

# A Healthier Future for All

## Our Five-year Strategy

2026 - 2031



# Introduction

Berkshire Healthcare NHS Foundation Trust is a community and mental health provider serving the population of Berkshire, with specialist children's and court justice mental health services delivered across Thames Valley and Hampshire. We lead the specialist "OpCourage" armed forces mental health service in partnership across South East England.

Supported by 6,000 staff, we are **CQC-rated outstanding** across all areas, including leadership. A long and strong track record of delivering financial surplus, national standards and inclusion in the highest performance and autonomy group with NHS England.

Our strong foundation is made with the care, compassion, and skill of a highly engaged workforce. An experienced, stable, and diverse Board and leadership team balance strategy, execution, and development of a compassionate, inclusive culture. We implement innovation and sustain investment and the Trust is leading all NHS providers in digital maturity.

In November 2025, the Secretary of State for Health announced the Trust as one of eight to be designated, via an assessment process, as an **Advanced Foundation Trust** from 1 April 2026. This is a mark of excellence, a vote of confidence in our capability and an exciting opportunity to build on our strong foundation for the people we serve.

This next phase of our strategic development will show how we will lead healthcare in partnership, be fit for our population, and deliver the impact communities need and deserve to improve healthy life outcomes.

## Context:

Public finances are strained. Demand for healthcare is rising. According to the Health Foundation, NHS productivity has declined by 10 years compared to the pre-pandemic growth rate.

These factors directly affect people's experience of healthcare through waiting, leading to poorer health outcomes and a lower quality of life. The gap in health inequality is also widening. The voice and needs of underserved, deprived, vulnerable people are not adequately addressed by health and care organisations struggling to meet demand.

Public satisfaction with the NHS is at its lowest ever, with dissatisfaction focused on primary care access, waiting for hospital appointments, and delays in cancer care.

These visible systemic problems focus primarily on impacts on acute hospital elective and emergency care capacity and drive the political and improvement focus of healthcare reform.

There is relatively less political or public visibility of the long-term increase in demand, with a capacity and resource mismatch in social care and out-of-hospital services, including mental health, community, and primary care.

The share of health spend on acute hospital services has increased disproportionately over many years, while investment in out-of-hospital services has changed little in real terms. Recognition has not been matched by the investment needed to enable a step change in the contribution and transformation potential of the wider health and care system, and third sector (VCSE).

There are real opportunities for out-of-hospital services to support people living well at home, in good health and independently where possible, if longstanding problems can be resolved by aligning and focusing technology, workforce capacity, and associated investment in the right areas.

**Lord Darzi's 2024 review** of the NHS correctly identified the problems and diagnosed the change needed. It paved the way for the government's **Ten-Year Health Plan (10YHP)** published in July 2025.

**The plan centres on the three unsurprising fundamental shifts needed (including resource) to protect, sustain, and develop the NHS for all our futures:**

1. Modernising healthcare, from analogue to digital
2. Shifting care from hospital to community settings
3. Proactive healthcare delivery re-focusing the system from treating sickness to prevention



**Picture:** Dr Amit Sharma, Berkshire West Primary Care Alliance, discussing our shared vision for neighbourhood health with staff, system partners, and community organisations at our partnership strategy engagement event in September 2025.

## Uncertainty and opportunity: our strategy to partner for population health

Uncertainty facing the non-provider parts of the NHS from the national reorganisation of DHSC, NHSE, and Integrated Care Boards is driving significant cost and headcount reductions, with a material redundancy programme. This is a distraction and potential impediment to developing and embedding new roles of NHSE regional oversight and ICB strategic commissioning over the next few years. At a time when the NHS faces its greatest challenge to recover performance, productivity and deliver the 10YHP.

Our impact as a digitally competent, high-performing mental health and community service provider aligns with our existing system leadership and the ambitions of the 10YHP. We already work collaboratively with health, care, third sector, and technology partners, holding a highly relevant out-of-hospital delivery role in our system to lead healthcare improvement in partnership, for Berkshire and neighbouring counties.

With a track record as a capable provider for the whole county of Berkshire and in driving the change needed in the health and care system, we achieved **Advanced Foundation Trust (AFT)** status in April 2026 and will develop Integrated Health Organisation (IHO) impact from 2026/27 with our partners. Our leadership will support Thames Valley ICB's strategic commissioning intentions and early impact for the population.

We will drive innovation, transformation, and system reinvestment in leading proactive, multidisciplinary neighbourhood healthcare and hold responsibility for the whole population and pathway budgets, including mental health. We will improve system efficiency and health outcomes for our communities.

In partnership, we will deliver the three shifts of the 10YHP, improving access to primary care, supporting hospital-appropriate care, increasing public satisfaction with the NHS, whilst strengthening our core community and mental health services.

# How will the Trust look in five years' time?

Our clinical teams will feel like they are part of a local neighbourhood community, working with colleagues from across the system to wrap services around residents. There will be no barriers between teams, health and care staff in Berkshire will genuinely feel like **'one team'** regardless of employer.

