Berkshire Healthcare
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Teams)

10:00am on Tuesday 14 July 2026

AGENDA

No	Item	Category	Presenter	Enc.	Timings
OPENING BUSINESS					**10-00-10.05**
1.	Chair's Welcome and Public Questions	Note	Frances West, Chair	Verbal	
2.	Apologies	Note	Frances West, Chair	Verbal	
3.	Declaration of Any Other Business	Assurance	Frances West, Chair	Verbal	
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Assurance	Frances West, Chair	Verbal	
5.1	Minutes of Meeting held on 12 May 2026	Decision	Frances West, Chair	Enc.	
5.2	Action Log and Matters Arising	Assurance	Frances West, Chair	Enc.	
QUALITY					**10.05-10.45**
6.0	Board Story – Mental Health in Schools Team	Assurance	Debbie Fulton, Director of Nursing and Therapies/ Rhona Edwards, Service Manager, Getting Help Service, CAMHS and CYPIT Management	Verbal	
6.1	Annual Complaints Report	Assurance	Debbie Fulton, Director of Nursing and Therapies	Enc.	
6.2	Medical Appraisal and Revalidation Annual Report	Assurance and Confirmation	Dr Tolu Olusoga, Medical Director	Enc.	
6.3	Quality Assurance Committee a) Minutes of the meeting held on 26 May 2026	Assurance	Sally Glen, Chair of the Quality Assurance Committee	Enc.	

No	Item	Category	Presenter	Enc.	Timings
	b) Learning from Deaths Quarterly Report c) Guardians of Safe Working Report		Dr Tolu Olusoga, Medical Director		
EXECUTIVE UPDATE					**10.50-11.05**
7.0	Executive Report	Assurance	Julian Emms, Chief Executive	Enc.	
7.1	a) Ethnicity Pay Gap Report b) Disability Pay Gap Report	Assurance	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.	
PERFORMANCE					**11.05-11.15**
8.0	Month 02 2026/27 Finance Report	Assurance	Paul Gray, Chief Financial Officer	Enc.	
8.1	Month 02 2026/27 Performance Report	Assurance	Theresa Wyles, Chief Operating Officer	Enc.	
STRATEGY					**11.15-11.40**
9.0	People Progress Report	Assurance	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.	
9.1	Anti-Racism Strategy – Progress, Delivery and Programme Review	Assurance	Alex Gild, Deputy Chief Executive/Karla Inniss, Head of Inclusion, OD and Organisational Experience		Enc.
9.2	Digital Strategy Update Report	Assurance	Alex Gild, Deputy Chief Executive/Mark Davison, Chief Information Officer	Enc.	
9.3	Trust's Green Plan Progress Report	Assurance	Paul Gray, Chief Financial Officer/Kate Townsend, Sustainability Lead Manager	Enc.	
CORPORATE GOVERNANCE					**11.40-11.50**
10.0	Fit and Proper Persons Test Assurance Report	Assurance	Julie Hill, Company Secretary	Enc.	
10.1	Appointment of a New Senior Independent Director	Decision	Frances West, Chair	Enc.	
10.2	Audit Committee Meeting on 17 June 2026	Assurance	Rajiv Gatha, Chair, Audit Committee	Enc.	
10.3	Council of Governors Update	Noe	Frances West, Chair	Verbal	

No	Item	Category	Presenter	Enc.	Timings
10.4	Trust Seal Report	Assurance	Paul Gray, Chief Financial Officer	Enc.	
Closing Business					**11.50-11.55**
11.	Any Other Business	Note	Frances West, Chair	Verbal	
12.	Date of the Next Public Trust Board Meeting – 8 September 2026	Note	Frances West, 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.	Decision	Frances West, Chair	Verbal	

Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday, 12 May 2026

(Conducted via Microsoft Teams)

Present:	Frances West	Trust Chair
	Mark Day	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
	Theresa Wyles	Chief Operating Officer
In attendance:	Julie Hill	Company Secretary
	Deepa Devadas	Consultant Nurse Practitioner in Frailty *(present for agenda item 6.0)*
	Kam Purewall	Urgent Community Response Manager *(present for agenda item 6.0)*
	Dr Laila Salhani-Maat	Consultant in Elderly Care *(present for agenda item 6.0)*
	Mike Craissati	Freedom to Speak Up Guardian *(present for agenda item 6.1)*
	Jane Nicholson	Director of People
	Ash Ellis	Deputy Director for Leadership, Inclusion and Organisational Experience *(present for agenda item 7.2 and 7.3)*
	Stephen Strang	Workforce Planning and Insights Manager *(present for agenda item 7.1 and 7.2)*

26/075	**Welcome and Public Questions** (agenda item 1)
	Frances West welcomed everyone to the meeting as Chair.

	There were no public questions.
26/076	**Apologies** (agenda item 2)
	Apologies were received from: Rebecca Burford, Non-Executive Director and Dr Tolu Olusoga, Medical Director.
26/077	**Declaration of Any Other Business** (agenda item 3)
	There was no other business.
26/078	**Declarations of Interest** (agenda item 4)
	i. Amendments to Register – none.
	ii. Agenda Items – none
26/079	**Minutes of the previous meeting held on 10 March 2026** (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday, 10 March 2026 were approved as a correct record.
26/080	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. The Director of Nursing and Therapies referred to action 25/198 and confirmed that the Reducing, Preventing and Managing Violence and Aggression Report on the agenda for the meeting included the number of incidents reported to the police and the percentage of prosecutions. **The Trust Board**: noted the report.
26/081	**Board Story** – Urgent Community Response (agenda item 6.0)
	The Chair welcomed Deepa Devadas, Consultant Nurse Practitioner in Frailty, Kam Purewall, Urgent Community Response Manager, and Dr Laila Salhani-Maat, Consultant in Elderly Care and to the meeting. Deepa Devadas gave a presentation and highlighted the following points:

- **Service Model and Operations:** The Urgent Community Response service operated as a “hospital at home” model, delivering rapid, responsive care to patients aged over 18 years old who were experiencing deterioration in their health.
- **Key components of the service were:**
    - Delivery of **urgent care within a 2-hour response timeframe**
    - Care was provided in **patients’ homes, care homes, or nursing homes**
    - Ability to escalate patients to a **virtual ward model**, where ongoing multidisciplinary care was delivered in the community
    - Average **length of stay of 5–7 days**, followed by step-down to community or primary care services
    - Operation **8am–8pm, seven days per week, 365 days per year**
    - The Trust had four teams across Berkshire and accepted referrals from primary care, ambulance services, and acute hospitals, and transitioning patients to ongoing support after stabilisation.
- The service model was designed to **avoid unnecessary hospital admission whilst maintaining clinical safety**, with flexibility to manage a wide range of clinical presentations if safe to do so.
- **Service Improvements Based on Feedback:** The team had implemented several improvements in response to patient and carer feedback, such as contacting patients before visits, making contact numbers more accessible, clarifying staff roles and uniforms, improving communication during transfers to emergency departments, and providing written daily care plans for families

Deepa Devadas played the Board a video in which patients shared their experiences of the Urgent Community Response service. The husband of an end-of-life patient also shared his positive experience of the service. Key themes included:

- The service matched hospital level treatment whilst reducing the distress associated with the hospital environment
- Seamless co-ordination between services (for example, between the Urgent Community Response team, Sue Ryder Charity, and District Nursing)
- Rapid response and highly skilled clinical assessment
- Strong communication throughout the episode of care
- Significant reduction in emotional and logistical burden on families

Sally Glen, Non-Executive Director, said that she found the presentation and video very moving. Ms Glen asked whether more formalised clinical pathways would be beneficial.

Dr Laila Salhani-Maat explained that overly rigid pathways would limit the responsiveness of the service and added that the current model allowed clinical judgement-based decision making and enabled broader patient access.

Mark Day, Non-Executive Director asked for more information about how the service integrated with services provided by the Sue Ryder charity.

	Deepa Devadas said that the Sue Ryder charity offered a range of hospice and community nursing services in Berkshire including an end-of-life pathway but the charity was not able to provide the speed of response needed at the point of referral and explained that the Urgent Community Response service would intervene initially and address the patient's immediate needs and then refer onto to Sue Ryder for ongoing support if appropriate. The Chief Executive said that it was important that the Trust continued to evidence the impact of the service though data and benchmarking in order to make the case for investment. Aileen Feeney, Non-Executive Director asked about those patients who did not want to be treated at home. Deepa Devadas confirmed that it was up to the patient whether they were treated at home or in hospital. The Chair thanked Deepa Devadas, Consultant Nurse Practitioner in Frailty, Kam Purewall, Urgent Community Response Manager, and Dr Laila Salhani-Maat, for their presentation. **The Trust Board**: noted the Board Story.
26/082	**Freedom to Speak Up Guardian's Report** (agenda item 6.1)
	The Chair welcomed the Freedom to Speak Up Guardian and the Director of People to the meeting. The Freedom to Speak Up Guardian presented the report and highlighted the following points: • Casework for the Freedom to Speak Up Guardian had increased slightly this year, with most cases involving advice on staff experience. • The predominant themes arising from casework related to staff experience within teams, interpersonal relationships, allegations of bullying, inappropriate behaviour, and poor team dynamics. These themes were consistent with the Staff Survey results • The overall number of cases was relatively small in the context of the total workforce, however, the impact on individuals was significant, particularly where issues were prolonged and resolution was delayed • More work was needed around improving the quality of feedback provided to colleagues who raised concerns to provide more closure • The staff turnover among colleagues who raised concerns has dropped significantly over the years, although exit interviews were no longer conducted

	Sonya Batchelor, Non-Executive Director asked whether the Executive Team reviewed the Freedom to Speak Up information along with other sources of intelligence. The Director of Nursing and Therapies confirmed that hotspots and cultural issues were discussed monthly with the Freedom to Speak Up Guardian, Chief Executive, Deputy Director of People, and herself. The Chair referred to the Freedom to Speak Up Guardians request that the Board support the actions set out below and asked if the Freedom to Speak Up Guardian was receiving the support he required from the Board. • 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. The Freedom to Speak Up Guardian confirmed that he was well supported by the Executive and Senior Leadership Team. **The Trust Board**: noted the report which provided a high level of assurance regarding the effectiveness of the Speaking Up framework.
26/083	**Patient Experience Report** (agenda item 6.2)
	The Director of Nursing and Therapies presented the paper and highlighted the following points: • There was a significant increase in the number of complaints this quarter, largely due to lengthy and complex AI-generated submissions across multiple services. In some cases, AI had misinterpreted legislation and it was not always clear what redress the complainant was seeking. • The Community Mental Health Annual Benchmarking Survey was included with the report. The Trust's performance broadly aligned with national comparators (middle of the range), but the relatively low response rates limited its statistical validity. • The key focus areas identified were communication relating to medication and side effects, improved shared care arrangements with primary care and enhancing clarity around prescribing responsibility. Mark Day, Non-Executive Director asked for clarification on whether continuity of care complaints related to internal transitions or transitions between primary care and acute settings.

