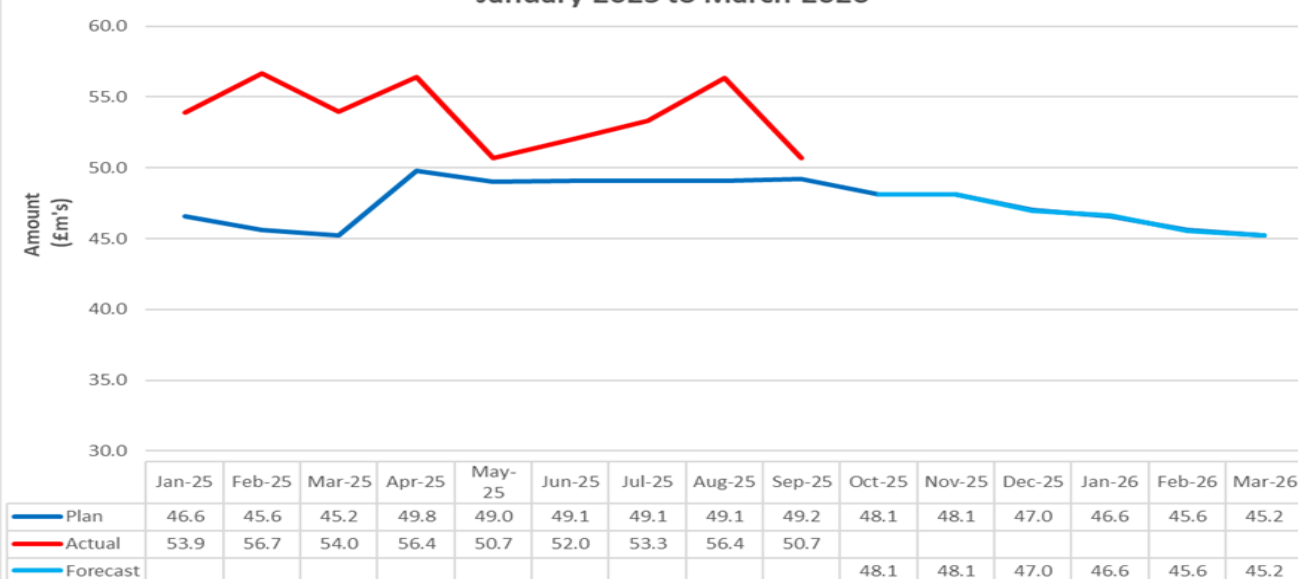
Balance Sheet & Cash

	2024/25	Current Month			YTD		
	Actual £'m	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m
Intangibles	0.9	1.2	2.0	(0.8)	1.2	2.0	(0.8)
Property, Plant & Equipment (non PFI)	38.2	36.9	35.5	1.4	36.9	35.5	1.4
Property, Plant & Equipment (PFI)	44.5	42.3	48.0	(5.7)	42.3	48.0	(5.7)
Property, Plant & Equipment (RoU Asset)	12.8	11.8	11.6	0.2	11.8	11.6	0.2
Receivables	0.2	0.2	0.2	0.0	0.2	0.2	0.0
Total Non Current Assets	96.6	92.4	97.3	(4.9)	92.4	97.3	(4.9)
Trade Receivables & Accruals	14.2	23.3	12.0	11.3	23.3	12.0	11.3
Other Receivables	0.3	0.3	0.3	0.0	0.3	0.3	0.0
Cash	54.0	50.7	49.2	1.5	50.7	49.2	1.5
Trade Payables & Accruals	(40.9)	(42.4)	(35.2)	(7.2)	(42.4)	(35.2)	(7.2)
Borrowings (PFI and RoU Lease Liability)	(4.4)	(1.3)	(7.0)	5.7	(1.3)	(7.0)	5.7
Other Current Payables	(12.0)	(13.2)	(9.7)	(3.5)	(13.2)	(9.7)	(3.5)
Total Net Current Assets / (Liabilities)	11.2	17.4	9.6	7.8	17.4	9.6	7.8
Non Current Borrowings (PFI and RoU Lease Liability)	(52.2)	(53.6)	(48.3)	(5.3)	(53.6)	(48.3)	(5.3)
Other Non Current Payables	(1.6)	(2.7)	(2.4)	(0.3)	(2.7)	(2.4)	(0.3)
Total Net Assets	54.0	53.5	56.2	(2.7)	53.5	56.2	(2.7)
Income & Expenditure Reserve	10.2	11.0	11.0	0.0	11.0	11.0	0.0
Public Dividend Capital Reserve	21.8	21.8	23.1	(1.3)	21.8	23.1	(1.3)
Revaluation Reserve	22.0	20.7	22.0	(1.3)	20.7	22.0	(1.3)
Total Taxpayers Equity	54.0	53.5	56.2	(2.7)	53.5	56.2	(2.7)

Key Messages

Cash is £1.5m higher than plan. Capital expenditure is less than planned year to date which is contributing to the higher cash balance. We continue to have some outstanding payments from commissioners some of which relate to 2024/25.

Cash Plan v Actual v Forecast
January 2025 to March 2026



Capital Expenditure

Schemes	Current Month			Year to Date			FY	Forecast	FY
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000	Outturn £'000	Variance £'000
<u>Estates Maintenance & Replacement Expenditure</u>									
Trust Owned Properties	2	17	(15)	23	50	(27)	150	113	(37)
Jubilee Ward Relocation to St Marks - CIR Funding	23	217	(194)	93	1,298	(1,205)	2,600	2,000	600
Trust Wide Anti-Ligature - CIR Funding	8	0	8	39	0	39	0	600	(600)
West/Reading Consolidation - Bath Road Phase 1&4	9	83	(75)	338	500	(162)	498	983	485
Charles Ward Decant Works - (Jubilee Ward Enabling Works)	15	0	15	30	0	30	0	264	264
Leased Non Commercial (NHSPS) Other	(0)	50	(50)	47	180	(133)	400	137	(263)
Leased Commercial	(1)	0	(1)	17	36	(19)	36	36	0
Environment & Sustainability	3	23	(20)	37	69	(32)	198	187	(11)
Backlog Maintenance	0	0	0	0	0	0	500	455	45
Various All Sites	11	115	(104)	132	425	(293)	680	151	(618)
Statutory Compliance	2	18	(16)	237	65	172	200	336	136
Subtotal Estates Maintenance & Replacement	71	523	(452)	993	2,623	(1,630)	5,262	5,262	0
<u>IM&T Expenditure</u>									
Business Intelligence and Reporting	0	0	0	49	0	49	110	110	0
Hardware Purchases - Refresh & Replacement	8	0	8	81	0	81	4,136	4,136	0
Teams Rooms Refresh ONLY	0	0	0	0	0	0	50	62	12
Additional Divisional Spend & Teams Room Additions	64	42	22	208	252	(44)	504	492	(12)
Digital Strategy	34	50	(16)	233	300	(67)	600	600	0
Pharmacy System Procurement & Population Health	0	0	0	0	0	0	150	150	0
Subtotal IM&T Expenditure	106	92	14	572	552	20	5,550	5,550	(0)
<u>IFRS16 RoU ASSETS - New Leases Net of Disposals and Remeasurements</u>									
St. Marks Charles Ward Block 23	0	0	0	0	0	0	1,495	1,495	0
Bracknell - Frimley Sublease	0	0	0	0	202	(202)	202	202	0
Chalvey Lease	0	0	0	0	600	(600)	600	600	0
Bath Road	0	0	0	0	0	0	6,654	6,654	0
Bracknell Healthspace	0	0	0	0	0	0	500	364	(136)
Nicholson House	432	0	432	432	350	82	350	432	82
Lease cars	54	0	54	54	0	54	0	54	54
ColIN	0	50	(50)	0	100	(100)	200	200	0
Sub Total New Leases (IFRS16)	486	50	436	486	1,252	(766)	10,001	10,001	(0)
Subtotal CapEx Within Control Total	663	665	(3)	2,050	4,427	(2,377)	20,813	20,813	(0)
<u>CapEx Expenditure Outside of Control Total</u>									
Place of Safety	8	0	8	704	600	104	600	804	204
Anti-Ligature Toilet Pans & Basins	0	0	0	25	150	(125)	150	248	98
Trust wide Anti-Ligature (PFI)	0	50	(50)	0	170	(170)	500	354	(146)
Other PFI projects	16	63	(47)	118	230	(112)	730	574	(156)
Subtotal Capex Outside of Control Totals	24	113	(89)	847	1,150	(303)	1,980	1,980	0
<u>Donated/Grant Funding</u>									
WBCH Low carbon heating system - Salix Funding	17	0	17	189	0	189	0	2,634	2,634
St Marks Block 23 M&E (Air Handling Unit and Electrical Works)	0	0	0	0	0	0	0	550	550
Subtotal Donated/Grant Funding	17	0	17	189	0	189	0	3,184	3,184
Total Capital Expenditure - all funding sources	704	779	(75)	3,087	5,577	(2,490)	22,793	25,977	3,184

Key Messages

At M06, CDEL schemes were underspent by £2.5m 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 expenditure on the Nicholson House alterations project.

Non-CDEL spend for PFI sites was underspent by £0.3m YTD, mainly due to the anti-ligature toilets and basins project, where spend is expected later this year.

There is an underspend on IFRS16 Right of Use Assets of £0.8m for the year to date. This is due to the ongoing delay in lease commencement for Chalvey and for the completion of the Bracknell Health Space Project.

Trust Board Paper Meeting Paper

Board Meeting Date	11 th November 2025
Title	True North Performance Scorecard Month 6 (September 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	The True North Performance scorecard consolidates metrics across all domains. To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care, and consistently meet or exceed the standards of Care Quality Commission (CQC) and other stakeholders. Patient safety Ambition: We will reduce waiting times and harm risk for our patients Patient experience and voice Ambition: We will leverage our patient experience and voice to inform improvement Health inequalities

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

The True North Performance Scorecard for Month 6 2025/26 (September 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](#) (attached to the report)

Breakthrough and Driver Metrics

- Restrictive Interventions – Rapid Tranquilisation (Intra-muscular) **(Harm Free Care)** – 40 against a target of 39 incidents.
 - A total of 6 patients has contributed to this month's total with 33 incidents for 3 patients. One patient on Rose ward accounted for 17 incidents. The team have implemented a tool for measuring counter measures to review effectiveness and track progress.
- Mental Health: Older Adult Average Length of Stay (bed days) **(Patient Experience)** – 109.6 days against a target of 80 days.
 - Similar issues to adult mental health wards. The larger programme has been split into smaller projects to allow more effective focus. Leadership oversight and Local Authority relationships are key challenges and at different stages of progress.
- Physical Health: Community Inpatient Average Length of Stay (bed days) **(Patient Experience)** – 25.34 days against a target of 21 days.
 - Continuing a reducing trend for 3 months. Top contributing factors to length of stay were Local Authority placements with Reading and Windsor, Ascot and Maidenhead the highest. The teams are analysing if equipment delays are a factor. Counter measures include communication, prompt escalation of issues and shared learning across wards.
- Physical Assaults on Staff **(Supporting our Staff)** – 56 against a target of 36.
 - There are 25 patients that contributed to the total this month. Top contributor was Snowdrop ward with 10 assaults. There was a Rapid Improvement Event (RIE) in October to reset the ward activities, and the team are looking at several root causes including lack of activity for patients whilst on a ward, improvements in communicating with patients around leave and medication and notifications to shift planning. The event also included patient feedback which mirrored the ward analysis but also included being treated with dignity and respect. Next steps include conducting reviews and testing counter measures.

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

- Mental Health: Adult Average Length of Stay (bed days) **(Patient Experience)** – 38.78 days against a target of 42 days.

- The metric has seen three data points on a reducing trend. Highest contributing ward is Snowdrop. The team found key themes to work on as contributing to extended length of stay; mental health deterioration, early discharge planning and improving transition / readiness of community teams to support patients discharged. The team are reviewing the last 12 months data to find any other patterns.

Driver Metrics

The following metrics are Red and not performing to plan.

- I Want Great Care Patient Experience Compliance Rate (**Patient Experience**) – at 8.40% against a 10% target. Metric will be reported one month in arrears to allow for manual records to be uploaded.

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

- I Want Great Care Positive Patient Experience Score (**Patient Experience**) – at 95.03% against a 95% target. Metric will be reported one month in arrears to allow for manual records to be uploaded.
- Staff turnover (excluding fixed-term posts) (**Supporting our Staff**) –at 10.35% 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. This is an NHS Oversight Framework scoring metric.
- Inappropriate Out of Area Placements (OAPs) at the end of the month (Mental Health) – (**Patient Experience**) – at 0 against a quarter 3 target of 3 patients.

Tracker Metrics

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

- Sickness rate (**Supporting Our Staff**) – red at 4.3% against a stretch target of 3.5%. This is an NHS Oversight Framework scoring metric, with the Trust in 5th out of 61 and the national average at 5.65%.
- Bed days occupied by patients who are discharge ready (Community) (**Patient Experience**) – 801 bed days against a target of 695.
- Clinically Ready for discharge by wards in mental health (including OAPs) (**Patient Experience**) – 548 against a 250-bed day target.
- Talking Therapies Reliable Recovery for those Completing a Course of Treatment (Frimley) (**Patient Experience**) – (NHS Oversight Framework Non-scoring metric) - at 47% against a target of 49% by September 2025.
- Self-harm Incidents on Mental Health Inpatient Wards (excluding Learning Disability) (**Harm Free Care**) – at 174 against a target of 61 incidents. Target is under review.
- Did Not Attend Rate (DNA) % (**Efficient Use of Resources**) – at 5.04% against a target of 5%. The target will be reviewed if off track next month.
- Mental Health Acute Occupancy rate (excluding home leave) (**Efficient Use of Resources**) – at 97.2% against an 85% target.

NHS Oversight Framework (NOF) Metrics

The NHS Oversight Framework metrics has been published, and relevant metrics for the organisation are shown in the performance report. The metrics are split between scoring and non-scoring indicators. Scoring metrics contribute to the segmentation rating as well and there is an override for finances. The Trust achieved segment 1 in the published scorecard, which is classified as:

‘the organisation is consistently high performing across all domains, delivering against plans’.

We achieved a rank of 3rd nationally from all non-acute Trusts with 13 trusts in segment 1. Whilst we are in a strong position there are challenges in the following areas:

- Maintaining a strong financial position and not being in deficit.
- Percentage clients with a length of stay over 60 days - Benchmarking shows we have long lengths of stay.
- Percentage of Crisis Response patients receiving face to face contact within 24 hours – includes all age Urgent referrals to single points of access (including children and Neurodiversity).
 - Mitigation – reviewing how crisis referral urgency is coded.
- Restrictive Interventions – BHFT is an outlier compared to neighbouring and other Trusts.
 - Mitigation – reviewing what should be sent and how incidents are recorded.
- Percentage of patients waiting over 52 weeks as this will include long waits in CYPIT.
- Annual percentage change in the number of young people accessing NHS Funded Mental Healthcare – however taking on west MHST team should show increase for BHFT.

True North Performance Scorecard – Business Rules & Definitions

The following metrics are defined as and associated business rules applied to the True North Performance Scorecard:

Driver - True North / break through objective that has been prioritised by the organisation as its area of focus	Tracker Level 1 - metrics that have an impact due to regulatory compliance	Tracker - important metrics that require oversight but not focus at this stage in our performance methodology
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Rule #	Metric	Business Rule	Meeting Action
1	Driver is Green in current reporting period	Share success and move on	No action required
2	Driver is Red in current reporting period	Share top contributing reason , the amount this contributor impacts the metric, and summary of initial action(s) being taken	Standard structured verbal update
3	Driver is Red for 2+ reporting periods	Produce full structured countermeasure summary	Present full written countermeasure analysis and summary
4	Driver is Green for 6 reporting periods	Retire to Tracker level status	Standard structured verbal update and retire to Tracker
5	Tracker 1 (or Tracker) is Green in current reporting period	No action required	No action required
6	Tracker is Red in current reporting period	Note metric performance and move on unless they are a Tracker Level 1	If Tracker Level 1 , then structured verbal update
7	Tracker is Red for 4 reporting periods	Switch to Driver metric	Switch and replace to Driver metric (decide on how to make capacity i.e. which Driver can be a Tracker)

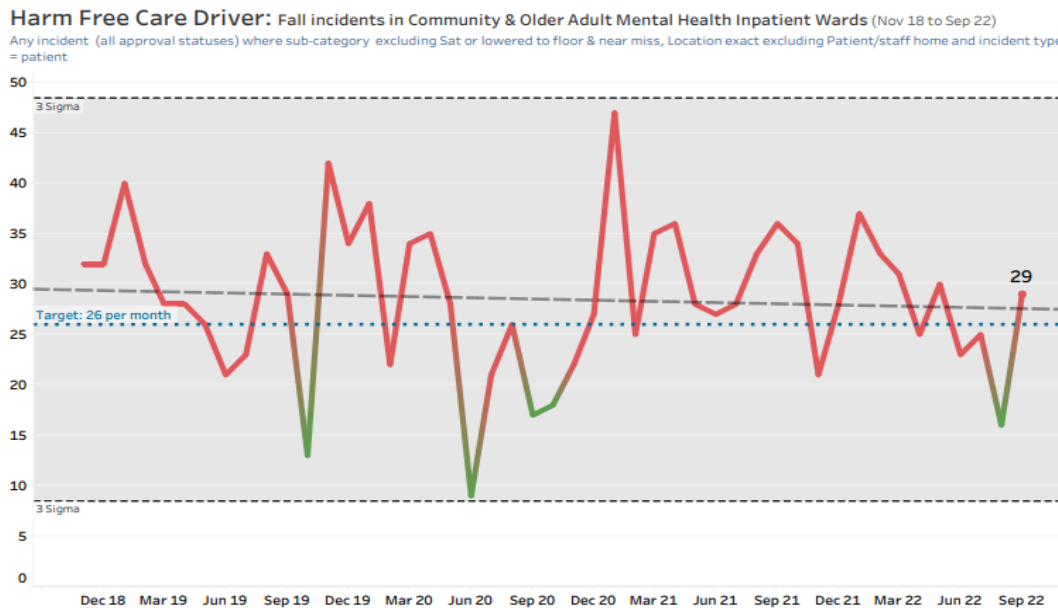
Business Rules for Statistical Process Control (SPC) Charts

Why Use SPC Charts

We intend to use SPC charts to gain a better understanding about what our data is telling us. We can use this understanding to support making improvements. It will ensure we don't overreact to normal variation within a system.

Components of an SPC Chart

The charts have the following components with an example below:



- A target line (the blue dotted line)
- A longer series of data points
- Upper Control Limit (UCL) to 3 Sigma
- Lower Control Limit (LCL) to 3 Sigma
 - These process limits (UCL & LCL) are defined by our data and calculated automatically. If nothing changes with the process, we can expect 99% of data points to be within these limits. They tell us what our system is capable of delivering. Our data will vary around these process limits. It provides a context for targeting improvement.

Variation

There are 2 types of variation:

1. Common cause variation, which is 'normal' variation (within the UCL & LCL)
2. Special cause variation (or unusual variation) which is something outside of the normal variation and outside of the process control limits (UCL & LCL)

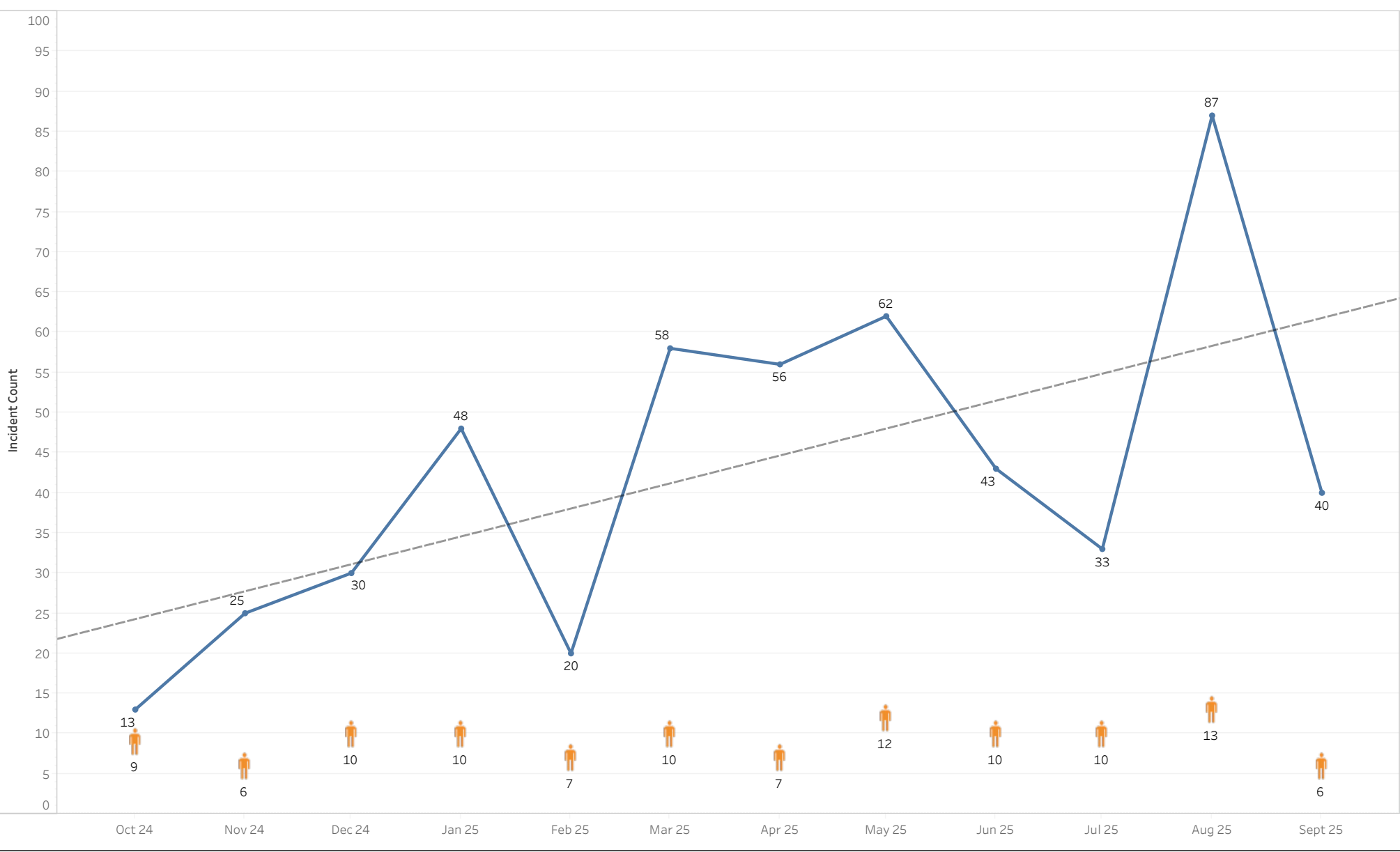
Rules

- A series of 6 or more data points above or below the target is statistically relevant. It indicates that something in process has changed.
- A trend: either rising or falling of more than 6 data points – we should investigate what has happened.
 - We should reset baseline following a run of 6 data points (either up or down).
- Follow the True North Performance business rules for other metric actions.

Performance Scorecard - True North Drivers

			Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sept-25
Breakthrough Rapid Tranquilization (Intra-Muscular)	39	Internal												
			13	25	30	48	20	58	56	62	43	33	87	40
			Patient Experience											
Positive Patient Experience Score %	95% compliance	External	94.19%	95%	94.71%	95.19%	95.89%	95.39%	94.52%	94.71%	94.79%	96%	95.03%	
Patient Experience Compliance Rate %	10% compliance	External	4.29%	4.10%	5.20%	5.89%	7.29%	7.79%	8.5%	7.79%	8.69%	8.90%	8.40%	
			Oct24	Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sept25
Breakthrough Mental Health: Acute Average Length of Stay (bed days)	<42	External	50.88	40.52	36.00	42.25	40.04	63.10	30.75	32.84	55.28	49.85	42.96	38.78
			Oct24	Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sept25
Breakthrough Mental Health: Older Adult Average Length of Stay (bed days)	<80	External	94.25	144.92	122.13	95.33	77.45	87.56	82.15	109.82	81.82	81.86	73.33	109.60
			Oct24	Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sept25
Breakthrough Community Inpatient Average Length of Stay (bed days)	<21	External	24.68	24.40	24.97	26.04	24.12	23.90	25.05	23.71	23.95	22.35	23.12	25.34

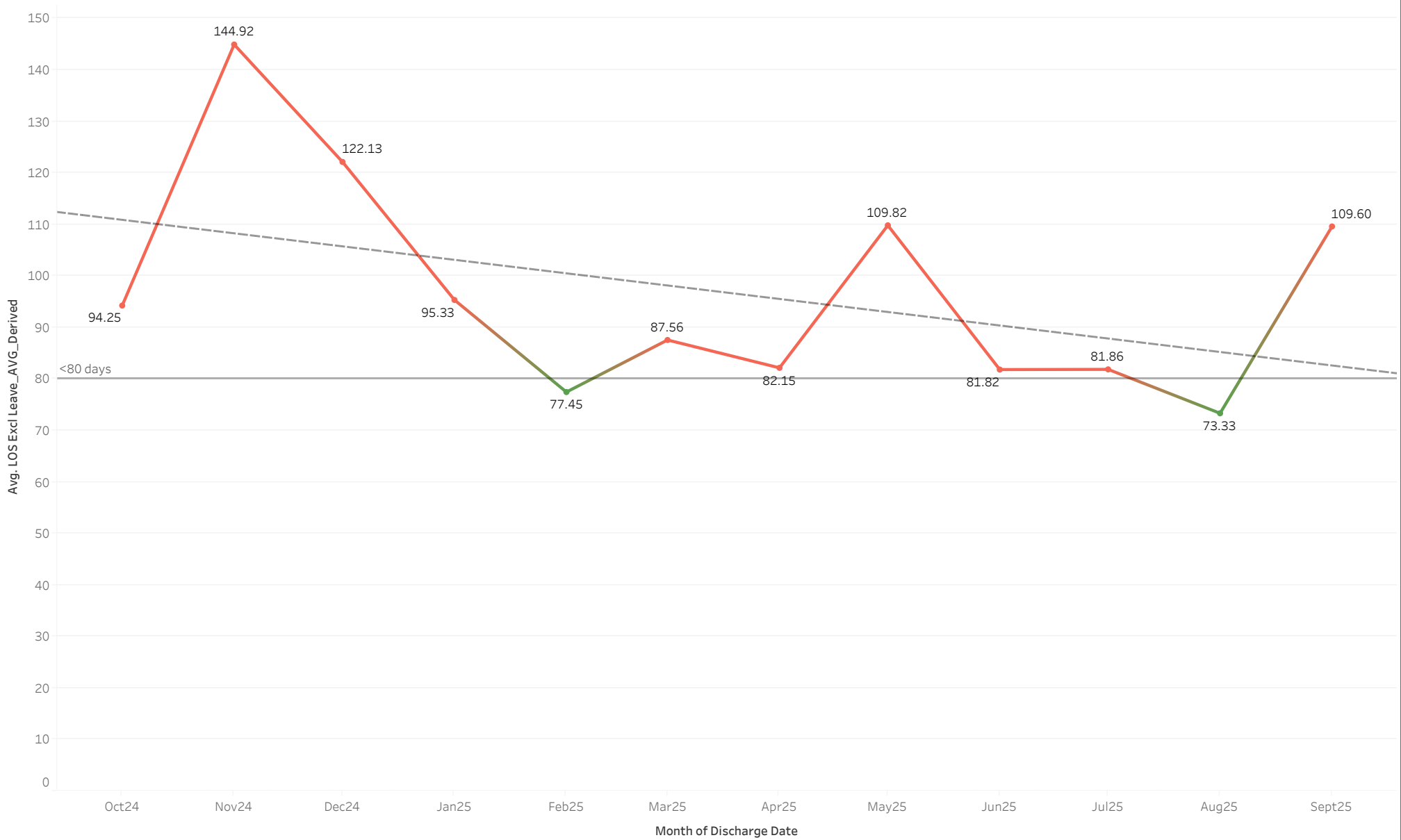
Breakthrough Rapid Tranquilization (Intra-Muscular)



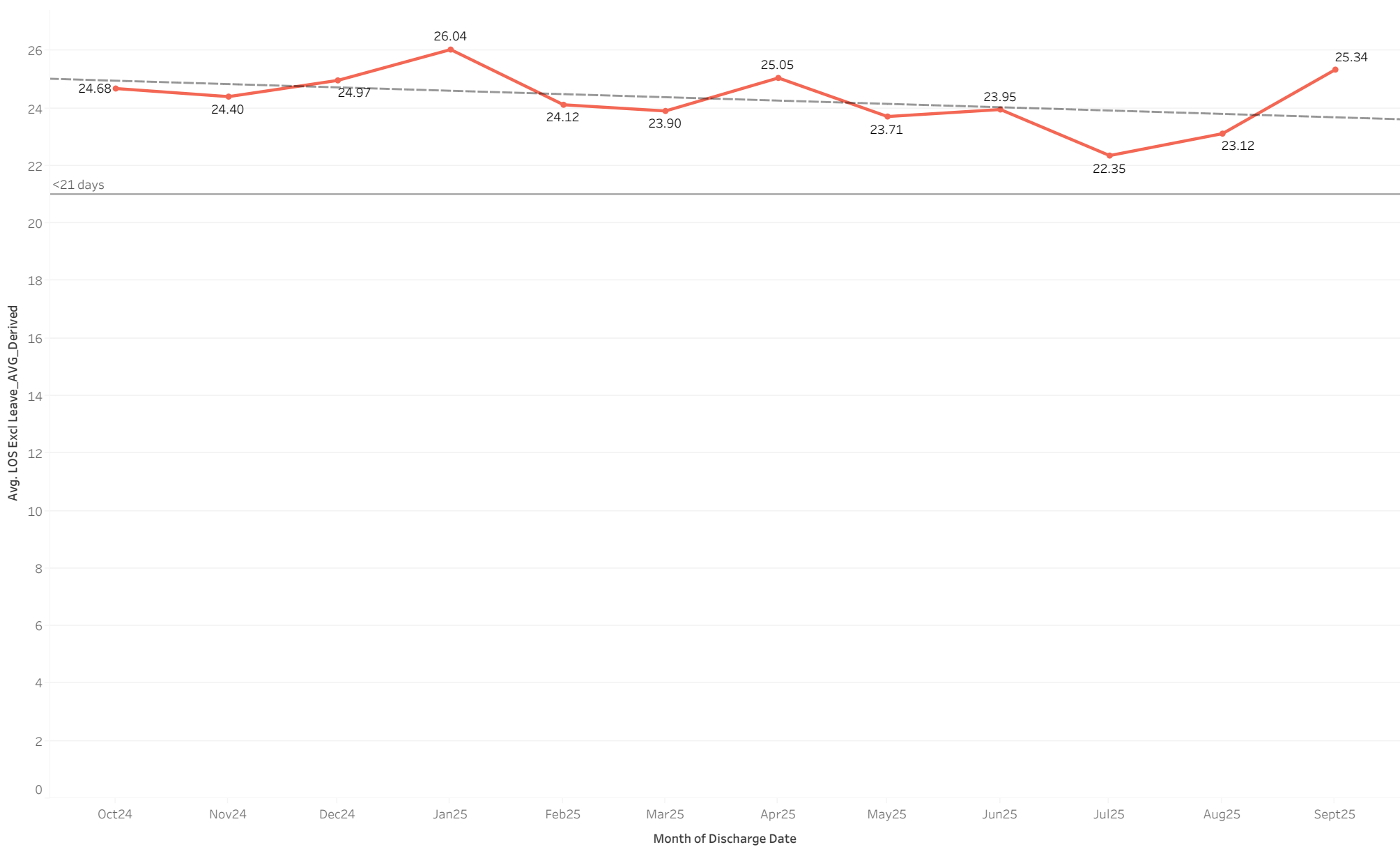
Breakthrough Mental Health: Acute Average Length of Stay (bed days)



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



Breakthrough Community Inpatient Average Length of Stay (bed days)



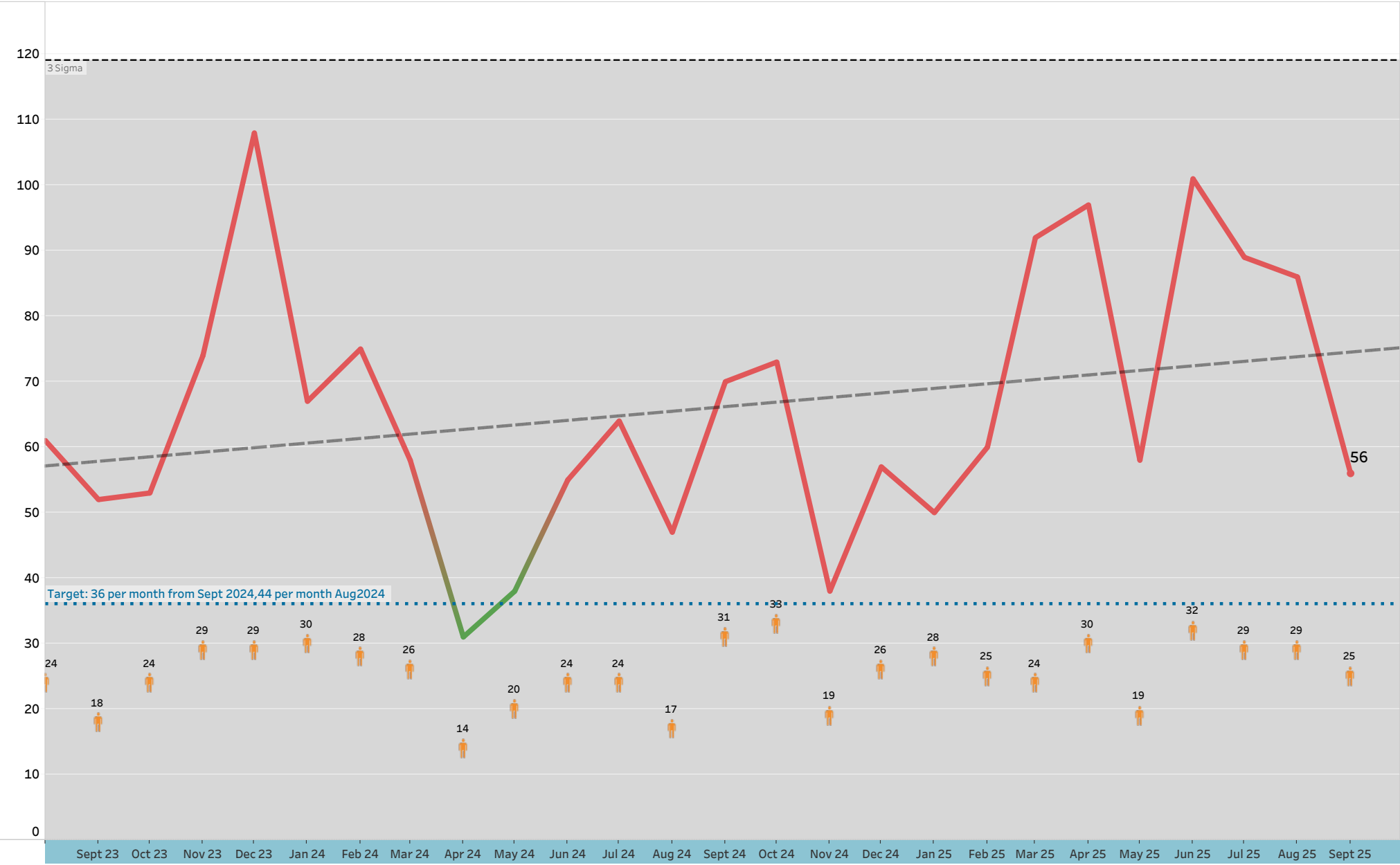
Performance Scorecard - True North Drivers

Supporting our Staff														
Metric	Threshold / Target	External/Internal	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25
Breakthrough Physical Assaults on Staff	36 per month	Internal	73	38	57	50	60	92	97	58	101	89	86	56
Staff turnover (excluding fixed term posts)	10%	External	11.54%	11.57%	11.51%	11.57%	11.16%	11.09%	10.59%	10.44%	10.07%	10.02%	10.29%	10.35%

Efficient Use of Resources														
YTD variance from control total (£'k) (NOF Scoring)	0	External	-17	-2	-1	-3000	-3000	-3000	0	0	0	0	0	0
Active Inappropriate OAPS at end of month (NOF Non Scoring)	New target (25/26) : Q1 - 3, Q2 - 3, Q3- 3, Q4 - 3 - 1 per month	External	4	0	1	1	1	0	0	0	0	0	0	0

Supporting Our Staff - Breakthrough Objective :Physical Assaults on Staff (Aug 23 to Sept 25)

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



True North Supporting Our Staff Summary

Metric	Threshold / Target	External/Internal	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25
Statutory Training: Fire: %	90% compliance	Internal	96.0%	96.1%	96.2%	94.2%	94.8%	94.2%	94.1%	94.8%	94.6%	93.4%	93.9%	96.4%
Statutory Training: Health & Safety: %	90% compliance	Internal	97.6%	97.8%	98%	98.0%	98.2%	98.1%	98.4%	98.5%	98.3%	98.3%	98.4%	98.8%
Statutory Training: Manual Handling: %	90% compliance	Internal	94.5%	93.7%	94.9%	94.6%	94.1%	94.4%	94.1%	94.6%	94.6%	94.5%	94.3%	94.2%
Mandatory Training: Information Governance: %	95% compliance	Internal	97.5%	97.7%	97.2%	97.0%	97.1%	96.8%	97.2%	97.7%	97.9%	98.0%	97.7%	97.6%
Sickness Rate: % (NOF Scoring)	<3.5%	External	4.7%	4.8%	4.8%	4.8%	4.3%	3.8%	3.7%	4.1%	4.4%	4.5%	4.3%	
PDP (% of staff compliant) Appraisal: %	Target: 95% by end of May 2025	Internal								92.1%	94.5%	95.0%		