Our services will be proactive, using data to find communities and individuals who need us now to avoid becoming unwell in the future.

Our leadership team will be responsible for making more funding decisions on behalf of our residents, supported by processes that ensure residents genuinely influence these decisions. We will eliminate unnecessary bureaucracy and speed up decision-making when opportunities arise to improve services.

Waiting times for our services will reduce. Our services will be more efficient, leveraging opportunities such as technological developments, new workforce models, and service redesign, so we can treat more patients without spending significantly more money.

## True alignment

### Alignment with our Mission, Vision, and True North strategic goals

Our existing mission, vision, True North strategic goals, and outcomes delivered over the last three-year strategy period provide the continuity and conditions to make the 10YHP's ambition a reality.

#### Our mission is to...



**Maximise independence**  
and **quality of life**

#### Our vision is to be...



**A great place** to  
get care, **a great**  
**place** to give care

## Our core values

Our values are our core beliefs. They shape the way we think, and act as a guide for how we approach things and how we make decisions.



## Our behaviours

Our behaviours provide a practical guide for how we work every day.

**Compassionate**

**Curious**

**Inclusive**

**Persevering**

## Our corporate goals

Our True North strategic goals are the four long-term aims integrated into our strategic ambition, which we focus on through our annual plan, quality improvement system, and transformation programme:



**Harm free care**



**Great patient experience**



**Supporting our people**



**Efficient use of resources**

## Our 3P objectives

Our 3P strategic objectives of People, Productivity and Partnership identify our priorities for 2026 - 2031, aligned to True North goals:



**People**



**Productivity**

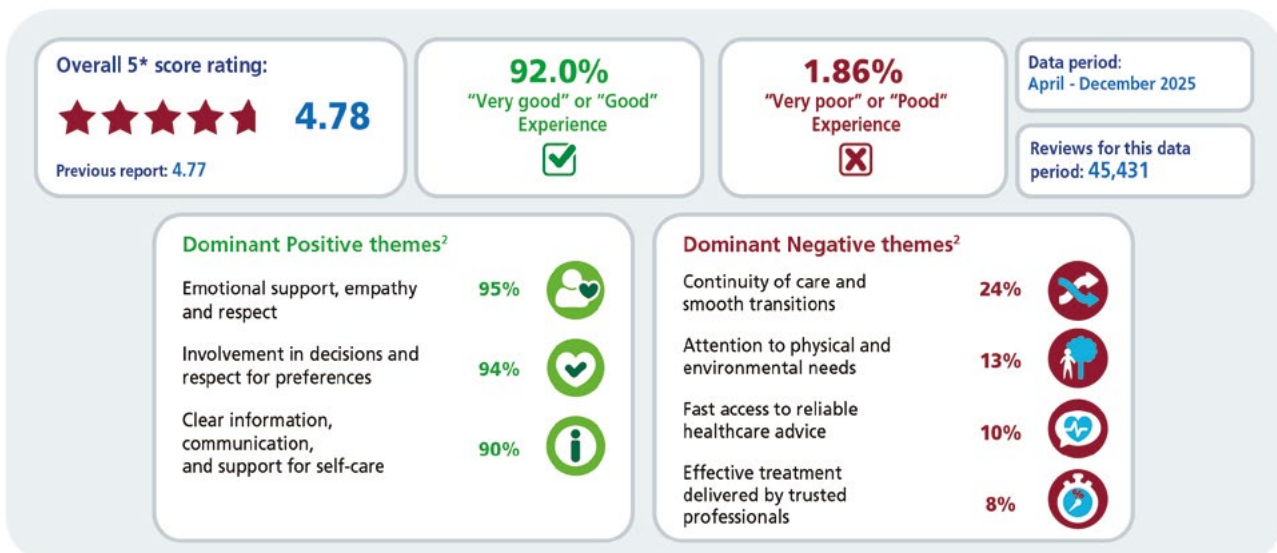


**Partnership**

## What do our patients say?

Our patient feedback system provides valuable insight into the experience of care directly from patients and helps target our improvement focus.

The patient feedback below (based on 45k data points from 2025) shows a positive overall patient experience of care. The dominant positive and negative themes are AI-generated from patient feedback free-text comments. For example, 95% of comments about "emotional support, empathy and respect" were positive, whilst 24% of comments about "continuity of care and smooth transitions" were negative.



# Strategy outcomes

Success in strategy delivery comes from alignment, focus, execution, and clarity of outcomes, as shown in True North measures in the table below.

Our True North goals include a partnership outcome of reducing unplanned hospital attendances. The aim is to support patients getting the right care, at the right time and in the right place. The system-focused outcome is being developed with partners and will feature in the Trust's strategy implementation plan.