	The Director of Nursing and Therapies explained that complaints covered both types due to patient confusion about service boundaries. The Chair commented that she had not considered the impact of AI generated complaints and its impact on workforce workload and complaint handling processes. Sonya Batchelor, Non-Executive Director pointed out that the number of complaints received represented a very small proportion of the total number of patient contacts. **The Trust Board**: noted the assurance contained in the report.
26/084	**Quality Accounts 2025-6** (agenda item 6.3)
	The Quality Accounts 2025-6 Report had been circulated for approval. Sonya Batchelor, Non-Executive Director commented on the very positive feedback on the Quality Accounts by the Integrated Care Board. Sally Glen, Non-Executive Director thanked the Associate Director for Medical Development, Clinical Effectiveness and Clinical Audit and Quality Account and the Quality Account and NICE Lead for their work in drafting the Quality Accounts. **The Trust Board**: a) Considered the Statement of Directors' Responsibilities in Respect of the Quality Account 2025-26 and ensured that they were satisfied with the Quality Account in relation to the requirements detailed in the statement. b) Confirmed to the best of their knowledge and belief that they had complied with the requirements detailed in the statement in preparing the Quality Accounts Report. c) Authorised the Chief Executive to sign the Statement of Responsibilities.
26/085	**Six Monthly Safe Staffing Report** (agenda item 6.4)
	The Director of Nursing and Therapies presented the paper highlighted the following points: • There were no significant changes in safe staffing over the last six months and there were no anticipated changes in the next six months. • Reduction in vacancy rates had improved staffing levels and the number of shifts with less than two registered nurses had significantly reduced over time. • All wards were assessed as safe.

	Sonya Batchelor, Non-Executive Director asked in view of the seasonal impact of increased sickness during the winter period, whether it would be helpful to have clearer seasonal comparison data and seasonal targets. The Director of Nursing and Therapies agreed to include a comparison with the same period in future reports. **Action: Director of Nursing and Therapies** **The Trust Board**: a) Noted the assurance contained in the report. b) Noted that Director of Nursing and Therapies and Medical Directors Safe Staffing Declaration (below) for the last six 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."
26/086	**Executive Report** (agenda item 7.0)
	The Executive Report had been circulated. The Chair referred to the section the British Medical Association Ballots for Consultants and Speciality, Associate Specialist and Specialist (SAS) Doctors and the potential overlapping with the Resident Doctors industrial action and asked about the timescale. The Director of People confirmed that both groups of doctors could potentially be involved in industrial action simultaneously in July 2026. **The Trust Board**: noted the report.
26/087	**National NHS Staff Survey Results Report** (agenda item 7.1)
	The Chair welcomed the Workforce Planning and Insights Manager to the meeting. The Director of People presented the report and reminded the meeting that the Staff Survey results had previously been reviewed in detail in a private Board session, due to embargo restrictions at the time.

	The Director of People reported that data from Staff Survey results fed into the Safety Culture Group. The Trust was also developing a “Cultural Barometer,” which brought together Staff survey data, Freedom to Speak Up casework and workforce indicators (e.g. sickness, turnover). This approach enabled a more holistic understanding of organisational culture and the identification of patterns and “hotspots” requiring intervention The Chair welcomed the development of the cultural barometer and stressed the importance of viewing the Staff Survey results as part of wider cultural intelligence framework. The Chair thanked the Workforce Planning and Insights Manager for his detailed analysis of the Staff Survey Results including the paper on variation in the Staff Survey Results across organisational levels. **The Trust Board**: noted the Staff Survey Results and supporting analysis which provided assurance on the workforce experience and organisational culture and identified areas for further focus and improvement.
26/088	**Gender Pay Gap Report** (agenda item 7.2)
	The Director of People presented the paper and reported that the Trust’s mean gender pay gap was 16.93% and the median gender pay gap was 12.44%. When analysis was restricted to Agenda for Change roles, which covered the majority of the workforce, the gap reduced significantly. It was noted that analysis within the report showed that the gender pay gap was primarily a structural outcome, driven by workforce composition, role distribution, working patterns and nationally determined pay frameworks, rather than unequal pay within roles or differential treatment in recruitment or progression. The Director of People pointed out that historically medical clinical excellence awards were more likely to be awarded to men, and these were lifetime payments and therefore these historical disparities would continue to be reflected in current pay data. Sonya Batchelor, Non-Executive Director commented that there were limited direct levers available to address the pay gap, due to national pay frameworks (e.g. Agenda for Change) and legacy contractual arrangements and areas of included: recruitment practices, career development and progression and encouraging equitable access to opportunities Sally Glen, Non-Executive Director asked what more could be done to encourage more female doctors to apply for clinical excellence awards. The Director of People reported that these awards are no longer offered, and that the Medical Director had begun reviewing other payments made to medics, such as additional sessions, to identify and understand any disparities in more detail.

	The Chief Executive added that he and the previous Medical Director had previously conducted a focus group with female consultants about Clinical Excellence Awards disparities and had contacted all female consultants and suggested undertaking another similar proactive approach to encourage take up of the Clinical Excellence Awards amongst female consultants. **Action: Medical Director** The Director of People informed the Board that gender pay gap reporting was mandatory, but the Trust would also be presenting ethnicity and disability pay gap reports to the next meeting. **Action: Director of People** **The Trust Board**: noted the assurance contained in the report.
26/089	**Reducing, Preventing and Managing Violence and Aggression Report** (agenda item 7.3)
	The Chair welcomed Deputy Director for Leadership, Inclusion and Organisational Experience to the meeting. The Director of Nursing and Therapies reported that the number of physical and non-physical assaults on healthcare staff was increasing, and this trend was reflected nationally. It was noted that less than 10% of the incidents were reported to the police. The Director of Nursing and Therapies said that there was culture of acceptance of violence especially amongst mental health staff and work was being undertaken to shift the narrative to reporting assaults in order to protect others and to ensure appropriate patient pathways for perpetrators. The Chair commented that both the police and mental health staff experienced violence in their roles and therefore their tolerance of violence was higher than other professional groups and asked if the Trust was comfortable with its professional relationship with the police and in their role in changing the culture around reporting assaults. The Director of Nursing and Therapies confirmed that the Trust had a positive professional relationship with the police and reported that the Trust and Thames Valley Police were participating in Operation Cavell which aimed to reduce and prosecute crimes against healthcare workers by ensuring that all physical assaults, hate crimes, and abuse against NHS staff were reviewed by senior police officers. Sonya Batchelor, Non-Executive Director referred to the report and asked about the timescale for implementing the Trust's new Anti-Abuse Policy. The Deputy Director for Leadership, Inclusion and Organisational Experience confirmed that the new Anti-Abuse Policy was expected to be signed off within the next few weeks

	and would be promoted to staff through established communication channels, alongside the annual Abuse Survey in June. It was noted that last year's staff feedback led to the implementation of new measures, including the anti-abuse policy, and that ongoing engagement will continue through the annual Abuse Survey. Ms Batchelor asked whether the focus of the Trust's work was around making sure staff reported assaults and working with the police to ensure cases were escalated appropriately. The Chief Operating Officer explained that there were a number of actions being undertaken and pointed out that most assaults at Prospect Park Hospital occurred during the first week of patient admission, prompting teams to focus on prevention and improved reporting during this period. The Chief Executive discussed the need for a multi-agency approach to address violence, bullying, and harassment against staff, emphasising organisational development and learning from other sectors. The Chair commended the Trust's commitment to reducing, preventing, and managing violence and aggression and acknowledged that there was work to be done. **The Trust Board**: acknowledged reducing, preventing, and managing violence and aggression as a major Trust priority and took assurance that there was a strong strategic focus in place.
26/090	**Month 12 2025-26 Finance Report** (agenda item 8.0)
	The Chief Financial Officer presented the report and highlighted the following key points: • The Trust delivered its 2025/26 financial plan, achieving a £1.7 million surplus. • By month 12, the surplus had increased to £3.3 million. NHS England had decided to redistribute Deficit Support Funding (DSF) not used by systems that failed to deliver their plans to providers that did deliver, provided those providers were part of a system that met plan and had also submitted a balanced plan for 2026/27. • As this funding had originally been intended to cover system deficits, it had to be recorded in the bottom line to support the NHS's overall financial targets and therefore could not be spent. However, the DSF bonus was cash-backed and would still increase the Trust's available cash. The Trust's share of this funding was £1,638k. • The Trust achieved its £17.5 million cost improvement programme. • The final cash balance was £55 million. • The Trust met all four Better Payment Practice Code targets. • Capital expenditure was £1.5 million below the CDEL limit, mainly because completion of the Bracknell Healthspace and Chalvey projects had slipped into 2026/27.