True North Supporting Our Staff Summary (2)

			Oct24	Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sept25
CQC - Quality of Leadership	TBC	External	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
NHS staff survey raising concerns subscore (NOF Scoring)	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) (NOF Scoring)	10	External	7.4	7.4	7.4	7.4	7.4	7.5	7.5	7.5	7.5	7.5	7.5	7.5

True North Patient Experience

			Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25
A&E: Maximum wait of four hours from arrival to admission/transfer /discharge: % (NOF Non Scoring)	95%	External	99.05	99.31	99.03	98.72	99.22	96.40	99.39	99.57	98.89	99.20	99.57	99.31
Community Health Services: 2 Hour Urgent Community Response % (NOF Scoring)	80%+	External	91.4%	90.9%	91.9%	91%	91.1%	92.2%	93.4%	94.4%	94.7%	92.2%	86.6%	92.9%
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
Number of Adults on community waiting lists over 52 weeks (NOF Scoring)	TBC	External	21	21	92	29	32	29	28	32	32	31	32	1
Number of Children on community waiting lists over 52 weeks (NOF Scoring)	TBC	External							55	59	94	123	99	91
Attended Community Care Contacts	TBC	External	57,889	54,278	51,266	57,784	51,590	55,720	54,324	51,997	46,642	56,527	43,749	46,321
			Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sept-25
Bed days occupied by patients who are discharge ready Community	695 bed days	External	873	849	975	887	624	589	636	701	825	773	770	801
			Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sept-25
Clinically Ready for Discharge by Wards MH (including OAPS)	250 bed days	External	147	186	224	230	301	360	355	431	316	439	428	548
Community Dentistry Activity (ytd)	Total Trust UDA per Annum 9037 CDS & 2000 DAC. 919 per month	External	5576	6383	7167	8248	8910	9671	762	1569	2371	3380	3940	4857

True North Patient Experience

			Oct24	Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sept25
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%	100%	100%	100%	99%	100%	98.8%	100%	100%	100%	100%	100%
			Oct24	Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sept25
CPP - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): Number	TBC	External	146	132	110	83	102	98	83	80	90	82	82	77
Diabetes - RTT (Referral to treatment) waiting times - Community incomplete pathways (how many within 18 weeks): Number	TBC	External	61	63	69	67	72	84	66	59	49	65	64	59
New RTT pathways (clock starts) Children's Community Response	TBC	External	56	28	36	23	31	35	16	46	48	36	33	43
New RTT pathways (clock starts) Diabetes	TBC	External	63	57	53	64	53	65	53	53	55	41	38	38
RTT waiting list, of which children aged 18 years and under (WLMDS)	TBC	External	145	131	110	83	101	98	83	80	90	82	82	77
Number of 52+ week RTT waits, of which children aged 18 years and under (Waiting List MDS)	TBC	External	0	0	0	0	0	0	0	0	0	0	0	0

True North Patient Experience

			Oct24	Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sept25
Percentage of patients admitted as an emergency within 30 days of discharge (Community Readmission) (NOF Non Scoring)	TBC	External	0.41%	0%	0%	0%	0%	0%	0.64%	0%	0%	0%	0%	0.63%
Percentage of Inpatients referred to stop smoking services (NOF Non Scoring)	TBC	External	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	98.62	98.48	96.32	96.81	100	99.14	99.78	99.23	99.05	99.48	99.70	95.71
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	26 per month	Internal	10	18	22	17	27	24	25	25	23	24	17	21
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	Internal	84.3%	89.1%	90.1%	83.1%	90.6%	91.1%	89.5%	82.2%	87%	87.3%	91.3%	92.9%
Access to Children and Young People's Mental Health Service 0-17 1+ Contact Frimley (NOF Scoring)	9180 ICB level	External	6538	6719	6857	7002	7161	7328	4016	2896	4176	3629	3783	3984
Access to Children and Young People's Mental Health Service 0-17 1+ Contacts BOB (NOF Scoring)	26531 ICB level	External	9054	9275	9466	9677	9852	10076	5020	5047	5151	4547	4710	5182
Access to Children and Young People's Mental Health Service Aged 18-24 1+ Contacts measured from Dat..	26531 ICB level.	External	3546	3653	3716	3824	3925	4012	1604	1681	1663	1688	1714	1723
Access to Children and Young People's Mental Health Service 18-24 1+ Contact Frimley	9180 ICB level.	External	2446	2511	2569	2632	2700	2758	1169	1248	1213	1217	1217	1225
Percentage of people with suspected autism awaiting contact for over 13 weeks (NOF Non Scoring)	TBC	External	90.88%	91.49%	92.88%	95.91%	95.17%	95.08%	94.87%	94.66%	93.57%	91.53%	92.62%	92.84%

True North Patient Experience

			Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sept-25
Talking Therapies Reliable Improvement for those completing a course of treatment Frimley	67% to Sep 2025 68% from Oct 2025	External	68%	66%	67.60%	67%	62.5%	70.09%	70.29%	69.59%	67.5%	66%	70%	70%
Talking Therapies Reliable Improvement for those completing a course of treatment BOB	67% to Sep 2025 68% from Oct 2025	External	69%	71%	64.60%	65%	71.09%	68.10%	70.5%	72.39%	70.79%	66%	65%	69%
Talking Therapies Reliable Recovery for those completing a course of treatment Frimley (NOF Non Scoring)	48%, 49% to Sep25 50% Oct 2025 to April 2026 (BOB & Frimley)	External	50%	51%	50.20%	49%	43.20%	51.5%	49.39%	50.20%	50.70%	46%	48%	47%
Talking Therapies Reliable Recovery for those completing a course of treatment BOB (NOF Non Scoring)	48%, 49% to Sep25 50% Oct 2025 to April 2026 (BOB & Frimley)	External	50%	51%	45.70%	50%	51%	51.10%	50.60%	53.70%	50.10%	47%	48%	48%

True North Patient Experience

			Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25
Access to Perinal services BOB	611	External	587	575	579	573	586	584	588	598	605	596	608	623
Access to Perinatal Services Frimley	479	External	467	464	464	458	449	452	449	470	482	489	490	498
Number of People accessing Individual Placement Services -Frimley	280 Frimley by March 26	External							336	344	354	355	362	372
Number of People accessing Individual Placement Services -BOB	280 BOB by March 26	External	-	-	-	-	-	-	366	368	384	387	388	383
Percentage of patients referred to crisis care teams to receive face to face contact within 24 hours (NOF Scoring)	TBC	External	64%	61%	68%	56.0%	66%	49%	65%	57.9%	70%	57.1%	55.8%	58.2%
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	90%	Internal	91%	93%	94%	91%	92%	93%	92%	90%	91%	92%	96%	94%
Mental Health: Prone (Face Down) Restraint	4 per month	Internal	1	1	2	3	1	1	0	0	1	1	1	2
Patient on Patient Assaults (MH Inpatients)	25 per month	Internal	7	9	14	10	10	13	16	14	24	32	19	18
Mental Health: Uses of Seclusion	13 in month	Internal	2	8	9	6	7	12	9	9	10	4	8	10
Rate of Restrictive Intervention Types per 1000 bed days (NOF Scoring)	TBC	External	74.4	91.87	98.78	110.53	96.95	142.89	124.33	157.76	155.19	62.89	111.83	72.31

True North Harm Free Care Summary

Metric	Threshold / Target	External/Internal	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25
Mental Health: AWOLs on MHA Section	10 per month	Internal	5	3	11	7	4	4	3	3	6	5	7	7
Mental Health: Absconsions on MHA section (Excl: Failure to return)	8 per month	Internal	1	1	1	2	0	0	2	3	2	0	1	1
Mental Health: Readmission Rate within 28 days: %	<8% per month	Internal	0	1.53	1.47	1.62	1.5	0	5.54	2.62	5.87	4.54	1.32	0
Mental Health 72 Hour Follow Up after Inpatient discharge	80%+	External	91.0%	88.3%	93.4%	89.4%	91.6%	96.6%	96.9%	97.3%	94.1%	96.7%	95.1%	92.4%
Self-Harm Incidents on Mental Health Inpatient Wards (ex LD)	61 per month	Internal	68	101	55	94	61	69	84	83	92	110	191	174
Patient on Patient Assaults (LD)	4 per month	Null	0	2	0	3	2	8	1	1	0	1	0	1
Self-Harm Incidents within the Community	31 per month	Internal	15	25	23	30	21	15	21	16	25	24	8	15

Efficient Use of Resources

Metric	Threshold / Target	External/Internal	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sept-25
Community Inpatient Occupancy	85%	Internal	91.7%	91.3%	91.8%	93.9%	86.2%	84.6%	89.3%	87.3%	86.9%	84.8%	81.7%	88.9%
CHS Average delay(Exclude Zero delays)	TBC	External	6.8	6.0	6.9	6.4	6.0	5.0	5.7	5.5	6.2	5.8	6.5	5.8
CHS Percentage of patients discharged on discharge ready date	TBC	External	40.5%	34.4%	33.9%	35.0%	46.7%	39.3%	39.0%	38.3%	38.9%	37.7%	32.0%	26.1%
Mental Health: Adult Acute LOS over 60 days % of total discharges (NOF Scoring)	TBC	External	28.0%	27%	23%	23%	23%	26%	21%	18%	16%	17%	22%	12.8%
Mental Health: Older Adult Acute LOS over 90 days % of total discharges (NOF Non Scoring)	TBC	External	56.9%	66%	62%	65%	53%	55.0%	54%	60%	56.0%	55.0%	48%	60%
DNA Rate: %	5% DNAs	Internal	4.91%	4.87%	4.47%	4.66%	4.5%	4.42%	4.75%	4.91%	5.16%	5.46%	5.16%	5.04%
Mental Health: Acute Occupancy rate (excluding Home Leave):%	85% Occupancy	Internal	97.4%	97.6%	98.4%	98.2%	99.0%	89.6%	94.8%	96%	96.6%	98.2%	97.7%	97.2%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): %	80% Occupancy	Internal	80.82%	86.14%	87.79%	89.75%	92.56%	89.05%	83.78%	83.78%	80.93%	87.92%	77.56%	82.54%
Community Virtual Ward Occupancy Frimley	80%	External	77.29%	84%	73.5%	79.80%	80.5%	69%	83%	80%	75%	94%	77%	85%
Community Virtual Ward Occupancy BOB	80%	External	76.90%	79.60%	91.29%	100.2%	76.59%	85%	85%	72%	82%	91%	91%	97%
Agency Spend within Ceiling	3.2%	External	2.90%	3%	2.39%	2.70%	1.89%	2%	2.19%	1.79%	1.5%	1.89%	1.60%	2%
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 11 th November 2025
Title	People Progress Report November 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	This programme primarily supports the following strategic objectives: Workforce Ambition: We will make the Trust a great place to work for everyone Efficient use of resources Ambition: We will use our resources efficiently and focus investment to increase long term value However, the programme has impacts on all of our strategic objectives.

Summary	This shows our progress against major KPIs and programmes of work
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Six Month People Progress Update

April to September 2025



Workforce Measures



Berkshire Healthcare
NHS Foundation Trust

Our key trust workforce measures:

	Target	August 2025	Outcome
Turnover*	10%	10.29%	Slight increase vs July
Staff Engagement	7.5 or better	7.5	Achieved
WRES	The disparity reducing and inequality of experience being removed.		8 out of 9 indicators improved
WDES			9 of the 13 indicators improved, two static, one declined

* Based on MARS projections, we anticipate this figure will rise in the upcoming months.

Efficiency Challenges

Since the 2024/5 financial year, we have removed **£436k in costs** from the Directorate:

- £166k was removed before the start of the year
- £148k will be removed during 2025/26
- £122k will be removed from 2026/27

Programmes of Work



Clinical Education - Resus

This project aims to streamline the Resus delivery

- Training delivery review completed
- Stakeholder consultation and survey completed
- Final report and recommendation is being reviewed by Resus committee chair
- For sign off in SECEG November
- Collaboration with Dorset and Oxford on e-learning

Job Evaluation - Update

National mandated requirement, in the first instance that all nursing and midwifery roles from band 4 and above are evaluated.

Current State

- Job descriptions for Band 5 and 6 nursing roles have been finalised and are currently undergoing review with an Equality, Diversity, and Inclusion perspective. Work on Band 7 nursing job descriptions are in progress.
- Panel matching will commence in November with the expectation to run until January 2026.

Interview Questions in Advance



Berkshire Healthcare
NHS Foundation Trust

- Six month pilot launches 1st November 2025
- Interview builder being updated by IA to enable automatic sending of questions to Recruitment Admin, removing extra burden for managers
- Comms written, ready to be launched on external BHFT website, Team Brief, Managers Briefing and Nexus
- Survey prepared, to gain feedback from managers and candidates post launch.

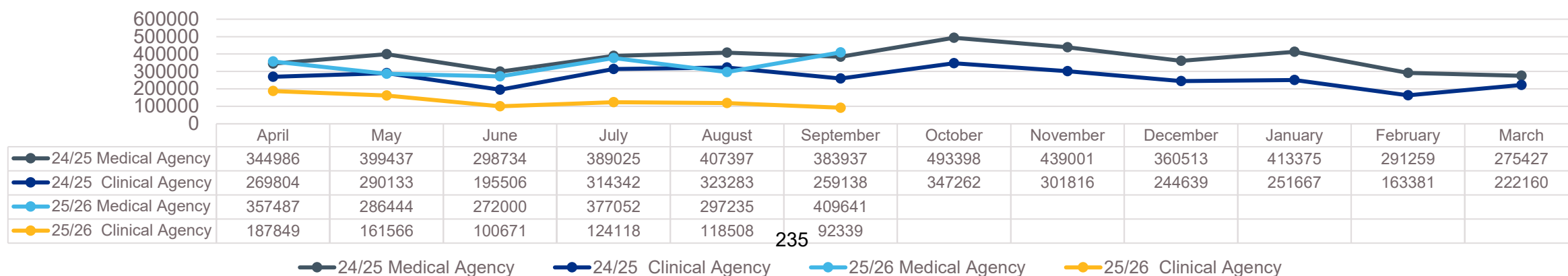
Direct Engagement

- Focused on medical staffing to reduce agency spend and release efficiencies by making VAT savings.
- Three discovery meetings held with key suppliers to inform specification and approach.
- Tender launched on 1st September; 7 responses received and currently under evaluation.
- Moderation meeting scheduled for 20th October, followed by TBG recommendation and formal award.
- Implementation to commence as soon as possible, subject to contract and resolution of potential Information Governance considerations, which may impact timelines.
- While a recent tribunal ruled in favour of the Isle of Wight NHS Trust, confirming that VAT should not be charged on the supply of agency doctors, the appeal from HMRC may well take a couple of years. Beyond VAT recovery, there remains a need to improve how we capture actual medical agency usage, support compliance, and manage our supply chain and rate controls more effectively.

Reduction in Agency Staffing

- Expenditure performance: Systems and providers are expected to reduce agency spending by at least 30% and bank spending by at least 10%. Whilst we have been exceeding the bank spend reduction targets (YTD 19% reduction), we are 2% away from achieving the agency expenditure reduction target (YTD 28% reduction).
- All AfC agency rates are within NHSE price cap with the exception of dental nursing (for the off-framework agency) and childcare staff, and when within NHSE price cap, offer value for money compared to bank and substantive staffing.
- Most medical agency rates are above the NHSE price caps but are not an outlier compared with other organisations across the SE. All rates are within the SE medical rate ceilings set by the SE Temporary Staffing Collaborative.
- All divisions are continuing to review agency staffing and have reduction/exit plans in place.
- Following a request for more detailed information on the monthly NHSE Temporary Staffing return, there is growing speculation that the government may impose a full legislative ban on agency staffing to meet their elimination ambition.

25/26 Agency Spend against previous financial year



Antiracism

Our action statement

Berkshire Healthcare is committed to becoming an anti-racist organisation, in a purposeful and impactful way as part of our corporate strategy.

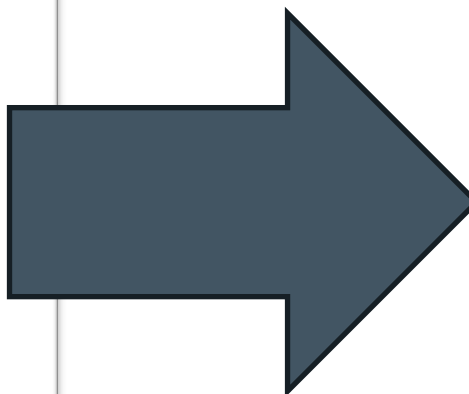
We take an active role in identifying and addressing all types and impacts of racism, not just when it is obvious.

The Board holds the responsibility for leading our anti-racism efforts and ensuring measurable objectives are achieved.

We firmly believe that anti-racism activity should not be solely placed on racialised groups. Instead, we embrace actively involving our Race Equality Network, colleagues, and communities to make meaningful change.

Our approach to achieving this includes:

1. Making changes and taking positive actions that promote racial equity in all parts of our organisation.
2. Allocating resources to support our anti-racism agenda and monitor progress.
3. Supporting and encouraging our colleagues and community to actively participate in anti-racist practices.
4. Regularly and openly communicating our commitments and progress.



Recruitment, Retention, Progression and Conditions

- Financial wellbeing bid submitted to Charity for CAB pop ups in Slough and Reading
- Interview questions in advance agreed with plan to roll out – MSN session held and Comms plan complete
- AHP action plan developed

Policy and Practice

- Positive practice guide support plan for staff launching in Black History Month
- 'Looking at data' bitesize session available on Nexus
- EqIA updated with coproduction - positive feedback from Staff side

Education and Engagement

- Faith training plan to roll out in November
- Women and Race Community/BHFT conference held on 15th September
- Stat and Mand Task and Finish Group commenced
- Bid submitted for funding for Restorative Justice Videos
- Anti racism GEMBA tool now in use

Incidents, Support and Empowerment

- Trust Leaders session on dealing with racism from patients on 19th September
- Abuse survey analysis happening – 390 responses
- Active Bystander infographic and guidance developed
- DPIA in place for reviewing of appraisal racism data
- VPR MSN session developed

Patient Access, Experience & Outcomes

- Skin tool soft launched in Women and Race Community/BHFT conference
- Equity Partnership Group applications open
- Community Forum feedback around current projects
- Renewing contract for Slough CVS and Reading ACRE engagement

Talent



Berkshire Healthcare
NHS Foundation Trust

Deployment
(Succession
Planning)

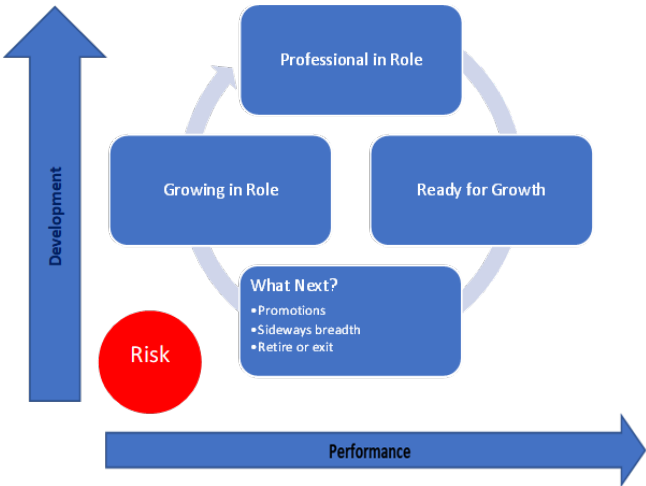
Mid-Year review
(Career
Conversation)



Talent Pool
(Development)



Talent Cycle



Leadership tier
(Competencies)



- System funded courses are now live and being provided by Unique Training Solutions (UTS).
- There are 8 Tier2 courses available to book onto in Nexus eLearning. From Oct - Dec
- There are 5 Tier1 webinar courses available to book onto from 29th Oct – Dec.
- We have secured 25 venues between Jan – Jun26 to host Tier2 training and are awaiting confirmation from UTS that they can provide training.
- Total trained Tier 2 is 193. Compliance 4.9%
- Total Trained Tier 1 – 32. Compliance 0.02%
- eLearning compliance (All staff) - 95.4%

Upcoming Programmes & Projects of Work

- Casework – due to commence Autumn 2025, KFD going to BF&S for project prioritisation in October 2025
- Pending True North decision on sickness absence
- New ESR – pending decision on wave

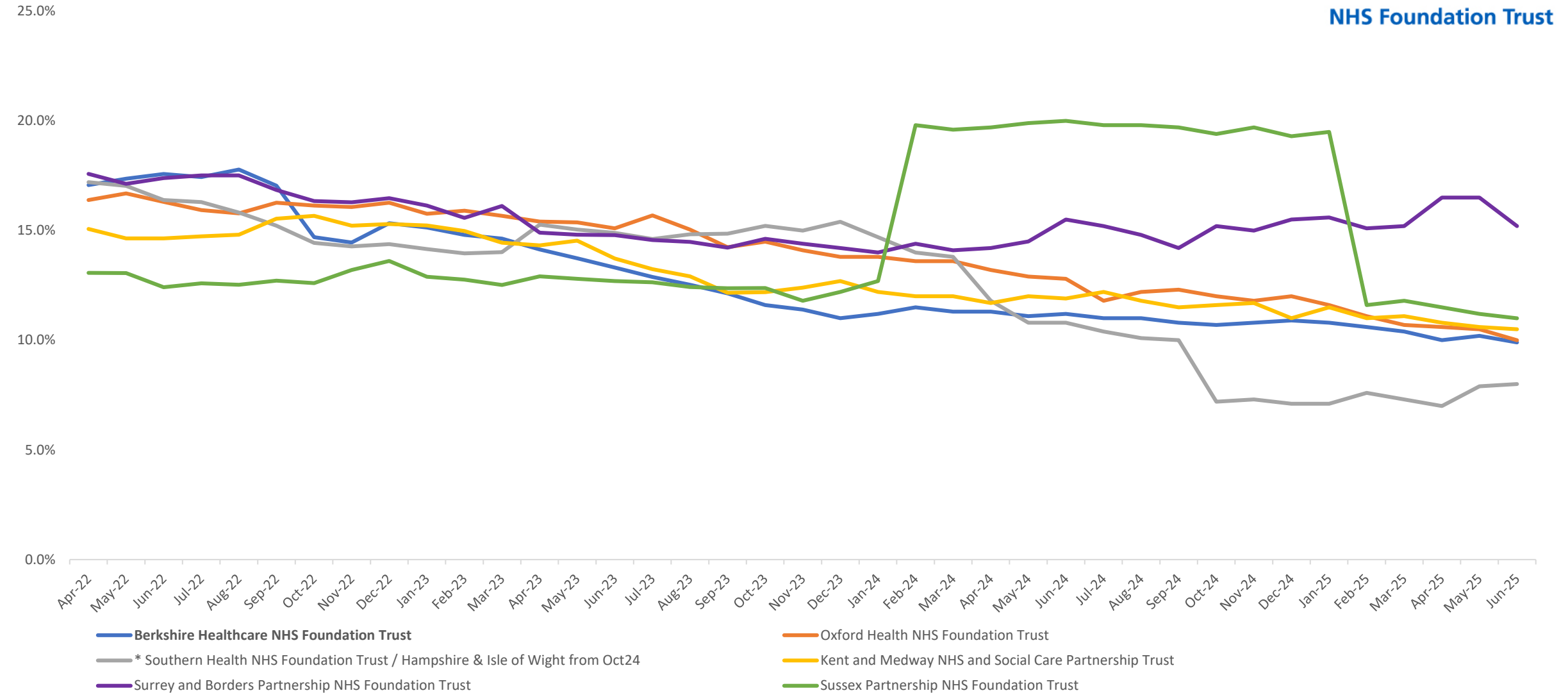
People Directorate Metrics Six Monthly Update



Turnover Benchmarking - ICS



Berkshire Healthcare
NHS Foundation Trust

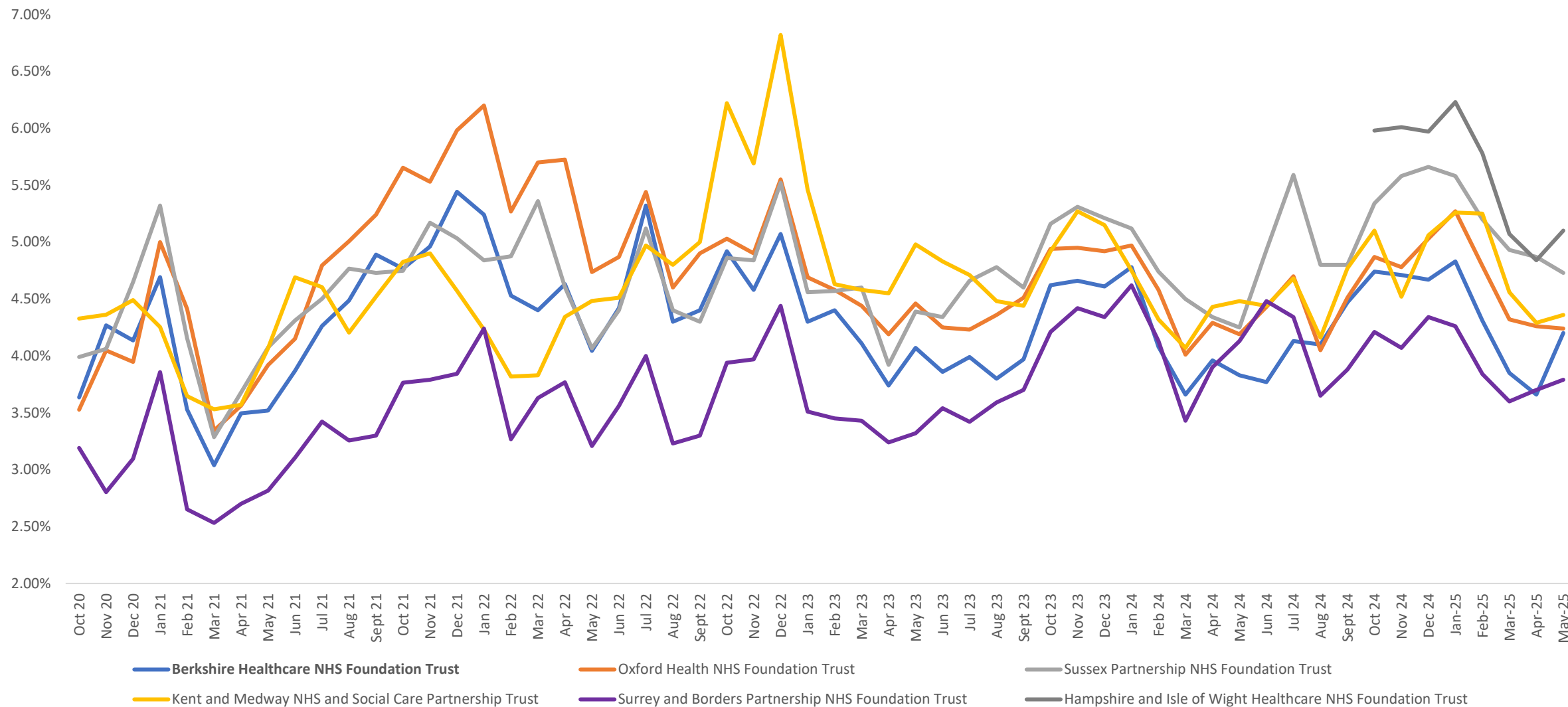


* Hampshire & Isle of Wight formed in Oct24, merged Solent & Southern Health

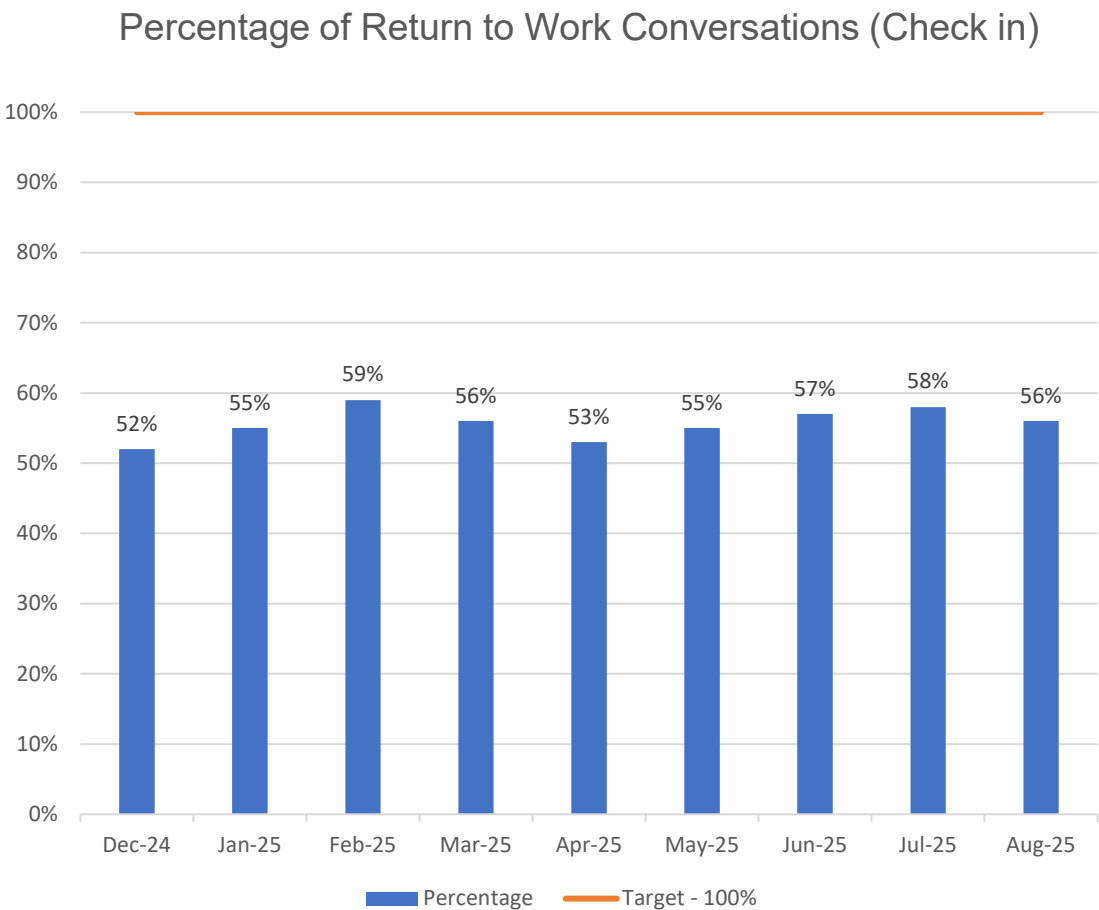
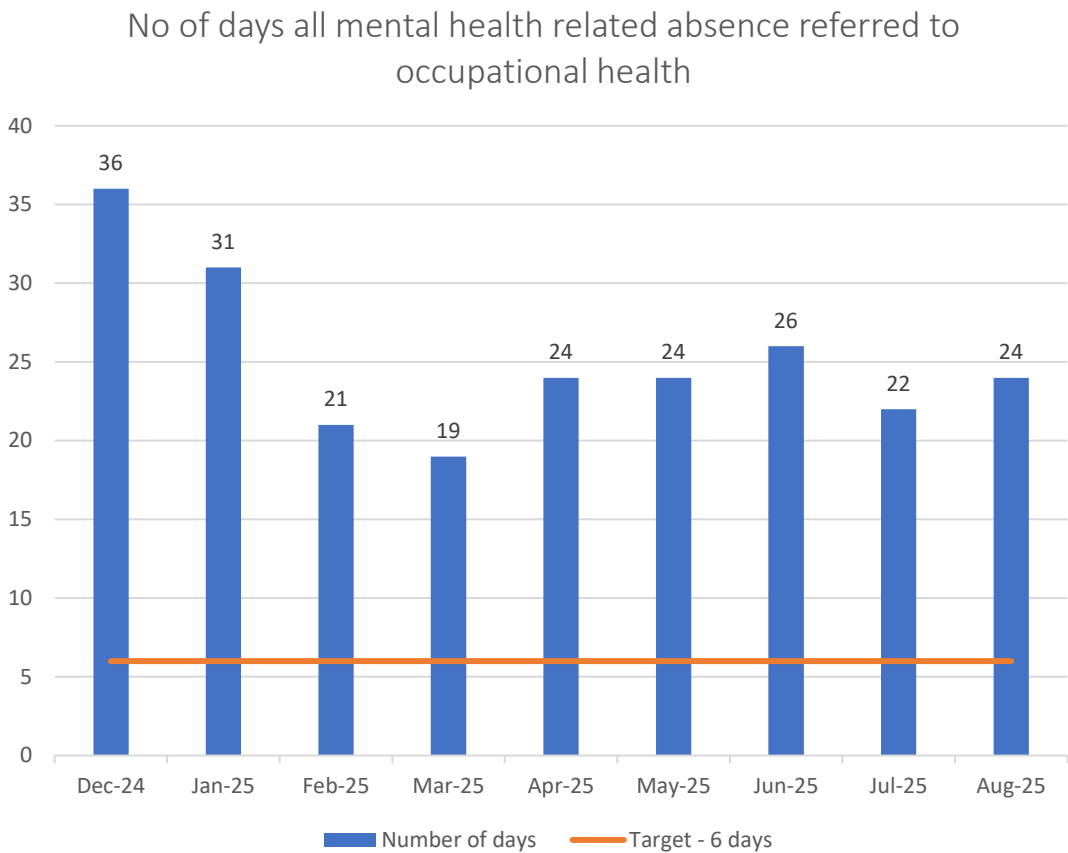
Sickness Benchmarking - ICS



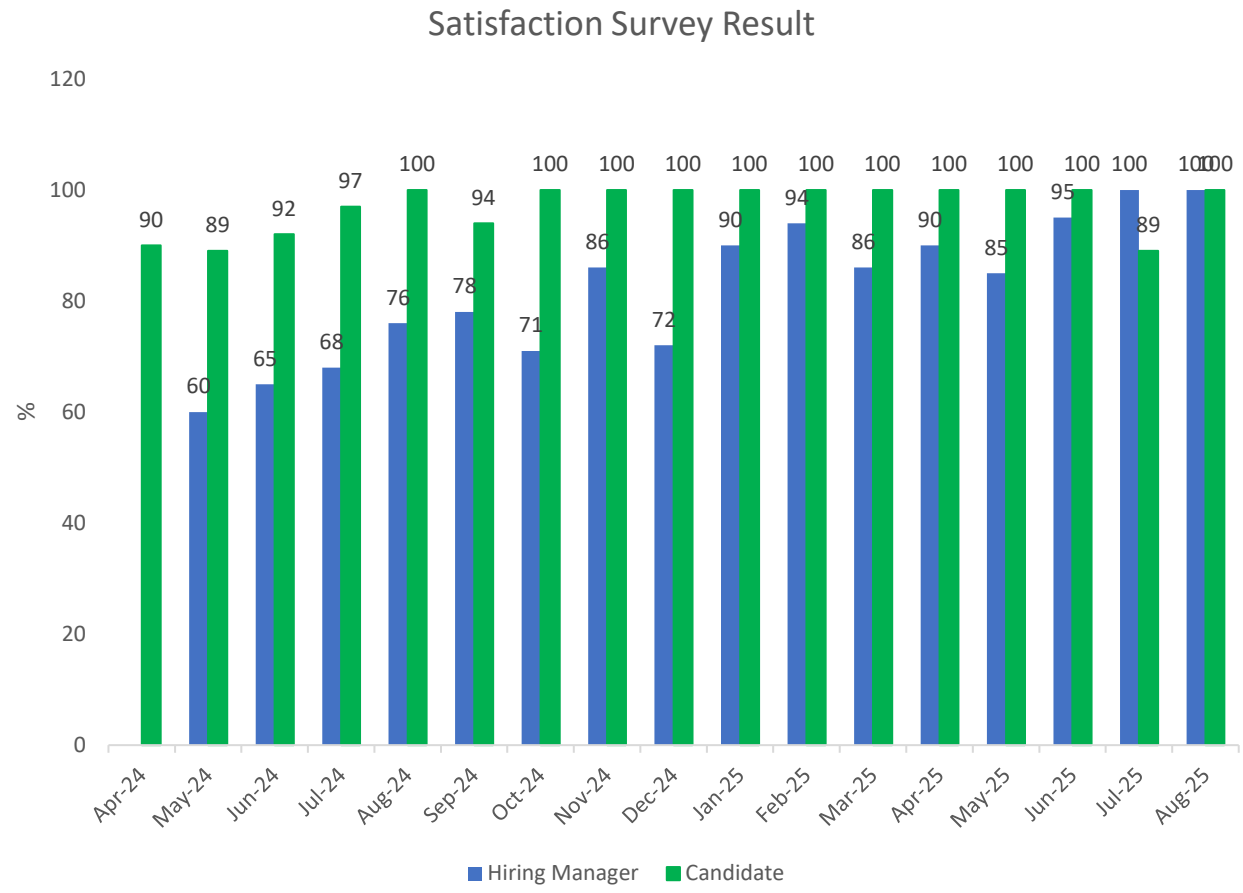
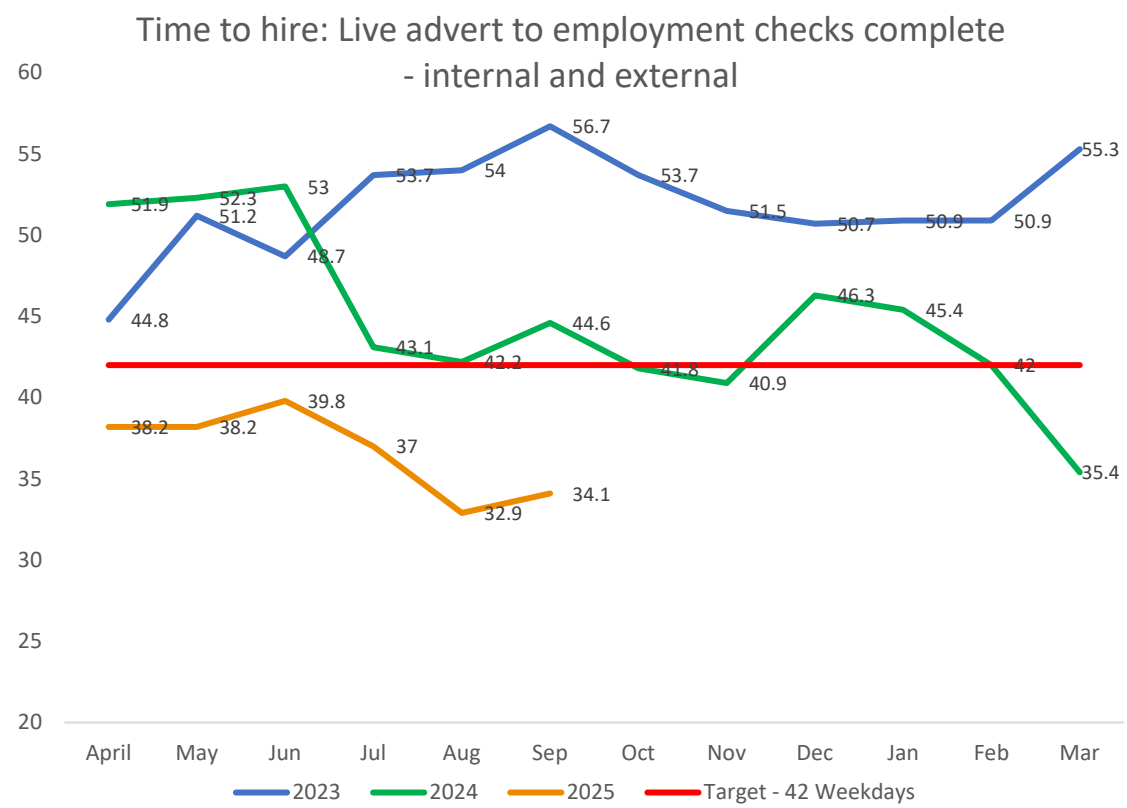
Berkshire Healthcare
NHS Foundation Trust