## True North Outcomes

True North Goals	True North Metrics	Baseline (2025/2026)	Year 1 goals (2026/2027)	Year 5 goals (2031/2032)
Harm Free Care	Incidents of 'moderate' or above harm	33	Less than 30	Less than 24 <sup>1</sup>
	Patients deaths with poor care identified	22	Less than 15	Less than 12 <sup>1</sup>
Great Patient Experience	Positive patient experience score <sup>2</sup>	96% <sup>5</sup>	95%	95%
	Number of patients waiting more than 52 weeks for first appointment	120	0 <sup>6</sup>	0 and 92% of patients first appt in 18 weeks <sup>3</sup>
Supporting Our People	Staff sickness	4.6%	4.1%	3.5%
	Staff retention	90%	90%	90%
Efficient Use of Resources	Variance from financial control total	£0	£0	£0
	Trust-level productivity growth <sup>4</sup>	1.3% (vs 2024/25)	2% (vs 2025/26)	10% (vs 2025/26)
Partnership Goal	TBC - reducing unplanned acute attendances	TBC	TBC	TBC

**Notes:**

- 1 - Based on a 25% improvement on year 1
- 2 - Assumes a minimum of 10% response rate, Trust-wide
- 3 - Based on NHSE 5-year goal for planned care
- 4 - Based on 2% improvement in productivity per year (productivity is total activity / total cost per patient contact)
- 5 - Excluding Immunisation Team
- 6 - Excluding neurodiversity services

# Strategy refresh

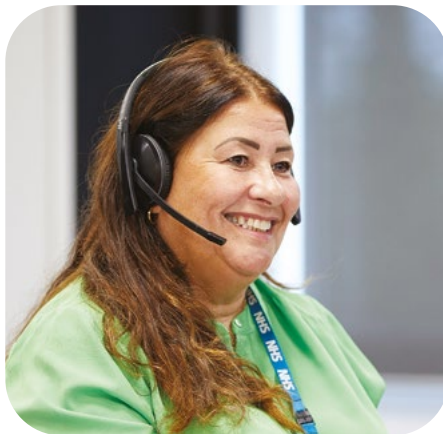
At this point in the strategy refresh, it is helpful to reflect on where we have come from over the last three years to where we are today, to inform where and how we will focus our impact in the future.

Our previous strategy has driven an important shift in how we think about and add value for staff, patients, carers, residents, and communities, as people. People with different and diverse contributions and needs.

Whether that is in the way we have grown our competence as an anti-racist organisation, improving equity of opportunity, access, experience, and outcomes for people. Or, in developing our co-production approach, valuing and integrating people's lived experience and growing our community engagement skills to co-design for service improvement.

People suffering from health inequalities do not have their needs addressed by public services. We know health inequalities are the unjust and avoidable differences in people’s health across populations. Our partnership for health equity has grown, including the Race and Health Observatory supporting our action for Black communities’ mental health, our co-production with community organisations for deprived populations in Reading and Slough, and the development of health inequality insight data for our service divisions to focus their action.

We will continue to balance, from an organisational and service perspective, what people need with meaningful listening, insight-led engagement, and change. Ensuring credible and effective outcomes in the eyes of the people we serve, the formation of an Equity Partnership Group in December 2025 will support and hold us to account for equity action.



## Strategic objectives

Our 3Ps: People, Productivity, Partnership, align our True North strategic goals with the capacity and capability of the organisation to lead delivery of the 10YHP:



# People impact



Berkshire Healthcare purposefully recognises the organisation as a people-centric healthcare provider, where culture, operational excellence and people are closely linked to the quality of outcomes, whether you are a patient or a member of staff. Our people impact and objectives are shaped from an existing positive culture of engagement, inclusion and psychological safety:

- Foster a safety culture that provides a great patient experience and safe care, values compassionate leadership, staff wellbeing, and staff voice.
- Invest in a diverse workforce through targeted recruitment and inclusive talent strategies to ensure equitable career development and progression opportunities, with diversity in the workforce driving innovation and improvement.
- Use workforce planning to anticipate and address the changing skills, roles, and ways of working needed for the future.
- Sustain operational excellence skills development and capability supported by team alignment to our quality management and improvement system.

## People objectives

### 1. Experience of care

Alongside safe and effective clinical interventions, providing a positive experience of care for patients from the very first contact through to their last is an essential part of excellent service provision.

To achieve consistently great experiences for those using and needing our services, it requires not only effective leadership and a receptive culture but also a systematic approach to listening, collecting, analysing, learning, and using feedback for continuous improvement.

### 2. Patient safety

Patient safety outcomes are intrinsically linked with achieving a psychologically safe culture for staff. Where staff feel able to be open, honest, and transparent with each other, patients, families, and carers, to support learning and ongoing service development through quality improvement. An open patient safety culture builds trust with patients and carers, who feel confident in the care that they receive.

### 3. Equity, inclusion, and wellbeing

The Trust will continue to close equity gaps for staff, patients, and communities. For planned patient and community health inequalities impact, see Partnership objectives further below.

### 3.1 Reducing abuse of staff and patients

Our anti-racism programme is entering its third year and is making a positive impact on staff, as shown in our improving workforce inequalities data (WRES/WDES).