	• The Integrated Care Board had allocated an additional £250k of sustainability funding which was used to expand electric vehicle charging infrastructure and implement energy efficiency measures (e.g. LED lighting). • The Trust had two temporary staffing targets. It achieved the required 30% reduction in agency spend compared with the previous year and exceeded the 10% bank staffing cost reduction target by a further 7% (£1.6 million). Sonya Batchelor, Non-Executive Director commended the Executive and wider organisation for delivering strong financial performance and maintaining control across all key financial metrics. **The Trust Board**: received assurance from the report and recognised the Trust's delivery of its financial plan 2025-26, achievement of al key targets and effective management of financial pressures.
26/091	**Month 12 2025-26 "True North" Performance Scorecard Report** (agenda item 8.1)
	The Month 12 2025-26 "True North" Performance Scorecard Report had been circulated. The Chief Operating Officer presented the report and highlighted the following points: • **Adult mental health length of stay** remained significantly above target with performance at 80.91 days compared with the target of 42 days. The average length of stay had increased in month due to discharging 7 patients with length of stays over 60 days. There was also an increase the number of lost bed days with Reading as the highest contributor. • **Older mental adult length of stay** performance was at 113.45 days against a target of 80 days. Eight patients discharged out of 11 this month had lengths of stay over 90 days with Orchid ward as the top contributor. • The Trust held fortnightly executive-level reviews of long-stay patients to identify and resolve barriers to discharge. The Trust was implementing a mental health discharge "sprint" programme, involving intensive multi-disciplinary team (MDT) engagement, a structured improvement approach over a defined period and direct engagement with patients and carers to understand and address delays. • **Physical Health: Community Inpatient Average Length of Stay** performance was at 24.77 days against a target of 21 days. It was challenging to achieve the target with delayed discharges caused by patients awaiting package of care provision. • The Trust accepted NHS Discharge Pathway 3 patients which was a process used when a medically fit hospital patient required 24-hour bed-based care, such as a temporary or permanent residential or nursing home placement. It is reserved for patients with the highest level of complex needs. The Trust was discussing the impact of accepting pathway 3 patients with NHS England's Regional Team and whether this was a sustainable model.

	• The number of patients in **locked rehabilitation placements** had decreased from 14 to 10, meeting the planned reduction target. • **Physical Assaults on Staff** – 49 incidents against a target of 36. There are 20 patients that contributed to the total this month. • **Restrictive Interventions – Rapid Tranquilisation (Intra-muscular)** – 14 against a target of 39 incidents. • **I Want Great Care Patient Experience Compliance Rate** at 7.9% against a 10% target. Sally Glen, Non-Executive Director noted that the number of rapid tranquilisation incidents had reduced but the use of seclusion had increased and asked whether these two metrics should be reviewed together. The Chief Operating Officer explained that an individual patient who was the top contributor of rapid tranquilisation incidents had been discharged. The Chief Operating Officer added that the new performance scorecards now allowed teams to review interdependent metrics such as rapid tranquilisation, seclusion, and assaults on staff on a single sheet. **The Trust Board**: received assurance from the report.
26/092	**Finance, Investment and Performance Committee Meeting on 22 April 2026** (agenda item 8.2)
	Sonya Batchelor, Chair of the Finance, Investment and Performance Committee reported that the Committee had acknowledged that the Trust had achieved and exceeded ambitious financial and performance targets, including a £1.6 million surplus, and emphasised the importance of recognising the collective effort across the Trust. Ms Batchelor said that a continued area of focus for the Finance, Investment and Performance Committee was around financial sustainability and on ensuring that the Trust had the right balance between recurrent and non-recurrent savings. Ms Batchelor commented that she was impressed by the high level of executive grip and insight into performance with a strong focus on the quality of care and operational outcomes. Ms Batchelor reported that the Director of People had attended the April 2026 meeting to present on the Trust's recruitment and retention and reducing sickness absence. It was noted that there was a significant reduction in the Trust's staff turnover from 17% to 10% driven by recruitment strategies, internal promotion, and vacancy control. The Chair thanked Sonya Batchelor for her update.
26/093	**Trust Strategy 2026-31** (agenda item 9.0)

	The Deputy Chief Executive presented the final Trust Strategy 2026-31 for approval. The development of the Strategy was the culmination of extensive engagement with staff, people with lived experience, local communities and system partners and development work to define the Trust's strategic direction over the next five years.
	
	The Deputy Chief Executive said that the strategic framework was built around the "three Ps" of People, Productivity and Partnership and was aligned to the Trust's vision and mission, True North goals, and behavioural expectations.
	
	Key elements of the Strategy included:
	
	• A strengthened emphasis on **partnership working**, particularly in relation to:
	  ○ Reducing unplanned acute attendances
	  ○ Supporting system flow and population health
	• Continued focus on:
	  ○ Workforce development and wellbeing
	  ○ Service productivity and efficiency
	• Build on existing organisational strengths while **pivoting towards future system leadership**
	
	The Chair commented that the development of the Trust's Strategy was a significant piece of work and supported the Trust's ambition to achieve Advanced Foundation Trust status.
	
	The Trust Board: approved the Trust Strategy 2026-31.

26/094	**Annual Health and Safety Report** (agenda item 10.0)
	Paul Gray, Chief Financial Officer, presented the report and highlighted the following points: • The report also included the **Annual Statement of Fire Safety**. This confirmed that for the period **1 April 2025 to 31 March 2026**, all premises which the organisation owned, occupied, or managed have had fire risk assessments undertaken in compliance with the Regulatory Reform (Fire Safety) Order 2005. • **Enforcement Notices –** there had been no enforcement notices issued by the Health Service Executive or local authorities during the year. • **RIDDOR Incidents -** there were 8 RIDDOR incidents reported (with one false report where a member of staff reported an incident directly to the Health and Safety Executive which did not meet the criteria for a RIDDOR incident). • **Physical Assaults –** there were 923 physical assaults against staff were reported during the period, which was an increase of 254 compared to 2024-25. • **Non-Physical Assaults against staff –** there were 1,268 non-physical assaults against staff were reported during the period, an increase of 242 compared to 2024-25.

	• **Fire Safety** - during 2025/2026, the Royal Berkshire Fire and Rescue Service undertook one site fire safety visit (Tilehurst Clinic) to ensure the Trust was compliant with the Regulatory Reform (Fire Safety) Order 2005, and to complete a post incident inspection. • **Arson** - there were two cases of arson reported for 2025/2026, and twelve cases of a risk of fire being identified. Nine out of the twelve incidents where fire risks were identified occurred at Prospect Park Hospital. • **Compliancy in statutory training: Fire Awareness** - The number of staff trained throughout 2025/2026 had averaged **93.73**% (the target was 95% compliance). • **Compliancy in statutory training: Health & Safety** - the number of staff trained throughout 2025/2026 had averaged **98.51**%. This was above the Trust's target of **90%** compliance. • The overall **sickness rate** for 2025 was 4.60%, an increase from 4.28% in 2024. Anxiety and stress remaining the **most significant contributing factor.** Sally Glen, Non-Executive Director reported that nationally there had been an increase in the use of mental health inpatients using self-tied ligatures rather than fixed ligature points and commented that this presented a complex clinical and safety challenge. The Chief Operator said that risk mitigation included individualised risk assessment including the use of anti-ligature clothing where appropriate and staff vigilance. **The Trust Board**: a) Approved the Annual Statement of Fire Safety. b) Was assured that appropriate processes were in place to manage Health and Safety.
26/095	**Trust Annual Report 2025-26** (agenda item 10.1)
	The Trust's draft Annual Report 2025-26 had been circulated to members of the Board only because it was a legal requirement that an NHS foundation trust's Annual Report was not published until it had been laid before Parliament. The Chief Executive invited members of the Board to forward any comments to the Company Secretary. It was noted that the Trust's External Auditors had still to undertake their audit of the draft Annual Report. The Company Secretary would inform members of the Trust Board of any changes between the draft circulated and the final document. **Action: Company Secretary** An extraordinary meeting of the Audit Committee had been convened on 17 June 2026 to approve the Annual Accounts 2025-26 on behalf of the Trust Board. When approved, the Annual Accounts would be added to the Annual Report. **The Trust Board**:

	a) Approved the draft Annual Report 2025-26 for submission to NHS England subject to any final necessary additions and amendments b) Delegated authority to the Chair and Chief Executive to give Board approval to the final document in light of the timetable for submission to NHS England c) Delegated authority to approve the Annual Accounts 2025-26 on behalf of the Trust Board to the Audit Committee at its extraordinary meeting on 17 June 2026
26/096	**Audit Committee Meeting on 22 April 2026** (agenda item 10.2)
	Rajiv Gatha, Chair of the Audit Committee reported that the Trust was transitioning from RSM to Barts Health as the internal auditors with a smooth handover expected. The Chair thanked Rajiv Gatha for his update.
26/097	**Council of Governors Update** (agenda item 10.3)
	The Chair reported that the Council of Governors' Appointments and Remuneration Committee had approved the recruitment process for a new non-executive director to replace Mark Day with interviews scheduled to be held on 2 July 2026. The Chair reported that the election process for nine public governors' vacancies was underway with contested positions in Reading and West Berkshire and two staff governor vacancies. The results would be announced on 11 June 2026. The Chair said that she was keen to encourage governors to observe public Trust Board meetings.
26/098	**Trust Seal Report** (agenda item 10.4)
	The Chief Financial Officer reported that the Trust Seal had been affixed to a Supplemental Licence to Alter document relating to works by the Royal Berkshire NHS Foundation Trust to install a water supply across the Trust's land as part of the new MRI Community Diagnostic Centre they were building. **The Trust Board**: noted the report.
26/099	**Any Other Business** (agenda item 11)
	There was no other business.

26/100	**Date of Next Public Meeting** (agenda item 12)
	The next Public Trust Board meeting would take place on 14 July 2026.
26/101	**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 12 May 2026.