Supporting Attendance



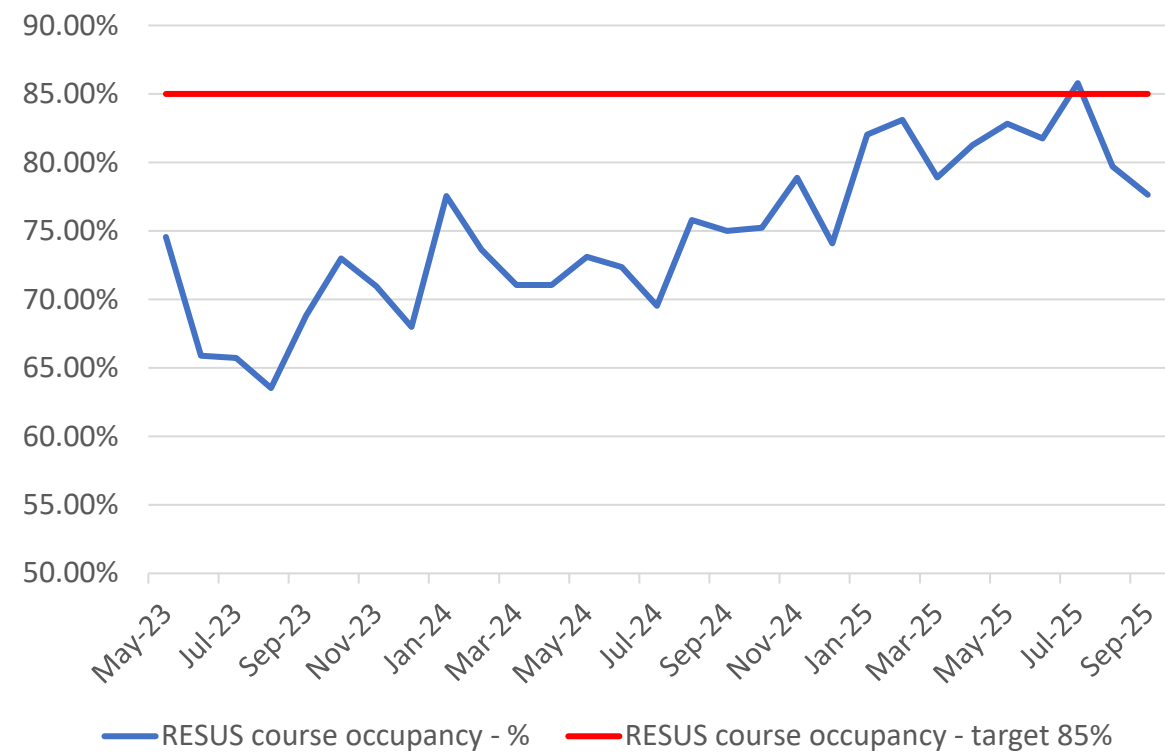
Recruitment – Time to Hire & Satisfaction



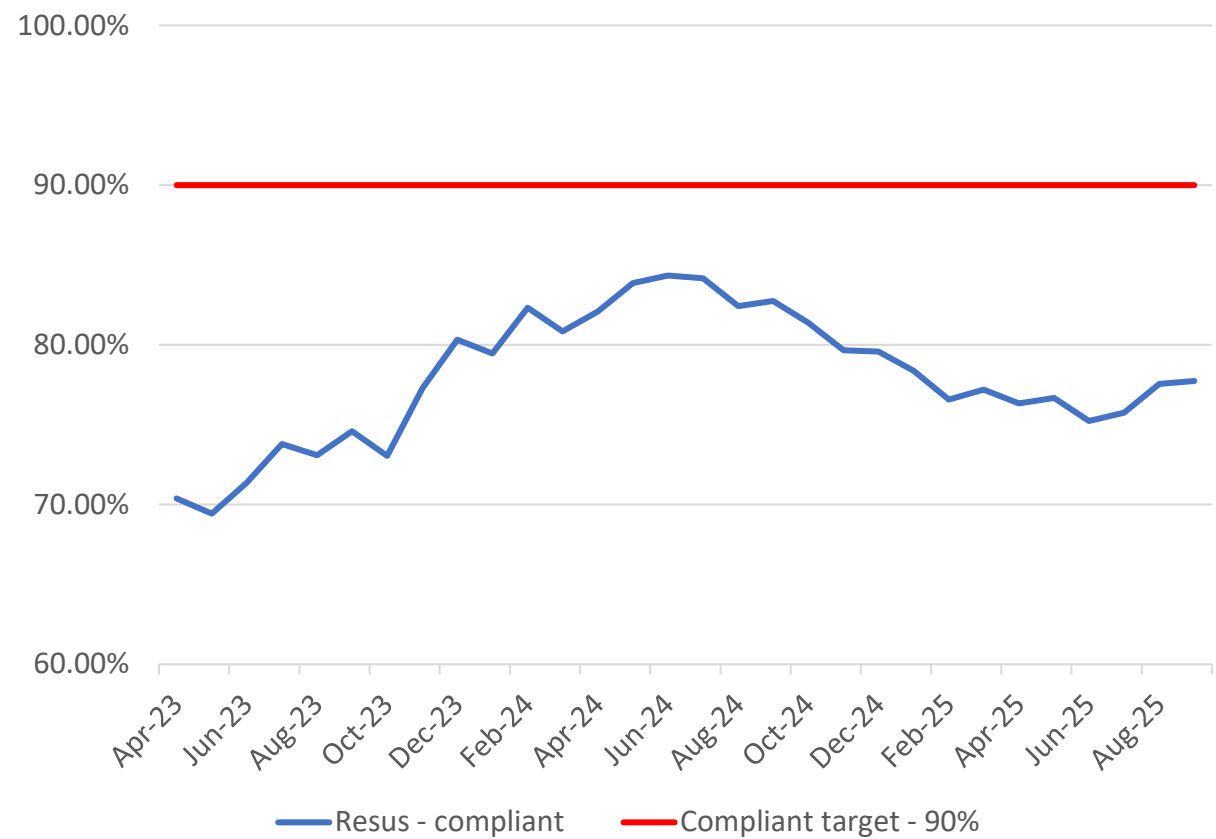
Training Course Compliance

Resus

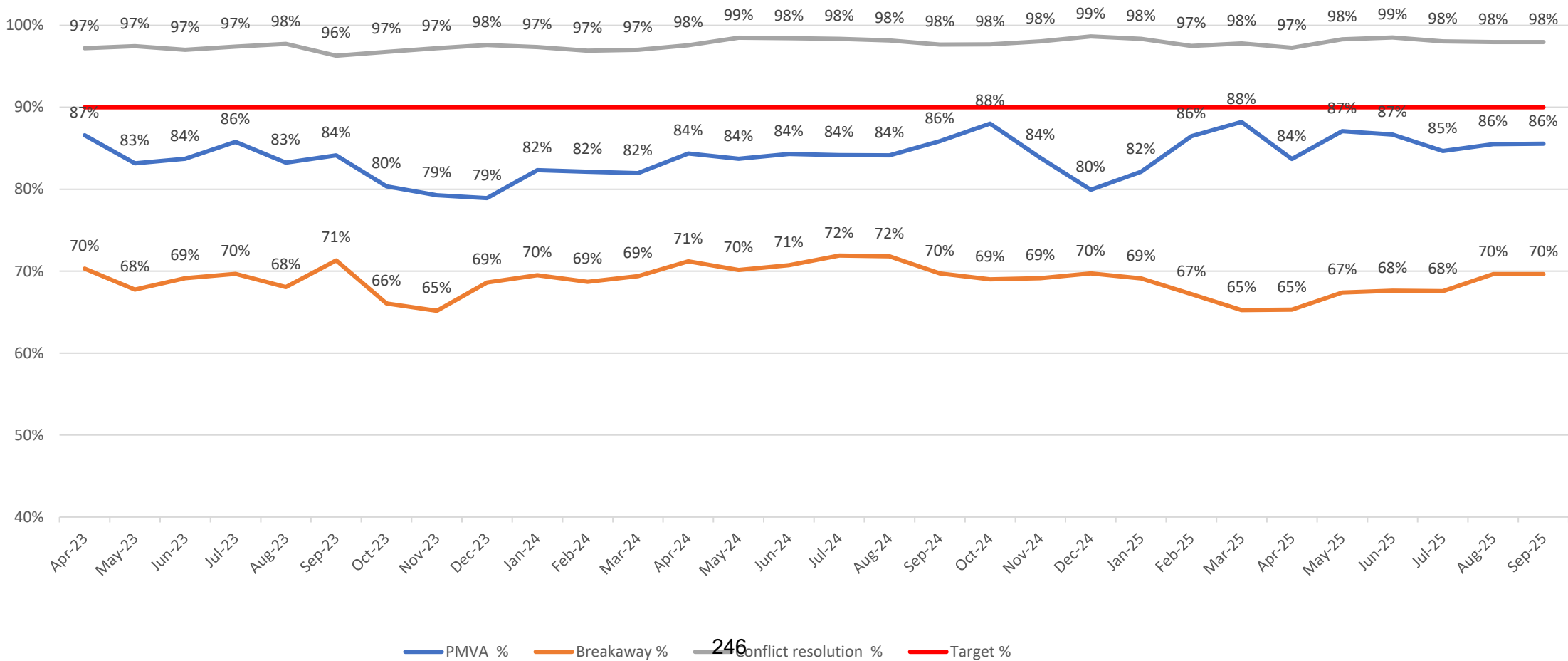
Resus Course Occupancy %



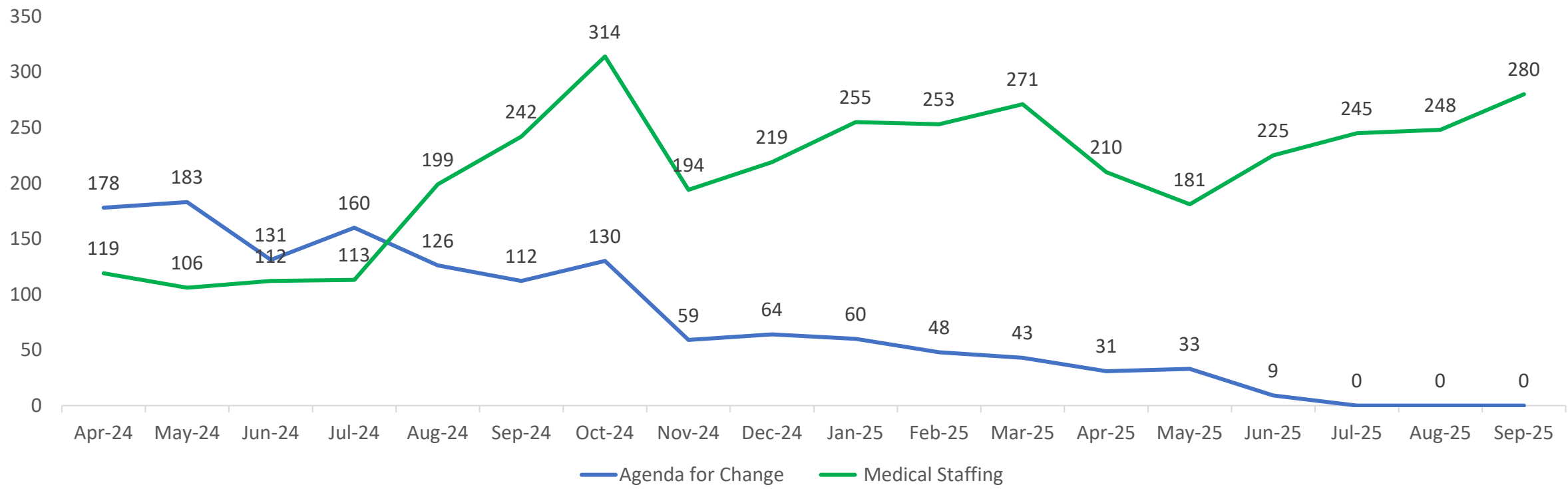
Resus Compliance



Training Course Compliance Violence, Prevention & Reduction



Temporary Staff – Price Cap Breaches



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



Berkshire Healthcare – People Directorate – Critical Programmes – Update for October 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	Band 5 and band 6 job descriptions now with EDI and nursing managers for any additions/comments, band 7 to follow by the end of October. Panels to begin matching are being set up to commence in early November and probably run until January, depending on pace of matching and subsequently consistency checking work with staff side colleagues. DoN and COO updated and on board with progress and timescales.	
Wellbeing Review	Conversations ongoing about the ongoing nature of the review and steering group. Work on the actions continues	
Casework Review	Focus of the review has shifted and will now concentrate on how we avoid complex casework, including upskilling managers to manage conflict locally and to support them with people management decision making. Casework KFD due to go through project prioritisation at the next BF&S meeting in October.	
IMPROVE		
Recruitment Improvement	Recruitment targets continue to be met – this was the first month where we have achieved 100% satisfaction for managers and candidates We continue work on updating templates to ensure easy read and have just started work on reviewing our onboarding processes. A proposal to simplify recruitment of final year students has been pulled together to be presented to the Recruitment Steering Group this month. Sharing interview questions trial agreed by Exec which will commence on 3rd November for a six month period. Preparation is underway to manage this.	Employment checks 25 days Reduce time to hire to under 42 days. Maintain manager satisfaction score over 80% and candidate satisfaction of over 90%.
Recruitment Transformation	All workstreams running to time. 5 out of the 7 quick wins workstreams are complete.	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 – October 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
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ATTRACT Workforce planning	In-year workforce priorities remain on hold due to ongoing uncertainties with establishment data and potential organisational changes, which could quickly render current efforts outdated. Localised workforce planning for PPH is progressing through a three-stage process. Stage 2 has been tentatively completed, with a workforce projection tool developed and baseline assumptions entered. Preliminary results indicate that target workforce levels for PPH are achievable within five years, assuming optimal recruitment and retention practices are sustained. These figures require local validation before advancing to Stage 3, if necessary. We have been advised to initiate workforce planning for additional priority areas, including District Nursing and Psychology, but Health Visiting is no longer included. These areas will follow a similar structured approach, with further details to be provided as planning progresses. We have contacted NHS England (NHSE) regarding potential support for workforce planning (WFP) initiatives. Additionally, a meeting has been scheduled with NHS leads from other trusts to share workforce modelling tools and discuss collaborative approaches. Long-term workforce gap forecasts for the trust remain paused, mirroring in-year projections, due to the same uncertainties. 7/10/25	Measured by planned productivity savings Performance against planned workforce WTE in business plan
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RETAIN Anti racism	Skin tone bias tool: Launched at Women’s event in September, and preparing to share at AR Community forum. Theatre Forum: In person and Online Workshops went well with PPH ‘Holding space to talk about race’ continues. Positive Practice guide/EqIA: Positive Practice to officially launch in BHM, with follow up support on demand and drop ins offer. Campion: Bid prepared and submitted restorative videos. BHM: Strong programme sent org-wide, to ICB/ICS and partners. Attendance: Cultural competence – 111, WM Allyship – 93, Faith and Community in recovery - 85, Radio Black - 76. More sessions throughout October. MSN Interview questions session: Another delivered and recorded. WDES/WRES: Shared in manager briefings pack, staff networks and trust comms platforms Bids: CAB pop up submitted. Equity Partnership: Recruitment closed and shortlisting begun.	WRES / WDES metrics agreed and improving year on year
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DEVELOP Appraisal – creation of Talent Pools (Updated 13/10/25)	Appraisal – Compliance – 30/06/25 - 95.05% Training in & development of the Talent Pool areas in the Nexus eLearning ‘Workspace’ will commence from October 25, To be complete end November. Invitations to Talent Pools released early to mid December Talent pools activated from 05/01/26. Release of response data summary to mid year review questions – December. Confirmation of closure date for entry into Talent Pool What do we do with late entries to Talent pool?	Talent pool areas completed by Dec25. Talent pools activated from 05/01/26 Need responses to these questions by W/C 3 rd Nov
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VPR	VPR Standard, Sexual Safety Charter, Domestic Abuse Charter – ongoing actions. VPR Strategy being finalised. VPR policy development started. NHSE Level 3 VPR course to be delivered to staff Trust wide, first course in progress. Abuse survey 2025 results now analysed (in draft) and will compared to previous years to identify trends. TNA has now received feedback from stakeholders. VPR MSN session to be delivered on 13th Oct.	Refreshed strategy, new policy in place. Completion of risk assessments. Completed TNA and recommendations. Compliance of personal safety training.
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Compassionate and inclusive leadership	Leadership competencies now with coms for final branding. New senior leader offer proposed to Leadership, Management & talent steering group. Work progressing to develop this offer ready for 2026 launch. Dates confirmed for 2x leadership events at the end of the year. Talent pool building continuing	Improved responses in the manager, and team scores of the staff survey
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OMMT – (Updated 13/10/25)	Tier 2 Course Occupancy figure up to 21/10/25 based on 30 per class = 78% Tier 2 Spaces total available 1040 Tier 1 Course Occupancy figure Tier 1 = 1st course on 29/10/25 = 250 Tier 1 Spaces available 650 Awaiting confirmation from UTS re 2026 bookings 25 events proposed	Deliver +95% course occupancy for all courses.
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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

Personal Safety team - Total income generation so far for this f/y: £11,350.00

Issues for the TBG/SPG/Board

Upcoming Activity

Loop roll out to AFC staff

Trust Strategy Objectives	✓
A great place to work for everyone	✓
Which Strategies does this relate to?	
Support from other Services	
Procurement Team Clinical Education Risk Team Think-Learn Estates Team BOB & Frimley ICS/ICB's	
Programme SRO	
Tracey Slegg	
Trust POAP	
Harm-free care	✓
Good patient experience	✓
Supporting our people	✓
Efficient use of resources	✓

Priority Themes & Projects of Work New projects of work can only be added if an existing project is complete		
Key Areas of Focus & Title of Projects	Update on Project & RAG Rating	Measures
IMPROVE DNA (Updated 13/10/25)	All PPH Ward managers receive scheduled DNA report every Monday To offer this for Community wards Identify top contributors	Average DNAs for 25/26 to be less than 640 per month
TEAG – S&M discussion points - Updated (Updated 17/09/25)	Dysphagia – Changes to provision shared with SLTs. Using current eLearning plus, awaiting word Doc specific to inpatient roles RESUS level2/Level3 – Acceptance of eLearning going to TEAG for discussion	Dysphagia updated content available from Dec25. Outcome from TEAG – 14/10/25
NHSE – Statutory & Mandatory review Staff Movement compliance. – Updated	Review of competencies completed. Summary of BHFT status has been shared with national working group 14/10/25. Titles we are not accepting have been shared with TEAG. Currently identifying best approach to measure the ‘time’ savings made through the acceptance of externally gained competencies.	To have all 'Staff movement' actions in place by 01/10/25. (competencies gained in other Trusts)
Measurement of savings from ‘Staff movement’ project	Share responses in TEAG, explain methodology for the review of the outcome metrics and using this to question current training methods	To report on time saved by acceptance of externally gained competencies. Monthly report BAU by 31/12/25
Review of training framework outcome metrics (formerly CSTF)		Present to TEAG in Jan 26
Supporting the VPR strategy	VPR strategy: Awaiting confirmation of go live date for audience changes.	Implementation of audience changes in Nexus eLearning.
	6Day PMVA provision Proposal - Paper to go to TEAG.	Paper to go to TEAG – 14/10/25
Assessment of our training team's capacity to meet the workforce demand in 2025 (Updated 17/09/25)	Supporting review of RESUS training offer. Ongoing and awaiting TEAG outcome from options paper 14/10/25	Outcome from TEAG – 14/10/25

RAG Rating	
Progress delayed	
Some but not all aspects delayed	
All on time and to plan	
Risks & Mitigations	
Budget constraints for any additional developments within the Nexus platform. Delivery of OMMT	
Budget Update	
Q1: Saved £5,868 Q2:	
Issues for the TBG/SPG/Board	
Release of OMMT audiences. OMMT update Nov SPG	
Upcoming Activity	

Berkshire Healthcare – Candidate Attraction – Projects of work Update for October 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

Tracey Slegg

Support from other Services

IMT – Digital Transformation
EDI
Finance

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 Recruitment Improvement	This month again we met all of our key metrics. We have seen a significant increase in recruitment volumes/R forms this month compared to the last few months and unfortunately staff absences, which may see a decline in metric scores in the next few months	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.
	To combat the large volume of low quality/AI applications experienced, we are trialling a new application form in TRAC which requires candidates to confirm how they meet essential criteria with IPS service. Initial results are encouraging.	
	We continue to update all of our recruitment templates using easy read guidance.	
ID Card Software	Current ID card software is unsupported. Finances secured to move this project forward. Business case to be drafted and procurement/IG processes managed. Currently working with our Procurement team on contractual details.	
Candidate attraction and talent acquisition	Work continues on developing recruitment content for our new BHFT external website, launching January 2026.	Recruit to 100 hard to fill vacancies, prioritised through the recruitment plan.
	Work ongoing on developing a new JD template to be used initially for new nursing profiles before being rolled out across all vacancies. Draft being developed. Also working with Medical Staffing to update the JD template for medical roles.	
Anti racism	Talent Acquisition continue to support for hard to fill roles including COO recruitment.	Anti racism target
	Team continuing to support medical staffing with TRAC training and first medical roles now advertised across all our platforms.	
	We continue to monitor ethnicity of candidates for Band 8b and above roles. Data pulled to understand diversity of candidates rejected at shortlisting stage.	
DEVELOP Talent Pool	Talent pool – train, grow and utilise external talent pool. Talent Acquisition team are continuing to build links with new candidates.	Recruit to 100 hard to fill vacancies, prioritised through the recruitment plan.
RETAIN Final year placement students	We are currently working to secure roles for all final year placement students. Out of 38 students, 21 now have roles (55%), 11 being supported to find roles. Longer term task and finish group to be set up to agree a process for approval.	Maintain number of final year students placements converted into substantive posts upon course completion at 30
Our People First	The putting our people first pilot has been live since 1st April. First three months data pulled. The initiative is showing encouraging results. Update to be given to SPG once pilot ends in December, so manager and candidate feedback sought.	We will review the data in 3, 6 and 9 monthly intervals. Will consider the number and nature of posts that are being advertised internally first, and the impact that has had on our internal appointments. The data will identify trends.

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

Risks & Mitigations

Recruitment Admin resources – we are experiencing a spike in sickness, and continue to support attendance

Budget Update

Issues for the TBG/SPG/Board

Upcoming Activity

Berkshire Healthcare – Health & Wellbeing – Projects of work Update for October 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	
Tracey Slegg	
Support from other Services	

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 Staff Survey	Survey went live on 22 Sep and is open until 28 Nov. Current response rate 34.8% (as of 14/10) which is 3.2% lower than last year. Central services seem to be significantly below (12.5%), some of this is due to nurseries paper copies taking longer to complete and return than previous years. Divisions have set targets and have actions to drive up response rates in their areas. Posters were delayed so looking at alternative ways to distribute these.	Increased response rate and engagement score
NHS Charities Together Projects	Unsuccessful bid in the first round of the Workforce Wellbeing Grant. Round two applications open between 8 th Oct and 22 nd Dec. Contacting successful applicants from round 1 for ideas/inspiration and then will review existing ideas and look at potential for submission.	Final outcome report
Wellbeing Matters	6 month data report was circulated at SPG and wider in Aug/Sep. Compassionate Mind Training roll out has begun. HF continuing to work with PW on the team support forum and DL on compassionate mind strategy Working on an internal version of REACT to launch in 2026	Wellbeing Matters usage & feedback
Staff Benefits	Health Assured – three month extension agreed so contract now ends 30/10/2025. Currently sorting contracts with Health Assured. DPIA underway. Peppy –Comms will be ramping out about the closing of Peppy. Exploring alternative options and pulling together signposting.	Benefits usage
IMPROVE Wellbeing Review	Conversations ongoing about the ongoing nature of the review and steering group. Work on the actions continues STEPtember was a success with 70 teams including 936 individuals taking over 220 million steps and raising over £1000 for the Berkshire Healthcare Charity.	Delivery of actions identified by the review

RAG Rating	
Progress delayed	
Some but not all aspects delayed	
All on time and to plan	
Risks & Mitigations	
- Hardip supporting medical staffing is leaving the main wellbeing team short – some tasks are stopping as a result. - Katy Prendergast moving to ESR team – leaves a gap in admin support, particularly around Long Service Awards	
Budget Update	
Issues for the TBG/SPG/Board	
Upcoming Activity	
6 monthly update to Trust Board due in Nov Pulse survey to go to QPEG in Oct	

Berkshire Healthcare – Workforce & Temporary Staffing – Projects of work Update for October 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
Procurement, IG & Medical staffing(direct engagement)
Comms (roster link changes and Loop launch)

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 Temp staffing fill Temp staff as a pipeline	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 c93.7% in September, with c 15fte being filled by agency AfC staff. Demand reducing with increased substantive workforce and spend scrutiny.	Bank fill %
	Cohort of CSWD agreed as a pipeline for HCAs into the MH wards, 8 of the successful candidates have started, with 1 further who is awaiting DBS clearance. Most are close to completion of minimum hours before they can move to substantive post if there is a vacancy. Advert for next cohort is now live, interviews w/c 13/10/25. Numbers being rechecked by PPH Team.	
IMPROVE Loop intro	Implementation of Loop (Employee Online replacement) booked for November – actions agreed with MarComms to launch. Web version to be promoted as the app requires a DPIA & risk assessment before it can be considered. Being completed after switch over of links which is scheduled for 22 nd October.	NHSE Attainment Level
	ESR Attainment Standards report received with opportunities identified – awaiting refreshed version from national ESR Team to check on progress. Team changes from November will free up resource to progress other activities at quicker pace e.g. portlets, cleansing of historical vacancies/applicants etc. Approach to data quality and responsibilities to be looked at in more detail over the coming months.	
New solution readiness	The percentage-based data from Optima has been refined and is currently undergoing testing and review by select teams. Enhancements have been made to improve the relevance and clarity of how this data is displayed. The first discussions regarding the new Data Hub solution have been scheduled for 24 th October.	Fit for purpose Tableau dashboards
Using our data	Persistent KPI failure on local team ticket closures and time to hire (although TTH is not linked to service credits). NHSP new application system for substantive staff joining the bank has unresolved teething issues – redirecting applicants where feasible to the old system until resolved. NHSP operating model under consultation (and linked revised structure further to 4/6 local team taking voluntary redundancy) – some delivery and perception challenges as a result. BOB quarterly review with NHSP w/c 13/10/2025	KPI/SLA achievement
NHSP	All AfC rates for framework supply are below SE ceiling set and there are now no AfC price cap breaches in place. Off framework breaches remain isolated to nurseries (with very occasional ad hoc usage in dental service)	Compliance against ratecard (regional reporting in place) Agency spend reduction of 30%, bank spend reduction of 10%, and non-framework usage submitted to NHSI
Agency	In September, 2% of the total pay bill was spent on agency staffing (indicative only as ceiling is no longer linked to spend %). Finance data indicates we are meeting bank reduction targets but not yet meeting agency although we are very close. Non-framework agency usage remains in place in nurseries and dental and is reported nationally each week – changing to monthly from November. There is growing speculation that a full ban on agency staffing may be introduced.	
National targets	E-Manager functions will need review later this year/early next but contract is now in place with RL Datix	
E forms software	Direct engagement model for medical staff – tender closed and bids being evaluated. Moderation meeting on 20/10/2025 with recommendation to go to TBG	Contract award and uptake % to realise savings
Saving opportunity	255	

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

Risks & Mitigations
LOOP – unable to promote the app (DPIA and cyber security assessment in progress) but will progress with web-based access.
Challenges reported for substantive staff registering with the bank – raised with NHSP but awaiting resolutions. Registration is happening but intervention/escalation often needed.

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 team, and agency/bank spend targets in place for 25/26

Upcoming Activity
Loop launch and link changes Stakeholder engagement re: E-Manager functions – T&F group needed later in year

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

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

Which Strategies does this relate to?
CIE Framework
People

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

Programme SRO
Ash Ellis

Support from other Services
HR Marcomms SME’s /lived experience, Health Inequalities 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/Stonewall/REM	Disability Confident: Developing NDEI/DC/RNIB merge Disability Action plan. Intersectional online event for ACE disability day in October. Stonewall: Regional Meetings to influence Southeast. Analysing BHFT survey outcomes, to prepare for submission. Meeting with internal key leads. REM: Due for 2026.	Accreditation awarded Accreditation planning
	Booklet: Ready to launch for interfaith week. Workshops: Comms campaign trust wide underway incl. pop ups, merch and Health bus.	Milestone and evaluation report
	Reading Pride: Post-event SWOT analysis completed. Pride: Pride speaker planned. REN: BHM Venue secured, registration now open. Programme and speaker still in progress. Engaged to revive the Village Voice monthly sessions. Purple: Collaborating with Purple to launch Inclusion Passport awareness campaign. All: Fatigue toolkit drafted. Encouraging use of Maturity Assessment tool, ahead of the Annual Report.	Maturity assessment Number of events attended Feedback rating scores
Reasonable Adjustments / Access to Work	Developments: New tracker is live. Automation being tested, incorporating feedback from Purple and staff. Best Practice / Collaboration: Exploring approaches with Bupa. Refining software compatibility lists with IT procurement. Reporting: Auditing to enhance efficiency.	Shorter time to access improvements and Access to Work Reclaims
Anti-racism projects	Skin tone bias tool: Launched at Women’s event in September, and preparing to share at AR Community forum. Theatre Forum: In person and Online Workshops went well with PPH ‘Holding space to talk about race’ continues. Positive Practice guide/EqIA: Positive Practice to officially launch in BHM, with follow up support on demand and drop ins offer. Campion: Bid prepared and submitted restorative videos. BHM: Strong programme sent org-wide, to ICB/ICS and partners. Attendance: Cultural competence – 111, WM Allyship – 93, Faith and Community in recovery - 85, Radio Black - 76. More sessions throughout October. MSN Interview questions session: Another delivered and recorded. WDES/WRES: Shared in manager briefings pack, staff networks and trust comms platforms Bids: CAB pop up submitted. Equity Partnership: Recruitment closed and shortlisting begun.	New training available and accessed No of communications shared
Trans and non-binary	Steering Group (Patient focused): Countermeasures in progress. Pocket guide being finalised. Policy: Shared for review workplace and new patient policy for feedback with Steering Group.	Actions delivered
IMPROVE AIS / Accessible Design GRTSB bid Windrush EQIA Training and education	Interpretation: Handover completed 01 Oct 2025. BSL DPIA signed off. New contract signed off. Easy read: Exploring options. Website Accessible Design: Ongoing EDI contributions.	Assurance against standard. Fill rate sustained
	Contract with research chased twice. Steering group continues to meet.	GTRSB pledge evaluation
	Due to launch in f2f CommUNITY forum event in November.	Artwork in sites
	EqIA drop ins ongoing. Working group for review of stat and man EDI ongoing.	Actions delivered
256		

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

Risks & Mitigations
Team restructure aftermath– tensions RA/AtW – Weekly audits in place

Budget Update
Proud Employers Accreditation

Issues for the TBG/SPG/Board
Equity Partnership Group Anti-semitism definition

Upcoming Activity
- EqIA / Positive Practice drop ins - Inclusion Passport formal Launch - BHM REN event - Stonewall accreditation - AR CommUNITY Forum Annual Event - Multifaith Workshops and Pop Ups - BHM events and outreach

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, 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	BAU with LFI & EKM. New managers joining the trust continued to be contacted in their first month and booked onto EKM. Embedding ‘unity against racism’ awareness and support in EKM and LFI. New coaching skills programme delivered, and feedback is positive. 2x senior leadership internal development events titled “Leading through Uncertainty with Compassion” have been planned for 26 th Nov and 1 st Dec. Will continue to plan the session and advertise. Currently over 100 leaders booked on.
	Talent Management	Leadership competencies completed by Comms. Team is continuing to build talent pool resources on the live site. Career conversations continuing till end Nov. MSN sessions delivered to support mid-year career conversations and continue to support. Delivering career conversation sessions for the Purple Network.
	Leader and Manager support	Evidence research received from the library on 2 topics that will support the creation of a manager repository. Awaiting the results on 2 more topics. MSN delivered on supporting managers to conduct impactful conversations to support their teams through navigating flexible working requests. Work continuing to edit offers based on feedback with aim of 2026 launch for the senior leadership development offer.
IMPROVE	Team Development	Met with HDT senior leaders to support team cohesiveness. Conducted 5X 1:1 engagement conversation to illicit data to inform ongoing OD support. Delivering team building event to the Wokingham OMPH team. To improve communication and interpersonal relationships. Delivering reflective practice with SLT through leading change across their service. Delivered bespoke leadership workshop with talking therapies and followed up with reflective practice session. MSN on Team Behaviour Pledge: A Practical Tool to Develop Your Team Culture and Behaviours planned to help support managers on team behaviours. Supported the purple network with appraisal guidance.
	Resolution work	One mediation request received. Promoting the internal mediation service in the managers briefing pack. Delivering a facilitated conversation for Wokingham CAMHS
	Communications	Managers handbook prospectus completed and submitted to Comms for rebranding in BFHT design. Along with new roller banners, we will have all marketing resources in place ahead of our planned leadership events late Nov and early Dec.