An important focus remains on the rising trend in abuse and discrimination of staff by patients, carers, and the public. The Violence, Prevention and Reduction (VPR) programme (supported by our safety culture group and anti-racism taskforce) will continue to focus on actions to reduce the impact of abuse on staff, patients and the working environment, ensuring great care and a positive staff experience.

### 3.2 Talent management: improving staff retention and experience

At the mid-year review, the appraisal system now captures thousands of insights into staff career aspirations and the individual progression support needed. With this data, we will design a Trust-wide talent management process that provides tailored development interventions and pathways for staff progression, in line with our vision to make this a great place to give care and to retain a highly engaged and experienced workforce.

### 3.3 Developing compassionate leadership culture: improving staff wellbeing and patient care

The NHS continues to experience significant change, pressure, and uncertainty, which are affecting the psychological safety of teams. Whilst patients benefit from one of the most engaged workforces in the NHS, we see indicators of burnout, stress, and anxiety in our staff survey results and sickness absence data.

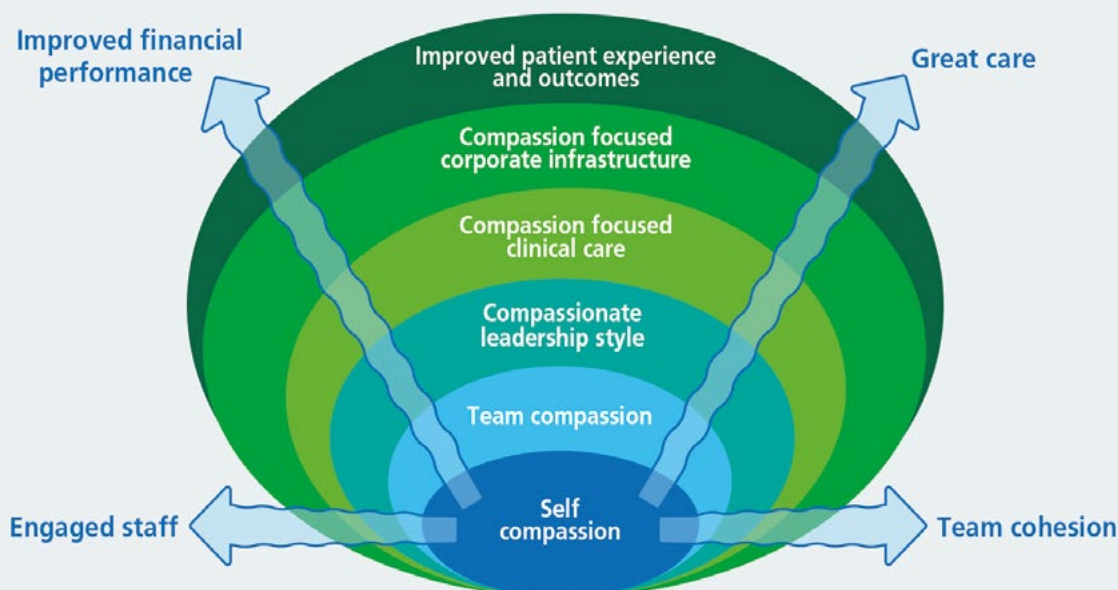
Team cultures are not consistently positive across the Trust, and whilst our leadership and management programmes are of good quality for the relatively low numbers of staff that go through them, there is now a potential team wellbeing and effectiveness intervention of greater scale through compassionate leadership development.

Compassionate leadership is not just about what we do in terms of key performance indicators, it is about how we go about achieving our goals. Compassionate leadership enhances the motivation to be the best version of ourselves for us and others. It teaches self-awareness, empathy, and curiosity. It promotes psychological safety through a culture of trust, safety, and inclusion.

Given that all organisations are vulnerable to reverting to a focus on threat, compassionate leadership requires continuous effort to sustain an organisational mindset that nourishes the people who work within it. Like all motivations, compassion can wax and wane depending on our sense of wellbeing and the context in which we work.

When leaders demonstrate compassion, this cascades through teams, leading to better communication and higher morale. Staff who experience a sense of autonomy, belonging, and contribution work collaboratively to improve patient care. This is crucial for a positive working environment, staff wellbeing, great patient experience, and improved patient safety.

## Ripple of compassionate leadership



We will review proposals to further strengthen the compassionate leadership culture across the organisation.

### 4. Operational excellence

Operational excellence is an important enabler to delivering great care, alongside team psychological safety.

We will deliver high-quality, reliable, efficient and equitable services by continuing to embed a mature Quality Management & Improvement System (QMIS). QMIS aligns our daily operations with strategic goals, empowers teams to solve problems at the source, and drives continuous, sustainable improvements in patient and staff experience, health outcomes, productivity, access and flow.

A critical underlying capability for operational excellence is the use of data and analytics to focus improvement. We will progress operational analytical development support, aligning a key principle of QMIS in people being intelligence-led, to solve problems and improve services.