Signed…….. Date 14 July 2026

Berkshire Healthcare NHS Foundation Trust

BOARD OF DIRECTORS MEETING 14.07.26

Board Meeting Matters Arising Log – 2026 – 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
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.	August 2026	**MM**		
13.01.26	26/011	Performance Report	A "deep dive" into the causes of increased assaults and the use rapid tranquilisation, including the impact of an increase in the number of detained patients to be presented at a future Finance, Investment and Performance Committee meeting.	October 2026	**TW**		

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
13.01.26	26/011	Performance Report	If possible, when reporting the number of rapid tranquilisation incidents, a distinction to be made between those patients who had indicated that rapid tranquilisation was their preferred option and the rest.	July 2026	**TW**	The Datix system has been updated to include patient choice.	
13.01.26	26/012	"Green Plan" Sustainability Strategy Update	The Board to receive regular updates on the implementation of the "Green Plan"	July 2026	**PG**	On the agenda for the July 2026 Trust Board meeting.	
10.03.26	26/045	Infection and Control and Antimicrobial Action Plan	The Quality Assurance Committee to receive updates on the implementation of the Trust's Antimicrobial Action Plan as part of the Infection Control and Prevention report.	July 2026	**DF**	The May 2026 Quality Assurance Committee meeting received an update on the Antimicrobial Action Plan.	
12.05.26	26/085	Six Monthly Safe Staffing Report	Future reports to include a comparison with the same time period to aid comparison.	November 2026	**DF**		
12.05.26	26/088	Gender Pay Gap Report	The Medical Director to consider undertaking a proactive approach to encourage greater take up of the Clinical Excellence Awards amongst female consultants.	July 2026	**TO**	Clinical Excellence Awards are no longer being awarded as this route is now closed though there are colleagues who will have legacy awards	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						that will remain until retirement so this will take time to filter through. There is a National Impact Awards which is nationally awarded and for which we are unable to influence this in any way.	
12.05.26	26/088	Gender Pay Gap Report	Ethnicity and Disability Pay Gap Reports to the be presented to the July 2026 meeting.	July 2026	**JN**	On the agenda for the meeting.	
12.05.26	26/095	Annual Report	The Company Secretary to circulate any amendments to the Annual Report made by the External Auditors to member of the Board and to seek approval to the changes from the Chair and Chief Executive.	June 2026	**JH**	The External Auditors made minor amendments to the figures in remuneration report and other very minor changes. The Chair and Chief Executive approved the amendments.	

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	14July 2026
Title	**Annual Complaint Report**
	Paper for Noting
Reason for the Report going to the Trust Board	It is a requirement under 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009' that an annual report is produced. The regulations state that the report must include the number of complaints received; the number of complaints that are deemed to be well-founded (upheld/ partially upheld) , the number of complaints which have been referred to the Health Service Commissioner to consider under the 1993 Act; a summary of the subject matter of complaints and any matters of general importance arising out of those complaints, or the way in which the complaints were handled. There is also a requirement for this report to be publicly available to anyone who wants it, it is therefore presented at the public Board. The report covered the period form 1st April 2025 to 31st March 2026 The report includes at table 14, the percentage breakdown of whether a complaint was upheld, partially upheld or not upheld against each of the complaint themes; as was requested by the Board previously. The overall number of complaints received in relation to total patient contacts remains comparable with previous years whilst the percentage of complaints upheld has decreased and the number partially upheld has increased. The Trust reports complaints on a quarterly basis through our Quality Executive and Trust Board alongside other patient experience measures including compliments, the Friends and Family Test, PALS, and our internal patient survey programme.
Business Area	Trust wide
Author	Elizabeth Chapman, Head of Patient Experience (full 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

Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Annual Complaints Report

April 2025 to March 2026

Contents

1. Introduction and Executive Summary

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

This report looks at the application of the Complaints Process within the Trust from 1 April 2025 to 31 March 2026 and uses data captured from the Datix incident reporting system.

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

- Ensuring processes are in place to resolve potential and verbal complaints before they escalate to Formal Complaints. These include developing systems and training to support staff with local resolution.

- An awareness of other services such as the Patient Advice and Liaison Service (PALS – internal to the Trust) and external services including Healthwatch and advocacy organisations which ensure that the NHS listens to patients and those who care for them, offering both signposting and support.

- Highlighting the complaints process as well as alternative feedback mechanisms in a variety of ways including leaflets, poster adverts and through direct discussions with patients, such as PALS clinics in clinical sites.

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

The number of Formal Complaints received has increased to 268, with the table below reporting the activity over time. It is important to consider this in terms of the number of patient contacts and the % of these contacts that result in a Formal Complaint being made:

Year	Number of Formal Complaints received	% of Patient Contacts
2025/26	268	0.038%
2024/25	230	0.032%
2023/24	281	0.030%
2022/23	240	0.043%
2021/22	231	0.049%
2020/21	213	0.038%

The Trust actively promotes feedback as part of ‘Learning from Experience', which within the Complaints Office includes activity such as enquiries, services resolving concerns informally, working with other Trusts on joint complaints, responding to the office of Members of Parliament who raise concerns on behalf of their constituents, complaints raised via the CQC and through advocacy services. The Trust has continued to achieve a 100% response rate in responding to complainants within an agreed timescale and we always aim to respond as soon as possible with a thorough and considered response.

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

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

There has been an increase in the number of enquiries/concerns raised by MPs compared with 2024/25, with a return to levels seen in prior years. Community mental health services and the ADHD pathway received the highest level of activity from MPs over the year, for access and waiting times respectively. The highest number of contacts were from MPs based in Reading, Wokingham and WAM (Windsor, Ascot and Maidenhead):

Year	Number of MP enquiries/concerns
2025/26	63
2024/25	21
2023/24	73
2022/23	88

1. Complaints received – activity.

2.1 Overview

During 2025/26, 268 formal complaints were received into the organisation**.** Table 1 shows the number of formal complaints by service and compares them to the previous financial year.

Table 1: Formal complaints received.

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	2024/25						2025/26								
Service	**Q1**	**Q2**	**Q3**	**Q4**	**Total for year**	**% of Total**	**Q1**	**Q2**	**Q3**	**Q4**	**Compared to previous quarter**	**Q4 no. of contacts**	**% contacts Q4**	**Total for year**	**% of Total**
Acute Inpatient Admissions – Prospect Park Hospital	8	3	11	5	27	**11.74**	8	6	8	10	↑	162	6.17	32	11.94
CAMHS - Child and Adolescent Mental Health Services	10	13	3	5	31	**13.48**	8	4	8	7	↓	3306	0.21	27	10.07
CMHT/Care Pathways	12	13	7	9	41	**17.83**	10	10	10	18	↑	4948	0.36	48	17.91
Common Point of Entry	2	3	0	1	6	**2.61**	0	1	4	2	↓	1636	0.12	7	2.61
Community Hospital Inpatient	4	4	4	1	13	**5.65**	1	5	1	2	↑	468	0.43	9	3.36
Community Nursing	6	3	1	1	11	**4.78**	1	3	1	4	↑	14766	0.03	9	3.36
Crisis Resolution & Home Treatment Team (CRHTT)	5	3	2	8	18	**7.83**	3	9	8	8	No change	4615	0.17	28	10.45
Older Adults Community Mental Health Team	1	0	0	1	2	**0.87**	0	1	0	1	↑	4948	0.02	2	0.75
Out of Hours GP Services	2	2	3	5	12	**5.22**	2	0	2	4	↑	5401	0.07	8	2.99
PICU - Psychiatric Intensive Care Unit	0	2	2	0	4	**1.74**	0	1	0	0	No change	8	0.00	1	0.37
Urgent Treatment Centre	1	0	0	0	1	**0.43**	0	0	0	0	No change	3585	0.00	0	0.00
Other services during quarter	17	18	17	12	64	**27.83**	18	18	18	43	↑	126599	0.03	97	36.19
Grand Total	68	64	50	48	230	100	51	58	60	99				268	

In addition to the 268 formal complaints received during the year, 60 complaints were re-opened, and 26 of these were from 7 people. For comparison, last year 50 re-opened complaints were received and 27 of these were from 11 people.
These are cases where we were not able to resolve the complaint with our initial response and further responses were required. Re-opened complaints increased progressively across the year, rising from 12 in Q1 to 22 in Q4. They were predominantly concentrated within Mental Health services, particularly community-based pathways. CMHT/Care Pathways accounted for the highest number of re-opened complaints (10), followed by Crisis Resolution and Home Treatment Teams (5).

24 of the formal complaints received were escalated following PALS local resolution and in addition there were also 1,774 PALS queries, 59 Informal Complaints and 160 concerns resolved locally by services directly.

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

Table 2: Themes of Complaints received.

Main subject of complaint	Number of complaints	% of complaints
Abuse, Bullying, Physical, Sexual, Verbal	7	2.61%
Access to Services	5	1.87%
Admission	2	0.75%
Attitude of Staff	28	10.45%
Care and Treatment	115	42.91%
Communication	48	17.91%
Confidentiality	7	2.61%
Discharge Arrangements	18	6.72%
Discrimination, Cultural Issues	1	0.37%
Environment, Hotel Services, Cleanliness	2	0.75%
Medical Records	9	3.36%
Medication	9	3.36%
Support Needs (Including Equipment, Benefits, Social Care)	4	1.49%
Waiting Times for Treatment	13	4.85%
Grand Total	268	100.00%

The distribution of complaint themes demonstrates that care and treatment is by far the most significant driver of complaints, accounting for 42.9% (115 cases), followed by communication at 17.9% (48 cases) and attitude of staff at 10.5% (28 cases). Complaints about the attitude of staff included things such as people feeling that staff were dismissive, asking questions repeatedly, and not feeling listened to. Together, these three themes represent over 70% of all complaints, indicating that the core patient experience—how care is delivered, explained, and perceived—is the primary area of concern. Care and treatment as a theme individually accounted for 42.91% of the formal complaints received (these were about individual experiences and concerns specific to their pathway and care, rather than general themes for

learning), compared to 52.17% last year. Further themes include discharge arrangements (6.7%) and waiting times (4.9%). Other categories such as medication, medical records, confidentiality, and support needs each contribute relatively small proportions, while areas such as discrimination, environment, and admission are minimal. The complaints received indicate that the concerns are not as a result of isolated operational issues, and are from aspects of clinical care quality, communication, and interpersonal interactions, reinforcing the need for continued focus on consistency, clarity, and patient-centred care delivery.

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

The following tables show a breakdown for 2025/26 of the formal complaints that have been received and where the service is based.

In addition to the clinical divisions, there were 3 formal complaints about corporate services, including Information Governance, medical records and the Complaints process.