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.	
Exploring opportunities for income generation	
Issues for the TBG/SPG/Board	
Upcoming Activity	
Prep & delivery of Hogan profiles Develop talent pool infrastructure and associated offers COO Recruitment Managers Handbook Managers Repository Prospectus	

Berkshire Healthcare – Violence Reduction & Prevention – Projects of work Update for October 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?				Some but not all aspects delayed	
				All on time and to plan	
			Risks & Mitigations		
Trust POAP		DEVELOP Violence Prevention Reduction	VPR Standard - ongoing actions. VPR Strategy being finalised. VPR policy development started. VPR MSN session will be delivered on 13th Oct. Abuse survey 2025 closed and analysed – report in draft. NHSE VPR Level 3 and 4 train the trainer - first cohort with 7 participants commencing Monday 29th Sept. Opportunity to then income generate (flyers developed).	Progress against the VPR standard VPR Strategy and Policy Managers trained in VPR course	Changes to recruitment at PPH that could impact training delivery. Currently reviewing 6-day provision due to low recruitment. Staffing – 0.6 WTE short
		Sexual Safety	Sexual Safety Charter – ongoing actions. Learning on SS being monitored. Sexual Safety training will be advertised on 13th in MSN session.	Progress against the charter	
		Domestic Abuse	Domestic Abuse Charter – ongoing actions.	Progress against the charter	
		Bullying	Bullying and Harassment group working on definition and action plan.		
Harm-free care	✓	Personal Safety Training	RRN/Training/Lived Experience – Search training now incorporated into all PMVA courses. Awaiting draft 2 of the training standards from BILD/RRN.	Certification with BILD ACT. Expert by experience involvement. Improved training compliance: Search	Budget Update
Good patient experience	✓		Scenario based videos to support Personal Safety Training - professional generic videos for wider Trust that were discussed with ICB, maybe using theatre forum.	Creation of videos	
Supporting our people	✓	Training Needs Analysis (TNA)	Trust-wide TNA and Workforce Risk Ax – Implement target groups and monitor compliance. Presented at TEAG in July, stakeholder input received. To be shared at SECEG Oct 25. 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/implications. TNA includes introducing clinical holding training and policy development.	Completion of TNA and risk assessments. Training compliance of all personal safety training.	Issues for the TBG/SPG/Board
Efficient use of resources	✓	Clinical Development	Supporting PPH with development of Ligature Training to develop own package and cost saving by delivering internally (currently using external company). Awaiting clinical team to provide scenarios. Increasing use of Safety Pods: Focus on Sorrel ward – ticket raised to reduce floor restraint and improve staff and patient safety.	Creation of course Increased use of Safety Pods	
Programme SRO		Income Generation	RBH – continuing to deliver NG tube training annually. Income generation from Breakaway GSA Requalification - £600. Supporting RBH Breakaway courses due to tutor sickness – income generation £1500. Training for Royal Holloway Uni – will receive £2250.	Income generation	Upcoming Activity
Ash Ellis			Promotion of courses on Trust website and social media to income generate. Offer of bespoke course on Trust website (inc. VPR course). Working with Clinical Ed team to advertise courses on separate web page. Exploring income generation with Loving Angels Care.	Advertisement of courses externally.	
Support from other Services					
Clinical Leads / Service Leads					
Communications, L&D, HR					
Patient Experience					
Wellbeing Matters					

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Thank you

Questions...?



Trust Board Paper

Board Meeting Date	November 11th 2025
Title	Estates Strategy Update
	Item for Noting
Reason for the Report going to the Trust Board	Provides the board with an update on progress against the 2019 – 2024 Estates Strategy and 2025 – 2026 Trust objectives
Business Area	Estates & Facilities
Author	Martin Mannix, Director of Estates & Facilities
Relevant Strategic Objectives	Patient Safety Efficient use of resources Supporting our Staff Net Zero / Sustainability
Summary	The paper provides an update on key changes affecting the delivery of the Estates Strategy as well as achievements and risks, for information

Estates update 2025 - 2026

A large, hand-drawn style heart in light blue. Inside the heart, there are five stylized human figures in various shades of blue, representing a family. A thick, dark blue brushstroke curves from the bottom left of the heart, extending towards the right side of the slide.

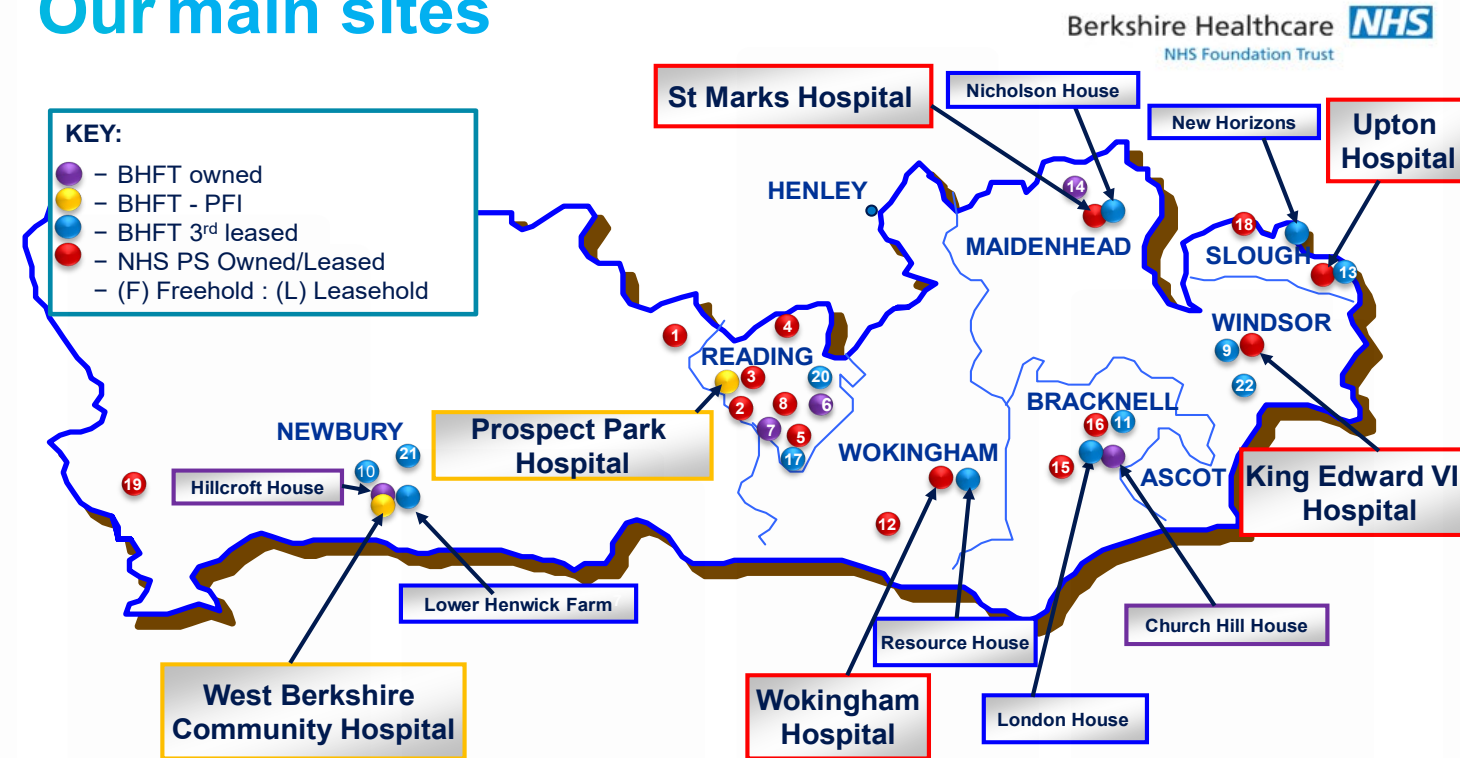
Working together,
we can be
outstanding
for everyone

Agenda

- **Where we are**
- **Regional / National context**
- **The Estate's performance**
 - **Achievements**
 - **Compliance**
 - **Condition**
 - **Sustainability**
 - **Finances**
- **ICB**
- **NHSPS**
- **PFI**
- **Key projects**
- **Estates Strategy**

Where we are

Our main sites



Key to other primary BHFT Health Services sites

1 Tilehurst Clinic (L)	2 Southcote Clinic (L)	3 Dellwood Hosp. (L)	4 Cremyll Road	5 Whitley Clinic (L)
6 Erleigh Road	7 Coley Clinic	8 57-59 Bath Road (L)	9 Foundation House	10 Adlam Villas (L)
11 Brants Bridge (L)	12 Finchampstead Clinic (F)	13 Langley Health Centre (L)	14 Abell Gardens	15 Great Hollands (L)
16 Skimped Hill Health Centre (L)	17 Erlegn House (L)	18 Britwell clinic (L)	19 Hungerford Clinic (L)	20 UoR (London Road) (L)
21 Adlam Villas	22 Foundation House			

National / Regional Context

Nationally:

- Announcement of plans to abolish NHS England
- Formation of the National Infrastructure and Service Transformation Authority (NISTA)
- Expansion of national Premises Assurance Model (PAM) reporting to include facilities management maturity

2025 ERIC data

- The total costs of running the NHS estate were £13.6 billion
- The total cost to eradicate High and significant risk backlog was reported in October 2025 as £15.9 billion (increase of circa £2b since last year and excluding professional fees, VAT & NHS properties).

Regionally

- Merger of Frimley and BOB ICBs in to the new Thames Valley ICB underway and changes to commissioner roles being worked through.
- Opportunities for BHFT to participate in Neighbourhood centre initiatives across our region being considered

Achievements

- PLACE results (see separate slide)
- MEA revaluation (Circa £1m annual saving)
- Jubilee ward – Successful public engagement process for relocation to St Marks
- Bath road consolidation project Phases 1 – 3 completed, agreement on design for Phase 4
- Prospect Park – Asset surveys and reset plan, DHSC sponsorship, ISS & PHR restructures and additional resources
- Place of Safety – official opening 7th Nov, opening to patients expected 2nd Dec
- Creation of Estates Strategy for 2025 – 2030
- Recruitment of key senior roles within Estates

PLACE

BHFT - for all indicators

- Remain above national and regional averages for all Trusts.
- 1st and 2nd of MH Trusts regionally in all indicators
- 2nd of MH Trusts for cleaning
- BHFT - Absolute performance
- 2nd Highest average score MHTs regionally (6 organisations).
- 6th highest average score all MH Trusts nationally (42).
- 25th highest average score all Trusts nationally (236).

BHFT – Site specific

- All sites significantly above national

	Ranking comparison		
	MHTs regional	MHTs national	All Trusts
Cleaning	1	2	Joint 2nd
Food	1	4	53
Privacy & Dignity	2	6	20
Condition	2	8	45
Dementia	2	7	24
Disability	2	10	7
No of Trusts	6	42	236

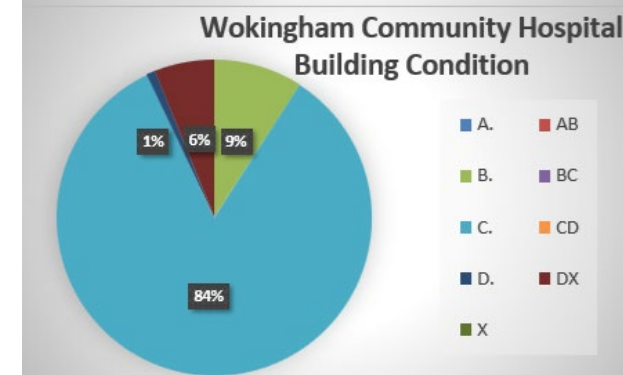
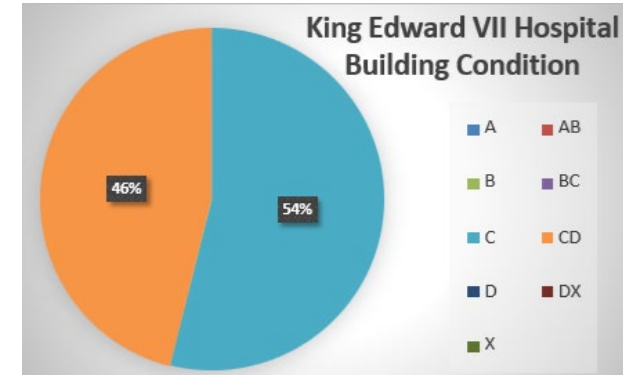
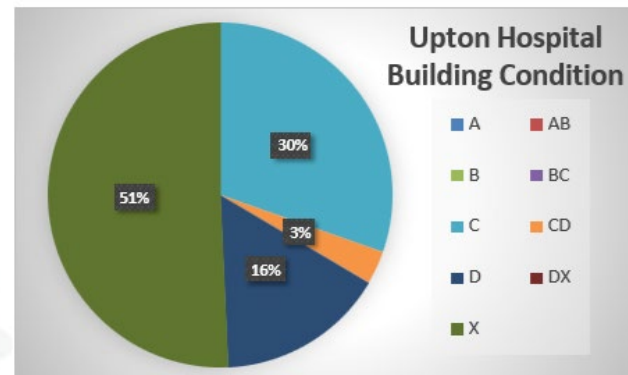
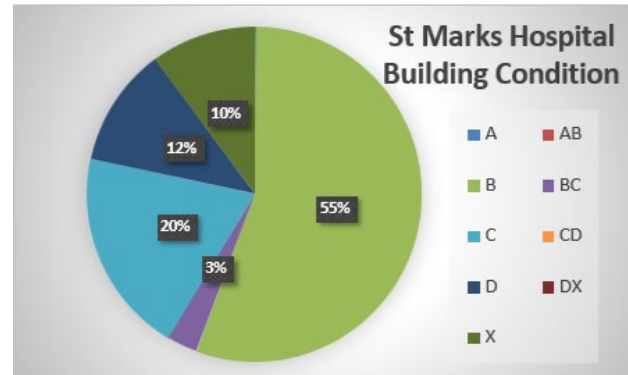
Compliance



Berkshire Healthcare
NHS Foundation Trust

EFM Key Metrics					
<i>Metric</i>	<i>Target</i>	<i>Aug</i>	<i>Rolling year Ave</i>	<i>vs Jul</i>	<i>Note</i>
'Statutory' Pre-planned Maintenance complete (BHFT sites)	95%	100%	99%	↑1pt	
Reactive requests attended in response time (BHFT sites)	95%	100%	98%	↑10pts	
Fire risk assessments and audits completed	95%	100%	100%	—	
Compliance performance for BHFT sites	95%	99%	95%	↑2pts	
Compliance performance for NHSPS properties	97%	100%	92%	—	
Compliance performance for PFIs	97%	99%	93%	↑ 4pts	WBCH 100% PPH 98%
Cleaning audit score BHFT sites	95%	99%	98%	↑ 2pts	
Cleaning audit score NHSPS	95%	99%	98%	—	
Cleaning audit score PFIs	95%	96%	97%	↓2pts	WBCH 95% PPH 97%
Overall NHSPS performance audit score	■	■	n/a		

Condition – community hospitals



Contractors recently appointed to undertake intrusive surveys of our sites and asset verification to inform future planning and capital decisions

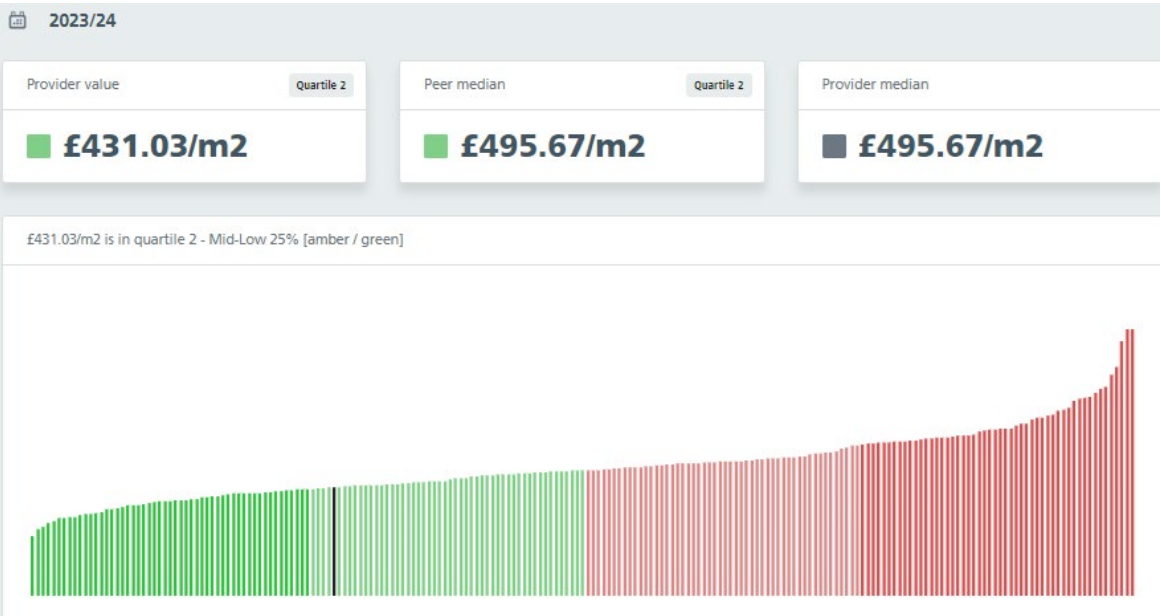
- Roof Solar installations at Erleigh House and Churchill House completed
- Additional site EV charging points
- EV vans
- Heat Decarbonisation survey completed
- Sustainability checklist
- Green Plan updated

Benchmarking our services

The Trust has two PFIs making up the largest parts of its estate, supplemented by a number of NHS Property Services sites, where NHSPS also deliver the maintenance and facilities services and both arrangements impact upon the Trust’s ability to affect its Estates costs.

The Trust undertakes periodic benchmarking of key services within the PFIs and more broadly, to ensure it continues to provide value for money.

ERIC data for the 2023 FY shows BHFT to be in the second quartile for Estates costs, despite the two PFIs, both of which report E&F costs of over £700/m2.



Cost of Occupancy	Data period	Provider value	Peer median	Provider median	Chart	Actions
Estates & Facilities cost (£ per m2)	2023/24	£431.03/m2	£495.67/m2	£495.67/m2		
Management (hard and soft FM) costs (£/m2)	2023/24	£4.23/m2	£8.27/m2	£9.25/m2		

Frimley ICB

Integrated Care Hubs

- Bracknell Hub construction largely complete, however running over 6 months late with opening not likely before the new year.
- King Edwards site reconfiguration subject to a number of snagging issues
- Slough CDC construction is nearing completion, however is significantly behind schedule
- New Chalvey GP led construction project – nearing completion, however significantly behind and opening likely to be early in 2026

BOB ICS

- Bath Road consolidation project – Phase 1 successfully completed (BHFT led – MSK facilities relocated from Dellwood and Dellwood handed back to NHSPS (phases 2 and 3)
- Phase 4 Relocation of Cremyll road Services to Bath Road – Design complete, works out to tender, currently planning relocation of services in April 2026, with handback to NHSPS shortly afterwards.

Progress

- Relationship and NHSPS corporate support has improved since last year, more strategic relationship developing
- NHSPS compliance rates have also improved

Issues

- Sufficient experienced staff
- Property investment
- Pest control
- NHSPS national contracts / processes
- BTA / market rates

PFI – Prospect Park

- Asset surveys (deed signed)
 - Fire survey – further investigations / testing of materials underway
 - Condition survey underway
 - Mental Health Survey (DHSC sponsored) underway, OBC approved for replacement of windows in Sorrell and Orchid wards
- Contract Reset agreed (deed to be completed and signed by all parties)
 - 20 workstreams covering all aspects of the contract – effectively a remobilisation of the contract
 - 8 point improvement plan being worked on by ISS prior to December board progress meeting
- Acceptance of PHR soft services benchmarking proposal– paused pending successful contract reset
- Place of Safety – delayed due to a combination of design and project management issues, due to open 2nd Dec

PFI – West Berkshire Community Hospital

- RBH MRI scanner
 - RBH contractors due on site early / mid November
- RBH CDC
 - Works completed
- RBH has withdrawn their Neurorehab service from Highclare ward. The Trust is initiating a review of its future bed requirements to support service development and future decant / resilience planning
- Sustainability – The cost and risks of the air source heat pump project have escalated significantly, resulting in a recommendation to the board to cease progress with the project
- Funding for an additional solar farm proposal for the field being investigated.
- Dementia Hub proposal – discussions with Age UK regarding potential dementia hub development on the field have moved forward and there are now some designs for the Trust to consider.
- PFI handback process – The Trust is beginning the formal 7 year handback process with NISTA, which will include asset surveys of the site

Key projects

1	Upton - Birch house vacation - to Chalvey, we expect to be at birch until January 25	Jan-26
2	Chalvey opens - with podiatry and outpatients from Upton	Jan-26
3	Bracknell ICH opens with MSK from Skimped hill and Churchill chouse, plus district nurses from Churchill house and Great Hollands)	Jan-26
4	Great hollands - handback of BHFT spaces	Feb-26
5	Skimped hill becomes admin block plus dental (plus 4th dental surgery), sexual health and hearing & balance	TBC (requires works to convert)
6	Churchill house (space review with Mental Health services after CH opens) - potentially a mental health centre of excellence	Mid 2026
7	Bath Road MSK moves to permanent location (Project phases 1 -	Completed
8	Bath Road (Phase 4-7) - adaptations for Cremyll road complete,	Mar-26
9	Cremyll staff relocated	Apr-26
10	Cremyll road closes - handback to NHSPS	May-26
11	Bath Road (phase 8) - construction of additional clinical rooms to accommodate coley clinic and Southcote (subject to suitable space identified at Bath Road)	TBC
12	Southcote closes	TBC
13	Coley clinic - conversion to staff studios (subject to sufficient funding	TBC
14	Jubilee Ward Relocation to St Marks	Jul-26

Estates Strategy 2025 - 2030

New strategy approved as QMIS project end June 2023

6 workstreams:

- 1 - Identification of E&F costs associated with each service
- 2 – space utilisation
- 3 – space management – review of policies and governance affecting use of space
- 4 – Transformation of operational services
- 5 – sustainability
- 6 – Writing the strategy

Strategy submitted as a separate paper for board approval

Trust Board Paper

Board Meeting Date	November 11 th 2025
Title	Trust Estates Strategy 2025 - 2030
	For Approval
Reason for the Report going to the Trust Board	The Estates Strategy requires Board approval.
Business Area	Estates & Facilities
Author	Martin Mannix, Director of Estates & Facilities
Relevant Strategic Objectives	Patient Safety Supporting our Staff Efficient use of resources
Summary (only required if the report does not contain a highlight report or an executive summary)	The Trust is required to have an Estates Strategy, compliant with HBN00-08 (Estate code). The Trust's previous Estates strategy covered the period 2019 – 2024 and requires renewal. The Estates directorate has engaged widely with stakeholders across the Trust and externally to develop the 2025 – 2030 Estates strategy, focusing on future clinical requirements, the efficient use of resources and the Trust's sustainability goals. This strategy has been widely reviewed and provides a direction of travel for estates development between now and 2030.

Estates Strategy 2025 - 2030

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Berkshire Healthcare
NHS Foundation Trust

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Foreword

Our Estates Strategy for 2025 – 2030 will take us forward on our journey to ensure that we are delivering services in the right locations, from high quality, effective estate.

This strategy does not sit in isolation but as one of a number of enabling strategies that underpin the delivery of our overarching strategic aims and the Trust's vision: A great place to give care and a great place to receive care.

Our services cover 5 counties and two Integrated Care Boards (ICBs), who will soon to merge and become Thames Valley ICB. We have produced this strategy to explain how we utilise the estate as an asset and key enabler to deliver outstanding services.

We have developed this strategy through broad engagement with colleagues, whose contributions have been invaluable in helping us to tailor our facilities to meet current and emerging clinical needs. Consequently, we aim to provide modern, fit for purpose facilities, close to our patients and taking advantage of new technologies and ways of working to ensure that these are both financially and environmentally sustainable.

Our strategy recognises that our services are delivered from a range of settings, including buildings that we own or lease, as well as those that are integrated into our communities with staff working from health centres and community venues such as libraries or schools or frequently delivering services in people's own homes.

We recognise the importance of working in partnership with our colleagues across the healthcare system and this strategy will continue to support the delivery of outstanding care, whilst optimising the efficient use of resources.

This strategy is not a static document, as service strategies evolve and develop, so must our estate, but it lays out a roadmap for our ambitious but realistic plans for the next five years. In line with our values, we will continue to listen and work in partnership with colleagues as well as patients, stakeholders and communities.



Julian Emms,
Chief Executive

Clinical statement

This estates strategy has been developed in partnership with our clinical leadership team, recognising the changing demands upon clinical services through shifts in population demographics as well as the opportunities that technology offers to improve service delivery. This strategy will support the Trust to meet its True North goals of being a great place to give care and a great place to receive care.

Theresa Wyles – Interim Chief Operating Officer
Tolu Olusoga - Medical Director
Deborah Fulton – Director of Nursing & Therapies

Financial statement

This estates strategy has built upon the progress made over the life of the previous strategy and sets out the Trust's ambitions to continue to address the Trust's key risks, including the condition of our buildings, their impact upon the environment and taking advantage of opportunities presented by new technologies and changing ways of working to improve utilisation and right size the estate, ensuring its financial and environmental sustainability for the future.

Alex Gild – Deputy Chief Executive
Paul Gray – Chief Financial Officer

Introduction

Building on the Trust's status as an "Outstanding" organisation. Berkshire Healthcare NHS Foundation Trust continues to develop how and where it delivers healthcare, in a constantly changing environment, with high expectations of it from both the public and government.

Changes are driven by improvements in how we do things, drugs and equipment available, advances in digital, government policy, and external demands. We continue to strive to ensure the experience patients have when using our services is constantly improving and their outcomes from treatment becomes ever more effective.

The population we service expect the care they receive will be provided in facilities that enable best practice, near their homes and increasingly with the opportunity to choose between digital provision and "face to face" appointments. We intend to stay at the forefront of these changes.

Our approach to developing the Estates Strategy for the next 5 years. has been different. We have worked with colleagues across the Trust and system partners, as well as listening to feedback from patients, via our PLACE assessments and other feedback.

We set up workstreams covering various aspects of the Strategy, including:

- Finance (Finance led) - quantifying the Estates and Facilities (E&F) costs associated with our clinical services
- Space management – gathering data on space utilisation
- Governance and Policies – ensuring the Trust has the right controls in place for the acquisition, distribution and disposal of space
- Clinical needs (Clinically led) - understanding the E&F priorities and future needs for the delivery of clinical services
- Sustainability – identifying the opportunities for progressing the Trust's Net Zero ambitions
- Strategy compilation – bringing together all the workstreams into a coherent single strategy that lays out the roadmap for our journey over the period 2025 - 2030

Executive Summary

During the period covered by the last Estates Strategy (2019 – 2024), the Trust made a number of advances in improving the quality of the estate.

Whilst we grew by over 1000 staff, we have managed, through efficiencies, to absorb these within our existing footprint. We also disposed of a number of lower quality properties, such as the Old Forge and Fitzwilliam House, whilst opening newer ones, such as London House, Foundation House, Adlam Villas and Resource House.

We also refurbished other sites, such as Wokingham hospital and Church Hill House, improving patient and staff environments and continued our drive towards net zero with the addition of a number of solar panel installations and the award of a £2.6m grant towards decarbonising West Berkshire Community Hospital



Executive Summary - 2

As we look forward to challenges facing the Trust over the next 5 years, our focus will be on supporting our operational colleagues by addressing our estates key risks, such as:

- Relocating Jubilee Ward from Upton to St Marks, providing a modern facility with resilience provided by the Henry Tudor ward already based there.
- Effectively managing our PFI contracts and improving the environment at Prospect Park, as these move towards expiry
- Tackling Critical and Significant backlog maintenance across the estate, continuing to improve the % of the estate at Grade B condition.
- Continuing to improve the quality of the spaces from which we deliver our services
- Rightsizing of the estate, making efficient use of our resources, both physical and financial, tackling the issues regarding the availability and under utilisation of clinical spaces.
- Supporting the delivery of integrated care by working with our ICB partners to deliver the new Integrated Care Hubs, GP practises and site development control plans (DCPs) for key sites, such as Upton, St Marks and Skimped Hill.

Additionally, we will:

- Continue on our journey to net zero, publishing a new Green Plan and delivering substantial projects, such as solar installations at our sites along with expanding our electric vehicle charging facilities, where possible, in line with recommendations from our Heat Decarbonisation Plan.
- Continue to develop sites that support inclusivity, with support from our EDI Colleagues and networks, through the implementation of recommendations from our AccessAble site surveys and in response to legislation and feedback from those with lived experience.

Part 1

Where are we now?

1 - Current position

Berkshire Healthcare NHS Foundation Trust provides services from over 100 locations across 5 counties. As for most NHS Trusts there is enormous variation in the age, quality, flexibility, cost, and utilisation between facilities. This variation has significant implications for the efficiency not just of the estate and its supporting services but clinicians too.

The most modern facilities include Prospect Park and West Berkshire Community Hospitals, both of which are Private Finance Initiatives (PFI). At around 25 years old, these are generally still fit for purpose and sufficiently flexible to support new practice.

Upton, King Edward VII, Wokingham and St Mark's Hospitals are all based on Victorian or earlier care facilities. All are leased from NHS Property Services (NHS PS) and require significant investment to address backlog maintenance. All of these sites have elements that are no longer fit for purpose and have restriction in use caused by old design.

The Trust uses facilities owned by a panoply of other partners including GP Practices, local authorities and private landlords. In general, these premises are sufficient for the relatively limited use to which they are put but inevitably there will be limitations on how much change can be affected to the buildings.

The Trust's investment in the maintenance and improvement of the estate has been marked over many years. External rules and changing governance means that in the very recent past an increasing proportion of capital is spent merely to maintain the infrastructure and fabric of the buildings with significant improvements only available via specific initiatives or on a system basis.

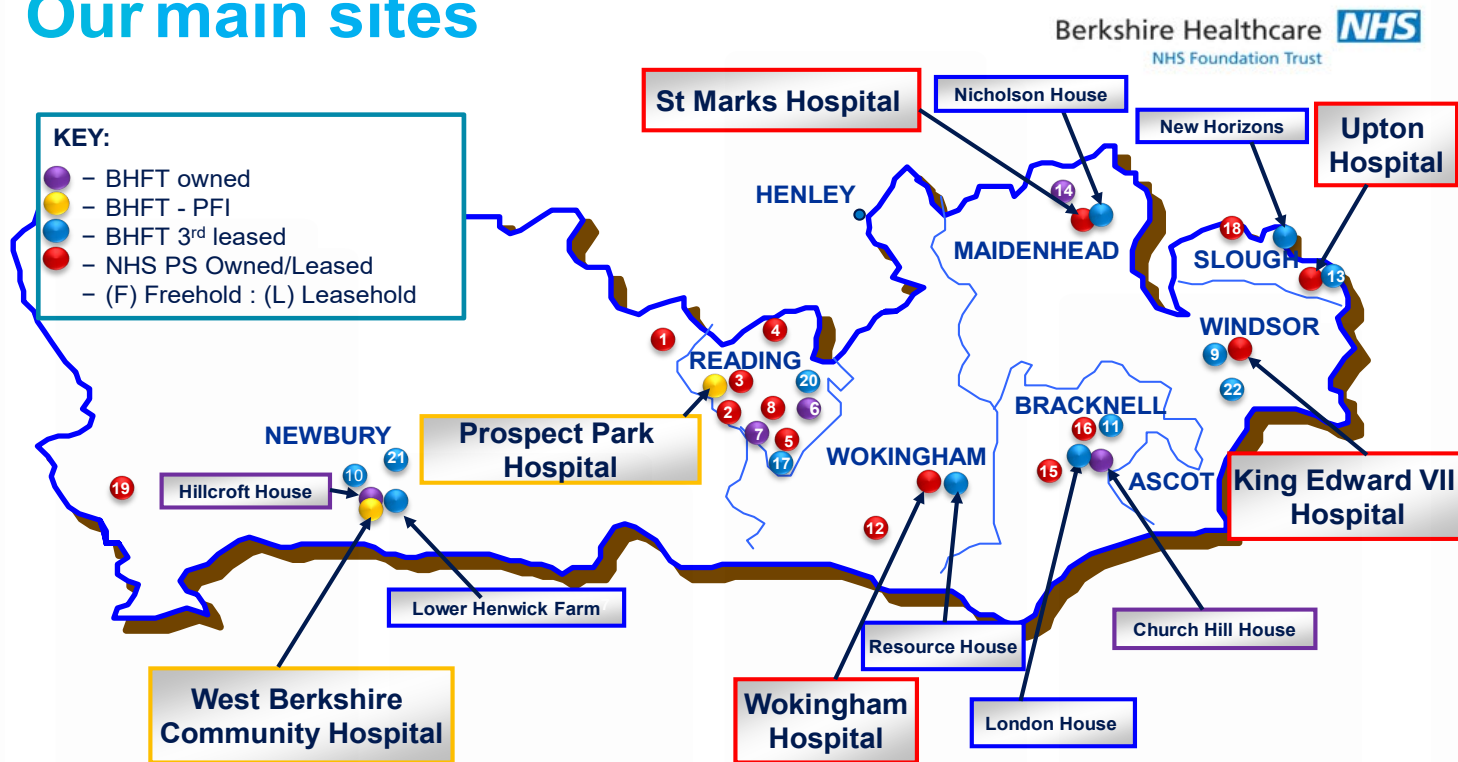
The following section provides an appraisal of the existing estate and the Trust's management against a wide range of metrics.



King Edward VII Hospital Windsor

2 - Primary sites January 2025

Our main sites



Key to other primary BHFT Health Services sites

- | | | | | |
|-----------------------------------|-----------------------------|------------------------------|--------------------------|--------------------------|
| 1 Tilehurst Clinic (L) | 2 Southcote Clinic (L) | 3 Dellwood Hosp. (L) | 4 Cremyll Road | 5 Whitley Clinic (L) |
| 6 Erleigh Road | 7 Coley Clinic | 8 57-59 Bath Road (L) | 9 Foundation House | 10 Adlam Villas (L) |
| 11 Brants Bridge (L) | 12 Finchampstead Clinic (F) | 13 Langley Health Centre (L) | 14 Abell Gardens | 15 Great Hollands (L) |
| 16 Skimped Hill Health Centre (L) | 17 Erlegn House (L) | 18 Britwell clinic (L) | 19 Hungerford Clinic (L) | 20 UoR (London Road) (L) |
| 21 Adlam Villas | 22 Foundation House | | | |

3 – Estate Costs

Overview

Aside from Staffing, the Estate is the Trust's next largest expense. The table right shows the thirty most expensive premises by running costs

The Trust's two Private Finance Initiative (PFI) buildings are amongst the most expensive as they are also amongst the newest, largest, most complex and highest quality parts of the estate.

Other facilities with significant costs include the four community hospitals, all of which are owned and maintained by NHS Property Services. The Business Transfer Agreement (BTA) between NHSPS and the BOB ICB was expected to end in the 24/25 financial year, including the ICB service subsidies that BHFT currently benefits from

In the last two years, four new properties have been brought into the property portfolio:

- London House replaced Fitzwilliam House Trust HQ
- Resource House took those services that did not fit into Wokingham hospital after the Old Forge lease ended.
- Adlam Villas to provide MSK services to Newbury
- Foundation House has replaced Dedworth clinic accommodating MSK and Children's Immunisation service.

Property	Owned /leased	Total Cost
PPH	PFI	13,021,123
WBCH	PFI	5,924,095
Upton Hospital	NHSPS	1,976,443
St Marks Hospital	NHSPS	1,453,458
Erleigh House UoR	3 Party	1,616,919
Wokingham Hospital - Blk 01, Admin	NHSPS	1,080,150
King Edward VII Hospital Bldg 1	NHSPS	640,876
Nicholson House	3 Party	628,310
London House	3 Party	603,212
Greenham Wing	Own	570,733
Cremyll Road (annual reconciliation)	NHSPS	328,621
Resource House/Denmark Street	3 Party	273,560
Royal Berkshire Hospital (Westcaul)	3 Party	254,000
Foundation House	3 Party	245,478
Skimped Hill Health Centre	NHSPS	239,869
Hillcroft House	Own	223,792
Church Hill House	Own	212,666
New Horizons	3 Party	178,578
Erleigh Rd	Own	155,247
Great Hollands Health Centre	NHSPS	130,756
Whitley Clinic	NHSPS	120,111
Adlam Villas	3 Party	126,338
Britwell Clinic	NHSPS	108,060
Nursery Little Dragons	NHSPS	95,587
Lower Henwick Farm	3 Party	89,851
Bath Road	NHSPS	77,523
Chalvey Medical	3 Party	74,859
Tilehurst Clinic	NHSPS	72,736
Abell Gardens	Own	64,299
Lake Road Health Centre	NHSPS	49,326

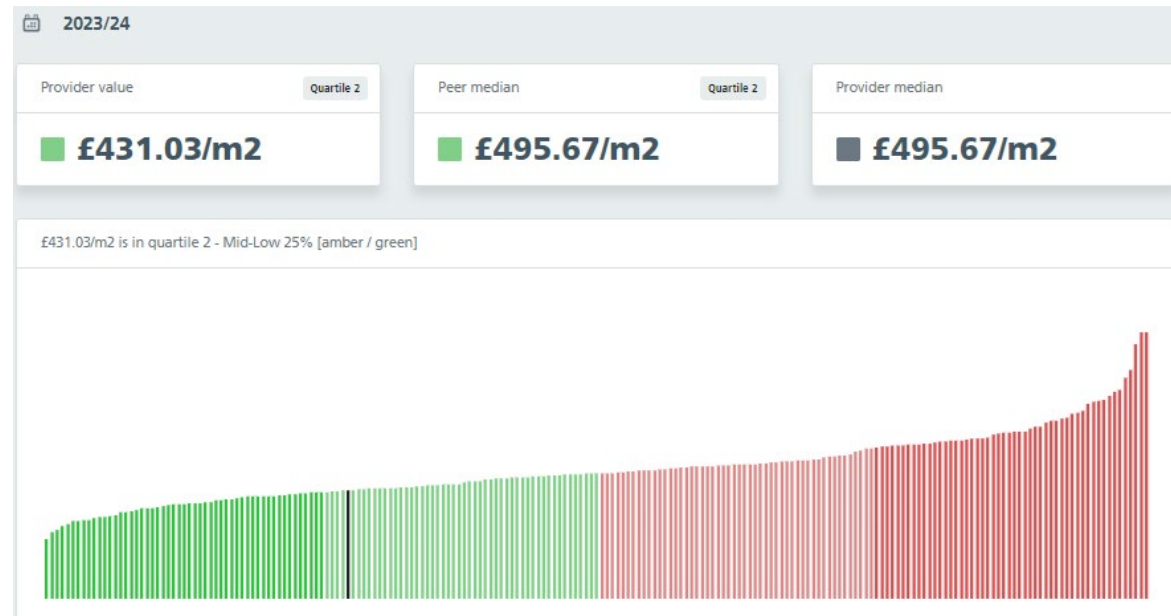
4 – Benchmarking our services

Overview

The Trust has two PFIs making up the largest parts of its estate, supplemented by a number of NHS Property Services sites, where NHSPS also deliver the maintenance and facilities services and both arrangements impact upon the Trust's ability to affect its Estates costs.