#### 4.1 Other 'People' objectives

- **Workforce planning:** we will develop plans for forecasting future skills and roles, including for new care models supported by service redesign.
- **Change management:** the scale of transformation requires robust support for staff, including training, organisational development, and support plans to help staff adapt.



## Productivity objectives

Berkshire Healthcare is committed to continuously improving productivity and efficiency and has a track record of delivering high rates of recurrent cost reduction. As a result, we are financially stable, although the economic outlook for the NHS over the next five years is the most challenging ever faced.

Expected NHS productivity improvements mean resources and capacity are released to deliver more patient care and better value for tax payers. It means patients will experience improved access, outcomes and reduced waiting across our services. It also means we will need to continue to reduce costs. Delivering productivity that releases capacity for care and cost-reducing efficiency will be challenging, but we have opportunities.

For example, there is a cost opportunity shown in the NHSE productivity benchmarking, including our mental health inpatient length of stay and corporate services, with £1.6m of full-year corporate cost reduction already commenced in 2025/26.

A Trust **productivity and efficiency programme** (PEP) has been constituted, incorporating delivery oversight of all contributing initiatives from divisions and central services, including the digital strategy.

With an initial income and expenditure planning gap of £15m for 2026/27 and a 2% annual productivity growth requirement in tariff, the Trust will align governance of the productivity programme through the finance and performance sub-committee of the Board for appropriate assurance, support, and challenge.

The scale of compounding productivity and efficiency challenge is such that digitally enabled service redesign, patient engagement and transformation will be required over the duration of this strategy.

The PEP leadership group is scoping priorities in line with the required benefits profile to deliver financial sustainability over three to five years.

Productivity objectives are summarised below and will be delivered through the initial PEP initiatives shown in the table below:

- Deliver annual efficiency and productivity improvement.
- Deliver financial sustainability.
- Digitally enable service redesign, patient engagement and health empowerment.
- Increase activity and value.
- Improve outcomes, access, capacity and waits.
- Enhance people processes and drive innovation for better staff and patient outcomes.

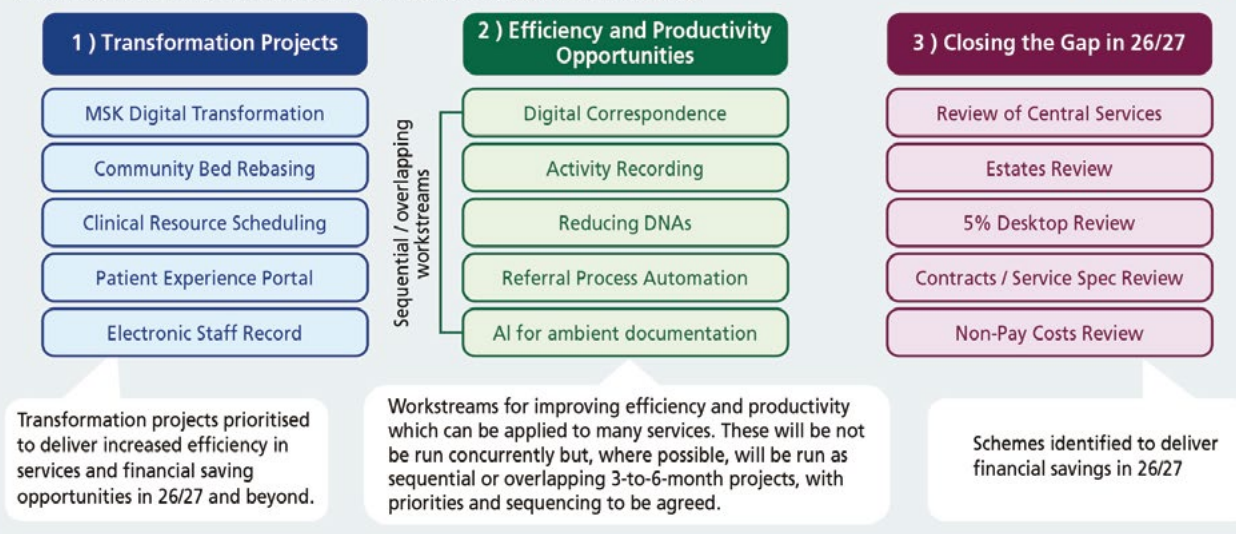
## Productivity and Efficiency Programme overview

(Initial December 2025)



Berkshire Healthcare  
NHS Foundation Trust

The projects headlined below are for initial prioritisation and scoping:



## 1. Digital focus

Our digital capability will be deployed through each of the PEP workstreams above, and the refreshed digital strategy will impact outcomes across the following three priorities:

### 1.1 Digital productivity

Delivering digital-related PEP priorities above, including:

- AI ambient documentation and electronic record integration, resulting in increased clinical capacity, increased patient activity and reduced administrative costs.
- Process automation, including referrals, supporting service redesign for improved efficiency.