2.2 Mental Health service complaints

Table 3: Mental Health Service complaints

Service	Number of complaints
A Place of Safety	3
Adult Acute Admissions - Bluebell Ward	9
Adult Acute Admissions - Daisy Ward	3
Adult Acute Admissions - Rose Ward	13
Adult Acute Admissions - Snowdrop Ward	7
CMHT/Care Pathways	47
CMHTOA/COAMHS - Older Adults Community Mental Health Team	2
Common Point of Entry	7
Crisis Resolution and Home Treatment Team (CRHTT)	28
IMPACTT	1
IPS - Individual Placement support	1
Mental Health Integrated Community Service	6
Neuropsychology	1
Older Adults Inpatient Service - Orchid ward	5
Other	1
PICU - Psychiatric Intensive Care - Sorrel Ward	1
Psychological Medicine Service	7
Psychology Service	2
Talking Therapies - Admin/Ops Team	3
Talking Therapies - PWP Team	5
Traumatic Stress Service	2
Veterans TILS Service	1
Grand Total	**155**

2.2.1 Mental Health Complaints by service

The Adult Mental Health services receiving higher numbers of formal complaints in 2025/26 are detailed further below.

Community Mental Health teams (CMHT)

Table 4: CMHT complaints

	Geographical Locality						
Main subject of complaint	**Bracknell**	**Reading**	**Slough**	**West Berks**	**Windsor, Ascot and Maidenhead**	**Wokingham**	**Grand Total**
Attitude of Staff	2				1		3
Care and Treatment	2	4	4	2	8	5	25
Communication		1	3	3	3		10
Confidentiality	1			1			2
Discharge Arrangements		1				1	2
Medical Records				1	1		2
Medication		2					2
Waiting Times for Treatment					1		1
Grand Total	**5**	**8**	**7**	**7**	**14**	**6**	**47**

Adult mental health inpatients

Table 5: Adult mental health inpatient ward complaints

	Ward						
Main subject of complaint	**Bluebell Ward**	**Daisy Ward**	**Rose Ward**	**Snowdrop Ward**	**Orchid ward**	**Sorrel Ward**	**Grand Total**
Abuse, Bullying, Physical, Sexual, Verbal	2	1	1	1			5
Attitude of Staff			1			1	2
Care and Treatment	5	1	7	6	3		22
Communication	1		1				2
Discharge Arrangements			2				2
Environment, Hotel Services, Cleanliness	1				1		2
Medical Records		1					1
Medication			1		1		2
Grand Total	**9**	**3**	**13**	**7**	**5**	**1**	**38**

Sorrel ward received 1 formal complaint, compared with 4 the year before. The Culture of Care programme on this ward has had a positive impact on a number of aspects of the ward, including communication and feeling safe.

There were 3 complaints about A Place of Safety (APOS).

Rose Ward received the highest number of formal complaints, however there were no specific themes for these.

CRHTT

Table 6 below demonstrates that there has been an increase in the number of formal complaints received about CRHTT to 28 from 18 in 2024/25. Care and treatment and attitude of staff are the main themes, with both areas seeing an increase compared to last year (care and treatment up from 10 and attitude of staff up from 2).

Table 6: CRHTT complaints

	Geographical Locality							
Main subject of complaint	**Bracknell**	**Reading**	**Slough**	**Unknown /other**	**West Berks**	**Windsor, Ascot and Maidenhead**	**Wokingham**	**Grand Total**
Abuse, Bullying, Physical, Sexual, Verbal						1		1
Admission			1					1
Attitude of Staff	2	1	1	1	1		1	7
Care and Treatment	4	2	2	1	3			12
Communication		1	1			1		3
Confidentiality							1	1
Discharge Arrangements						1		1
Medical Records	1	1						2
Grand Total	**7**	**5**	**5**	**2**	**4**	**3**	**2**	**28**

2.3 Community Health Service Complaints

Community Health Service complaints accounted for 17%, compared to 24% the previous year.

There were no themes, with complaints raised around specific aspects of care delivery and patients' individual circumstances.

Table 7: Community Health Service Complaints

	Geographical Locality							
Service	**Bracknell**	**Reading**	**Slough**	**Unknown**	**West Berks**	**Windsor, Ascot and Maidenhead**	**Wokingham**	**Grand Total**
Community Based Neuro Rehab - CBNRT		1						1
Community Dietetics		1						1
Community Hospital Inpatient Service - Ascot Ward							2	2
Community Hospital Inpatient Service - Donnington Ward					1			1
Community Hospital Inpatient Service - Henry Tudor Ward						3		3
Community Hospital Inpatient Service - Highclere Ward					1			1
Community Hospital Inpatient Service - Oakwood Ward		1						1
Community Hospital Inpatient Service - Windsor Ward							1	1
Community Physiotherapy		1						1
Continence		1				1		2

Table 7: Community Health Service Complaints

	Geographical Locality							
Service	**Bracknell**	**Reading**	**Slough**	**Unknown**	**West Berks**	**Windsor, Ascot and Maidenhead**	**Wokingham**	**Grand Total**
Diabetes						2		2
District Nursing	2	4	2					8
East Berkshire Wheelchair Service	1					1		2
Integrated Pain and Spinal Service - IPASS		2					3	5
Musculoskeletal Community Specialist Service		1			1	1		3
Out of Hours GP Services		6			1		1	8
Physiotherapy Musculoskeletal					1			1
Sexual Health			2					2
Urgent Community Response - UCR				1				1
Grand Total	**3**	**18**	**4**	**1**	**5**	**8**	**7**	**46**

2.3.1 Community Health Complaints by service

The top 3 community services receiving Formal Complaints in 2025/26 are detailed further below.

Community Nursing

As detailed in Table 8; 3 of the 8 complaints were regarding care and treatment, a review of these has not identified any themes. There were 10 formal complaints about Community Nursing last year, the decrease is reflective of the ongoing work underway within the Division.

Table 8: Community Nursing Service complaints

	Geographic Locality			
Main subject of complaint	**Bracknell**	**Reading**	**Slough**	**Grand Total**
Attitude of Staff	1	1	1	3
Care and Treatment	1	1	1	3
Communication		2		2
Grand Total	**2**	**4**	**2**	**8**

WestCall Out of Hours GP Service complaints

Table 9: WestCall Out of Hours GP Service complaints

	Geographic Locality			
Main subject of complaint	**Reading**	**West Berks**	**Wokingham**	**Grand Total**
Attitude of Staff	1	1		2
Care and Treatment	2			2
Communication	1		1	2
Waiting Times for Treatment	2			2
Grand Total	6	1	1	8

As shown in the table above, WestCall received 8 formal complaints, a sustained reduction from 12 in 2024/25. There were no specific themes of the complaints.

Table 10: Integrated Pain and Spinal Service - IPASS

	Geographical Locality		
Main subject of complaint	**Reading**	**Wokingham**	**Grand Total**
Access to Services	1		1
Care and Treatment	1	3	4
Grand Total	2	3	5

Whilst in the top three services to receive formal complaints, they received 6 last year, so this is a reduction.

2.4 Children, Young People and Families

Table 11: Children, Young People and Family Service Complaints

	Geographical Locality							
Service	**Bracknell**	**Reading**	**Slough**	**Unknown**	**West Berks**	**Windsor, Ascot and Maidenhead**	**Wokingham**	**Grand Total**
CAMHS - ADHD	1	1	1		2		3	8
CAMHS - Anxiety Disorder Treatment Team (ADTT)	2							2
CAMHS - Common Point of Entry (Children)					2			2
CAMHS - Learning Disabilities		1						1
CAMHS - Mental Health Support Team East			1					1
CAMHS - Rapid Response		2		1				3
CAMHS - Specialist Community Teams	1					1	1	3
CAMHS General		2		2	1			5
CAMHS Mental Health Support Teams West					1			1
Children's Occupational	1		1	1		2		5

	Geographical Locality							
Service	**Bracknell**	**Reading**	**Slough**	**Unknown**	**West Berks**	**Windsor, Ascot and Maidenhead**	**Wokingham**	**Grand Total**
Therapy - CYPIT								
Children's Speech and Language Therapy - CYPIT	1	2	2		1			6
Community Paediatrics				1				1
Community Team for People with Learning Disabilities (CTPLD)					1	1	1	3
CYP - ADHD	1	3		4	1			9
Eating Disorders Service	2	2						4
Health Visiting	1			1	1		1	4
LD Intensive Support Team		1						1
Neurodevelopmental Services	1	2		2				5
Grand Total	**11**	**16**	**5**	**12**	**10**	**4**	**6**	**64**

There were 51 formal complaints received for this division during the previous year.

The table below shows that there has been a decrease in the number of formal complaints received for CAMHS, from 33 the previous year.

Table 12: CAMHS Complaints

	Main subject of complaint					
Service	**Care and Treatment**	**Communication**	**Discharge Arrangements**	**Medication**	**Waiting Times for Treatment**	**Grand Total**
CAMHS - ADHD	3	1		2	2	8
CAMHS - Anxiety Disorder Treatment Team (ADTT)	1		1			2
CAMHS - Common Point of Entry (Children)		1	1			2
CAMHS - Learning Disabilities	1					1
CAMHS - Mental Health Support Team East		1				1

	Main subject of complaint					
Service	**Care and Treatment**	**Communication**	**Discharge Arrangements**	**Medication**	**Waiting Times for Treatment**	**Grand Total**
CAMHS - Rapid Response	1	2				3
CAMHS - Specialist Community Teams	1		1		1	3
CAMHS General	2	2	1			5
CAMHS Mental Health Support Teams West	1					1
Grand Total	**10**	**7**	**4**	**2**	**3**	**26**

3 Complaints closed – activity.

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

Table 13: Outcome of closed formal complaints

	2024/25						2025/26						
Outcome	**Q1**	**Q2**	**Q3**	**Q4**	**Total for year**	**% of 24/25**	**Q1**	**Q2**	**Q3**	**Q4**	**Total for year**	**% of 25/26**	**Higher or lower % than previous year**
Consent not granted	0	1	0	0	1	0.53	2	4	4	1	11	3.91	↑
Locally resolved/not pursued	0	1	1	0	2	1.07	2	3	6	11	22	7.83	↑
Not Upheld	19	24	29	14	86	45.99	24	19	26	36	105	37.37	↓
Partially Upheld	9	29	19	13	70	37.43	19	21	21	52	114	40.21	↑
Upheld	12	3	7	3	25	13.37	8	10	1	8	27	9.25	↓
SUI	1	1	1	0	3	1.6	0	1	0	0	1	0.36	↓
Other	0	0	0	0	0	0	0	3	1	0	3	1.07	↑
Grand Total	**41**	**58**	**57**	**30**		**187**	**55**	**61**	**59**	**108**	**281**		

Complaints can cover several services and issues which are investigated as individual points which contributes towards higher partially upheld outcomes. We are monitoring the percentage of upheld and partially upheld as a performance measure, aiming to see a reduction.