The Trust undertakes periodic benchmarking of key services within the PFIs and more broadly, to ensure it continues to provide value for money.

ERIC data for the 2023 FY shows BHFT to be in the second quartile for Estates costs, despite the two PFIs, both of which report E&F costs of over £700/m2.



Cost of Occupancy

	Data period	Provider value	Peer median	Provider median	Chart	Actions
Estates & Facilities cost (£ per m2)	2023/24	£431.03/m2	£495.67/m2	£495.67/m2		
Management (hard and soft FM) costs (£/m2)	2023/24	£4.23/m2	£8.27/m2	£9.25/m2		

Source: Model Hospital Jan 2025

4 – Benchmarking our services

Hard and soft services costs

Hard Facilities Management Costs		Data period	Provider value	Peer median	Provider median	Chart	Actions
• Hard FM cost (£ per m2)		2023/24	£77.74/m2	£146.61/m2	£131.20/m2		
• Estates & property maintenance (£ per m2)		2023/24	£33.86/m2	£44.76/m2	£45.55/m2		
• Grounds and gardens maintenance (£ per m2)		2023/24	£1.02/m2	£1.16/m2	£1.21/m2		
• EBME Costs (£/m2)		2023/24	£4.16/m2	£16.12/m2	£16.10/m2		
• Car parking services cost (£/space)		2023/24	£130.00	£135.95	£120.53		
• Water & sewage cost (£ per m2)		2023/24	£1.78/m2	£4.13/m2	£3.71/m2		
• Total energy cost (£ per kWh)		2023/24	£0.1320	£0.1538	£0.1388		
• Total waste cost (£/tonne)		2023/24	£253.59	£370.89	£458.14		
Soft Facilities Management Costs		Data period	Provider value	Peer median	Provider median	Chart	Actions
• Soft FM cost (£ per m2)		2023/24	£80.71/m2	£150.92/m2	£152.46/m2		
• Cleaning cost (£ per m2)		2023/24	£37.14/m2	£55.23/m2	£54.57/m2		
• Food cost (£ per Meal)		2023/24	£6.41	£6.03	£5.75		
• Laundry & linen cost (£ per Item)		2023/24	£0.71	£0.46	£0.47		
• Laundry cost (£/Item)		2019/20	£0.63	£0.37	£0.36		
Linen cost (£)		No data available					
• Portering (£ per m2)		2023/24	£4.11/m2	£17.90/m2	£17.60/m2		

Source: Model Hospital Jan 2025

5 – Six Facet Survey

The 6 Facet Survey forms the 'core' estates information recommended by HBN 00-08 (also known as NHS EstateCODE).

BHFT uses 4 of the 6 Facet Surveys on our own properties, those being Physical Condition, Statutory Requirements, Functional Suitability and Space Utilisation. Space Utilisation surveys have become an essential tool following the changes in work behaviour post COVID. New properties are now fitted with live sensors to allow the monitoring of space utilisation, enabling better space planning.

Environmental Management has also become a focus due the Net Zero Carbon Target and is captured separately.

PHYSICAL CONDITION	QUALITY
– Building Fabric – Mechanical Services – Electrical Services	– Amenity – Comfort Engineering – Design
FUNCTIONAL SUITABILITY	STATUTORY REQUIREMENTS
– Internal Space Relationships – Support Facilities – Location and Layout	– Fire Safety – Health & Safety (incl. Legionella & Asbestos)
SPACE UTILISATION	ENVIRONMENTAL MANAGEMENT
– Current Use Intensity – Use over Time – Space Use Guidance	– Energy Performance – Water Consumption – Waste Management – Transport & Procurement

6 – Physical condition

Asset condition is evaluated by each of the building sub elements, then categorized as follows:

- A As new and can be expected to perform adequately to its full normal life.
- B Sound, operationally safe and exhibits only minor deterioration, wear and tear.
- B(C) Currently as B but will fall below B within five years.
- C Operational but “major repair” or replacement is currently needed to bring up to condition B. A “major repair” is defined as something that would cost more than one-third of the element’s replacement cost.
- D Operationally unsound and in imminent danger of breakdown. This is defined as something that would cost more than half of the element’s replacement cost.
- X Supplementary rating added to C or D to indicate that it is impossible to improve without replacement.

Ideally buildings are given just one of these letters, but this has been extended to better reflect those properties that fall between the categories by adding two letters together.

Right: The disused George Ward block (above) and the more modern Charles Ward block (below), St Mark’s Hospital, Maidenhead



6 – Physical condition

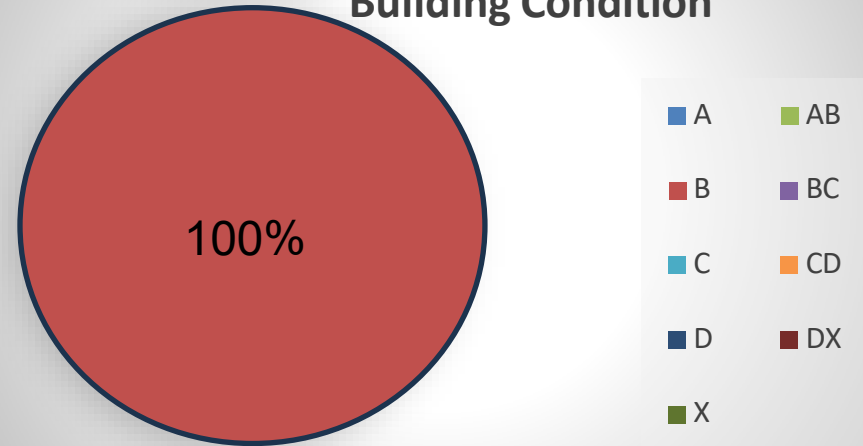
BHFT has two Public Finance Initiative (PFI) hospitals within its portfolio, their construction dating back to 2001 / 2002. These hospitals represent a significant proportion of the Trust's estate by both size and cost.

Both PFI contracts require the contracting organisations to construct and maintain the facilities throughout their life to Condition B. Consequently, within each contract, a proportion of the monthly unitary payment is allocated to maintenance and lifecycle replacement of building elements to meet this obligation.

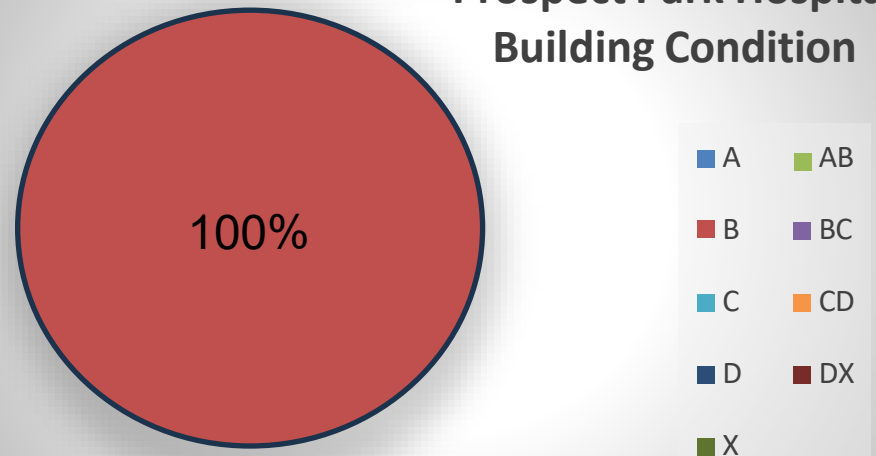


Frontage of West Berkshire Community Hospital

West Berkshire Community Hospital Building Condition



Prospect Park Hospital Building Condition



6 – Physical condition

Upton and St Mark's Hospitals started as very early infirmaries and their construction dates back to the Victorian era.

As both healthcare requirements and construction techniques developed, much of the site has found it difficult to keep up to date in both disciplines.

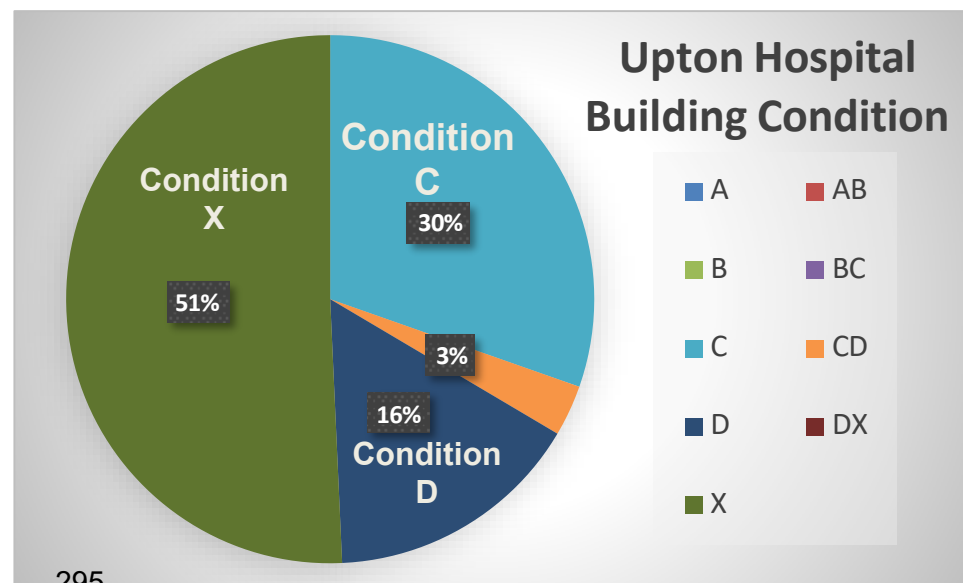
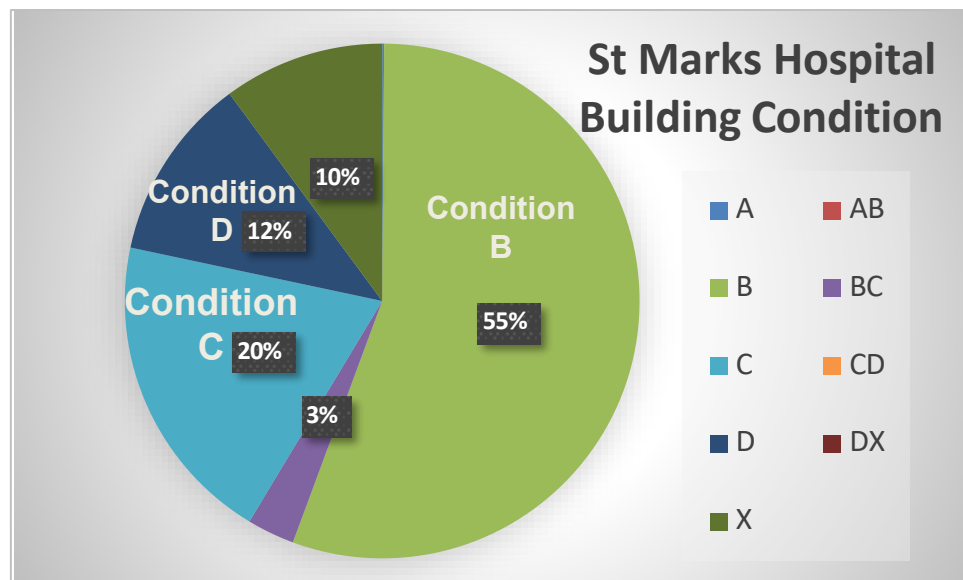
This has resulted in a number of buildings on the sites being closed for use due to ageing infrastructure.

Both sites have large areas of single glazing, car parking issues, high running costs and technical difficulties when updating areas to meet modern clinical needs.

Upton's Fir Tree House has a listed building status which further increases the challenges when working on the site.

These factors have greatly contributed to the work in hand to relocate Jubilee Ward, currently based at Upton.

Great effort has been made to keep both sites functioning to an acceptable standard and the PLACE scores described later in this section demonstrate this.



6 – Physical condition

King Edward VII Hospital is a cluster of Grade II listed Edwardian buildings, adjoining modern bolt-on extensions at the rear. The original buildings are difficult to maintain and not well suited to the delivery of modern clinical services.

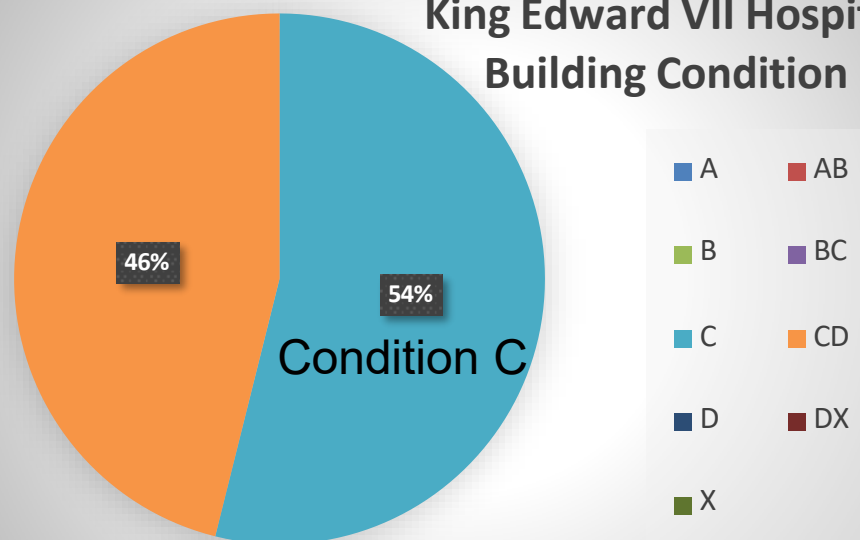
Most of the clinical activity is conducted in the rear buildings which have been designed for clinical activity over 50 years ago.

The ICB plans to refurbish part of the site for primary care is currently being reviewed.

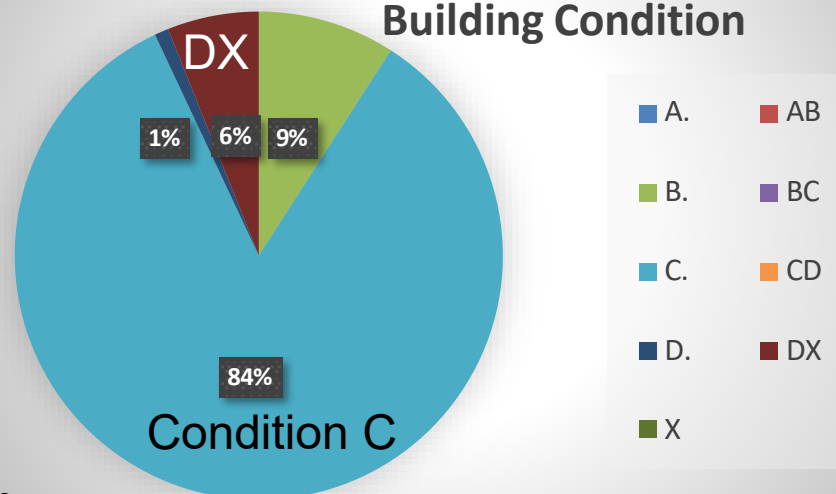
Wokingham Hospital is generally in good working condition with only small contained areas requiring focused attention. The site accommodates two wards, general outpatients, talking therapies and specialist children's services. There are significant issues with the accessibility of the site, especially for cars. It has recently accommodated the majority of displaced services from the closure of the Old Forge.

Major works on the site's water pipework and cable infrastructure was completed during the last strategy period.

**King Edward VII Hospital
Building Condition**



**Wokingham Community Hospital
Building Condition**



6 – Physical condition (Mental Health)

In addition to the general physical condition backlog, identified as part of the facet surveys undertaken by the Trust, the Trust has also identified further investment needs across its portfolio of properties to meet updated requirements for mental health inpatient facilities and to address risks associated with supporting our most vulnerable patients with mental health conditions.

Locations	Types of works	High risks	Medium risks	Total
Community Service sites	Anti Ligature toilets / replacement doors and door furniture, windows and electrical works	£120k	£810k	£930k
Mental Health Inpatient facilities	Anti Ligature toilets / replacement doors with alarms and door furniture, windows and electrical works, anti ligature fixtures, alarms, hand rails, air conditioning, electrical works, curtain rails	£12.155m	£525k	£12.58m
		£12.275m	£1,335m	£13.610m

The data reported above represents the Trust's most up to date view on the extent of the additional investment required to address the high and significant backlog ligature risks, however the Trust is commissioning the development of a mental health survey specification with support from the Department for Health and Social Care (DHSC) to undertake a comprehensive review of its Prospect Park Mental Health Inpatient facilities.

7 – Functional suitability

The Trust's building stock ranges from Victorian workhouses and infirmaries, through the 1970s and the construction of health centres in the 1980s, to the development of facilities through the Private Finance Initiatives (PFIs) at the start of the new millennium.

In general, the older the buildings are, the less suitable for adaption to meet modern healthcare standards.

The ever-increasing pace of change in healthcare delivery means that the buildings become functionally unsuitable relatively quickly. More emphasis has been on the flexibility of rooms to support a number of different clinical services throughout the week, reducing the number of empty rooms and slowly refining our building profiles' functional suitability.

The Trust has very few buildings that meet current Health Building Note (HBN) standards in their entirety. However, all new facilities, such as Foundation House and Adlam Villas have been refurbished to meet both HBNs and the latest building regulations including the stringent thermal insulation requirements to assist in making them compliant.

The more recent facilities have been designed to be flexible for the services they could deliver if there was change, hence “future proofing” the investment for the future.

In general, the four older Community Hospitals (Upton, King Edward VII, St Marks, Wokingham) have a significant proportion of their accommodation that is not functionally suitable, or the design limits or shapes in some way the manner in which care / services have to be provided.



8 – Space utilisation

Changing trends

- The healthcare landscape constantly changes with new treatments and technology.
- The COVID pandemic accelerated the adoption of new ways of delivering services and opened up opportunities to rethink how we use our estate.
- Digital technologies have enabled more clinical consultations to happen online.
- Desk and room bookings systems have improved, helping staff access suitable workspaces when they need them
- Systems for monitoring room and desk use have become more refined helping to pinpoint hot spots as well as underused spaces, enabling improved space planning/decision making
- The adoption of more digital record keeping is reducing the need for large record storage spaces across the Trust.
- Flexible working policies have enabled the Trust to recruit from a much wider geographical area and assist staff to balance their work and personal lives.

Space utilisation surveys

The Trust has invested in electronic systems for monitoring the utilisation of both its clinical and non – clinical spaces.

These systems are in constant use, gathering vital data that enables the Trust to identify opportunities for rightsizing the Trust's estate.

Based on data gathered so far, which in many cases shows relatively low levels of utilisation (circa 30%), we have been able to move teams to our more modern facilities, improving the environment for both patients and staff.

Improving space utilisation levels remains a key Trust priority

In conjunction with the introduction of the Trust's space management policy, we are creating more flexible and bookable spaces across the Trust, encouraging teams to share spaces and opportunities are emerging for the Trust to reduce its estates holdings, particularly commercial properties and older buildings..

9 – Mandatory / statutory compliance

Governance and resource

The Compliance and Risk department provides assessed reports to a number of groups including the Non-clinical Risk Group. The latest assessment shows the level of performance as below. “4” is where criteria fully met, “3” where at least 50% met, “2” where work has started to achieve compliance. The Trust has no criteria assessed as “1” or “0”, little or no compliance.

Performance against Key Statutory

Year of Instrument	Item	% of criteria		
		Score of 4	Score of 3	Score of 2
1992	Workplace (Health, Safety and Welfare) Regulations	52%	48 %	0%
1992 (amended 2005)	Personal Protective Equipment at Work Regulations	100%	0%	0%
1998	Provision and Use of Work Equipment Regulations	100%	0%	0%
1992 (amended 2002)	Manual Handling Operations Regulations	89%	11%	0%
2012	The Control of Asbestos at Work Regulations	93%	7%	0%
1974	The Health and Safety at Work Act	67%	33%	0%
1999	The Management of Health and Safety at Work Regulations	100%	0%	0%
1992 (amended 2002)	Health and Safety (Display screen Equipment) Regulations	100%	0%	0%
2002	The Control of Substances Hazardous to Health Regulations	73%	27%	0%
2000	Pressure Systems Safety Regulations	92%	8%	0%
2017	Ionising Radiation Regulations	100%	0%	0%
1997	Confined Spaces Regulations	22%	67%	11%
	Gas	100%	0%	0%
	Refrigerants	80%	20%	0%
2015	Construction (Design and Management) Regulations	100%	0%	0%
2005	Noise at work Regulations	100%	0%	0%
OVERALL		85 %	14%	1%

Performance against HTMs

HTM	% of criteria		
	Score of 4	Score of 3	Score of 2
HTM 01 Decontamination of Reusable Medical Devices	82%	18%	0%
HTM 01-04 Decontamination of Linen	100%	0%	0%
HTM 02: Medical Gas Pipeline Systems	94%	6 %	0%
HTM 03-01: Ventilation in Health Care Premises	82%	18%	0%
HTM 04-01: Control of Legionella, Hygiene, safe hot water, cold water and drinking water systems	96%	4%	0%
HTM 05: Firecode – fire safety in the NHS. (HTM 05-01; HTM 05-02; HTM 05-03 ;)	87%	13%	0%
HTM06- Electrical Services	62%	35%	3%
HTM 07-01- Safe and sustainable management of healthcare waste	91%	9%	0%
HTM 07 Environment & Sustainability	73%	20%	7%
HTM 08 Lifting Equipment and Lifting Operations	79%	21%	0%
HTM 08 Bedhead Services	100%	0%	0%
OVERALL	86 %	14%	0%

9 – Mandatory / statutory compliance

Performance against other compliance			
	(% of criteria)		
Item	Score of 4	Score of 3	Score of 2
Local Exhaust ventilation systems	0%	100%	0%
Healthcare Guidance	100%	0%	0%
Maintenance Management System	67%	33%	0%
Safety Alerts System (C.A.S)	100%	0%	0%
Estates Information systems	50%	50%	0%
Training records	100%	0%	0%
Responsible Person (AE's, CP's, AP's)	100%	0%	0%
Statutory/Mandatory Training	100%	0%	0%
Close Circuit Television Systems	100%	0%	0%
Contaminated Land/Property	100%	0%	0%
Escalators	n/a		
Oil Storage	100%	0%	0%
Permits/ Consents	100%	0%	0%
Working at Height	73%	27%	0%
Estates & Facilities Services Policies	100%	0%	0%
Management of Medical Devices	100%	0%	0%
Premises Assurance Model (PAM)	100%	0%	0%
Pest Control	100%	0%	0%
OVERALL	88%	12%	0.00%

Performance against KPI's			
The trust monitors key performance indicators on a monthly basis. Compliance is monitored against 35 documents across all sites*. The EFM key metrics rolling year average is:			
EFM Key Metrics			
Metric	Target	October 2024	rolling year average as at Oct 2024
Statutory preplanned maintenance- complete (BHFT sites)	95%	98%	99%
Reactive requests attended in response time (BHFT sites)	95%	100%	98%
Fire risk assessments and audits completed	95%	100%	100%
Compliance performance for BHFT sites	95%	97%	95%
Compliance performance for NHSPS properties*	95%	100%	94%
Compliance performance for WBCH	97%	95%	89%
Compliance performance for PPH	97%	82%	94%
Cleaning audit score BHFT sites	95%	97%	98%
Cleaning audit score NHSPS	95%	100%	94%
Cleaning audit score WBCH	95%	95%	97%
Cleaning audit score PPH	95%	99%	97%
* NHSPS compliance is measured against 15 documents at tier one sites only with additional spot-checking arrangements in place			

10 – Environmental Sustainability

Overarching vision

The Trust states its aspiration as;

To be a provider of healthcare that is efficient, flexible and resilient whilst embracing and applying sustainable development principles to all operational and strategic activities.

Sustainable Development Policy

BHFT has produced a HS023 Sustainable Development Policy (SDP) that sets out the Trust's vision for sustainability and establishes a framework of aspirations and actions for how the Trust can become a more sustainable provider.

Governance and resource

The SDP sets out the governance for management and responsibilities including those on the Chief Executive. Responsibility for the formulation of strategy and action plans resides with the Sustainable Development Group, recently renamed the Green Group. Specific resource is provided by staff within the Compliance and Risk team. However, it is clearly stated that all staff and departments have a role to play in the improvement of performance and reduction of the Trust's carbon footprint.

Performance

The key national reporting mechanism is through the ERIC system which includes the following metrics with their associated costs;

- Electricity and gas consumption (kWh)
- Water consumption (m3)
- Landfill and incineration disposal volume (tonnes)
- Recycling and recovery volume (tonnes)

Green Plan

BHFT has produced a sustainability strategy (Green Plan) which serves as our practical guide outlining specific and measurable goals towards a net zero future

The Plan outlines actions and objectives across nine key priority areas with an emphasis on those with the largest footprint and therefore where we can have the greatest impact, including our estate and travel.

11 – Estate performance measures

Local KPIs

The EFM Directorate has a set of Key Performance Indicators, reported monthly.

Performance Measures	2020/21	2021/22	2022/23	2023/24
Maintenance	%	%	%	%
Statutory Planned Preventative Maintenance	97	95	99	99
Non-Statutory Planned Preventative Maintenance	98	93	98	98
Reactive maintenance requests complete	93	88	93	98
Emergency requests complete	100	100	100	100
Compliance and Risk				
Incident Management reports provided on time	97	88	74	90
Claims Management reports provided on time	100	100	99	100
Fire risk assessments / audits completed	94	98	100	100
Fire risk assessments / audit reports produced on time	100	99	100	99
Evac/fire drills completed in line with annual programme	82	95	97	99
Compliance performance (BHFT maintained properties)	95	97	97	94

Performance Measures	2020/21	2021/22	2022/23	2023/24
Facilities	%	%	%	%
Monthly environmental/cleaning audit score	96	97	98	98
Trust total food waste (PFIs/NHSPS combined)	3	3	2	4
EHO food hygiene score (out of 5)	5	5	5	5
Average nursery occupancy rates	64	76	82	79
% of parents are NHS and Allied NHS partners	25	29	30	28
EFM Finance				
Variance from EFM budget	5	2	0	0
% of vacancies across EFM	10	14	12	9
Human Resources				
Directorate sickness absence	4.01	2.2	2.09	2.73
Directorate staff turnover	11	11	6.1	19

12 – Risk adjusted backlog

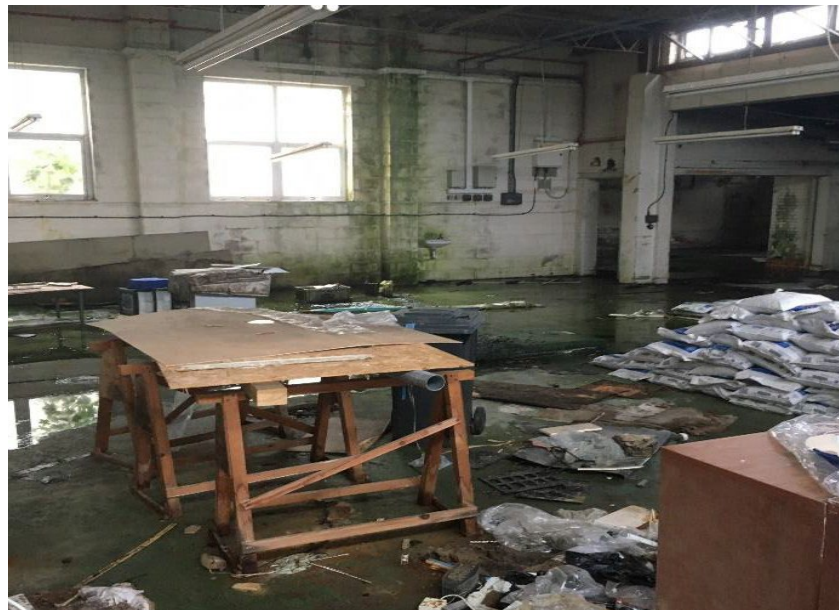
Risk adjusted backlog is the prioritisation of the backlog in maintenance works that are required to keep a building to the required legal or safe standard. This is spread across a 5 year plan to reflect that new items will be added and that maintenance invariably must be phased to enable operations to continue.

Priority is always given to the most urgent requirements where either the Trust is not meeting its statutory responsibilities or the site may become unavailable. This information is usually taken from condition surveys.

BHFT also work closely with NHSPS, who are responsible for a number of BHFT properties to ensure that they have robust plans for managing backlog on their sites

The aim of backlog is to bring the buildings up to Condition B. Our current target is to bring 80% of the main estate used by the Trust to at least Condition B (m2)

Currently, the Trust is achieving 68.4% across main sites. Improved from 44% last year.



13 – Patient perception & PLACE

PLACE assessments are Patient-Led Assessments of the Care Environment. They are an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors). The team must include a minimum of 2 patient assessors, making up at least 50 per cent of the group.

PLACE assessments provide a framework for assessing quality against common guidelines and standards in order to quantify the facility's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

The PLACE collection underwent a major national review between 2018–2019, significantly revising the question set and guidance documentation. Annual review continues before each programme to ensure this collection remains relevant and delivers its aims. The 2019 assessments established a new baseline.

The Trust works with its FM service providers to ensure that the estate continues to meet the standards required for the delivery of modern healthcare services.

The PLACE assessment considers the following criteria:

- how clean the environments are,
- the quality and availability of food and drinks,
- how the environment protects people's privacy and dignity,
- the condition – inside and outside – of the building(s), fixtures and fittings,
- how well the building meets the needs of those who use it, for example through signage and car parking facilities,
- how well the environment supports people with dementia,
- how well the environment supports people with a disability.



13 – Patient perception & PLACE

BHFT - for all indicators

- Remain above national and regional averages for all trusts.
- Ranked 1st and 2nd among mental health trusts regionally in all indicators
- Ranked 2nd among mental health trusts for cleaning

BHFT - Absolute performance

- 2nd Highest average score among mental health trusts regionally (6 organisations).
- 6th highest average score of all mental health trusts nationally (42 organisations).
- 25th highest average score among all Trusts nationally (236 organisations).

BHFT's 2024 PLACE scores continue to demonstrate our commitment to the patient environment, building on excellent results in previous years.

	Ranking comparison		
	MHTs regional	MHTs national	All Trusts
Cleaning	1	2	Joint 2nd
Food	1	4	53
Privacy & Dignity	2	6	20
Condition	2	8	45
Dementia	2	7	24
Disability	2	10	7
No of Trusts	6	42	236

PLACE results 2024

13– Patient perception & PLACE

%s	Cleaning	Food	Privacy & Dignity	Condition	Dementia	Disability	Average
National Average	98.1%	90.9%	87.5%	95.9%	82.5%	84.3%	89.65%
BHFT average	99.96	94.48	96.41	98.29	95.82	95.28	96.70
Prospect Park	100	96.79	98.35	99.51	94.49	93.24	98.20
Wokingham	100	90.93	97.73	99.78	96.21	97.73	98.08
St Marks	99.81	95.70	95.42	99.59	97.06	96.31	95.07
Upton	100	96.03	96.34	99.24	96.07	96.38	97.82
West Berkshire	100	92.95	94.25	96.17	95.27	92.75	98.08

April 2023 to March 2024

14 – Disposals and withdrawals

The Trust has returned the following properties to their landlords in the last 5 years as part of a drive to improve utilisation and reduce unnecessary estate costs.

Disposal

Old Forge

These offices in the centre of Wokingham received residential planning permission which the new landlord took up at the end of the lease.

Most displaced services were accommodated at Wokingham Hospital. A lease of a smaller office and retail unit was also acquired from Wokingham Borough Council for the remainder of services.

81 London st

Low usage due to change in post-COVID service delivery, increasingly poor internet service, resulted in the Trust taking up the interim break option in the lease.

Fitzwilliam House

The leases at this property expired in 2021. The building was replaced with London House. A much smaller office to reflect the changes in working practices.

Dedworth Clinic, Windsor

This NHS PS property has now been returned to them for disposal and replaced by Foundation House, not far from the original Dedworth clinic.

Dellwood Bungalow

Adjacent to the Duchess of Kent this NHS PS building is in a poor state. Following work by NHS PS to separate the building from the front block it was deemed unsuitable for the MSK service to return. MSK are currently located in Bath Road and part of the West Berkshire Consolidation Project.

15 – Achievements in the last 5 years

Immediately post-Covid found some of our services under pressure with increased waiting lists and additional commissioned services requiring space to practice. Landlords were also changing what they want from their assets.

Adlam Villas was part of a solution for the MSK services. Leased and converted to deliver services in up-to-date facilities.

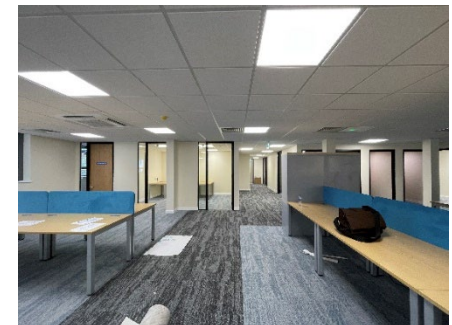
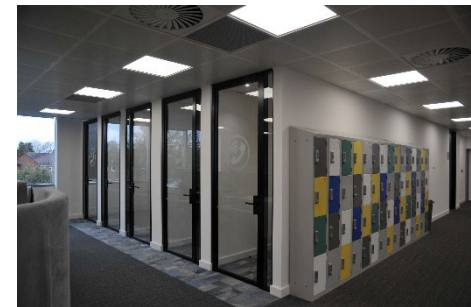
London House, Bracknell is the replacement of Fitzwilliam House providing a high-quality office space in the new Trust Headquarters, in a 25% smaller footprint. Its focus is on meeting facilities and bookable desks.

Foundation House .

This is a converted industrial building chosen partly for its siting so close to Dedworth Clinic which it replaced. Houses MSK and the Children's Immunisation service for the Windsor and Maidenhead areas. The conversion was to HTM, HBN standards and thermally compliant for energy savings.

Resource House

Resulting from the landlord converting The Old Forge offices into residential properties, physical health services were moved to Wokingham Hospital and the mental health services were moved to offices and a retail unit called Resource House.

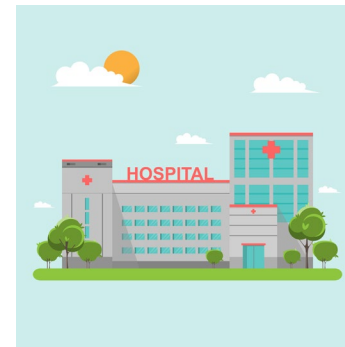


15 – Achievements in the last 5 years

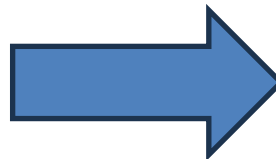


Trust headcount increase 1098 staff – increase of 24%

Space occupied (GIA) – 1700m² – decrease of 3%



Space occupied per member of staff (headcount) – decrease of 22% (13m²/ headcount to 10.1m²/ headcount)



15 – Achievements in the last 5 years

- New property negotiations – including negotiated discounts equivalent to up to 42% of the market rents
- Lease negotiations for Cremyll road - saving £20k PA
- Nicholson house reduction of number of floors – saving £180k PA
- Modern Equivalent Asset Valuation of WBCH – saving circa £1m PA
- Rates appeals in 2024/2025 include £139K of rates savings on Prospect Park Hospital, Little Dragons and Resource House.
- Rates appeal in 2025 include PPH – successful appeal against 2017 ratable value – refund of circa £488k plus interest.
- Service charge refunds – savings of circa £200k

16 – Summary of critical issues

To achieve the best from our estate, it is essential to identify the critical issues the Trust needs to address, in support of continuously maintaining and improving our patient services.

Assets to replace

- Jubilee ward is based in a Victorian workhouse at Upton, which is unsuited for modern clinical care and is a Trust priority for replacement.
- The unsuitability of Cremyll Road and the need for consolidation of the West Reading area is now in planning and implementation stage.
- The leases at Nicholson house, Maidenhead expire in May 2025.
- Much of the Upton site is of very poor quality (condition X), requiring either substantial investment or alternative facilities in the medium term.

Changes to process

- Improvements required to space utilisation. A key aspect to improve utilisation and management is an effective Space Management Policy, supported by an easily accessible room and desk booking system.

Prospect Park environmental issues

- Ensuring that the Prospect Park environment provides a safe environment for patients through the undertaking of a comprehensive contract reset, including asset condition, fire and mental health compliance surveys and thorough review of operational services.

Financial issues

- IFRS 16 requires leased properties to be accounted for on balance sheet affecting the affordability of projects
- Inflationary effects on construction and service contracts RPI was 13.5% at April 2024
- Growing population has increased demand on the healthcare system but funding has not increased in line with demand
- NHSPS occupation arrangements are being reviewed, which could impact on estates costs, with further IFRS 16 implications

16 – Summary of critical issues

Working with ICB Partners

Frimley Healthcare ICB

- BHFT have worked closely with Frimley on the wave 2 funding which will deliver Bracknell Forest Medical Centre in 2025, as well as the ICB Estates Strategy.