### 1.2 Digital engagement

- Patient Experience Portal: aligning personal health record view, appointment management, service signposting, patient communication, and integration with the NHS App. Outcomes include reducing demand on services and improving patient experience and health outcomes.
- Health communications engagement with patients and communities. Outcomes include reducing demand on services and inequalities of access, and improving patient experience and health outcomes.
- Continuing leadership in the integration of information systems with health and care partners, enabling more effective clinical care, population health management, and research capability.
- Developing our health analytics capability to deliver population health insights and interventions, improving health outcomes. Exploration of a potential opportunity to host a connected care platform and population health analytics functions on behalf of the ICB.

### 1.3 Digital process

- Initially, end-to-end service redesign of the MSK physio pathway (see PEP above), reimagining service delivery enabled by digital tools. Outcomes of managing demand include improved patient experience, health outcomes, and increased efficiency.
- Programme of wider service redesign in development, including community health services transformation, for which integrated neighbourhood health working will be a key focus.



## Partnership impact



Partnership with purpose is a driving intention to have a positive impact for patients, communities and the population we serve.

With a focus on developing teams working together beyond organisation boundaries across the health and care system in Berkshire.

### Partnership objectives

Our service development focus will be on proactive, preventative healthcare for people living with long-term health conditions, both physical and mental. Innovation in services through partnership, focused on the needs of people where they live, will achieve better health outcomes for the population and reduce the impact on patients and system partners of unplanned, escalating health and care needs.

#### 1. Neighbourhood health and new ways of working

The Trust is leading the development of neighbourhood healthcare in the west of Berkshire with the Primary Care Alliance (representing the 42 practices and Primary Care Networks across three local authority areas). Within a wider partnership, we are co-designing neighbourhood health plans and priorities with the acute trust, local authorities, and the third sector.

##### Neighbourhood health definitions are helpful here, for clarity:

Integrated Neighbourhood teams will provide a range of different functions to support the health of their local population. A key function is the proactive management of complex, high-risk cases. This function will support the system's ambition to improve outcomes and experience for people living with frailty and in their last year of life through coordinated care and case management.

An **Integrated Neighbourhood Team** (INT) is a place-based delivery model. It is the organisational and operational structure that brings multiple services together at neighbourhood level (typically 30,000–50,000 population) to deliver joined-up care. INTs include GPs and general practice staff, community nurses, physiotherapists, occupational therapists, mental health specialists, social workers, other council services, voluntary organisations, care homes, end-of-life care and hospices, and community network teams.

The aim of INTs is to improve outcomes for the local population by enabling whole-system working at neighbourhood level, addressing health, care, and wider determinants of health together as a system, to support multi disciplinary teams to function within a shared neighbourhood framework and reduce fragmentation across services and improve people's experience of care and support.

**Proactive Multidisciplinary team** (MDT) working is a key element within an Integrated Neighbourhood Team, but it is not the Integrated Neighbourhood Team. MDTs are a structured way of working in which professionals from different disciplines come together to jointly assess, plan and coordinate care for individual patients. These have traditionally been health-focused, with primary care, community services, acute services and some social care input, and vary in maturity across Berkshire.

Our partners in the east of Berkshire partners share population health intent as we launch the East Berkshire provider partnership, with the opportunity to align for delivery impact across the county.

# Health inequalities

## Community engagement for health equity improvement

### What matters to our communities

In both Slough and Reading (most deprived communities), mental health inequalities among ethnic minorities and other underserved groups, and physical health problems linked to deprivation (like heart disease and diabetes) emerge as major themes in the voluntary sector data.

Slough's voluntary groups stress the need to break down barriers to care, by providing culturally sensitive support and bringing health services into the community given the access issues people reported. Reading's voluntary organisations echo similar concerns while also highlighting specific needs, such as women's health services and the high prevalence of chronic conditions in communities.

Both towns' community sectors advocate for early intervention and co-produced solutions (like training community health champions, establishing hubs and conducting research with those affected) so that the most pressing health concerns – mental wellness, family health, and long-term conditions can be better addressed in culturally appropriate, accessible ways.

### Across Berkshire, the common themes from communities focus on:

#### Mental health inequalities:

- The underuse of services by ethnic minorities and men, due to stigma and cultural barriers
- A need for culturally tailored support, safe spaces, community champions, and peer mentoring
- Focus on men's and young people's mental health (Reading) and women's Health (Slough)

#### Children and families highlight challenges in:

- Early maternity care
- High childhood obesity, and emotional health needs
- Parenting support, safe spaces, and addressing domestic violence, FGM and menopause

#### Physical health with a heavy burden of:

- Diabetes, hypertension, cardiovascular and respiratory illnesses
- Barriers to GP/specialist access
- Integrated diet, exercise, and mental health interventions

### Using data to inform our health inequalities priorities

We have reviewed service dashboards and included community insights from Reading and Slough. Drawing on external population data, including Local Authority Joint Needs Assessments, Healthwatch, West Berkshire public health data and Frimley ICB data, Core20PLUS5, NHS Futures, Fingertips, Gov.UK, ONS, and Berkshire Observatory.