Table 14: Outcome of closed formal complaints by main subject

	Outcome of complaint

Main subject of complaint	Not Upheld	Partially Upheld	Upheld	Grand Total
Abuse, Bullying, Physical, Sexual, Verbal	4	1		5
Access to Services		5		5
Admission	1		1	2
Attitude of Staff	12	6	3	21
Care and Treatment	46	57	12	115
Communication	19	23	8	50
Confidentiality	3	3		6
Discharge Arrangements	4	6		10
Discrimination, Cultural Issues	1			1
Environment, Hotel Services, Cleanliness		1		1
Medical Records	1	3	2	6
Medication	6	4		10
Support Needs (Including Equipment, Benefits, Social Care)	3	2		5
Waiting Times for Treatment	5	3	1	9
Grand Total	**105**	**114**	**27**	**246**

Table 14: Outcome of closed formal complaints by main subject and percentage

	Outcome of complaint			
Main subject of complaint	Not Upheld	Partially Upheld	Upheld	Grand Total
Abuse, Bullying, Physical, Sexual, Verbal	80%	20%	0%	100%
Access to Services	0%	100%	0%	100%
Admission	50%	0%	50%	100%
Attitude of Staff	57%	29%	14%	100%
Care and Treatment	40%	50%	10%	100%
Communication	38%	46%	16%	100%
Confidentiality	50%	50%	0%	100%
Discharge Arrangements	40%	60%	0%	100%
Discrimination, Cultural Issues	100%	0%	0%	100%
Environment, Hotel Services, Cleanliness	0%	100%	0%	100%
Medical Records	17%	50%	33%	100%
Medication	60%	40%	0%	100%
Support Needs (Including Equipment, Benefits, Social Care)	60%	40%	0%	100%
Waiting Times for Treatment	56%	33%	11%	100%
Grand Total	**43%**	**46%**	**11%**	**100%**

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

Table 15 – Response rate within timescale agreed with the complainant

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

4. Understanding the demographics

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

The graphs below show an example of the demographic for complaints over the year; outcome by gender and the ethnicity of the patient complaints over the year.

Graph 1 – Gender of patient complaints

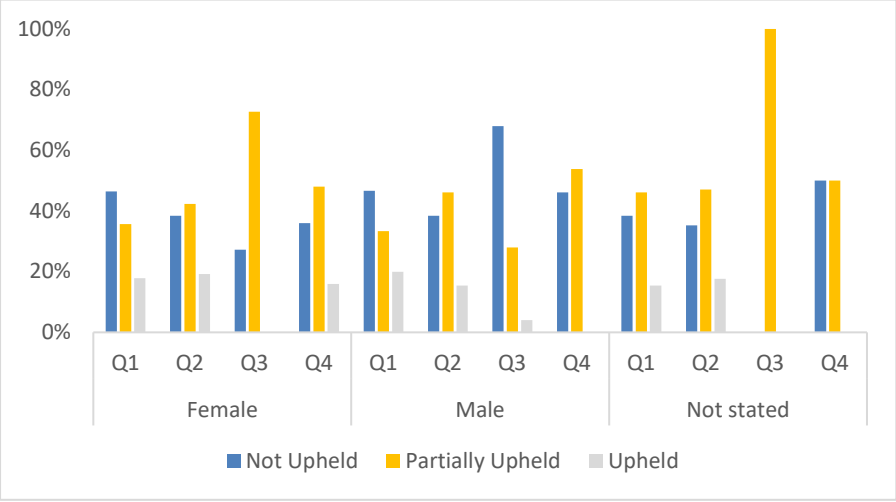

Table 16 – Outcome of patient complaints by gender

Gender	Qtr	Not Upheld	Partially Upheld	Upheld
Female	Q1	46.43%	35.71%	17.86%
	Q2	38.46%	42.31%	19.23%
	Q3	27.27%	72.73%	0.00%
	Q4	36.00%	48.00%	16.00%
Male	Q1	46.67%	33.33%	20.00%
	Q2	38.46%	46.15%	15.38%
	Q3	68.00%	28.00%	4.00%

	Q4	46.15%	53.85%	0.00%
Not stated	Q1	38.46%	46.15%	15.38%
	Q2	35.29%	47.06%	17.65%
	Q3	0.00%	100.00%	0.00%
	Q4	50.00%	50.00%	0.00%
Grand Total	Q1	44.64%	37.50%	17.86%
	Q2	36.84%	43.86%	19.30%
	Q3	54.05%	43.24%	2.70%
	Q4	40.00%	50.00%	10.00%

Table 17 – Percentage of formal complaints by ethnicity, against the total number of contacts with the Trust.

Ethnicity	Number of complaints	Number of reported contacts	% of total reported contacts
Asian/Asian British	30	123663	0.024
Black/Black British	18	40758	0.044
Mixed	7	41986	0.017
Not stated	27	93528	0.029
Other Ethnic Group	10	25237	0.040
White	260	894050	0.029

5. Complaints as a mechanism for change – learning

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

6. Parliamentary and Health Service Ombudsman

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

In addition to those received below, there were 5 cases closed by the PHSO. Of these, 2 were found not to be upheld, 2 were closed with no further action (no case to answer), and 1 was not fully investigated however the PHSO asked us to send an apology and then took no further action.

Table 18: PHSO activity

Month opened	Service	Month closed	Current stage
June-25	Place of Safety	Ongoing	Documents sent to LGO
June-25	Place of Safety	Ongoing	Documents sent to LGO

Month opened	Service	Month closed	Current stage
Dec-25	District Nursing	Ongoing	Documents sent to PHSO
Dec-25	CMHT/Care Pathways	Ongoing	Requested documentation being collated
Jan-26	IPASS	Ongoing	Documents sent to PHSO
Jan-26	CMHT/Care Pathways	Ongoing	Documents sent to PHSO
Jan-26	CMHT/Care Pathways	Ongoing	Documents sent to PHSO

7. Multi-agency working

In addition to the complaints detailed in the report, the Trust monitors the number of multi-agency complaints they contribute to but are not the lead organisation (such as NHS England and Acute Trusts).
There were 24 multi-agency complaints responded to in 2025/26, which is an increase from 14 in 2024/25.

The majority of these were about the Psychological Medicines Service and Children's Speech and Language Therapy.

Table 19: Formal Complaints led by other organisations

Lead organisation	2021/22	2022/23	2023/24	2024/25	2025/26
Berk West CCG/ICB	1	1	1	3	
CCG - Frimley/ICB	2		1	2	1
EBPCC OOH	1				
Frimley health	2			2	2
GP	1				
Local Authority	1	1			
NHSE	4	1			2
Oxford Health					1
Oxford University Hospitals				1	1
RBH	3	3	1	2	11
SCAS	10	8		1	3
Wexham Park	2			3	3
Grand Total	27	14	3	14	24

In addition, across PALS and the Complaints Department, we received 1297 contacts that were about other organisations. We provide a 'no wrong door' and signposted in each case. We continue to liaise with our neighbouring Trusts to reduce the number of people who incorrectly come to our Trust in the first instance.

8. Complaints training

Our complaint handling and response writing training available to staff continues to be delivered online over MS Teams and takes place on a regular basis (with a waiting list) across the different Divisions, in addition to bespoke, tailored training for specific teams which has taken place to staff groups and teams. 173 colleagues took part in the training over the year.

9. Mortality Review process

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

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

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	July 2026
Title	**Medical Appraisal and Revalidation: Annual Report and Statement of Compliance for 2025-26**
	ITEM to review and confirm The Chief Executive or Chair are requested to sign on behalf of the Board the Statement of Compliance on page 15 of the report following receipt of the assurance provided by the Responsible Officer that the Trust's medical appraisal and revalidation process is compliant with the regulations and is operating effectively within the Trust.
Reason for the Report going to the Trust Board	The Annual Report for Revalidation 2025-26 is presented in the standard format prescribed by NHS England.
Business Area	Medical Director
Author	Dr Tolu Olusoga, Medical Director and Responsible Officer
Relevant Strategic Objectives	**Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients
Summary	Appraisers and doctors have followed the principles set out in the 'Medical Appraisal Guide 2022' for appraisals in the Trust. There are 3 outstanding actions from 2025-26, all are in progress for completion and no risks or issues identified. 132 completed appraisals were confirmed for 2025-26 for 134 doctors with a connection to the Trust. Two appraisals were approved as delayed; with agreed exceptions One Consultant deferred appraisal, staff member working flexibly from overseas and subsequently left the Trust. There were no complaints related to the appraisal process.

	Overall feedback from doctors remains very positive. The medical recruitment process is compliant with good practice. The e-appraisal platform introduced since April 2022 has been very successful.

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

Contents

Introduction:

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

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

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

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

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

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

Designated Body Annual Board Report 2025/26

Section 1 – General:

The board can confirm that:

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

Action from last year: Dr Tolu Olusoga will be undertaking the RO training in September 2025. He currently attends the NHSE (South) RO and Appraisal Leads Network meetings and is a member of the GMC RO Reference Group. Comments: Completed RO training on 16/09/25 Action for next year: None: RO in place and meets on a regular basis with the GMC. Attends regular RO update meetings.