Buckinghamshire, Oxfordshire and Berkshire West ICB

- BHFT have worked closely with BOB ICB on their Estates Strategy and Collaborative working discussions to share resources and expertise
- BHFT will continue to support both systems in support of their plans to merge in to the new Thames Valley ICB and shift in to their newly defined commissioning roles

Management of our PFIs

During the life of this strategy, both Prospect Park and West Berkshire Community Hospitals will enter into their PFI expiry handback periods, requiring significant additional E&F management support to ensure their successful handovers to the Trust.

Net Zero

The Trust has committed to some challenging targets for decarbonising the BHFT estate.

This strategy will support the achievement of those targets through the selection of properties with improved energy efficiency and sustainability characteristics, as well as the continued investment in decarbonisation projects for our key sites.

Efficiency

The Trust continues to seek further improvements in efficiency and performance, particularly in relation to areas identified within the benchmarking exercises undertaken. Areas to be explored include:

- Further efficiencies within the PFIs
- Inpatient meal costs
- Laundry costs
- Energy

Out of Area placements (OAPs)

Whilst the Trust has recently commissioned additional in patient capacity at Poppy Ward, the long term suitability and financial sustainability of this approach requires review, in conjunction with system partners.

Part 2

Where do we want to be?

1 - Trust Vision and Core Values

At Berkshire Healthcare, our **mission** is to:

**Maximise
independence and
quality of life**



Our mission is to support people to live as independent and full a life as possible for their individual circumstance. Whether providing beginning to end of life healthcare, our purpose is to support the best possible quality of life outcome for our patients.

Our **vision** is to be:

**A great place
to get care,
a great place
to give care**



2- What does “good” look like?

In this section the Strategy outlines the key opportunities and issues to address the need to guide the estate of the future..

- **Design and function:** Internal design will be driven by contemporary best practise taking into consideration sustainability and those with neurodiverse needs, enabling and encouraging inclusivity, multi-disciplinary working and championing health and well-being. It will follow a maxim of form follows function and will adapt to meet the needs for access, space and context across the client group
- **Space usage:** An estate with a balance of dedicated clinical and more flexible general working areas that can be appropriately accessed by a variety of users, across extended opening hours. Users should be able to book space flexibly using web-enabled tools
- **Environment:** An estate that demonstrates the Trust's commitment to tackling climate change through efficient use of utilities, waste management, encouraging reduced use of personal vehicles, and harnesses emerging technology and working methods to improve performance
- **Efficiency:** The Trust manages the estate considering the long and short-term costs, the efficiencies or limitations the estate places on services, capital required in the short and long term and the support needed to maintain the buildings to expected standards.

- **Adaptability:** Buildings that can enable and support a variety of services and working methods, including future reconfiguration to meet changing service needs.
- **Condition:** For buildings under its direct control BHFT aims to have at least 80% of its building stock at Condition 'B' standard and will be actively planning to move out of buildings owned by others with less than "C" standard.
- **Management:** The Trust will have the necessary tools and information to effectively manage the tenure / ownership, compliance and contracts linked to properties with integrated systems that enable proactive management;



3 - Assumptions

This Strategy makes a number of assumptions on matters that may have a critical bearing on the type, location and amount of estate that BHFT will require during the period covered by the Strategy

- **Patient activity:** Growth in activity of no more than 4% per annum and this will be experienced, broadly, by all services, but not all will require additional physical space
- **Services:** There will be no significant new services in the Trust's portfolio in the lifetime of the strategy and neither will any be lost to other providers. It is assumed that commissioners will be keen to see a greater proportion of services delivered outside of acute settings in support of the recently released 10 year plan and will continue to look for increased community rehabilitation. In the event of additional services being introduced, the Trust will seek to maximise the use of existing estate by default, in preference to the acquisition of new properties.
- **Ownership / management:** There will be no significant change to the ownership/management of non BHFT estate, for example no transfers from NHSPS to BHFT, without a matching uplift in BHFT's Revenue and Capital budgets .
- **Home working:** A significant proportion of staff, especially administrative and support functions, will be enabled to work from home. This will also have implications for space such as car parking demand.

- **Digital consultation** will continue to be employed at higher rates. It is assumed that there will need to be some reduction from the rates experienced during the Covid-19 pandemic but that at least 30% are undertaken digitally
- **Space utilisation:** The Trust will determine and enforce principles for use of space including, via the introduction of a Space management Policy, with the following principles:
 - Making spaces available for multiple teams and uses wherever possible
 - Significantly improved booking system
 - Target 80% utilisation on 45 hour week (Lord Carter of Coles NHS Review (Operational Efficiencies))
 - Desk ratios of 1:3 staff with very few exceptions



New Interview room at Erleigh House

4 –Clinical Services Strategy themes

Overarching themes for BHFT

- The NHS Long-Term Plan emphasises investment in primary, community, and mental health services, especially to enable greater integration of urgent care and

“boost ‘out-of-hospital’ care and finally dissolve the historic divide between primary medical and community-based services”

- Changing commissioning and management environment with the creation of Primary Care Networks (PCN) potentially altering the nature, location, and provider of services.
- Delivering via Integrated Care Boards, emphasising systemwide solutions and collaboration over competition, perhaps requiring more facilities to be shared.
- Continued importance of multi-disciplinary teams and concepts such as Single Point of Access, which may drive new ways of working and the need for different estate.
- Continued emphasis and use of virtual and digital provision across almost all service lines.

In addition to the overarching themes, a number of services are already expected to change as a result of commissioning decision and / or expansion. Inevitably this list is open to change over the term of the strategy.

Through this work, priorities are emerging:

- Providing services at a local level, co-located with other services where possible and providing more specialist services in larger health and wellbeing hubs
- Increasing operational efficiency with electronic room and desk booking systems.
- Creating facilities that are flexible and will support the provision of high quality care in the form of small clinical hubs
- Delivery of a long term solution for Jubilee Ward
- Enhanced oversight of the PFIs, addressing any environmental risks and issues, leading into their expiry periods.
- Embedding sustainability and service improvement into our design and delivery processes to reduce energy use and achieve the gov net zero carbon.

4 – Clinical Services Strategy themes

The Estate Strategy should seek to support the clinical service strategy, “form follows function”.

In the development of this estate strategy, we have worked alongside each of the operational divisions to understand their current and future service needs and ensure those are reflected, so far as is possible, within the strategy and the Trust’s future plans.

We have also taken into consideration other changes and opportunities, such as:

- Lease expiries and break opportunities, eg Cremyll Road, Nicholson's House
- Unsuitable facilities, eg at Upton
- The Frimley Integrated Care Hub
- Chalvey Medical Centre
- NHSPS site Development Control Plans (DCPs)
- Development opportunities at West Berkshire Community Hospital

Clinical Services expansion / change

- Veteran Services, especially outside of Berkshire. This service is expanding slowly and although not very reliant on estate, requirements are generally outside of the areas the Trust knows and can influence.
- MSK / IPASS may undergo significant change in respect of the service model and commissioned activity which is likely to require additional space.
- CAMHS is considering the accommodation it requires and this is the subject of a strategic review.
- Inpatient mental health accommodation should ideally be in wards of 15 – 18 beds. The recent opening of Poppy Ward has enabled a reduction to 18 beds per ward
- PCN strategy is likely to see new demands on primary care estate with implications for hosted BHFT services, such as District Nurses needing accommodation local to their patients.
- Review of community bed capacity / geography across the estate will be required.

5 – Critical questions

We have set a number of questions that will influence and inform the outcome of the second part of the strategy: “where do we want to be?”

- **What are our commitments?** Reflecting on flexibility of estate in respect of the lease and / or contractual liabilities that the Trust has
- **What is worth keeping and investing in?** Considering the current condition of the building and whether it is able, economically, to enable contemporary ways of working in the future
- **What must we do?** The requirements from external policy and statute that the Trust will need to achieve, for example improvements in environmental performance
- **What is the Core principle of delivery?** To what extent the facility will support or enable known strategic aims of the system (ICB), the Trust and our partners
- **How efficient is our estate?** The efficiency of the estate both as a quantum and comparative using datasets including the Carter metrics and Estates Returns Information Collection (ERIC).
- **What impact has flexible working had?** On our home / work choices and what that means to building utilisation across the Trust.
- **How we manage space?** As a valuable asset, the management of space will be closely monitored against the Trust’s Space Management Policy and targets
- **What do our partners plan to do?** Are there existing schemes or plans in train within our or adjacent systems that we should consider
- **The need for “Core, Flex & Tail” proposals.** The need for planning that reflects where the Trust is currently located and where it intends to remain over the longer term.



Administration Block, St Mark's Hospital

6 – Digital strategy

The following are the key areas identified that have particular relevance that will be promoted and supported.

New service models, new estate

The increased use of remote consultation has a number of implications including:

- “Virtual consultation only” facilities, reducing the demand for standard 16m² consultation rooms.
- Lower attendances will allow reduced waiting areas and demand for car parking and may impact on retail space
- Need to create digital pods or hubs for patients to use devices, pods, wellbeing libraries especially to support users without access at home to digital technology
- Bunker/monitoring centres will need generic office, call centre estate.
- Use of robotics in providing mobility support and care, undertaking mundane tasks such as storage and phlebotomy, treatment such as surgery, and supporting tasks such as moving supplies.
- Greater air conditioning for areas using robotics (pickers in pharmacy and surgery).

Building performance

- AI for building management and use through improved Building Management Systems. These will provide electronic systems to improve utilisation and scheduling, optimising environmental controls and thereby utility spend, identifying hot spots for deep cleans and maintenance.
- Cleaning sensors able to confirm cleanliness in real time, check all areas completed, more flexible with multiple uses.
- Enhanced AI for “Just In Time” supply systems that can identify the rhythm of activity, flexible ordering supplementing human knowledge, improving efficiency and reducing space.

Integrate communication & information

- Increase use of NHS Apps to assist the public in accessing and navigating sites, real-time information on waiting times.
- Extend use of Smartphones by EFM staff to develop from existing high standards of use to real-time scheduling and request information, ability to transfer images, remote training and advice especially to support Internet of Things.

7 – Sustainability

Estates Strategy – Sustainability

Our carbon reduction targets

Berkshire Healthcare's direct emissions for 2023/24 were approximately 4,515 tonnes of CO₂e.

To achieve an 80% reduction by 2032, equating to approximately 3,500 tonnes, it equates to a reduction of 15% per year, every year until 2032

The Trust's historic rate of reduction since its pre-COVID baseline year (2018/19) is 5% a year – the rate of emissions reduction therefore needs to triple to achieve the 80% reduction target.

Areas of work

This strategy is broken down into four main areas of work: Buildings, Travel, Waste, and Green Spaces. The following extracts summarises the goals and deliverables against these areas.

4.1 Buildings

4.1.1 transition away from fossil fuels

Objective 1: Work with NHSPS to identify opportunities for decarbonisation across sites where BHFT are a tenant.

Objective 2: Phase out fossil fuel heating systems by 2035, with a minimum of 3 sites completed by 2029

Invest in renewable energy technology

On-site clean energy generation presents the opportunity to save costs – with renewables being the cheapest form of power today

Objective 3: Install solar electricity panels on all suitable Berkshire Healthcare priority sites by 2040, with installation completed on one site per year during this strategy period.

Resource consumption.

Objective 4: Work with NHSPS to identify opportunities for energy saving opportunities across sites where BHFT are a tenant.

Objective 5: Improve upon and introduce more robust monitoring and reporting of energy consumption

Objective 6: Invest in energy reduction measures as identified by the energy audits

Objective 7: Invest in water conservation measures – such as low-flow plumbing fixtures and rainwater harvesting – to reduce water consumption by 30% by 2030.

4.1.4 Property and project sustainability assessment

Such considerations will include:

- environmental compliance,
- minimum energy performance rating
- building fabric

7 – Sustainability

Objective 8: Develop and implement a net zero impact assessment to consider suitability of existing buildings to support net zero and health & wellbeing requirements.

4.1.4 Climate Change Adaptation

Objective 10: Develop a Climate Change Risk Register to identify and evaluate risks posed to estates, facilities, services and operations. This Register will complement that already developed for Emergency Preparedness, Resilience and Response.

4.2 Travel and transport

After utilities, transport is the second largest contributor to Berkshire Healthcare's direct carbon footprint.

Objective 11: Develop a Sustainable Travel Strategy, by October 2025, and implement its recommendations to align with the NHS England Net Zero Travel and Transport Strategy

4.3 Waste

Since data collection began in 2017, Trust general waste has reduced by a very modest amount (6.75%). This means that the Trust has not met its Green Plan target of reducing general waste by 10% by 2023/24, therefore requiring a renewed strategy and efforts.

Objective 12: Develop a waste strategy based on the findings of the waste audit. The strategy will include refreshed waste reduction targets and required actions to meet these goals

Objective 13: Improve upon and introduce more robust monitoring and reporting of waste reduction

4.4 Green spaces

Strategically planted trees also contribute to flood defence. Green spaces, enriched by diverse foliage, have also been proven to enhance overall wellbeing, providing a therapeutic environment that positively impacts physical and mental health.

Already our Trust has installed a number of successful therapy and sensory gardens designed to support both health and wellbeing and nature. We will continue to invest in our green spaces to ensure that our estate has a positive impact on biodiversity and the wellbeing of staff, patients, visitors and the community.

Objective 14: Conduct baseline biodiversity surveys on suitable sites (those with green spaces) and use these findings to implement a biodiversity strategy for the Trust, by 2026.

The strategy will include efforts to support local wildlife and increase tree coverage.

8 – Performance criteria

National criteria

- Estates Returns Information Collection (ERIC) - The Trust will continue to strive for more efficient use of its estate, benchmarking its performance against its peers, both regionally and nationally, in pursuit of further opportunities for improvement.
- Premises Assurance Model (PAM) – the Trust will continue to use the PAM framework to self-assess its compliance performance and the maturity of its Estates and Facilities Management arrangements.

• ICB criteria

- BHFT shall continue to proactively work with both the Frimley and Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICBs in support of their Estates Infrastructure strategies and to optimise the use of the Public estate, reducing the use of commercial leases wherever possible, in line with the “One public estate” mission.
- BHFT shall also work with the ICBs and individual regional Trusts to enable the greater sharing of estates resources, including knowledge, people and assets.

Local KPIs

- The Trust will continue to work with NHSPS, its PFI partners and others to maintain and improve upon the current high levels of estates availability, compliance and service delivery, whilst also seeking opportunities for further efficiencies and value for money.

PLACE

- The Trust will continue to build on its current strong performance, targeting specific areas such as catering and wayfinding across our sites.

Environmental stretch

- The Trust is committed to the decarbonisation of its estate and improving the environment for the benefit of its patients, staff and community. We have set ambitious targets of 15% per year for the reduction of our carbon footprint and have recently completed a Heat Decarbonisation survey of key sites across the Trust to identify opportunities for investment.

Part 3

How do we get there?

1 – Service principles

This section considers how the proposed model for estates both physical and in terms of processes and tools, may affect services.

Relocations

- During the life of this strategy, BHFT will be undertaking a number of relocations of services, in support of improving the quality of clinical services being provided, as well as ensuring the efficient use of our estate resources. Estates will engage with and work alongside our clinical services to maximise the benefits these opportunities present, whilst minimising interruptions.
- Relocations will, where necessary, be subject to staff consultations and public engagement.

Space management

Improving the utilisation of the Trust's space is an important element of driving efficiency from the Trust's estate.

- The Trust has developed a Space Management Policy, setting out expectations for services and individuals on the allocation and use of space throughout BHFT occupied properties.
- Space utilisation will be actively monitored and the results shared with services and others, to aid effective decision making.
- The use of electronic booking systems will be expanded across the Trust, to enable staff to more readily access suitable spaces across our properties.

- Services will increasingly share generic hot desking space and rooms rather than accommodation dedicated to one, or a very few uses, in line with the Trust's Space Management Policy. Where necessary specialist accommodation will always be provided.

Environment

- The Trust has introduced a sustainability checklist to aid in the decision making around the selection of future properties, including public transport routes and suitability for EV charging.

Investment

- Capital is expected to be limited, throughout the life of this strategy. All service investments will follow the business case process and demonstrate value for money.
- For new / expanding clinical services, it will be crucial to work with EFM during the bid stage to ensure the Estates implications are understood and proper sums can be secured from commissioners.

2 - Key Outputs and Enablers

There are a number of key enablers for the delivery of the Estates Strategy.

- Application of the **One Public Estate** principles of making best use of public estate in preference to acquiring commercial properties, where possible.
- Agreed and enforced approach to **space utilisation and allocation**, which must include strict processes and adherence to agreed rules.
- **Service Level Agreements** between EFM and clinical services to ensure that all parties understand process and outcomes
- **Single space booking system** for clinical and non-clinical activities with monitoring software and ideally linked to Patient systems / RiO with clear policies & procedures.
- **Appreciation of Integrated Care System needs** – supporting a coordinated strategy for the delivery of services across both the Frimley and BOB Integrated Care Boards
- **Asset Management system** to provide a single view of key property information, utilising the data available across a number of current data sources.
- **Joined up approach to the enabling workstreams**, ensuring that digital, workforce and estates have a common thread to support service transformation.
- **Whole asset lifecycle management approach** taking into consideration both the capital and revenue consequences of decision making.
- **EFM structure** renewed in the light of changes and new requirements.
- **Clinical service models** will enable the EFM team to effectively plan acquisition, management and disposal of the estate, enabling the provision of clinical facilities at the right time, place and cost.



Dining Room
In the newly
refurbished
Phoenix

3 – Strategic model

Overview & influences

The strategic model reflects the best information available about the current and future needs of the Trust's clinical services, the strategy of key partners such as NHSPS, the ICBs and PCNs, as well as the resources available to the Trust.

Types of facility

Variation often creates inefficiency in buildings as well as in clinical services. By seeking commonality of layouts, services, tools (such as booking systems) and of use, value for money is improved as will be the speed with which staff and users are able to flex between locations.

- Specialist, county-wide facilities, limited number with particular functions, not replicated anywhere else in the estate,
- Admin / support, county-wide will be few in number and accommodate services used across the Trust,
- Integrated Care /Hub, will be in each locality and provide a range of clinical services and limited support services,
- Spokes provide general services to support geographic access as well as a limited number of specialist buildings,

4 – Classifying Estate condition and use

One of the key questions with the Estates Function is how do we determine "what's important infrastructure and what's not"?

For the purposes of the strategy, we have assumed the main site locations for Trusts are Core estate and won't be disposed of, however we also note that some of the buildings on these 'Core' sites may be designated 'Tail' and require considerable investment to enable rebuilding.

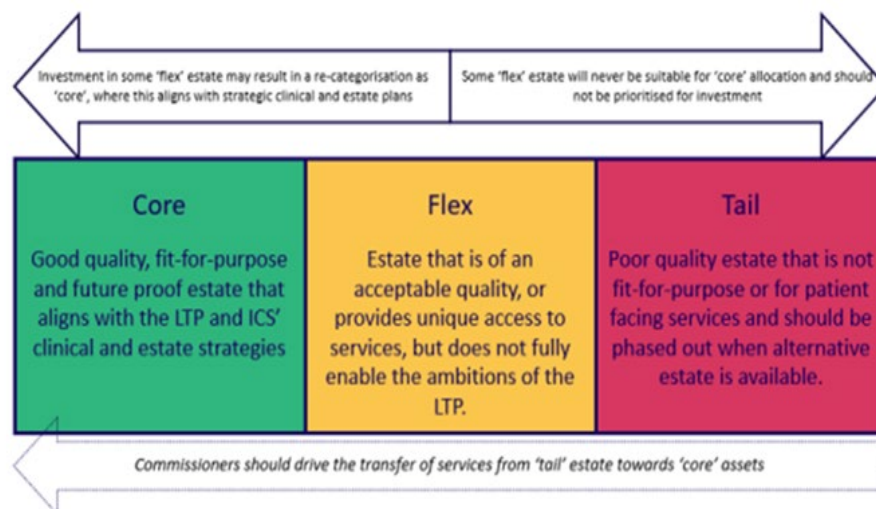
Building upon the strategy's emphasis on considering utilisation, functionality, locality, financial impact, and clinical strategy in decision-making to align real estate assets with organisational goals and priorities,

It is essential to note that site location ratings (core, flex, or tail) should not be determined in isolation. This ensures that decisions are made to meet broader system needs.

As part of the national approach, Core, Flex and Tail determination is highlighted in the graphic here.

The classification of each site as core, flex, or tail should consider not only their individual characteristics but also how they collectively support the larger healthcare system's goals and strategies. This holistic approach ensures that real estate decisions contribute to the overall success of the organization and its service delivery.

A full developed 'Core, Flex and Tail' list in conjunction with system partners should be developed and updated annually. This will be used in support of the Master Plan and enable the Asset Management function to plan strategic work streams, including investment plans, utilisation and any subsequential transactional work.



4 – Classifying Estate Condition and Use

The table sets out the Trust's evaluation of its most expensive estates assets, using the Core, Flex and Tail approach.

The categorisation can be somewhat generalised, as individual buildings / facilities on a large site can vary greatly, including some buildings that are relatively modern and well maintained, whilst others may be much older and in need of significant investment.

Similarly, changing clinical needs may require the acquisition or disposal of properties that may previously have been considered fit for purpose

Property	Owned /leased	CORE / FLEX / TAIL
PPH	PFI	CORE
WBCH	PFI	CORE
Upton Hospital	NHSPS	FLEX
St Marks Hospital	NHSPS	CORE
Erleigh House UoR	3 Party	CORE
Wokingham Hospital - Blk 01, Admin	NHSPS	CORE
King Edward VII Hospital Bldg 1	NHSPS	CORE
Nicholson House	3 Party	TAIL
London House	3 Party	CORE
Greenham Wing	PFI	CORE
Cremyll Road (annual reconciliation	NHSP	TAIL
Resource House/Denmark Street	3 Party	CORE
Royal Berkshire Hospital (Westcall)	3 Party	CORE
Foundation House	3 Party	CORE
Skimped Hill Health Centre	NHSPS	FLEX
Hillcroft House	Own	FLEX
Church Hill House	Own	CORE
New Horizons	3 Party	CORE
Erleigh Rd	Own	CORE
Great Hollands Health Centre	NHSPS	TAIL
Whitley Clinic	NHSPS	FLEX
Adlam Villas	3 Party	FLEX
Britwell Clinic	NHSPS	FLEX
Nursery Little Dragons	NHSPS	FLEX
Lower Henwick Farm	3 Party	FLEX
Bath Road	NHSPS	CORE
Chalvey Medical	NHSPS	CORE
Tilehurst Clinic	NHSPS	FLEX
Abell Gardens	Own	CORE
Lake Road Health Centre	NHSPS	FLEX



5 – Core Services Changes

A number of schemes may provide opportunities for BHFT to rationalise or change estate as a result of other investment or changes to the Trust's service model

West Reading consolidation

There is an opportunity for BHFT to consolidate a number of its sites in the West Reading area into the Bath Road site, making much better use of this currently underutilised NHSPS office building.

Sites that could potentially be absorbed into Bath Road:

Dellwood

Previously home to local MSK services, this has been rated unsuitable for clinical activity, requiring MSK to be permanently relocated.

Cremyll Road

An isolated converted commercial property at the end of its lease, based on an industrial estate. The site suffers from poor parking and local public transport access and is overcrowded.

Coley Clinic

A small BHFT owned facility at the end of a housing estate, which has limited access / parking. Moving this service could offer redevelopment or disposal opportunities.

Southcote Clinic, Reading

A small isolated facility providing children's services, this NHSPS building is at the end of its economic life. Subject to sufficient space, during the life of this strategy, options for alternative will be reviewed.

Maidenhead

Nicholson's House, Maidenhead

A commercial office property in which the Trust currently occupies 2 floors providing family and mental health services, is part of a shopping centre complex and is being planned for redevelopment to apartments.

The uncertainty over the future of the offices and shopping centre has led to the decision to review options around the future relocation of the services elsewhere in Maidenhead.

6 – Projects influenced by ICB strategy

There are a number of opportunities for BHFT to improve the quality and utilisation of its estate working closely with NHSPS and the new Thames Valley ICB

Bracknell

The main thrust of the Frimley ICB integrated Care Hub programme has been centred around the construction of the new Bracknell Forest Centre for Health (2000m²) to replace part of Skimped Hill and all of Great Hollands. The new facility will be located close to the skimped hill site and will provide a modern, integrated care environment for the people of this community. The facility is expected to open at the end of 2025.

Upton Hospital, Slough

Jubilee ward, an inpatient ward for frail, elderly sub-acute patients, is one of the last remaining Nightingale wards in the country. Designed on the site of a Victorian workhouse, the facilities are wholly unsuitable for the delivery of modern healthcare. BHFT is working in partnership with Frimley ICB to achieve the reprovision of this ward in a modern healthcare setting.

Other parts of the Upton site are of similar age and condition. BHFT will work with NHS Property Services and the ICB to determine the most suitable approaches to improving services currently delivered on this site

Chalvey Medical Centre, Slough

Frimley ICB have taken part of the new medical centre to promote integration between primary and secondary care. Due to complete in December 2025, it will accommodate Podiatry and all the outpatients' sessional clinics currently operating from Upton Hospital.



7 – Development control strategies

Overview

For the larger properties under the control or majority use by BHFT, a more detailed view of the use and development of the site has been undertaken.

Wokingham Community Hospital (WCH)

Following on from the last Estates Strategy, The landlord of the Old Forge site in Wokingham was given permission to convert the space to residential accommodation and BHFT was asked to leave at the end of the leases, in 2023.

This resulted in displacing some services previously based at the Old Forge to WCH increasing the site's utilisation. There remains scope for future smaller improvements. Subject to resolving the sites significant vehicle access issues especially for public parking.

Potential further developments on the site include;

- Requests for additional space in the admin (main) block from a number of services.
- Requests for improved space for units such as the Barkham Day Hospital.
- Creation of a new Staff Wellbeing area



Main block frontage, Wokingham Community Hospital

7 – Development control strategies

Prospect Park Hospital

Prospect Park Hospital includes the Trust's mental health inpatient unit and represents our most complex and technical facility.

Opened in 2001, Prospect Park is one of our newer facilities and is contracted to be maintained to Condition B throughout its life, up until handback to the Trust in 2033.

The Trust is part way through some comprehensive surveys of the site, with joint appointments being made in conjunction with the site's management company, to ensure that the facility continues to meet its compliance and condition obligations.

The surveys will cover:

- Fire Safety (Institute of Fire Service Officers specification)
- General condition (Centre of Best Practise specification)
- Mental Health (new specification being created in conjunction with external experts)

Concurrently the Trust is also undertaking a review of the operational services on site, to ensure these meet current and future Trust expectations and value for money.

The Trust has also recently undertaken an Infrastructure Projects Authority (IPA) PFI handback healthcheck, which has provided some valuable insights into the handback process (due to begin 7 years prior to handback).

During the period of this strategy, a new Place of Safety (POS) will be delivered, providing an improved environment for our patients. The adult acute wards expect to reduce their patient numbers from 20 to 16 per ward and a review of the existing Oakwood ward service will be completed, providing certainty around the future use of that space.



Bluebell Ward

7 – Development control strategies

West Berkshire Community Hospital

The West Berkshire Community Hospital (WBCH) is located on a large site, comprised of:

- The main hospital, which is a PFI, opened in 2003 and contracted to be maintained to physical condition B throughout its lifetime.
- The Greenham Trust Wing with Sue Ryder and RBFT renal and chemotherapy outside of the PFI footprint
- Hillcroft modular office building is a mixed BHFT mental health unit with clinical and administrative space. It is over twenty years old and consists of approximately 24 modular units, massed on two levels.
- grazing land of circa 9 acres

The Royal Berkshire NHS Foundation Trust also occupies a significant proportion of the PFI

Currently, the site is undergoing a joint space utilisation review in conjunction with RBFT and projects are underway for:

- Increased diagnostic facilities (due mid 2025)
- Permanent MRI facilities
- Site decarbonisation – replacing gas provided heating with air source heat pumps (due 2027)

During the life of this strategy, a number of site development opportunities are being actively explored.

Grazing land:

- could be subject to the development of a solar farm, generating power for use on site
- BHFT are in talks with Age UK about the potential future construction of a dementia care hub, occupying circa 1 acre of the land

There may also be opportunities to consolidate other services from local sites on to the WBCH site.



Frontage of West Berks Community Hospital

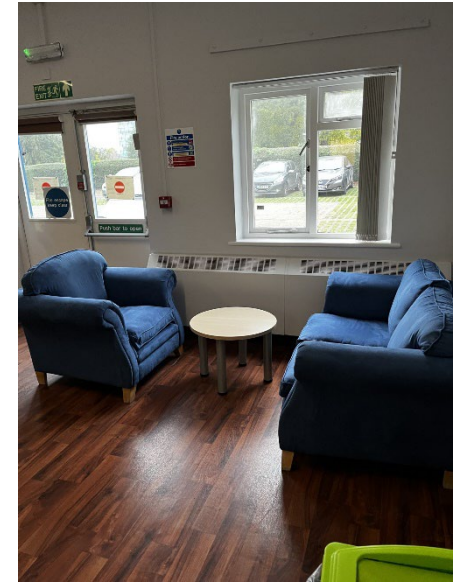
8 – Staff wellbeing

The Trust recognises the effect that the physical environment has upon the ability of our staff to feel safe, valued and able to do their best work.

We are committed to continuously improving our sites for the benefit of our staff and patients, listening and responding to concerns, wherever they are raised to ensure that BHFT remains a great place to work

Estates and Facilities gather information from a variety of sources, including helpdesk requests, emails, surveys and all staff briefings, as well as regular site visits to understand the issues, staff face in their work environments.

Our forward capital programme includes funding for refurbishment of staff facilities to address known issues and regular updates are provided to staff via Team briefs and other communications.



9 – Capital investment programme

Process

EFM will prioritise bids for capital, based on a number of criteria:

- Legal and statutory
- Risks to the public, user, and staff
- Adherence to NHS guidance
- Support for service transformation

Business Cases

The Trust has an agreed structure for internal business cases, which must accompany any bid for capital. The content follows the HM Treasury Green Book format. Services must own and primarily draft business cases but EFM will provide support and specialist knowledge.

Maintenance and compliance

In addition to specific bids for maintenance and compliance, the annual budget will continue to include sums for key areas including fire safety, anti-ligature, and health and safety for works that are identified during the year.

Strategic projects

These are identified as projects supporting National or ICB strategy and may be funded outside of the Trust's CDEL allocation.

Transformation and improvement

Projects will be identified and included within the year based on their priority and the available funding.

Capital availability

- Capital under CDEL will be determined by a control total agreed by the BOB ICB (including spending in Frimley ICB region).
- Trust funding will be determined during the previous financial year and may require a review cycle of the prioritisation process to keep within budget / control total.
- EFM will also seek opportunities for funding from other sources, such as DHSC, Salix grants, charity funding and the section 106 / CIL process.

Management

The programme will be managed operationally by EDTs and strategically by the Capital Review Group, which will have Executive oversight.

Post Project Evaluation (PPE)

- All projects will undergo PPE. Projects with a capital value of over £0.5m will include a longer formal report which will be presented to the Capital Review Group.

9 – Capital investment programme

5 Year Capital Pipeline Forecast										 Berkshire Healthcare NHS Foundation Trust						
All Numbers £'000					Version 2025/26 v1b											
ID	2025/26 Priority	Scheme	Site	Landlord	2025/26				2025/26 CDEL Forecast Outturn Total	2025/26 Non CDEL Forecast Outturn Total	2026/27	2027/28	2028/29	2029/30	2030/31	Total Cost over period
					Q1	Q2	Q3	Q4			Year	Year	Year	Year	Year	
1	1	West/Reading Consolidation - Bath Road, Cremyll Road, Coley Clinic	Bath Road	NHSPS	250	250	-	-	500	-	-	-	-	-	-	500
2	1	Jubilee Ward Relocation	Upton/St Marks	NHSPS	100	500	700	700	2,000	-	2,000	-	-	-	-	4,000
3	1	Lift Upgrade (completion of 24/25 scheme)	London House	Leasehold Commercial	35	-	-	-	35	-	-	-	-	-	-	35
4	1	Statutory Compliance	Various	Various	10	30	30	30	100	-	100	100	100	100	100	600
5	1	Trust wide Anti-Ligature	Various	Various	-	25	50	25	100	-	100	200	200	200	200	900
6	1	Environment & Sustainability / Zero Carbon	Various	Various	-	70	70	60	200	-	200	200	200	200	500	1,500
7	1	Trust-wide Reasonable Adjustment	Various	Various	-	20	10	20	50	-	50	50	50	50	50	300
8	1	Maintenance Cost Pool	Various	Various	10	30	30	30	100	-	100	100	100	100	100	600
9	1	Backlog Maintenance	Various	Various	50	150	150	150	500	-	500	1,750	1,750	1,750	1,750	8,000
10	1	Equipment Medical	Various	Various	-	15	20	15	50	-	50	150	150	100	100	600
11	1	Fire Door Replacement / Compartmentation	Various	BHFT	-	30	45	-	75	-	50	50	50	50	50	325
12	1	Service Change/Redesign	Various	Various	10	30	30	30	100	-	100	200	200	200	200	1,000
13	1	Space Allocation Requests	Various	Various	10	20	25	20	75	-	75	75	75	75	75	450
14	1	General Upgrades	Church Hill House	BHFT	-	50	50	50	150	-	-	250	100	150	150	800
15	1	New Service Development Capitalised	Various	Various	-	20	10	20	50	-	50	50	50	50	50	300
16	1	Replacement Estates Van to EV	Estates	BHFT	-	-	80	-	80	-	80	-	-	-	-	160
17	1	Upgrade to Clinical Ventilation Systems	Various	Various	-	30	30	40	100	-	100	-	-	-	-	200
18	1	Staff Wellbeing Area	Wokingham	NHSPS	-	-	50	50	100	-	-	-	-	-	-	100
19	2	Whitley Clinic Upgrade Waiting Areas	Whitley H/C	NHSPS	-	45	45	-	90	-	-	-	-	-	-	90
20	2	Garden Cabin - Break Out Space	Phoenix Unit	NHSPS	75	75	-	-	150	-	-	-	-	-	-	150
21	2	Nurseries Upgrades	LD, JITB & KC	Various	-	25	25	-	50	-	50	50	100	-	-	250
22	3	IPASS/MSK Consolidation	Various	NHSPS	-	50	50	-	100	-	100	-	-	-	-	200
23		Nicholson House Relocation	TBC	TBC	-	-	-	-	-	-	-	700	-	-	-	700
24		General Upgrades	Erleigh Road	BHFT	-	-	-	-	-	-	150	-	150	100	100	500
25		Upgrade of Staff Accommodation Facilities	Upton	NHSPS	-	-	-	-	-	-	-	100	100	100	-	300
26		Little Dragons Nursery Replacement	Bath Road	BHFT	-	-	-	-	-	-	750	-	-	-	-	750
27		Reconfiguration of Services Including Dental	Skimped Hill H/C	NHSPS	-	-	-	-	-	-	-	500	-	-	-	500
28		Fir Tree House Replacement	TBC	TBC	-	-	-	-	-	-	-	-	1,250	1,250	750	3,250
29		Staff Accommodation Development	Coley Clinic	BHFT	-	-	-	-	-	-	-	500	-	-	-	500
30	1	Anti-Ligature Toilet Pans & Basins	PPH	PFI	150	-	-	-	-	150	-	-	-	-	-	150
31	1	Statutory Compliance (PFI)	PPH/WBCH	PFI	10	20	20	20	-	70	70	70	70	70	-	350
32	1	Trust wide Anti-Ligature (PFI)	PPH/WBCH	PFI	20	150	180	150	-	500	2,500	2,500	2,500	2,500	2,200	12,700
33	1	Environment & Sustainability / Zero Carbon (PFI)	PPH/WBCH	PFI	-	50	50	50	-	150	1,900	1,900	1,900	1,900	1,900	9,650
34	1	Service change/redesign (PFI)	PPH/WBCH	PFI	30	70	80	70	-	250	250	250	250	250	250	1,500
35	1	Strategic Development	WBCH	PFI	-	50	50	-	-	100	-	-	-	-	-	100
36	1	Reconfigure Empty Ward Space (4 wards)	PPH	PFI	-	-	80	80	-	160	-	-	-	-	-	160
37		Decarbonisation Heating Scheme (BHFT portion only)	WBCH	PFI	-	-	-	-	-	-	1,200	-	-	-	-	1,200
38		Potential Strategic Development (Oakwood)	PPH	PFI	-	-	-	-	-	-	2,000	2,000	-	-	-	4,000
39		Solar Farm	WBCH	PFI	-	-	-	-	-	-	-	-	-	-	-	-
		QUARTERLY COST			760	1,805	1,960	1,610						-	-	
		ANNUAL COST							4,755	1,380	12,525	11,745	9,345	9,195	8,425	57,370
		INDEXED COST	3.5% per annum								12,963	12,582	10,361	10,551	10,006	
		Index									1.04	1.07	1.11	1.15	1.19	

The chart is a year-by-year programme of current and proposed projects.

They are reviewed each quarter and adjusted to balance the expected expenditure to ensure that the total capital fund for the year is spent in the year designated.

The list is also prioritised as key themes and objectives change through time.

10 – Future Directorate performance

Staffing

- EFM will continue to improve on current sickness absence, turnover and vacancy rates, remaining better than the Trust's overall target.
- A succession plan and skills / professional learning matrix will form part of an EFM HR strategy to anticipate the national difficulties in recruiting EFM staff.
- Team capabilities and capacity will remain under review to ensure options remain available for the insourcing of Estates and Facilities services where opportunities are identified to increase service performance and / or Value for Money.

Service / utilities costs

- EFM will particularly review areas of its performance where that performance falls below the Trust's peer group median.