## What our service data is telling us

### Mental Health: Access gaps and high physical-health burden

People with Severe Mental Illness (SMI) experience significantly higher prevalence of diabetes, hypertension, heart failure, and Coronary heart disease (CHD) across all Berkshire local authorities, with Reading and Slough showing the largest inequalities. Access data shows Asian/Asian British and Black/Black British groups are underrepresented in Community Mental Health Teams' caseloads and face longer waits, with some Black groups waiting up to 27 weeks. Deprivation also drives delays, with the most deprived areas waiting up to 17 weeks.

## Children, Families & Young People: Underrepresentation and long waits

Asian and Black children are heavily underrepresented in Child and Adolescent Mental Health Services (CAMHS) and neurodiversity services. Asian children face the longest waits, up to 36 weeks in some cases. Maternal Mental Health and Perinatal pathways also show underrepresentation and longer waits for Asian and Black women, with data highlighting disparities by ethnicity and local authority, along with notable data blind spots.

## Learning Disabilities: Lower identification and longer waits

The highest prevalence for those who have a Learning Disability (LD) is shown in Mental Health, Heart Failure, CHD, Hypertension and Diabetes. Data shows that individuals with an LD diagnosis face longer waits for Adult Community Mental Health Team (CMHT) services within the Mental Health division. They also experience longer waits for community services (e.g., 8–9 weeks vs 4–6 weeks for others).

## Community Physical Health: Ethnic and geographic variation

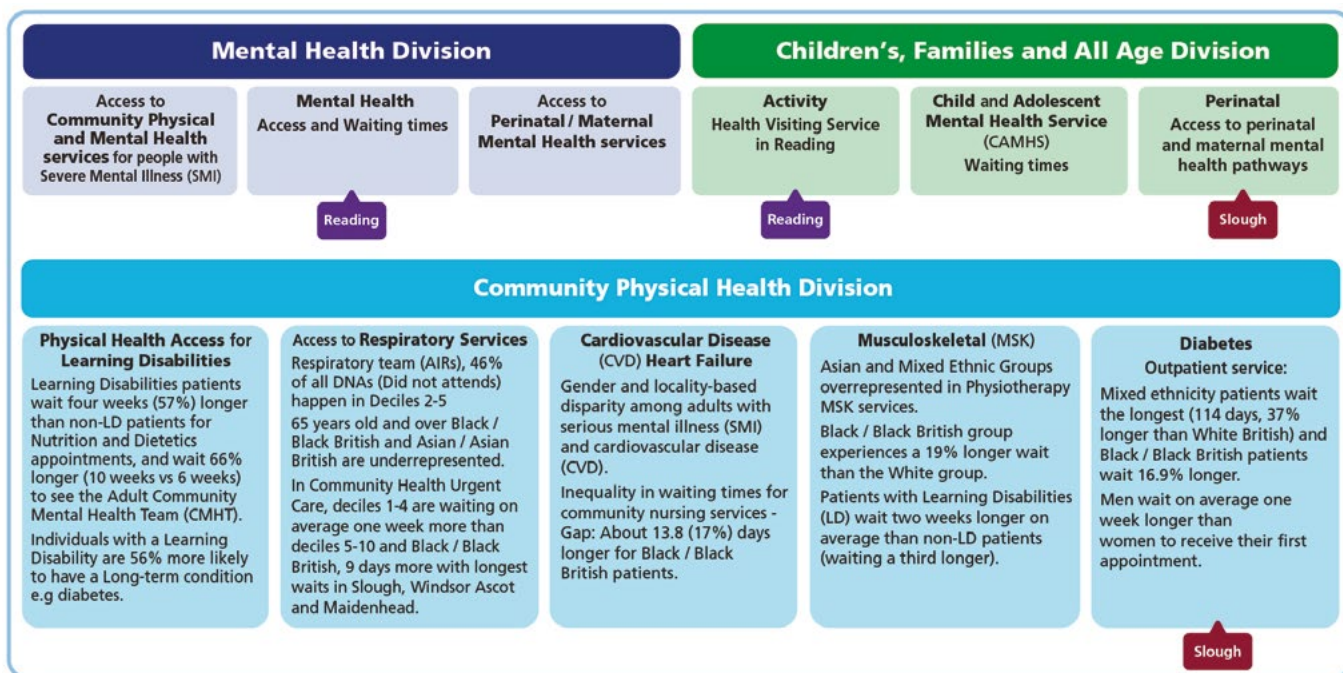
Across respiratory, cardiovascular and musculoskeletal (MSK) services, Asian and Black groups are often underrepresented despite higher need (Asian/Asian British and Black/Black British are underrepresented in the Respiratory service for 65+, where we see 336 less/324 less than their White counterparts, based on 100.000 Berkshire population).

## Diabetes Services: High burden, uneven access

Diabetes prevalence is highest in Slough. Asian and Black communities are underrepresented in caseloads despite higher disease burden. Wait times vary, with some groups waiting up to 11 weeks, compared to 6–7 weeks for others. Over 90% of diabetes cases are Type 2. The average deprivation decile is 3.8 (moderate level), and individuals have an average of four chronic conditions. Additionally, 18% live in multigenerational households and 18% have a BMI over 35.