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

Yes funds in place Action from last year: None Comments: Appraisal lead, Appraisal administrator and L2P appraisal system. Action for next year: None

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

Action from last year: None Comments: The Appraisal Administrator maintains an up-to-date record of all doctors with a prescribed connection to the Trust—the Medical Staffing department informs the Appraisal Administrator when a new doctor starts in (or a doctor leaves) the Trust. The RO receives notification from the General Medical Council when any doctor connects or disconnects from the Trust (as designated body) and the RO shares this information with the Medical Staffing Officer and Appraisal Administrator. The Appraisal Administrator reviews prescribed connections monthly. The RO and Appraisal Administrator have access to GMC connect and this is reviewed at the monthly Responsible Officer Advisory Group (ROAG) meetings attended by the Associate Director of Medical Development and

Clinical Effectiveness, Medical Staffing Manager, Appraisal Administrator, Medical Appraisal Lead, Deputy Medical Directors and Medical Director.

Action for next year: None

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

Action from last year: Review and Implement Job Planning Policy

Comments: Review underway and due to be completed by September 2026.

Action for next year: Ensure all aspects of the job planning policy and guidance are implemented including consistency panels are implemented

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

Actions from last year: Peer Review to be conducted

Comments: Peer review was scheduled to be in completed in 2025/26, delayed to June 2026 and required to be rescheduled due to cancellation by peer team visiting.

Action for next year: To have an external peer review by March 2027.

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

Action from last year: None

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

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

Action for next year: Review our bank governance processes in line with procuring an electronic system for rostering and bank for medical staff.

Section 2a – Effective Appraisal

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

Action from last year: None

Comments: Whole practice appraisals on annual basis are the norm in Berkshire Healthcare and doctors and appraisers have regular updates about this during internal training (appraisal forum). As part of Quality Assurance of appraisals, the appraisal lead assesses the quality of a sample of completed appraisals using a standardised tool (PROGRESS) and presents a summary of the quality reviews to the appraiser forum to facilitate improvement in practice and standardisation of the appraisal content and output. This process also confirms that whole practice appraisals are the standard in the Trust, 10 reports were quality assured in 2025/26.

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

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

Action for next year: None

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

Action from last year: None

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

Action for next year: None

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

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

Action from last year: None

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

Action for next year: Appraisal policy will require its 2-year review (May 2027).

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

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

Comments: 2025/26 the Trust had 26 trained appraisers (increase of 2 from 24/25) for 140 connected doctors. Job plans of appraisers have allocated time for performing this role.

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

10. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

Action from last year: None

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

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

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

Action for next year: None

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

Action from last year: None

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

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

Afterwards, the appraisal Feedback is completed by the doctors on L2P The reports analyses the Appraiser as well as the process. For the period April 25 to March 2026 - 118 feedback responses were received following 132 completed appraisals. The vast majority of responses were scored as 'very good' or 'good' for their appraisal experience with the Appraiser, with 1-3% responses as 'satisfactory'. There were no responses in the 'poor' or 'very poor' category. The free-text responses about Appraisers were also overwhelmingly positive.

The Responsible Officer is sighted on any complaints related to the appraisal process. There were no complaints recorded regarding the process 2025/26.

Action for next year: None

Section 2b – Appraisal Data

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

Name of organisation: Berkshire Healthcare NHS Foundation Trust	
Total number of doctors with a prescribed connection as at 31 March 2026	134
Total number of appraisals undertaken between 1 April 2025 and 31 March 2026	132
Total number of appraisals not undertaken between 1 April 2025 and 31 March 2026	2
Total number of agreed exceptions	2

Section 3 – Recommendations to the GMC

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

Action from last year: none Comments: All revalidation recommendations to the GMC have been timely and in line with GMC requirements. There have been no delayed recommendations made by the RO to the GMC. 1 deferral due to lack of evidence (doctor has now left the trust) Action for next year: None

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

Action from last year: None Comments: When the RO makes a recommendation to the GMC for revalidation, the appraisal administrator is notified and advises the doctor of the outcome of the revalidation reccomendation, and the doctor receives a message from the GMC confirming this. There have been no non-engagement referrals to the GMC. The RO or appraisal lead will always discuss any deferral recommendations with the doctor, in advance of the recommendation being submitted to the GMC. Action for next year: None

Section 4 – Medical governance

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

Action from last year: None Comments: Berkshire Healthcare has an effective clinical governance system for all clinical staff including doctors and this has been reviewed by the CQC through their well-led inspections of the Trust. Doctors are supported through governance processes within divisions—Divisional

Governance Leads, Medical Leads/Directors, and Clinical Directors. The Clinical Effectiveness and Audit Department also support doctors through implementation of NICE Guidelines and participation in national and local clinical audits.

Action for next year: None

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

Action from last year: None

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

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

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

Action for next year: None

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation

and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: Policy due for review in Oct 2026

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

Action for next year: Policy being reviewed through a case work group and will be reviewed in line with the deadline of October 2026.

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

Action from last year: None

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

WRES Data (2025/26) about complaints, investigation/ GMC referral of doctors does not raise any concern about unfairness.

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

Action for next year: Action to review escalation process in line with review of MHPS and Trust disciplinary process.

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

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

places, and b) doctors connected elsewhere but who also work in our organisation.[4]

Action from last year: None

Comments: The standard Medical Practice Information Transfer (MPIT) form is used to request information about new or existing connections to the Trust. The RO also promptly responds to MPIT information request from other Trusts.

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

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

Action for next year: We will continue to work on improving the timeliness of the process and ensure consistency. Audit to ensure consistency.

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

Action from last year: None

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

Action for next year: None

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

Section 5 – Employment Checks

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

Action from last year: None

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

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

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

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

Locums are sourced from framework agencies that follow the 6 checks above.

Action for next year: to review and ensure that the employment history and reference checks always include the most recent employment.

Section 6 – Summary of comments, and overall conclusion

Overall conclusion: The Board is asked to receive the annual revalidation report for 2025/26. This will be made available to the higher-level Responsible Officer from NHS England South. There are 3 ongoing actions, job planning policy, peer review and increasing the pool of appraisers all are in progress, no matters of concern to the RO/ Medical Director and the Trust Board can be assured that the medical appraisal and revalidation process is compliant with current regulations and is operating effectively within the Trust.

Section 7 – Statement of Compliance:

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

Signed on behalf of the designated body

Chief Executive or Chairman

Official name of designated body: _Berkshire Healthcare NHS Foundation Trust _ _ _ _ _ _ _ _ _

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _

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Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 July 2026
Title	**Quality Assurance Committee Meeting – May 2026**
	Item for Assurance
Reason for the Report going to the Trust Board	The Quality Assurance Committee is a sub-committee of the Trust Board. The minutes are presented for information and assurance. Circulated with the minutes are the quarterly Learning from Deaths and Guardians of Safe Working Hours Reports. NHS England requires NHS provider organisations to present these reports to the Trust Board. The Trust Board is required to identify any areas for further clarification on issues covered by the meeting minutes and associated reports and to note the content.
Business Area	Corporate Governance
Author	Julie Hill, Company Secretary (on behalf of Sally Glen, Committee Chair).
Relevant Strategic Objectives	**Harm Free Care** – providing safe services **Good Patient Experience** – improving outcomes

Berkshire Healthcare
NHS Foundation Trust

Minutes of the Quality Assurance Committee Meeting held on Tuesday, 26 May 2026

(conducted via MS Teams)

Present:
Aileen Feeney, Non-Executive Director (Meeting Chair)
Mark Day, Non-Executive Director *(deputising for Rebecca Burford, Non-Executive Director)*
Julian Emms, Chief Executive *(present from 10.22)*
Debbie Fulton, Director of Nursing and Therapies
Theresa Wyles, Chief Operating Officer
Alex Gild, Deputy Chief Executive
Dr Tolu Olusoga, Medical Director *(present from 10.45)*
Helen Degruchy, Head of Patient Safety
John Barrett, Patient Safety Partner

In attendance:
Julie Hill, Company Secretary
Garyfallia Fountoulaki, Clinical Director Community Mental Health
Helen Robson, Divisional Director *(present for agenda item 5.0A)*
Tichaona Mubaira, Nurse Consultant for Crisis Services *(present for agenda item 5.0A)*
Jackie Glenister, Clinical Governance Lead for Urgent Care Services *(present for agenda item 5.0A)*
Victoria Charlesworth, Associate Clinical Director *(present for agenda item 5.0B)*
Georgina Poppa, Team Lead, CAMHS Phoenix *(present for agenda item 5.0B)*
Rebecca Chester, Clinical Director *(present for agenda item 5.0B)*
Clare Moran, Consultant Psychologist *(present for agenda item 5.0B)*

Opening Business

1 Apologies for absence and welcome

Aileen Feeney, Non-Executive Director, chaired the meeting in Sally Glen's absence.

Apologies were received from: Sally Glen, Committee Chair, Rebecca Burford, Non-Executive Director, Amanda Mollett, Associate Director for Medical Development, Clinical Effectiveness and Clinical Audit and Dan Badman, Deputy Director of Patient Safety and Quality.

Apologies for lateness due to other commitments were received from the Chief Executive, Director of Nursing and Therapies and the Medical Director.

2. Declaration of Any Other Business

There was no other business declared.

3. Declarations of Interest

There were no declarations of interest.

4.1 Minutes of the Meeting held on 24 February 2026

The minutes of the meeting held on 24 February 2026 were confirmed as an accurate record of the proceedings.

4.2 Matters Arising

The Matters Arising Log had been circulated.

The Action Log was noted.

Patient Safety and Experience

5.0 A Mental Health Crisis Team Presentation

Aileen Feeney, Non-Executive Director, welcomed Helen Robson, Divisional Director, Tichaona Mubaira, Nurse Consultant for Crisis Services, CMHT Berkshire West, and Jackie Glenister, Clinical Governance Lead for Urgent Care Services, to the meeting.

The Committee received a presentation from the Mental Health Crisis Team, outlining key service developments, particularly in relation to the introduction of the Mental Health Urgent Care “One Assessment” approach and the expansion of non-medical prescribing (NMP) within the crisis pathway.

The service operated on a 24/7 basis, supporting adults across Berkshire and providing out-of-hours cover for older adults and children.