Particular areas for focus will include:

- Patient catering costs
- Laundry
- Energy efficiency
- PFI benchmarking

Risk and investment

- EFM will develop its current tools for the prioritisation of investment and management time in respect of capital projects for building and infrastructure change. This will include consideration of national and local drivers such as critical risk and environmental performance.
- Improvement of this process will ensure that the Trust best deploys its resource in respect of its responsibilities and to improve its infrastructure.

Neurodiversity

Building upon work initiated in 2023, EFM shall continue to develop and use its neurodiversity checklist for assessing and updating the estate to meet the needs of all our building users. We shall work closely with the Trust's Purple network and experts by experience to help inform choices around the layouts, materials, signage and other factors that affect patients and staff using our sites.

Quality performance

- EFM's existing KPI targets will be monitored and used to continuously improve service across a broad range of areas. Focus will continue on Planned Preventative Maintenance and Reactive maintenance times as well as Fire Training and prevention.

10 – Future Directorate performance

Condition

Current performance will be improved as the Trust looks to focus staff in higher performing buildings. Over the lifetime of the strategy, the ambition is for 25% more of the Trust m² will be in the “acceptable” categories of B and above.

Functionality

Current performance will be improved as the Trust looks to focus staff in higher performing buildings. The target is for no clinical or clinical support services to be accommodated in premises in categories C or below (not satisfactory to relocation required) by 2030

Utilisation

Increasing the efficiency of the Trust's space utilisation will be a key driver for the implementation of space booking systems across the estate and regular reviews. Utilisation, will be increased from current levels with non clinical space reduced to Carter standard of 35%.

Efficiency

Current estates costs at £433/m² is better than the average for the sector. Rightsizing the estate and increasing utilisation will contribute towards efficiency savings and offsetting inflationary effects.

As we intend to withdraw from poor premises, which will inevitably have lower lease or capital charge costs, to better premises this part of the efficiency formula is dependent on reducing the overall amount of space used.

Space

Whilst Digital First and similar initiatives will reduce space required the likely increase in space standards will militate against seismic change. However, the Trust will aim to reduce space by 10% (with an emphasis on non-clinical).

Ownership

EFM will continue to seek the best possible solution regardless of ownership. Under the strategy we will seek to increase the proportion of buildings directly leased or owned by the Trust (to provide greater direct control of critical infrastructure) and leased from public sector partners to support the One Public Estate agenda and to make the greatest use of assets.

Property Asset Management

EFM's Property Team will continue to seek opportunities to reduce or control property costs through the full range of valuation and pro-active property asset management activity. Includes acquisitions and disposals of leased property to rationalise the estate and improve utilisation.

11 - Estate changes overview

	Key events	When (indicative)
ICH	Upton - Birch house vacation - to chalvey, we expect to be at birch until March 25	May-25
	Chalvey opens - with podiatry and outpatients from Upton	May-25
	Bracknell ICH opens with MSK from Skimped hill and Churchill house, plus district nurses from Churchill house and Great Hollands)	Aug-25
	BHFT moves from Great hollands	Sep-25
	Skimped hill becomes admin block plus dental (plus 4th dental survery), sexual health and hearing & balance	Sep-25
	Church hill house (space review with Mental Health services after ICH opens) - potentially a mental health centre of excellence	Oct 25 onwards
West Reading		
	Dellwood handback	Feb-25
	Bath Road MSK moves to permanent location (Project phases 1 - 3)	May-25
	Bath Road (Phase 4-7) - adaptations for Cremyll road complete, Cremyll staff relocated	Jan-26
	Cremyll road closes	Feb-26

11 - Estate changes overview

	Key events	When (indicative)
Maidenhead	Nicholsons house - options appraisal (relocation / extension of occupation)	May 025
Jubilee	enabling works for jubilee ward inc Relocation of st marks services to enable jubilee ward	April 25 on
	New Jubilee ward opening	Aug 26 approx
	Relocation of services in Fir Tree House (could start sooner, if suitable opportunity arises)	by Dec 29
Prospect Park	Prospect Park new POS opens	Aug-25
	PPH - contract reset - completes	Dec-26
	PPH - asset surveys	approx July 26
	PPH - asset survey remedial works	July 27 (except complex works)
	PPH - Oakwood MH / neurorehab?	TBD
West Berks	West Berks - air source Heat Pumps	Mid 2027
	West Berks - Cladding	TBD
	West Berks - RBH MRI projects	TBD
	West Berks - solar farm	TBD
	West Berks - Dementia hub	TBD

Part 4

Glossary

Glossary

AI	Artificial Intelligence
BHFT	Berkshire Healthcare NHS Foundation Trust
BOB	Berkshire, Oxfordshire and Buckinghamshire
CAMHS	Child & Adolescent Mental Health Services
CDEL	Capital Departmental Expenditure Limit
CDM	Construction and Design Management (Regulations)
CIL	Community Infrastructure Levy
COSHH	Control of Substances Hazardous to Health (regulations)
COVID	Corona Virus Disease
DCP	Development Control Plan
DHSC	Department of Health & Social Care
EBME	Electronic BioMedical Equipment
EFM	Estates and Facilities Management
EHO	Environmental Health Officer
ERIC	Estates Returns Information Collection
EV	Electric Vehicle
FM	Facilities Management
FY	Financial year
GIA	Gross Internal Area
GP	General Practitioner
HBN	Health Building Notice
HQ	Headquarters
HTM	Health Technical Memorandum
ICB	Integrated Care Board
ICH	Integrated Care Hub

ICS	Integrated Care System
IPA	Infrastructure Projects Authority
IPASS	Integrated Pain & Spinal Service
KPIs	Key Performance Indicators
KWh	Kilowatt hours
LA	Local Authority
MHT	Mental Health Trust
MRI	Magnetic Resonance Imaging
MSK	Musculo-Skeletal (Services)
NHS	National Health Service
NHS PS	NHS Property Services
NIA	Net Internal Area
PAM	Premises Assurance Model
PCN	Primary Care Network
PFI	Private Finance Initiative
PLACE	Patient Led Assessment of the Care Environment
POS	Place Of Safety
PPE	Personal Protective Equipment
PPH	Prospect Park Hospital
PPM	Pre-planned maintenance
RBFT	Royal Berkshire NHS Foundation Trust
RPI	Retail Price Index
SDP	Sustainability Development Plan
WBCH	West Berkshire Community Hospital

Part 5

Appendices

Appendices

	Appendix	Slide
A1	Property schedule by locality	

A1 - Property schedule by locality

This section lists, by local authority, the largest of the facilities used by BHFT, together with some of the key metrics and the key services that are accommodated.

Note that properties with less or sessional use are included in Appendix 1. The proposals for the future of the buildings are included in Part 3.

Bracknell properties

Site	Tenure	Size m ² (GIA)	NIA – m2 (BHFT space)	Services	Note
Church Hill House	Freehold	1552	1265	CMHT, MSK, Locality hub	Current Bracknell Mental Health Hub. Reasonable condition, well utilised
Great Hollands Health Centre	Leased from NHS PS	978	341	Community nursing, MSK, Podiatry, Speech & Language Therapy	To be vacated on the completion of Bracknell Forest Centre for Health
Skimped Hill Health Centre	Leased from NHS PS	1308	516	Community nursing, audiology, podiatry, speech & language therapy, dental, sexual health, IAPT and children's services. Sexual Health	NHSPS building with significant number of condition and functional issues. Some services to relocate to Bracknell Forest Centre for Health as Integrated Care Hub Facility

A1 - Property schedule by locality

Reading properties

Site	Tenure	Size m ² (GIA)	NIA – m ² (BHFT space)	Services	Note
Dellwood Block2 Bungalow	Leased NHS PS	344	158	None currently	MSK moved to Bath road – Hand back Dellwood to NHSPS Feb 2025
25 Erleigh Road	Freehold	960	710	Specialist, CMHT base, IAPT	Large facility with good parking and recent addition of Maple house
Cremyll Road	Leased NHS PS	957	839	Locality HQ, Community services, Recruitment, Compliance & Risk	Commercial property. Plans to relocate
Prospect Park Hospital	PFI	16048	12725	Mental health inpatients and community, CMHT, OPMHT	Berkshire-wide hub MH inpatient services
Erleigh House	Long term Lease	4653	2653	New Critical Services Hub – initially Children's Services & IAPT 2017/18	Significant recent investment since 2019 with flexible space in good location
London Rd	Leased	122	86	Trust HQ - CYPIT, LAC (clinical delivery), Dietetics – admin base	Very good University facility in key location
Southcote Clinic	Leased NHS PS	251	117	HV & SN, CyPIT	
Tilehurst Clinic	Leased NHS PS	365	323	Dental, Podiatry, Dietetics and Adult speech & language therapy	Wide range of services in a reasonable facility
Coley Clinic	Freehold	152	140	Respiratory and Cardiac Specialist Services	Small facility in residential area.
Bath Road	Leased NHS PS	2785	383	Berkshire IT hub, Nursery (building owned by BHFT)	Plans to consolidate on this site by relocating Cremyll Rd and other properties in Reading. Good parking and nursery to rear
Whitley Clinic	Leased NHS PS	1216	594	Dental, community nursing, speech & language, Immunisation, Podiatry	Reasonable facility in area of need

A1 - Property schedule by locality

Slough properties

Site	Tenure	Size m ² (GIA)	NIA – m2 (BHFT space)	Services	Note
Britwell Clinic	Leased NHS PS	320	262	Community nursing and talking therapies	Key facility in area of great need. Significant investment made
Langley Health Centre	Leased from GPs	n/a	65	Community nursing, dental and podiatry	Only BHFT service is specialist community dental
New Horizons	Leased from SBC	1378	982	CMHT, crisis and home treatment, AOT, community development workers, EIP, carer support, psychological therapies, social services,	Good facility accommodating key services. Challenging parking arrangements
Upton Community Hospital	Leased NHS PS	11939	6244	Community beds, therapies, CAMHS, CMHT, community nursing, sexual health, social services, podiatry, walk-in centre (including dental), SLT, IAPT, Memory Clinic, Assessment Rehab Centre and Nursery	Generally poor condition with at least half of site now vacant. Requires significant investment to modernise

A1 - Property schedule by locality

West Berkshire properties

Site	Tenure	Size m ² (GIA)	NIA – m2 (BHFT space)	Services	Future
Hillcroft House	Freehold & PFI site	1504	1170	CMHT, health visitors, social services	Changes caused by new working practices and the departure of the local authority from the ground floor have provided space to flex with.
Hungerford Clinic	Leased NHS PS	181	172	Community nursing, podiatry, MSK and Speech & Language Therapy	Small but key facility for the far west of the county
Lower Henwick Farm	Leased	480	321	CAMHS	Heavily utilised facility in reasonable condition
Adlam Villas	Leased	366	294	MSK	Newly acquired Nov 2023 and refurbished, challenging parking
West Berkshire Community Hospital	PFI	7918	3555	Community services, Wards and Day Hospital (Community Health) Podiatry, Community Dental, Minor Injuries, MSK, Phlebotomy.	PFI facility with reasonably contemporary design and adherence to HBNs. Potential opportunities to increase utilisation on 1st Floor

A1 - Property schedule by locality

Windsor & Maidenhead properties

Site	Tenure	Size m ² (GIA)	NIA – m2 (BHFT space)	Services	Note
Abell Gardens	Freehold	397	327	Mobility service moved Oct 2019	Significant recent investment
Allenby Road	Freehold	172	163	Non BHFT services - Leased out to RBMW Social Services	Key local facility
Nicholson House	Leased until May 2025	n/a	1009	CMHT, CR&HTT, EIP, AOT, carers support, community development workers and CAMHS	Plans in progress to relocate
Foundation House	Leased	636	502	MSK & School Immunisation	Acquired Sept 2022 and refurbished
King Edward VII Community Hospital	Leased NHS PS	9806	1289	Community nurses, Dietetics, Podiatry, Hearing & Balance Service, SLT, Diabetes.	Generally poor condition and inflexible design.Requires significant investment
St Mark's Hospital	Leased NHS PS	10399	4015	Community beds, children's services, community nursing, urgent care, podiatry, SLT Therapy, Complex Needs, Eating Disorders, MSK, Community Dental, IAPT, Continence, Hearing & Balance Service, Mobility, Diabetic Eye Screening. CMHT 351	Variable condition with low level of site development. Significant opportunities for development

A1 - Property schedule by locality

Wokingham properties

Site	Tenure	Size m ² (GIA)	NIA – m2 (BHFT space)	Services	Future
Finchampstead Clinic	Leased NHS PS	164	149	IPASS, and MSK	Key specialist facility but has condition and design issues restricting efficient use
Resource House	Leased	570	453	Adult CMHT, CRHTT, EIP, Perinatal, MHICS	Newly acquired Oct 2023 and refurbished
Wokingham Community Hospital	Leased from NHS PS	6837	4311	Community beds, adolescent unit, CAMHS, community nursing, CMHT, day services, MSK, Speech & Language Therapy, Podiatry, Children's Services.	Intensively used facility with some significant site design issues. Reasonable condition.

Trust Board Paper

Board Meeting Date	Tuesday 11th November 2025
Title	Trust strategy outcome measures – year three (mid-point) progress update to 30th September 2025
	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	Patient safety Ambition: We will reduce waiting times and harm risk for our patients Patient experience and voice Ambition: We will leverage our patient experience and voice to inform improvement Health inequalities Ambition: We will reduce health inequalities for our most vulnerable patients and communities Workforce Ambition: We will make the Trust a great place to work for everyone Efficient use of resources

	Ambition: We will use our resources efficiently and focus investment to increase long term value
Summary	Making good progress against the majority of strategy outcomes See highlight summary on page 2 in the report.

Strategy Outcome Measures

Year three midpoint update (to 30th September 2025)



Oct 2025

TRUST STRATEGY OUTCOMES: 30-MONTH PROGRESS

This summary of our key strategy outcomes shows progress against Board agreed impact measures for Trust’s three-year strategy at 30 months (year three mid-point). A high-level picture of the activities that have been driving outcomes and performance to date.

The majority of outcome measures are showing progress in line with the targets set for this 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 has been achieved and sustained.

Outcomes measures rated amber or red:

- 1. Carbon Emissions Reduction
- 2. Financial Sustainability Achieved - underlying deficit higher than targeted
- 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 continuous improvement is noted

As part of the current strategy refresh process, new three-year objectives and outcome measures will be updated in draft to the December 2025 Board.

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

OUTCOME MEASURES



30 MONTH
TARGET



12 MONTH
TARGET 24 MONTH
TARGET 36 MONTH
TARGET

IMPROVED PATIENT SAFETY We will have fewer moderate harm and above incidents	For incidents relating to the delivery of physical health care: A reduction in moderate harm incidents where the harm was considered avoidable (more than 50% likely due to gaps or omissions in care). For incidents relating to the delivery of mental healthcare: A reduction in moderate harm incidents where there were gaps or omissions in care that had the potential to contribute to the harm (and therefore we have applied statutory duty of candour).	Deborah Fulton	20 for the total year	N/A	TBC	TBC
OUTCOME: IMPROVED PATIENT SAFETY						
Summary Report; including Key Activity, Drivers of performance and Key Issues:	5 moderate harm incidents were recorded in Q1 2025/26 using the definitions described above. (Data does not include incidents where a patient has experienced moderate harm or above that is not attributable to gaps or omissions of Trust services). The decision on 'level of harm' and whether an incident is because of gaps or omissions in care, is made as part of an investigation / review which may not be finalised at the time of reporting. Therefore, data may change slightly from month-to-month. Key activity- current improvement activity to reduce the risk of moderate harm incidents occurring includes, Suicide Prevention workstream, One Team workstreams, Pressure Ulcer Improvement Programme and Falls improvement activity.					
Performance at 30-month target:	5 moderate harm incidents in Q1 2025/26					

OUTCOME MEASURES



30 MONTH
TARGET



12 MONTH
TARGET 24 MONTH
TARGET 36 MONTH
TARGET

OUTCOME	CONTEXT	LEAD	Baseline	12 MONTH TARGET	24 MONTH TARGET	36 MONTH TARGET
<i>A GREAT PLACE TO WORK</i> 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%	10%

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. There is an expectation that with the recent MARS scheme, that we will see turnover increase slightly over the next two to three months in line with notice periods.			
Performance at 30-month target:	Target: 10% June 2025: 10.10% July 2025: 10.05% (most up to date data from July 2025)			

OUTCOME MEASURES



30 MONTH
TARGET



12 MONTH
TARGET 24 MONTH
TARGET 36 MONTH
TARGET

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 : 2025/26 Q1 Black people Section 2 Detentions: 14 Ongoing efforts to address disparities include enhanced staff engagement and awareness initiatives, Equality Impact Assessments to identify service barriers, stronger ties with grassroots communities, successful black men’s group with Reading ACRE, plans underway for a joint women’s group in Slough & Reading, focused on culturally tailored mental health awareness and early service access. Key Issues: In July 2025, data quality concerns were identified on the MHAD dashboard. We are actively working to align both dashboards and transition to a single, unified platform for future reporting.
Performance at 30-month target:	The target for Section 2 detentions across Berkshire in FY2025/26 is 38, continuing a positive downward trend in detentions of Black people over the past three years. FY2022/23 (baseline): 49 detentions. FY2023/24: 45 detentions (↓9%) FY2024/25: 40 detentions (↓12.5%) Following a recent data quality issue, MHAD has aligned its reporting with the MHA Office dashboard to ensure consistency and accuracy.

OUTCOME MEASURES



30 MONTH
TARGET



12 MONTH
TARGET

24 MONTH
TARGET

36 MONTH
TARGET

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:	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 we need divisional ownership with training and support to validate and ensure accurate data is uploaded. We would expect a standardised format of a dashboard and divisions to come prepared with a narrative to their dashboard. This is in final stages of development and will support improved oversight and narrative of all key metrics in the NOF, Breakthrough objectives and Divisional Drivers					
Performance at 30-month target:	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. Neurodiversity services (service lines who have the longest waits in the Trust) have completed a review of their operational capacity and triangulated this with current referral activity to be able to identify the true wait for a referral made today. This information has supported conversations with ICB colleagues about eligibility criteria and possible service redesign.					

OUTCOME MEASURES



OUTCOME		CONTEXT	LEAD	Baseline	12 MONTH TARGET	24 MONTH TARGET	30 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:	As of September 2025, there are 6,519 patients waiting over 2 years for their first appointment with 6,162 of these on neurodiversity waiting lists . 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 with waiting times for assessment over 52 weeks and clearer understanding and oversight of data, focussing on metrics which will help increase activity, utilise existing capacity and provide better outcomes for patients. We will escalate services with excessive waiting times which are not reducing to the ICB. We are collaborating with ICB, Oxford Health and Primary Care colleagues to support a review and service redesign of the Adult ADHD pathway.																								
Performance at 30-month target:	The adult ADHD service is on the quality concerns register due to delays in providing the annual review and this is alongside increased waiting time for assessment. Clinical teams are having to prioritise medication reviews to ensure that shared care can continue. This has been escalated to ICB colleagues with a request to pause or prioritise access to the assessment pathway, alongside supporting the ICBs in addressing their increased spend on Right to Choose. Sept 2025 ADHD assessment – average wait 112 weeks with the longest wait 144 weeks (children) and average wait 74 weeks and longest wait 223 weeks (adults) ADHD annual reviews – 44 patients (waiting more than 3 years), 136 patients (waiting 2-3 years), 268 patients (waiting 1-2 years) and 254 patients (waiting under 12 months) Number of Adults and Children on community waiting lists over 52 weeks <table><caption>Number of Adults and Children on community waiting lists over 52 weeks</caption><tr><th>Month</th><th>Count</th></tr><tr><td>Jan-25</td><td>20</td></tr><tr><td>Feb-25</td><td>25</td></tr><tr><td>Mar-25</td><td>30</td></tr><tr><td>Apr-25</td><td>80</td></tr><tr><td>May-25</td><td>90</td></tr><tr><td>Jun-25</td><td>120</td></tr><tr><td>Jul-25</td><td>135</td></tr><tr><td>Aug-25</td><td>140</td></tr></table> We have also seen an increase in the numbers of patients waiting over 52 weeks (excluding neurodiversity) and Divisions are working through this data to address any data quality issues and identify countermeasures to the address the increase							Month	Count	Jan-25	20	Feb-25	25	Mar-25	30	Apr-25	80	May-25	90	Jun-25	120	Jul-25	135	Aug-25	140
Month	Count																								
Jan-25	20																								
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Aug-25	140																								

OUTCOME MEASURES



30 MONTH
TARGET



12 MONTH
TARGET

24 MONTH
TARGET

36 MONTH
TARGET

OUTCOME

CONTEXT

LEAD

Baseline

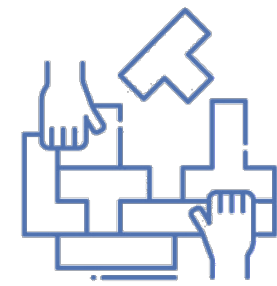
IMPROVED MH INPATIENT SERVICES We will reduce the maximum ward sizes at Prospect Park Hospital (PPH)	Reducing the maximum ward size at PPH for adult acute mental health wards will yield a range of benefits including an enhanced therapeutic environment, improvements to staff and patient safety and experience 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
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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.
Performance at 30-month target:	Achieved and sustained.

PATIENT EXPERIENCE & VOICE FOR CO-DESIGN

Lead – Deborah Fulton



30 MONTH
TARGET



12 MONTH
TARGET

24 MONTH
TARGET

36 MONTH
TARGET

OUTCOME

CONTEXT

Baseline

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%
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OUTCOME: IMPROVED CARE DRIVEN BY PATIENT EXPERIENCE

Summary Report; including Key Activity, Drivers of performance and Key Issues:	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 number of responses to IWGC continues to increase. A platform upgrade has resulted in issues with accessing the Tableau dashboard, feedback continues to be collected and is currently being reported centrally rather than via the dashboard by services directly. July 2025: Mental Health Response Rate = 6.7% Mental Health Positive Experience Rate = 95.5% Community Health Response Rate = 9.4% Community Health Positive Experience Rate = 97.2% Children, Families and All Age Pathways = 12.7% Children, Families and All Age Pathways = 95.1% Trust Wide Response Rate = 8.7% Trust Wide Positive Experience Rate = 96%
Performance at 30-month target:	July 2025 8.7% (4,487 responses) - this continues to trend upwards from January 2022 . Examples of “You said, we did” are in the quarterly patient experience report, reported to Board and publicly available.

OUTCOME MEASURES



30 MONTH
TARGET



12 MONTH
TARGET

24 MONTH
TARGET

36 MONTH
TARGET

OUTCOME

CONTEXT

LEAD

Baseline

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
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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 64 automations live run by 23 robots across 37 services/teams. The team are optimising robot usage to manage more processes. After creating a positive pull for IA , there is a shift to benefits targeting and release of time or productivity gains. Refreshed forward strategy objectives will focus identification of digital service benefits to cash or noncash releasing savings and / or productivity gains (demand impact).	
Performance at 30-month target:	Achieved target with 268k hours against a 30-month target of 243k.	

OUTCOME MEASURES



30 MONTH
TARGET



12 MONTH
TARGET

24 MONTH
TARGET

36 MONTH
TARGET

OUTCOME

CONTEXT

LEAD

Baseline

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
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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 30-month target:	Projected reliance on a combination of non-recurrent funding and efficiencies in the current plan indicate an £8m underlying deficit back to breakeven. This is being assessed as part of the start point for provider and system medium term financial plans which are due to be submitted later in 2025/2026

OUTCOME MEASURES



30 MONTH
TARGET



12 MONTH
TARGET

24 MONTH
TARGET

36 MONTH
TARGET

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:	The Green Plan has been completed for 2025-2028 and includes a comprehensive action plan that is board approved and publicly available on the trust's website. The solar panels installed at Church Hill House, London House and Erlegh House, have saved 42 tonnes of CO₂e. Work has begun on a major decarbonisation project at West Berkshire Community Hospital – however this project has seen significant cost increases and final decision on its progress will made in October. The Trust's Estates fleet is now fully electric and a comprehensive travel and transport review, commissioned with the Energy Saving Trust, has been completed, with a Travel Strategy being drafted.
Performance at 30-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	11 November 2025
Title	NHS England Provider Capability Self-Assessment Statement
	For Noting
Reason for the Report going to the Trust Board	This paper presents to the Board a self-assessment of our Provider Capability, following NHS England's guidance (PRN01888, August 2025). The assessment encompasses the six domains of the Insightful Provider Board framework and is designed to provide assurance to the Board and NHS England regarding our areas of strength, opportunities for improvement, relevant self-assessment context, and ongoing mitigating actions. The self-assessment concludes positive confirmations for each domain with appropriate mitigations. The Trust Board Discursive meeting on 14 October 2025 reviewed each of the statements and the supporting evidence and confirmed the positive self-assessment in each of the domains. The statement was submitted to NHS England by the deadline of 31 October 2025. The statement is presented to the November 2025 Trust Board meeting for information.
Business Area	Strategy
Author	Alex Gild, Deputy Chief Executive.

Relevant Strategic Objectives	Relevant to all the Trust's Strategic Objectives Patient safety Ambition: We will reduce waiting times and harm risk for our patients Patient experience and voice Ambition: We will leverage our patient experience and voice to inform improvement Health inequalities Ambition: We will reduce health inequalities for our most vulnerable patients and communities Workforce Ambition: We will make the Trust a great place to work for everyone Efficient use of resources Ambition: We will use our resources efficiently and focus investment to increase long term value
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Berkshire Healthcare NHS Foundation Trust

Provider Capability

Self-Assessment: Board assurance summary

Introduction

This paper presents to the Board a self-assessment of our Provider Capability, following NHS England's guidance (PRN01888, August 2025). The assessment covers the six domains of the Insightful Provider Board framework and is intended to provide assurance to the Board and NHS England regarding our strengths, any areas for improvement or relevant context to self-assessment, and mitigating actions in progress.

The self-assessment concludes positive confirmations for each domain with appropriate mitigations.

The Trust Board Discursive meeting held on 14th October 2025 reviewed the statement and supporting evidence and confirmed their approval that the submission be sent to NHS England by the 31 October 2025 deadline.

The completed submission is presented to the Public Board meeting for information.

Strategy, Leadership and Planning - **CONFIRMED**

The Board is satisfied that..

- The trust's strategy reflects clear priorities for itself as well as shared objectives with system partners
- The trust is meeting and will continue to meet any requirements placed on it by ongoing enforcement action from NHSE
- The board has the skills, capacity and experience to lead the organisation
- The trust is working effectively and collaboratively with its system partners and provider collaborative for the overall good of the system(s) and population served

Assurance:

- Trust strategy in place and relevant to March 2026. Refresh and engagement process underway aligning 10YP, five-year system plans and Thames Valley ICB commissioning intentions.
- Active partnership with neighbourhood health partners across Berkshire, including co-leadership roles in regional accelerator programmes.
- Joint EOI submitted for NHSE Board development programme (improvement culture).

- External well-led governance review (2023) confirmed Board skills, capacity, and capability.
- Co-leadership of MH provider collaborative with Oxford Health (covering Thames Valley ICB footprint).
- CEO chairs Berkshire West health and care partnership; Deputy CEO member of Frimley ICB Board and Thames Valley ICB transition programme.
- Five-year planning process aligned with system and place partners, supporting population inequality focus and sustainable finance, workforce, and productivity outlook.

Mitigating/contextual factors:

- Interim Chair and one or two non-executive director vacancies arising in 2026. New Chair is expected in place by January 2026, with governors agreeing to short term NED extensions maintaining stability.

Quality of Care - **CONFIRMED**

The Board is satisfied that..

- | |
|--|
| <ul style="list-style-type: none"> • Having had regard to relevant NHS England guidance (supported by Care Quality Commission information, its own information on patient safety incidents, patterns of complaints and any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients • Systems are in place to monitor patient experience and there are clear paths to relay safety concerns to the board |
|--|

Assurance:

- Commencing use of the Experience of Care framework to collate all activity in relation to experience of care.
- Ongoing work on co-production and Health Inequalities (HI); Board updated on progress.
- Quality Improvement (QI) programme, Quality Concerns Register, clinical audit, safe staffing, mortality reviews, and patient experience reports to Board.
- Risk register (including sexual safety), safeguarding, incident reporting, and Governor visits.
- Patient and carer involvement evidenced, National Survey results and HI reports to Board.

Mitigating/contextual factors:

- Ongoing improvement and embedding work, particularly in co-production and HI.

People and Culture - **CONFIRMED**

The Board is satisfied that..

- Staff feedback is used to improve the quality of care provided by the trust
- Staff have the relevant skills and capacity to undertake their roles, with training and development programmes in place at all levels
- Staff can express concerns in an open and constructive environment

Assurance:

- FTSU strategy, self-assessment, and action plan with six-monthly Board reporting.
- National Staff Survey (NSS), WRES/WDES, and Gemba visits to hear from staff.
- Reporting on OD/leadership and people plan, staff network events.
- Mid-year career conversations, progression ladders and talent management processes in place.
- Inclusion culture development with external trailblazer accreditation by Race Equality Matters and Disability Confident Leader recognition.
- Equity Partnership Group being recruited with external equity and lived experience expertise to hold the Board to account for workforce and community equity action.

Mitigating/contextual factors:

- Continued focus on staff engagement (top ranked Trust in NSS) and leadership development.

Access and Delivery of Services - **CONFIRMED**

The Board is satisfied that..

- Plans are in place to improve performance against the relevant access and waiting times standards
- The trust can identify and address inequalities in access/waiting times to NHS services across its patients
- Appropriate population health targets have been agreed with the ICB

Assurance:

- Monthly reporting and monitoring of performance against mandated wait times.

- Oversight at Quality Executive Committee, Finance and Performance Committee, and Board level.
- Inequalities in access, outcomes and experience managed at divisional level with EDI team support. Development of Health Inequalities service dashboard.
- Opportunities identified to further develop focus on inequalities and disparities through improved use of population health data and neighbourhood working.

Mitigating/contextual factors:

- Further development of population health data use and neighbourhood approaches.

Productivity and Value for Money - **CONFIRMED**

The Board is satisfied that..

- Plans are in place to deliver productivity improvements as referenced in the NHS Model Health System guidance, the Insightful board and other guidance as relevant

Assurance:

- Productivity programme underway, using NHS Benchmarking data and local peer review.
- Corporate benchmarking and review of submitted data.
- History of delivery of planned productivity rates.

Mitigating/contextual factors:

- Developing key productivity initiatives and reporting to Board.

Financial Performance and Oversight - **CONFIRMED**

The Board is satisfied that..

- The trust has a robust financial governance framework and appropriate contract management arrangements
- Financial risk is managed effectively and financial considerations (for example, efficiency programmes) do not adversely affect patient care and outcomes
- The trust engages with its system partners on the optimal use of NHS resources and supports the overall system in delivering its planned financial outturn

Assurance:

- Robust financial governance framework and contract management arrangements.
- Internal audit programme covers financial systems and processes.

- No contract disputes with main ICB commissioners in past 12 months.
- Aligned financial and workforce reporting; agency spend managed below NHSE ceiling.
- Robust QiA process is in place for planned efficiencies.
- Financial performance reviewed at every Board meeting and subcommittee.
- Board contributes to system-wide resource allocation and planning.

Mitigating/contextual factors:

- Alignment of financial and workforce plans to activity plan (not fully in place for Mental Health).
- Further strengthening of Quality Impact Assurance oversight for efficiency schemes.

Third-Party Information declaration

The Board confirms it has not received any relevant third-party information contradicting or undermining the positive assurance disclosures above. Any material in-year changes or third-party concerns will be reported to NHS England as required.

Appendices

- Self-assessment template (attached)
- NHSE self-assessment guidance (attached)

Report prepared by:

Alex Gild

Deputy Chief Executive

The Board is satisfied that...		(Mitigating/contextual factors where boards cannot confirm or where further information is helpful)	
Strategy, leadership and planning	- The trust's strategy reflects clear priorities for itself as well as shared objectives with system partners - The trust is meeting and will continue to meet any requirements placed on it by ongoing enforcement action from NHSE - The board has the skills, capacity and experience to lead the organisation - The trust is working effectively and collaboratively with its system partners and provider collaborative for the overall good of the system(s) and population served	Confirmed	Interim Chair and one or two non-executive director vacancies arising in 2026. New Chair is expected in place by January 2026, with governors agreeing to short term NED extensions maintaining stability.
Quality of care	- Having had regard to relevant NHS England guidance (supported by Care Quality Commission information, its own information on patient safety incidents, patterns of complaints and any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients - Systems are in place to monitor patient experience and there are clear paths to relay safety concerns to the board	Confirmed	Ongoing improvement and embedding work, particularly in co-production and Health Inequalities.
People and Culture	- Staff feedback is used to improve the quality of care provided by the trust - Staff have the relevant skills and capacity to undertake their roles, with training and development programmes in place at all levels - Staff can express concerns in an open and constructive environment	Confirmed	Continued focus on staff engagement (top ranked Trust in NSS) and leadership development.
Access and delivery of services	- Plans are in place to improve performance against the relevant access and waiting times standards - The trust can identify and address inequalities in access/waiting times to NHS services across its patients - Appropriate population health targets have been agreed with the ICB	Confirmed	Development on-going of population health data use and neighbourhood approaches.
Productivity and value for money	Plans are in place to deliver productivity improvements as referenced in the NHS Model Health System guidance, the Insightful board and other guidance as relevant	Confirmed	Developing key productivity initiatives and reporting to Board.
Financial performance and oversight	- The trust has a robust financial governance framework and appropriate contract management arrangements - Financial risk is managed effectively and financial considerations (for example, efficiency programmes) do not adversely affect patient care and outcomes - The trust engages with its system partners on the optimal use of NHS resources and supports the overall system in delivering its planned financial outturn	Confirmed	Alignment of financial and workforce plans to activity plan (not fully in place for Mental Health division). Further strengthening of Quality Impact Assurance oversight for efficiency schemes.
	In addition, the board confirms that it has not received any relevant third-party information contradicting or undermining the information underpinning the disclosures above.	Confirmed	
			Signed on behalf of the board of directors 
	Name		Mark Day (Interim Chair)
	Date		14th October 2025

Assessing provider capability

Guidance for NHS trust boards



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Introduction

As part of the NHS Oversight and Assessment Framework, NHS England will assess NHS trusts'¹ capability, using this alongside providers' NOF segments to judge what actions or support are appropriate at each trust. As a key element of this, NHS boards will be asked to assess their organisation's capability against a range of expectations across six areas derived from *The Insightful Provider Board*, namely:

- Strategy, leadership and planning
- Quality of Care
- People and culture
- Access and delivery of services
- Productivity and value for money
- Financial performance and oversight

These will inform a self-assessment which is intended to strengthen board assurance and help oversight teams take a view of NHS trust capability based on boards' awareness of the challenges their organisations face and subsequent actions to address them. The purpose of this is to focus trust boards' attention on a set of key expectations related to their core functions as well as encourage an open culture of 'no surprises' between trusts and oversight teams. NHS England regional teams will then use the assessment and evidence behind it, along with other information, to derive a view of the organisation's capability.

This document is designed to help boards make this self-assessment, set out the process and what organisations can expect along the way.

The self-assessment

This process set out here should not be seen as a 'tick box' exercise. As outlined above, the purpose is to promote self-awareness and transparency at NHS trust boards regarding their organisation's capabilities, strengths, weaknesses and the challenges they face. It also provides a consistent framework for regional oversight teams to engage with NHS trusts, identify key risks and, over time, assess management's track record in delivering performance and/or identifying and addressing issues to ensure strong, sustainable organisations able to deal with challenges as they emerge. Trusts will have 8 weeks to carry out this self-assessment and return it to regions.

Where boards already conduct effectiveness reviews, they should consider the degree to which these overlap with this self-assessment. In addition, and to avoid duplication, relevant

¹ NHS trust is used throughout this document to refer both to NHS trusts and NHS foundation trusts. The expectations set out in the document apply equally to both types of organisation

evidence gathered to support NHS trusts' Annual Governance Statements can also support the self-assessment.