**Through annual planning, divisions will develop action to address their highest impact, service-influenced health inequalities.**

The Top 10 data-led focus areas are shown below:



## Agreeing Reading and Slough's community priorities

The Trust has worked closely with Reading ACRE and Slough CVS to engage local communities on the areas of health inequalities that matter most to them. Two high-impact health inequalities initiatives have been jointly agreed with community partners.

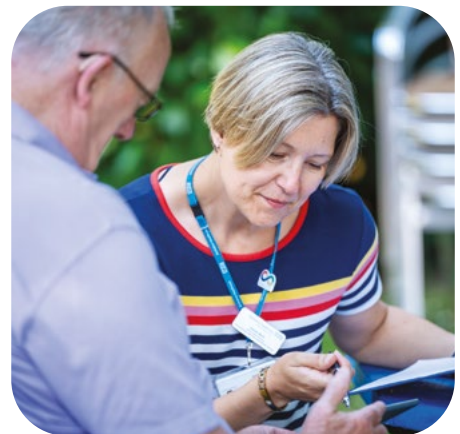
The first focuses on men's mental health in Reading. Responding to community concerns and supported by data showing poorer mental health outcomes, access gaps and long waits for psychological therapies among young men, particularly those from Black/Black British and Asian/Asian British backgrounds.

Building on existing bi-weekly men's mental health forums facilitated with Talking Therapies input, the project will be delivered alongside another focused on improving outcomes for 16–25-year-olds accessing mental health services in Berkshire.

The Reading initiative will define a clear cohort (ages 16–24), map access and waiting time disparities, strengthen outreach with culturally competent partners such as ACRE, and develop measurable outcomes linked to improved early identification and engagement.

The second high-impact initiative focuses on women's mental health in Slough, where both community feedback and internal perinatal data show under-representation of Asian/Asian British and Black/Black British women in services relative to local population need.

Delivered collaboratively with Slough CVS and perinatal/maternal Mental Health teams, the initiative will aim to improve awareness, access and early support through targeted outreach and strengthened health literacy approaches, in partnership with local groups, depending on priorities and impact.



# Advanced Foundation Trust programme

NHS England invited the Trust to apply for Advanced Foundation Trust (AFT) status in the first wave, one of eight trusts nationally. This was formally approved in May 2026.

AFT will further enhance our already strong capacity and capability to lead partnerships to improve population health outcomes and reduce health inequalities. Delivery of the Trust's strategy, leveraging the three shifts of the 10YHP, will be well supported by the earned autonomy and financial freedoms granted to AFTs.

Achieving AFT status is currently the gateway to Integrated Health Organisation (IHO) contracts. An AFT can be awarded commissioner-delegated authority to deliver health outcomes within population budgets. Working in partnership and sub-contracting for whole pathways of care, including mental health and long-term conditions, such as cardiovascular disease, diabetes and respiratory diseases.

Whilst IHO offers a strategic opportunity to drive innovation and improvement in population health, IHO policy is still in development. We will therefore scope and deliver relevant opportunities with our partners within the current ICB delegated commissioning powers. For the Trust's strategy, we recognise IHO is one of a few routes to positively impact population health outcomes, and an opportunity we will actively seek to leverage.

**Extracts from NHSE Advanced Foundation Trust programme - guide for applicants:**

Advanced foundation trusts will be the new marker of excellence used by high-performing foundation trusts and NHS trusts which pass an updated assessment process and benefit from substantial additional freedoms. Freedoms will include a fundamentally different relationship with the centre, greater strategic and operational autonomy, a capability-based approach to regulation, and greater financial flexibility.

**Only the highest performers will be able to apply for the advanced foundation trust status. To be eligible providers will need to show:**

- That they are delivering the public's priorities and value for money (as measured by the NHS Oversight Framework)
- That they are providing high quality care to patients (as measured by the Care Quality Commission (CQC) ratings)
- That they have excellent leadership (as per their Provider Capability Assessment)

Becoming an advanced foundation trust will not be about exercising greater autonomy for its own sake. Instead, advanced foundation trusts will be excellent organisations because of how effectively they use their freedoms to work with their patients, staff and communities, partners to improve the broader health of their population and tackle health inequalities.

**This will include playing a leading role in delivering the 3 shifts:** from hospital to community, from analogue to digital, and from sickness to prevention.

# Conclusion

This 2026 - 2031 five-year strategy continues Berkshire Healthcare's development and impact for the staff, patients, communities, and population we serve. The strategy aligns with the ambitions of the 10YHP, for which we are excited to play our part in delivering.

**Alex Gild**  
Deputy Chief Executive  
May 2026



✓ We're proud to be an **Advanced Foundation Trust**.



**#NoExcuse ForAbuse**

We will be polite and kind and we expect you to treat our staff in the same way. We will take action against anyone who is verbally, racially, physically or sexually abusive, including stopping access to our services.