Summary of the capability assessment cycle

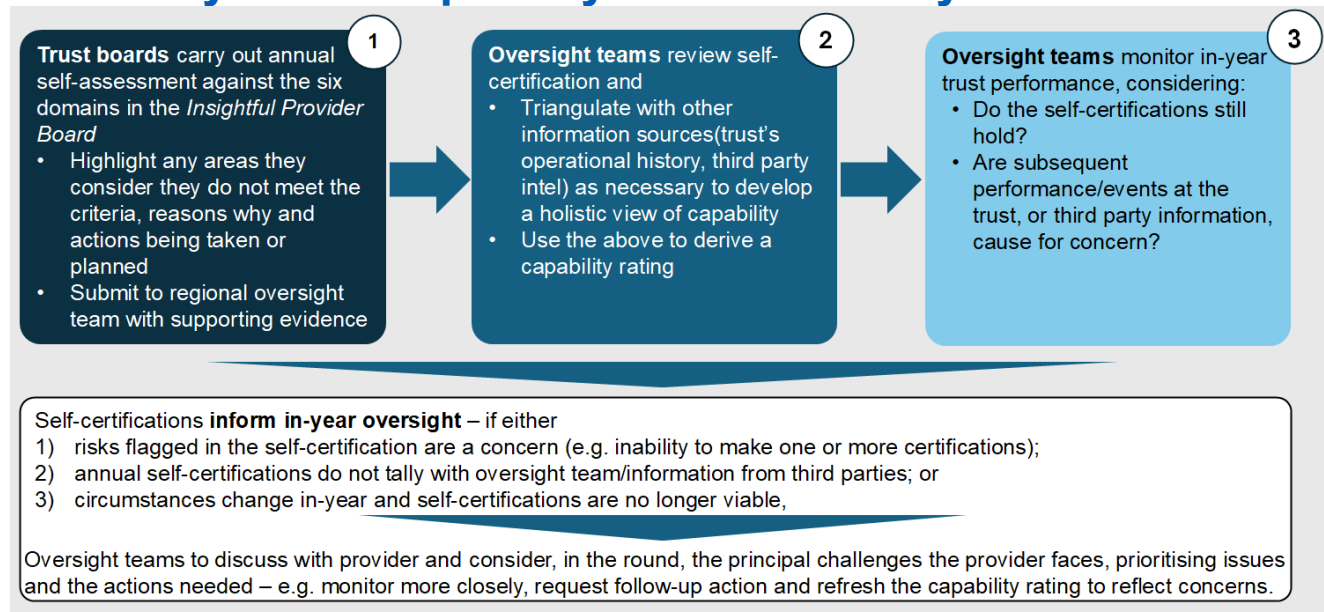


Fig.1: the capability assessment process

Figure 1 above sets out the self-assessment process which will take a number of stages across the year:

1. **NHS trust boards** carry out an annual self-assessment against the 6 domains in the *Insightful Provider Board* and:

- highlight any areas for which they consider they do not meet the criteria, the reasons why and the actions being taken or planned then, within two months,
- submit the completed self-assessment template to their regional oversight team with supporting evidence.

2. **Oversight teams** review the self-assessment and:

- triangulate this with other information including the trust's recent operational history and track record of delivery and third-party intelligence (see below) as necessary to develop a holistic view of capability
- assign a capability rating to the trust.

Oversight teams will discuss the capability rating with the NHS trust and consider, in the round, the principal challenges the organisation faces, prioritising issues and the actions needed – for example, monitor something more closely, request follow-up action(s) and/or refresh the capability rating to reflect concerns if necessary.

3. Oversight teams will, across the financial year, use the capability assessment to inform oversight, for example where:

- risks flagged in the self-assessment are a concern (e.g. inability to make 1 or more certifications), or
- annual self-assessments do not tally with oversight team's views or information from third parties, or
- subsequent performance/events at the trust or third-party information are a cause for concern such that elements of the self-assessment are no longer valid and, in order to assess 'grip', teams may wish trusts to review the basis on which they made the initial assessment.

The self-assessment

Below we provide indicative examples of the evidence boards should use or lines of enquiry they might consider taking to assess whether they can positively self-certify against each criterion. These should not be seen as exhaustive, and we expect trusts will have developed specific approaches to gain assurance in particular areas.

I. Strategy, leadership and planning

Self-assessment criteria	Indicative evidence or lines of enquiry
1. The trust's strategy reflects clear priorities for itself as well as shared objectives with system partners	• Are the trust's financial plans linked to and consistent with those of its commissioning ICB or ICBs, in particular regarding capital expenditure? • Are the trust's digital plans linked to and consistent with those of local and national partners as necessary? • Do plans reflect and leverage the trust's distinct strengths and position in its local healthcare economy? • Are plans for transformation aligned to wider system strategy and responsive to key strategic priorities agreed at system level?
2. The trust is meeting and will continue to meet any requirements placed on it by ongoing enforcement action from NHSE	• Is the trust currently complying with the conditions of its licence? • Is the trust meeting requirements placed on it by regulatory instruments – for example, discretionary requirements and statutory undertakings – or is it co-operating with the requirements of the national Performance Improvement Programme (PIP)?
3. The board has the skills, capacity and	• Are all board positions filled and, if not, are there plans in place to address vacancies?

experience to lead the organisation	• What proportion of board members are in interim/acting roles? • Is an appropriate board succession plan in place? • Are there clear accountabilities and responsibilities for all areas of operations including quality, delivering access standards, operational planning and finance?
4. The trust is working effectively and collaboratively with its system partners and NHS trust collaborative for the overall good of the system(s) and population served	• Is the trust contributing to and benefiting from its NHS trust collaborative? • Does the board regularly meet system partners, and does it consider there is an open and transparent review of challenges across the system? • Can the board evidence that it is making a positive impact on the wider system, not just the organisation itself – for example, in terms of sharing resources and supporting wider service reconfiguration and shifts to community care where appropriate and agreed?

II. Quality of care

Self-assessment criteria	Indicative evidence or lines of enquiry
5. Having had regard to relevant NHS England guidance (supported by Care Quality Commission information, its own information on patient safety incidents, patterns of complaints and any further metrics it chooses to adopt), the trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients	• The trust can demonstrate and assure itself that internal procedures: ○ ensure required standards are achieved (internal and external) ○ investigate and develop strategies to address substandard performance ○ plan and manage continuous improvement ○ identify, share and ensure delivery of best practice ○ identify and manage risks to quality of care • There is board-level engagement on improving quality of care across the organisation • Board considers both quantitative and qualitative information, and directors regularly visit points of care to get views of staff and patients • Board assesses whether resources are being channelled effectively to provide care and whether packages of care can be better provided in the community • Board looks at learning and insight from quality issues elsewhere in the NHS and can in good faith assure that its trust's internal governance arrangements are robust • Board is satisfied that current staff training and appraisals regarding patient safety and quality foster a culture of continuous improvement
6. Systems are in place to monitor patient experience	• Does the board triangulate qualitative and quantitative information, including comparative benchmarks, to assure

and there are clear paths to relay safety concerns to the board	itself that it has a comprehensive picture of patient experience? • Does the board consider variation in experience for those with protected characteristics and patterns of actual and expected access from the trust's communities? • Is the board satisfied that it receives timely information on quality that is focused on the right matters? • Does the board consider volume and patterns of patient feedback, such as the Friends and Family Test or other real-time measures, and explore whether staff effectively respond to this? • How does the organisation involve service users in quality assessment and improvement and how is this reflected in governance? • Is the board satisfied it is equipped with the right skills and experience to oversee all elements of quality and address any concerns? • Is the board satisfied that the trust has a clear system to both receive complaints from patients and escalate serious and/or re-occurring complaints to the relevant executive decision-makers?
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III. People and culture

Self-assessment criteria	Indicative evidence or lines of enquiry
7. Staff feedback is used to improve the quality of care provided by the trust	• Does the board look at the diversity of its staff and staff experience survey data across different teams (including trainees) to identify where there is scope for improvement? • Does the board engage with staff forums to continually consider how care can be improved? • Can the board evidence action taken in response to staff feedback?
8. Staff have the relevant skills and capacity to undertake their roles, with training and development programmes in place at all levels	• Does the trust regularly review skills at all levels across the organisation? • Does the board see and, if necessary, act on levels of compliance with mandatory training?
9. Staff can express concerns in an open and constructive environment	• Does the board engage effectively with information received via Freedom To Speak Up (FTSU) channels, using it to improve quality of care and staff experience? • Are all complaints treated as serious and do complex complaints receive senior oversight and attention, including executive level intervention when required?

	• Is there a clear and streamlined FTSU process for staff and are FTSU concerns visibly addressed, providing assurance to any others with similar concerns? • Is there a safe reporting culture throughout the organisation? How does the board know? • Is the trust an outlier on staff surveys across peers?
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IV. Access and delivery of services

Self-assessment criteria	Indicative evidence or lines of enquiry
10. Plans are in place to improve performance against the relevant access and waiting times standards	• Is the trust meeting those national standards in the NHS planning guidance that are relevant to it? If not, is the trust taking all possible steps towards meeting them, involving system partners as necessary? • Where waiting time standards are not being met or will not be met in the financial year, is the board aware of the factors behind this? Is there a plan to deliver improvement?
11. The trust can identify and address inequalities in access/waiting times to NHS services across its patients	• The board can track and minimise any unwarranted variations in access to and delivery of services across the trust's patients/population and plans to address variation are in place
12. Appropriate population health targets have been agreed with the ICB	• Is there a clear link between specific population health measures and the internal operations of the trust? • Do teams across the trust understand how their work is improving the wider health and wellbeing of people across the system?

V. Productivity and value for money

Self-assessment criteria	Indicative evidence or lines of enquiry
13. Plans are in place to deliver productivity improvements as referenced in the NHS Model Health System guidance, the Insightful board and other guidance as relevant	• Board uses all available and relevant benchmarking data, as updated from time to time by NHS England, to: ○ review its performance against peers ○ identify and understand any unwarranted variations ○ put programmes in place to reduce unwarranted negative variation • The trust's track record of delivery of planned productivity rates

VI. Financial performance and oversight

Self-assessment criteria	Indicative evidence or lines of enquiry
14. The trust has a robust financial governance framework and appropriate contract management arrangements	- Trust has a work programme of sufficient breadth and depth for internal audit in relation to financial systems and processes, and to ensure the reliability of performance data - Have there been any contract disputes over the past 12 months and, if so, have these been addressed? [Potentially more appropriate for acute trusts] Are the trust's staffing and financial systems aligned and show a consistent story regarding operational costs and activity carried out? Has the trust had to rely on more agency/bank staff than planned?
15. Financial risk is managed effectively and financial considerations (for example, efficiency programmes) do not adversely affect patient care and outcomes	- Does the board stress-test the impact of financial efficiency plans on resources available to underpin quality of care? - Are there sufficient safeguards in place to monitor the impact of financial efficiency plans on, for example, quality of care, access and staff wellbeing? - Does the board track performance against planned surplus/deficit and where performance is lagging it understands the underlying drivers?
16. The trust engages with its system partners on the optimal use of NHS resources and supports the overall system in delivering its planned financial outturn	- Is the board contributing to system-wide discussions on allocation of resources? - Does the trust's financial plan align with those of its partner organisations and the joint forward plan for the system? - Would system partners agree the trust is doing all it can to balance its local/organisational priorities with system priorities for the overall benefit of the wider population and the local NHS?

Inability to make a positive self-assessment

The board may not be able to make a positive self-assessment either because it considers the risks in a specific area are too great or its organisation is already manifestly failing in a specific area (for example, delivering on access targets). In these situations – and in line with the 'no surprises' ethos – in the self-assessment template boards should provide:

- the reasons why a positive self-assessment cannot be made against specific criteria and the extent to which these have been outside the trust's control to address (for example, industrial action, system-wide factors)
- how long the reasons have persisted
- a summary of any mitigating actions the trust has taken or is taking

- if not already shared with oversight teams, a high-level description of trust plans to address the issue, how long this is likely to take and KPIs or other information the trust will use to assess progress

Oversight teams will use this information to form their view of the overall capability of the trust and tailor their oversight relationship with it.

Material in-year changes

In addition to the annual self-assessment, if the board becomes aware in-year of a significant change to its ability to meet any of the self-assessment criteria – for example, an external report reveals material quality risks or an unforeseen cost will affect its financial performance – it should inform the oversight team along with the actions it is taking to address the issue. Such in-year changes will likely inform the ongoing regulatory relationship with the NHS England region.

The NHS provider trust capability rating

Regional oversight teams will review the trust's submitted self-assessment and consider the statements and evidence. Using a range of considerations, including the historical track record of the trust, its recent regulatory history and any relevant third-party information, the oversight team will decide the trust's capability rating and share this with it, including the rationale for the rating.

Rating	Indicative criteria
Green High confidence in management	• No concerns evident from the self-assessment or subsequent performance • No concerns arising from third-party information • High confidence in the trust's ability to deliver on its priorities based on track record over past 12–24 months
Amber–green Some concerns or areas that need addressing	• After discussion with the trust, some concerns emerging across more than one domain, but these as yet are not affecting quality of care, delivery of core services, finance or the wider reputation of the NHS • Trust has prepared plan(s) to address any problems with associated timeframe for delivery • Historical issues/track record mean NHS England does not (yet) have full confidence in the board
Amber–red Material issue needs addressing or failure to	• Issues with self-assessment or subsequent issues across multiple domains • Failure to deliver on agreed plans to address a material issue • Potentially in breach of licence

address major issues over time	
Red Significant concerns arising from poor delivery, governance and other issues	• Material or long-running concerns at the organisation that management has been unable to grip • NHS trust in breach of licence or likely to be

Third-party information

As set out in the NHS Oversight Framework, third-party information relating to the organisation's governance and risk profile, staff morale and quality of care provided may inform NHS England's view of NHS trust capability. We expect that where **trusts receive information that impacts on their self-assessment** they should share this with NHS England. Relevant third parties include:

- **other bodies with regulatory responsibilities**, where concerns can reflect weaknesses in internal governance and systems of internal control and oversight – including the Information Commissioner, Human Tissue Agency and NHS Blood and Transplant
- **professional representative bodies**, reflecting issues with working conditions, staff morale, operating culture and safety – including the General Medical Council, Nursing and Midwifery Council and Royal Colleges
- **patients and the public**, reflecting issues in areas such as patient experience and culture via groups like Healthwatch
- **staff information**, reflecting issues in internal culture and inability to speak up, for example via staff survey or whistleblowers
- **ICB partners**, covering areas like the trust's willingness to collaborate and deliver shared goals
- **other NHS England teams**, reflecting knowledge from central programmes like quality, cyber assurance or digital maturity
- **relevant oversight groups**, including Joint Strategic Oversight Groups (JSOG) and system and regional quality groups
- **other sources** as relevant to the NHS trust, including coroners, Parliamentary Health Service Ombudsman, Local Government and Social Care Ombudsman, Ofsted, the trust's internal and external auditors and even the police.

For further information on relevant information from third parties please see Annex 1.

Annex 1: Bodies with relevant information on NHS trust capability

Body	Responsibilities	Considerations/areas to look at for NHS trust capability
NHS England	• Uses the conditions in the NHS trust licence it issues to NHS foundation trusts (and which also applies to NHS trusts in shadow form) to regulate trusts across a range of areas, including delivery of services, quality governance and efficiency, economy and effectiveness of management • Oversees the training of healthcare staff. Trusts liaise with it on matters like resident doctor training and NHS England has the power to remove resident doctors from trusts if conditions are unsatisfactory • Operates a cyber assurance service to build cyber security across the NHS, assessing alignment to key standards relating to the cyber assessment framework and indicators of good practice	• Meeting national standards • Compliance with the NHS trust licence • Resident doctor survey • Delivering NHS objectives • Collaborating with NHS trusts • Cybersecurity
Care Quality Commission	• Registers organisations to provide care in England, sets regulations covering the care trusts provide, runs an inspection and monitoring regime and publishes NHS trust ratings With NHS England: • Provides joint strategic leadership and alignment for quality through the National Quality Board (NQB) • As co-signatories of the NQB guidance for system quality management, work together as part of a culture of open and honest co-operation to identify opportunities for improvement, early warning signs, concerns and risks, and take collaborative action, working with systems to mitigate and manage quality • Ensures coherent oversight arrangements are in place for	• Quality of care – are any sites or services operated by the NHS trust classed as ‘Inadequate’? • Governance and culture – are there concerns for NHS England arising from the CQC’s well-led review across the whole organisation?

	systems, ICBs and NHS trusts to ensure services are safe and effective • Shares learning and information about quality risks/concerns in a timely and proactive way, through system quality groups, regional quality groups and wider discussions, and respecting regulatory frameworks	
Medicines and Healthcare products Regulatory Agency	• Regulates medicines, medical devices and blood transfusion components	• Systems in place to ensure proper and safe use of medical equipment
Human Tissue Authority	• Regulates the removal, storage, use and disposal of human bodies, organs and tissue	• Systems in place to safely and legally handle human tissue
The Human Fertilisation and Embryology Authority	• Regulates and inspects all clinics in the UK providing in vitro fertilisation (IVF), artificial insemination and the storage of human eggs/sperm/embryos – this may include some trusts	• Systems in place to meet standards associated with IVF and related procedures
The Health & Safety Executive	• Has a national remit over matters like workplace safety, estates conditions which covers trusts	• Systems in place to ensure staff, patients and the public work in a safe environment
The Information Commissioner's Office	• Has a national role to uphold information rights in the public interest May be in contact with trusts regarding patient confidentiality, for example setting data requirements	• Systems in place to manage data securely and in compliance with all relevant standards
NHS Counter Fraud Authority	• Investigates reports of fraud, bribery and corruption across the NHS	• Systems and culture in place to ensure zero tolerance of fraud, bribery and corruption at the NHS trust
Professional regulators: • General Medical Council • Nursing and Midwifery Council • General Chiropractic Council	• Together with NHS England, ensure proper standards of practice in respective professions to protect, promote and maintain the health and safety of the public • Most have responsibilities across the UK and all regulate professionals regardless of whether they work in the NHS or the independent sector • As a designated body, NHS England has a statutory duty under the	• Staff can work in and contribute to a safe, sustainable environment that ensures good morale and a healthy working culture that supports high quality care

• General Dental Council • General Optical Council • General Osteopathic Council • General Pharmaceutical Council • Health and Care Professionals Council • Social Work England	responsible officer regulations for GPs on the national performers list and for responsible officers from designated bodies across a wide variety of sector organisations • NHS England must inform professional regulators where professionals fail to meet the standards. This can lead to an investigation and potentially sanctions such as conditions on practice, suspension or removal from a professional register • Responsible for quality assuring the education and training of healthcare professionals. Most can inspect organisations that commission, oversee or provide education, and they have powers to withdraw approval from training programmes, posts or NHS trusts if they are not satisfied that education or training is being provided in a safe or effective way. In April 2023, NHS England took on the previous powers of Health Education England to regulate training NHS trusts and placement hosts	
Local Government and Social Care Ombudsman Parliamentary and Health Service Ombudsman	• Provide an independent complaint handling service	• Evidence of patient or staff concerns at health and care NHS trusts
Health Service Safety Investigations Body	• Investigates serious patient safety risks that span the healthcare system, operating independently of other regulatory agencies	• Quality assurance arrangements at NHS trusts
Healthwatch	• Shares learning and information through system quality groups, regional quality groups and the NQB to ensure that the views and experience of people and the public informs quality improvement and risk management discussions • <i>Note: The Dash Review recommends abolishing Healthwatch. If followed through, this will need to go through a number of steps before being enacted in legislation, likely in late 2026/early</i>	• The NHS trust uses patient and public information in reviewing the care provided at the organisation • Is there any evidence of patient concerns that might indicate issues with the provision and oversight of care provided?

	<i>2027. Until then, Healthwatch will continue to gather patient views and evidence and work together with NHS trusts and commissioners to improve local services.</i>	
Ofsted	Investigates education settings, including secure children's homes and SEND services	Is there any evidence of patient concerns that might indicate issues with the provision and oversight of care provided at specific sites managed by the NHS trust?
Coroners	Coroners investigate deaths that are unnatural or violent or where the cause is unknown or that took place in prison, police custody or another type of state detention, such as a mental health hospital	Is there any evidence of concerns or issues – for example, organisational culture or governance – that may have led to a death at the institution?
Royal Colleges	The professional bodies that oversee and regulate various medical specialties. These colleges set standards for training, examinations, and continuing professional development for doctors in their respective fields. They also play a role in policy and advisory work related to their specialties.	Do information from Royal Colleges – e.g. anonymised data from surveys of their members – highlight cultural, quality of care or patient safety concerns at the trust?
Local authorities	Along with other roles, local authorities help develop the population health needs assessment. Trusts are expected to work with system partners to meet these needs	Is there any evidence that the trust is not an effective system partner across its geography?

Trust Board Paper

Board Meeting Date	09 September 2025
Title	Audit Committee Meeting – 23 July 2025
	Item for Noting
Reason for the Report going to the Trust Board	The Audit Committee is a sub-committee of the Trust Board. The minutes are presented for information and assurance. The Trust Board is required to identify any areas for further clarification on issues covered by the meeting minutes and to note the content.
Business Area	Corporate
Author	Company Secretary for Rajiv Gatha, Chair of the Audit Committee
Relevant Strategic Objectives	Efficient use of resources Ambition: We will use our resources efficiently and focus investment to increase long term value

Unconfirmed Draft Minutes

Minutes of the Audit Committee Meeting held on

Wednesday, 22 October 2024
(Conducted via Microsoft Teams)

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

In attendance: Paul Gray, Chief Financial Officer
Rebecca Clegg, Director of Finance
Debbie Fulton, Director of Nursing and Therapies
Theresa Wyles, Chief Operating Officer
Dr Tolu Olusoga, Medical Director
Clive Makombera, RSM, Internal Auditors
Amanda Mollett, Head of Clinical Effectiveness and Audit
Kim Hampson, TIAA, Anti-Crime Specialist
Alison Kennett, Ernst and Young, External Auditors
Graham Harrison, Head of Financial Services
Julie Hill, Company Secretary

Observer: Rachel Eden, Holy Brook Accountants (Independent Examiner for the Trust's Charitable Accounts)

Item		Action
1.A	Chair's Welcome and Opening Remarks	
	Rajiv Gatha, Chair welcomed everyone to the meeting.	
1.B	Apologies for Absence	
	There were no apologies for absence.	
2.	Declaration of Interests	
	There were no declarations of interest.	
3.	Minutes of the Previous Meeting held on 23 July 2025	
	The Minutes of the meeting held on 23 July 2025 were confirmed as a true record of the proceedings.	

4.	Action Log and Matters Arising	
	The Action Log had been circulated. The Committee noted the Action Log.	
5.A	Board Assurance Framework	
	The latest Board Assurance Framework (BAF) had been circulated. The updates since the last meeting were highlighted in red type. The Chief Financial Officer presented the report and said that the Board Assurance Framework and Corporate Risk Register risk descriptions had been reviewed at the Trust Board's Strategic Planning Day in October 2025. It was noted that the Board had agreed that the current risks remained relevant but suggested that some of the risk descriptions should be reviewed to more accurately reflect the current risk. The Committee noted the report.	
5.B	Corporate Risk Register	
	The Corporate Risk Register (CRR) had been circulated. The Chief Financial Officer presented the paper and reported that the updates since the last meeting were highlighted in red type. The Committee Chair referred to CRR No 1 (Patient Absconsions) and asked for a definition of "AWOL" as opposed to an "absconsion". The Director of Nursing and Therapies explained that an absconsion was when an inpatient left Prospect Park Hospital without permission. An AWOL (absent without leave) was when a patient did not return from authorised leave. Sonya Batchelor, Non-Executive Director asked when the risk scores were last reviewed. The Chief Financial Officer said that each risk on the Board Assurance Framework and Corporate Risk Register had an executive risk owner who was responsible for updating the risk and reviewing the current risk score quarterly. Ms Batchelor referred to CRR No 4 (Near Misses) and asked whether there was a target for the number of near misses reported. The Director of Nursing and Therapies explained that staff were encouraged to report all incidents and near misses on the DATIX electronic incident reporting system. The Director of Nursing and Therapies said that the Trust aimed to have around 95% low/no harm incidents but did not set a target for the number near misses reported.	

	It was noted that following the implementation of the national patient incident response framework, the national reporting platform had changed which meant that the percentages of low/no harm incidents and how this benchmarked with other similar trusts was no longer reported. The Committee Chair referred to CRR No 6 (Third Party) and asked for more information about the contract review processes and contract review meetings and how these processes were helping to mitigate the Third-Party risk. The Committee Chair referred to CRR No 5 (Acute Bed Pressures) and asked for more information about the actions that were being put in place in respect of patients waiting 52 or more weeks. The Committee Chair said that it would be helpful to have a “deep dive” into the Third Party and Acute Bed Pressure risks for the next meeting. The Committee noted the report.	TW/PG
6.	Single Waiver Tenders and Provider Selection Regime Direct Awards Report	
	A paper setting out the Trust’s single waivers and provider selection regime direct awards approved from July 2025 to September 2025 had been circulated. The Chief Financial Officer presented the report and said that there were very few single waiver tenders and no provider selection regime direct awards during the reporting period. The Committee noted the report.	
7.	IFRS: 17: Overview and NHS Impact Report	
	The Head of Financial Services presented the paper and reported that IFRS 17 was an International Financial Reporting Standard issued by the International Accounting Standards Board that governed the accounting for insurance contracts. It replaced IFRS 4 and aimed to provide more transparent, consistent and comparable information about insurance contract obligations, revenue and profit over time. The Head of Financial Services reported that the Trust had undertaken an assessment for the Trust’s income and had not identified any contracts where IFRS impacted. It was noted that the Trust would continue to monitor the situation with respects to new contracts. The Interim Chair asked the Internal and External Auditors whether the Trust’s assessment that IFRS 17 had no impacts for the Trust was in line with their other clients’ assessments. Alison Kennett, Ernst and Young, External Auditors said that she had not had the experience of others trusts yet.	

	Clive Makombera, Internal Auditors, RSM said that he had seen a couple of other Trust's assessments and confirmed that these were in line with the Trust's assessment. The Director of Finance added that there was a potential impact for large acute trusts with research and development contracts. The Committee: a) Noted the change in the statutory reporting as a result of the implementation of IFRS 17 in reporting b) Noted the outcome of the assessment of the Trust's own income against the standard c) Agreed to seek input from Trust's External Auditor for areas on their interpretation of IFRS 17 and any common pitfalls when assessing impacts	GH/E&Y
8.	Information Assurance Framework Update Report	
	The Chief Financial Officer presented the paper and reported that four indicators were audited in quarter 2: • Mental Health Inpatient: Older Adult Acute Average Length of Stay (high assurance, green) • Mental Health: Inpatient Readmission rate within 28 days (high assurance) • Physical Assaults on Staff (green for data assurance and amber for data quality) • Positive Patient Compliance Rate % (amber for data quality and data assurance) The Chief Financial Officer reported that improvements had been made in the 72 Hour Follow Up metric but recording and accuracy issues persisted. The Trust was testing an hourly refreshed report which would assist monitoring. A new regularly refreshed report (every 15 minutes) had been introduced to support teams in achieving the target. The Chief Financial Officer referred to the Physical Assaults on Staff indicator and commented that reporting in this area was complex due to the reliance on multiple data systems which can complicate assurance over incident numbers. It was noted that actions had been implemented to improve this, including training, education and exploring automation between systems to reduce manual reporting errors. The Chief Financial Officer referred to the Positive Patient Compliance Rate metric which was amber for both data assurance and quality and explained that this was due to a naming convention issue preventing activity passing to the provider. It was noted that this was in the process of being resolved and it did not have a material impact on the metric given the volume of responses. Sonya Batchelor sought clarification on the reference in the report to "17 teams" and the meaning of "no activity". The Director of Nursing and Therapies explained that that some services were not on the Rio system, and "teams" may refer to different pathways within a service, not necessarily large numbers of staff. The Director of Nursing and	

	Therapies said that a single service with multiple pathways could account for several “teams,” so the issue was not as extensive as it may appear. Smaller services using alternative systems were typically affected. The Director of Nursing and Therapies further explained that late reporting can affect completion percentages, such as when paper surveys were submitted after the reporting period. To address this, the performance scorecard now reported patient experience metrics a month in arrears for greater accuracy. The Committee Chair asked for clarification on the activity recording data in the report noting an increase in monthly averages and querying whether this reflected increased staffing, productivity or other factors. The Director of Nursing and Therapies explained that activity increases may be due to seasonal fluctuations, for example, there were spikes during the year when significant numbers of children received their immunisations or the introduction of new services (for example, the new mental health in schools service). It was noted that the data reflected more people being seen but did not directly indicate increased efficiency. The Chief Financial Officer added that while the Trust was improving its recording of activity, this alone did not measure productivity. Productivity assessment would require overlaying activity data with organisational cost or workforce size. The Chief Financial Officer added that NHS England was expected to begin publishing productivity metrics that combined activity and cost data, possibly as soon as next month. The Director of Nursing and Therapies clarified that the activity data was used in the context of the patient experience report, representing the number of people who could have responded to the survey and was not intended to be a measure of efficiency. The Committee noted the report.	
9.	Losses and Special Payments Report	
	The Chief Financial Officer presented the paper which covered the first two quarters of the financial year. It was noted that there were £14,000 in payments year to date, mainly in relation to two personal injury claims. The Interim Chair referred to one of the personal injury case which involved a visitor to West Berkshire Community Hospital falling into a manhole because the seals on the manhole cover gave way under foot and asked whether routine maintenance checks were undertaken following the incident. The Chief Financial Officer confirmed that the Estates Team follow up all estate related incidents. The Committee noted the report.	

10.	Clinical Claims and Litigation Report	
	The Clinical Claims and Litigation Report had been circulated. The Director of Nursing and Therapies explained that the litigation report was based on cases officially closed by NHS Resolution, so claims may appear in the Losses and Special Payments Report before being reflected in the Litigation Report. The Director of Nursing and Therapies reported that since the last report to the Committee, there were two new cases and there were no cases closed during the quarter. The Committee Chair queried the process by which a matter previously managed as a complaint could escalate to litigation, particularly when it appeared to have been addressed multiple times at the complaints stage. The Director of Nursing and Therapies explained that the Complaints process did not provide for financial compensation and if a claimant sought financial redress, the matter must proceed through the legal process. The Director of Nursing and Therapies added that ideally, there should be no surprises with negligence claims, as these should have already been investigated as incidents or complaints. The Trust's responses were provided to NHS Resolution and the Trust's legal team, who would use them to determine whether to settle. The Committee noted the report.	
11.	Clinical Audit Report	
	The Clinical Audit Report had been circulated. The Medical Director reported that there were 41 open projects on the Clinical Audit Plan 2025-26 and confirmed that all projects were on track and that the Trust was meeting its responsibilities with regards to clinical audits. The Committee noted the report.	
12.	Anti-Crime Specialist Report	
	The Anti-Crime Specialist Report had been circulated. a) Anti-Crime Progress Report Kim Hampson, TIAA, Anti-Crime Specialist updated the Committee on the outcome of an investigation case (as detailed in the report) and reported that the subject of the case was recently sentenced in court to 26 weeks in prison, suspended for 12 months, alongside 250 hours of unpaid work and a compensation order of just over £12,600 to be repaid to the Trust.	

	The Committee Chair asked whether TIAA's original investigation had identified any concerns about the Trust's internal controls environment and whether there was sufficient separation of duties. Ms Hampson confirmed that she was not involved in the original investigation and agreed to update the Committee on the investigation findings. The Chief Financial Officer added that, as standard practice, any instance of fraud prompted a review of internal controls to identify process weaknesses. The Chief Financial Officer said that he did not recall any specific weaknesses highlighted in this case but agreed to follow up with Ms Hampson for confirmation. Ms Hampson clarified that the fraud involved an agency member of staff forging authorising manager signatures on timesheets, a relatively common type of fraud in the NHS. b) Counter Fraud Policy Kim Hampson reported that she had updated the Trust's Counter Fraud Policy with input from the Head of Financial Services following the introduction of the "failure to prevent fraud" offence effective from 1 September 2025. It was noted that the policy was comprehensively reviewed, with minor updates to clarify its scope (including contractors and suppliers), reference the latest Counter Fraud Authority strategy, the Economic Crime and Corporate Transparency Act, and the new offence. Contact details and whistleblowing terminology were also updated. Ms Hampson invited comments from the Committee before the policy was escalated for further approval. The Committee Chair, referencing the earlier Audit Committee Seminar on the Failure to Prevent Fraud offence and confirmed that the policy was clear. The Committee: a) noted the report. b) Approved the updated Counter Fraud Policy	KH/PG
13.	Internal Audit Report	
	a) Internal Audit Progress Report Clive Makombera, Internal Auditors, RSM presented the paper and highlighted the following points: a) Progress Report • Since the last meeting, two audit review reports had been published: ○ Controlled Drugs (reasonable assurance). The main issues were ensuring that there was a robust handover and accountability process for drugs, with clear sign-off at the appropriate level. Additionally, that there was timely destruction of expired or unsuitable drugs.	

	○ Employee Relations and Case Work (reasonable assurance). The main issue identified was the timeliness of investigations, with a recommendation to expedite processes for the benefit of both staff and the Trust, recognising the stress such proceedings can cause. ○ Action plans for both reports had been agreed with the Executive team and would be monitored for completion. • The Audit Programme for 2025-26 was progressing well. A draft report on mental capacity and Deprivation of Liberty Safeguards (DoLS) was under discussion with the Chief Operating Officer. A general ledger report was issued to the Chief Financial Officer and Head of Financial Services that morning and would be presented at the next meeting. The two remaining reports were scheduled to commence in January 2026. • The position in relation to follow-up actions was broadly positive. Only one medium-priority action was overdue, with a revised date agreed with management. One high-priority action was marked as implemented by management, but RSM was awaiting evidence before formally closing it. The Committee Chair sought clarification about the timescale for completing the high-priority action. Clive Makombera confirmed the action should be closed by the next report pending the receipt of evidence. The following information reports had been circulated for information b) Healthcare Benchmarking Report 2024-25 Clive Makombera referenced the Health Benchmarking 2024-5 which compared the Trust favourably to over 100 clients in terms of audit outcomes and management actions, with recurring themes in people, digital, cyber, finance, and patient safety. c) RSM Emerging Risk Radar September 2025 Clive Makombera drew attention to the Emerging Risk Radar report, which outlined emerging risks across health and other sectors, with cyber security, people, digital, finance, and government policy identified as key risks. The Committee Chair raised the risk of staff entering confidential information into AI tools such as ChatGPT, particularly in the NHS context where patient data could be exposed. Mr Makombera that this was a genuine risk and referenced a previous RSM paper on AI governance. The Medical Director confirmed that the Trust did not support the use of ChatGPT. The Medical Director said that the Trust was working to strengthen governance around AI. Clive Makombera offered further support to the Medical Director if needed. Sonya Batchelor, Non-Executive Director commented that the Emerging Risk Radar report was useful in focussing attention on the key emerging risks. d) NHS News Briefing Report	
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	Circulated for information. The Committee noted the reports.	
14.	External Audit Report	
	Alison Kennett, External Auditors, Ernst and Young confirmed that the external audit of the Trust's 2025-26 accounts would start in January 2026 with plans in place. The Committee noted the update.	
15.	Minutes of the Finance, Investment and Performance Committee meeting held on 23 July 2025	
	The minutes of the Finance, Investment and Performance Committee meeting held on 23 July 2025 received and noted.	
16.	Minutes of the Quality Assurance Committee held on 19 August 2025	
	The minutes of the Quality Assurance Committee meetings held on 19 August 2025 were received and noted.	
17.	Minutes of the Quality Executive Committee Minutes – 21 July 2025, 18 August 2025 and 15 September 2025	
	The minutes of the Quality Executive Committee meetings held on: 21 July 2025, 18 August 2025 and 15 September 2025 were received and noted.	
18.	Board Sub-Committees – Annual Review of Effectiveness Report	
	The results of the Finance, Investment and Performance Committee and Quality Assurance Committee's annual reviews of effectiveness had been circulated for assurance. The Company Secretary confirmed that the outcome of both Committee's annual reviews of effectiveness was very positive and there were no issues to highlight. The Committee noted the report.	
19.	Draft Audit Committee Annual Report to the Council of Governors	
	The Company Secretary presented the report and said that it was good governance for an annual report of the Audit Committee's work to be submitted to the Council of Governors because the Council was responsible for appointing the External Auditors.	

	The Committee Chair confirmed that he would be presenting the Audit Committee Annual Report to the Council of Governors meeting on 3 December 2025. The Committee Chair invited members of the Committee to forward any comments to the Company Secretary. The Committee approved the Audit Committee Annual Report to the Governors subject to any further updates from the meeting.	
19.	Annual Work Plan	
	The Committee's Annual Work Plan was noted.	
20.	Any Other Business	
	a) Care Quality Commission Observers to the Board and Sub Committees The Director of Nursing and Therapies informed the meeting that the Care Quality Commission may attend future meetings of the Trust Board and its sub-committees as observers as part of their well-led review. b) Berkshire Healthcare Charity – New Independent Examiner The Head of Financial Services introduced Rachel Eden, Holy Brook Accountants, who had taken over from Ernst and Young as the Independent Examiner for the Berkshire Health Charity Accounts. Ms Eden had been invited to observe the meeting as part of her induction to the Trust. Ms Eden thanked the Head of Financial Services for his help and support. The Head of Financial Services Graham outlined the process for signing off the charity accounts and proposed having a virtual sign-off by Audit Committee members prior to the Corporate Trustees final approval after either the December 2025 or January 2026 Trust Board meetings in order to meet the Charity Commission's deadline. The Committee agreed the approval process for the Charity Accounts 2024-5. c) RSM Emerging Risk Radar Sonya Batchelor, Non-Executive Director referred to RSM's Emerging Risk Radar and commented that she liked the format and asked whether the Trust could consider doing something similar. d) True North Performance Scorecard Sonya Batchelor, Non-Executive Director reported that she had raised an issue about the True North Performance Scorecard with the Chief Financial Officer and Chief Operating Officer about why some of the data on the version which was presented to the Finance, Investment and Performance Committee was different to the version which was presented to the Trust Board meeting.	PG PG/TW
21.	Date of Next Meeting	

	The next meeting of the Committee was scheduled to take place on 28 January 2026.	
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The minutes are an accurate record of the Audit Committee meeting held on 22 October 2025.

Signed: - _____

Date: - 28 January 2026 _____

DRAFT

Trust Board Paper

Board Meeting Date	09 December 2025
Title	The Use of the Trust Seal Report
	Item for Noting
Reason for the Report going to the Trust Board	In accordance with the Trust's Standing Orders, the Trust Board is informed each time the Trust's Seal is affixed to documents. The Trust's Seal was affixed to a four-year lease renewal for Lake Road Health Centre, Portsmouth for the Trust's Veterans Service.
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	Efficient use of resources Ambition: We will use our resources efficiently and focus investment to increase long term value