The presentation highlighted the implementation of a single, standardised assessment framework designed to support the Trust’s “One Team” ethos. The intent of this approach was to:

- Enable seamless referrals across multiple locations
- Reduce process variation between services
- Support more patient-focused, flexible care delivery
- Improve efficiency by reducing duplication of effort

Significant preparatory work was required, including engagement with six locality multidisciplinary team structures, each operating differently, and the securing of widespread staff buy-in across urgent care and community pathways.

Early benefits of the model included:

- The introduction of a live, continuously updated clinical history reducing the need for patients to repeat their story and improving continuity of care
- Improved information accessibility reducing time spent searching clinical records
- Enhanced patient experience, particularly in crisis situations where repetition can be distressing
- More timely and smoother patient flow, supporting responsiveness to need.
- The inclusion of lived experience practitioners was also a key strength, ensuring the patient voice was embedded within pathway design and delivery.

Tichaona Mubaira, Nurse Consultant for Crisis Services, gave a presentation on the multi-year programme to expand non-medical prescribing capacity and highlighted the following points:

This initiative aimed to:

- Enable holistic, timely clinical decision-making at the point of assessment
- Reduce delays associated with waiting for medical prescribers
- Support early intervention and reduce hospital admissions
- Enhance workforce capability through advanced clinical practice

A structured four-stage governance and development framework had been established for NMP practitioners, including:

1. Initial supervised prescribing (e.g. repeat prescriptions)
2. Full consultation with structured supervision
3. Thematic supervision and clinic-based development
4. Independent practice with peer review mechanisms

The programme was contributing to:

- Development of advanced practice roles within the nursing workforce
- Improved integration with primary care, community teams and inpatient services
- Enhanced clinical leadership and workforce retention
- Strengthened focus on co-production with patients and carers

Aileen Feeney, Non-Executive Director asked whether the service was able to get feedback from patients in crisis.

The Chief Operating Officer explained that the Trust received patient feedback across the whole pathway.

Helen Robson, Divisional Director paid tribute to the skills of the urgent care team's leadership team who had managed to implement key changes in a very pressurised environment.

Aileen Feeney, Non-Executive Director, thanked the team for their presentation.

The Committee noted the presentation.

5.0. B Phoenix House Presentation

Aileen Feeney, Non-Executive Director welcomed Victoria Charlesworth, Associate Clinical Director, Georgina Poppa, Team Lead, CAMHS Phoenix, Rebecca Chester, Clinical Director and Clare Moran, Head of Service for the All Age Eating Disorder Service to the meeting.

The Committee received an update on Phoenix House, a Tier 4 CAMHS day service which was undergoing a significant transformation programme in response to operational challenges, including low referral rates, high staff turnover and vacancies.

It was noted that a comprehensive improvement plan had been developed, supported at the executive level, with new leadership appointments to drive change.

The service was being reconfigured to:

- Strengthen its core function as a day programme provision
- Expand outreach support, particularly for hard-to-engage young people
- Provide effective step-up and step-down care between community and inpatient services
- Improve system flow across the provider collaborative

Clinical Pathway Development

The team was prioritising the psychosis, mania and eating disorder pathways.
Future development was planned for OCD pathways and emotional dysregulation pathways.

Workforce Development and Leadership

A significant focus had been placed on workforce capability and culture:

- Implementation of monthly CPD days to address training needs
- Enhanced clinical supervision and restorative support
- Strong emphasis on visible and supportive leadership
- Promotion of psychological safety and staff confidence

Therapeutic Environment and Culture Change

The presentation highlighted the need for a fundamental culture shift away from a historically risk-averse, inpatient-style approach. Key improvements included:

- Transition towards a least restrictive model of care
- Increased focus on therapeutic engagement and recovery outcomes
- Greater use of the physical environment, including outdoor and nature-based interventions
- Enhanced autism-friendly adaptations within the service
- There was also a recognition of the importance of play, creativity and relationship-building as core therapeutic interventions.

Engagement with Patients and Carers

The service had prioritised engagement with families and young people, including:

- Direct consultation with parents and carers to inform service redesign
- Plans to establish ongoing feedback mechanisms and parent/carer groups
- Strengthened focus on co-production and personalised care pathways

The Chief Executive commented that the leadership and energy being given to developing the Phoenix House model came through in the presentation. The Chief Executive asked how the team would measure success.

Vicky Charlesworth said that the key success measures would include an increase in referrals, restored stakeholder confidence, improved clinical outcomes for young people, and an enhanced patient and family experience.

John Barrett, Patient Safety Partner added that a reduction in staff turnover would be another measure of success.

Aileen Feeney, Non-Executive Director thanked the team for their presentation.

The Committee noted the presentation.

5.1 Quality Concerns Register Report

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

- The amendment to the description of the Paediatric Occupational Therapy concern to reflect pressures specific to the West locality, in recognition of differing commissioning and delivery models across East and West;
- The addition of Speech and Language Therapy (West), reflecting sustained long waiting times for children and young people;
- The inclusion of Henry Tudor Ward, following anonymous staff concerns raised and the completion of an internal investigation.

Mark Day, Non-Executive Director asked for more information about the five-week length of stay sprint event.

The Chief Operating Officer explained that the sprint was a targeted improvement initiative, drawing on methodologies successfully applied within acute settings and adapted for use within mental health services. The initiative aimed to identify and address barriers to timely discharge, improve flow through inpatient pathways, and enhance patient experience and outcomes by reducing unnecessary delays.

The Committee noted the report.

5.2 Prevention of Future Deaths Action Plan Update Report

The Director of Nursing and Therapies reminded the meeting that the Trust had a small cluster of prevention of future deaths reports between June 2023 and May 2024.

The Director of Nursing and Therapies reported that only three actions remained open. The remaining actions focused on embedding learning across services, ensuring consistent operationalisation of agreed improvements and strengthening elements of the urgent care response, including timely face-to-face assessment where clinically required.

It was noted that there had been no new Prevention of Future Deaths reports issued within the last two years, indicating a sustained period of improvement.

The Director of Nursing and Therapies commented that the actions were no longer discrete tasks and suggested that the Committee receive a presentation at a future meeting focusing on the urgent care pathways, the “One Team” approach and system integration, rather than receiving the action plan update report.

Action: Director of Nursing and Therapies

Aileen Feeney said that she supported the suggestion but would discuss it with Sally Glen, Committee Chair.

Action: Aileen Feeney, Non-Executive Director

The Committee noted the report.

5.3 Reducing Restrictive Practices Report

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

- There had been a significant reduction in the use of physical restraint;
- There had been a reduction in the use of rapid tranquillisation. This was partly attributable to the discharge of a small number of individuals who had contributed disproportionately to usage rates.
- There was one incident of inappropriate use of force, relating to seclusion processes, and contextual factors associated with the delay in transferring the patient following the end of seclusion, due to bed availability constraints.

The Committee noted the report.

5.4 Sexual Safety Update Report

The Director of Nursing and Therapies presented the paper, which included quarter 4 data and full-year trends alongside service-specific analysis relating to Prospect Park Hospital.

It was noted that the report showed an increase in the number of non-physical sexual safety incidents and a concentration of incidents within inpatient mental health settings at Prospect Park Hospital.

The Director of Nursing and Therapies commented that the increase was likely attributable to improved reporting and staff awareness, rather than a deterioration in underlying safety and this aligned with implementation of the Royal College of Psychiatrists standards and the Trust’s Sexual Safety Charter.

John Barrett, Patient Safety Partner, asked whether higher reporting of sexual incidents was due to staff feeling more confident that they would be listened to, or because there was greater awareness of what constituted a sexual safety incident.

The Director of Nursing and Therapies explained that staff had historically demonstrated a high threshold for reporting incidents, particularly in clinical environments. There had been a tendency to normalise or tolerate inappropriate behaviour, particularly where patients were unwell.

It was noted that the Trust's current work focused on reinforcing that all incidents should be reported and on supporting staff to understand that reporting is a positive and protective action.

The Committee noted the report.

5.5 Patient Safety and Learning Report

The Head of Patient Safety presented the report and highlighted the following points:

- 37% of learning responses to patient safety incidents in quarter four involved low or no harm, reflecting a cultural shift towards learning from all incidents to prevent future harm.
- The Trust was now better able to identify risks earlier and implement improvements before harm occurred.
- This approach aligned with national expectations and supported continuous quality improvement across services.
- A small number of full investigations were undertaken during the year, all relating to mortality cases, in line with PSIRF guidance;
- Although the number of investigations had reduced, the overall level of learning activity had remained consistent, reflecting the use of a broader range of methodologies.
- DAC Beachcroft, the Trust's solicitors, had reviewed Prevention of Future Deaths (PFD) reports across the country and identified a common theme around the poor quality of investigation reports for acute trusts. The Trust had not received a PFD report in relation to this issue.
- Formal family and staff feedback processes had been implemented, with positive feedback received about family engagement and staff psychological safety.

Mark Day, Non-Executive Director asked how the Trust assessed the quality of its investigation reports.

The Head of Patient Safety explained that the quality of investigations was assessed through six-monthly peer reviews with other providers in the Thames Valley Integrated Care Board, and that all mortality cases were reviewed by the legal team for robustness and balance.

The Director of Nursing and Therapies added that the service had maintained Royal College of Psychiatrists accreditation, which included thorough external peer review and input from lived experience patients and staff.

Aileen Feeney, Non-Executive Director, said that it would be helpful if future reports set out the different methodologies being used to investigate incidents.

Action: Director of Nursing and Therapies/Head of Patient Safety

The Committee noted the report.

5.6 Infection Prevention and Control Quarter 4 Report

The Director of Nursing and Therapies presented the report and confirmed that there were no significant concerns or issues requiring escalation during the reporting period. It was noted that seasonal increases in respiratory infections, including flu and COVID-19 were observed over winter, but remained at relatively low levels and within expected parameters.

The Director of Nursing and Therapies reported that the report now included progress on implementing the three actions from the antimicrobial resistance action plan as agreed by the Trust Board.

The latest version of the Infection Prevention and Control Board Assurance Framework was included as an appendix to the report.

The Committee noted the report and the Infection Prevention and Control Board Assurance Framework.

5.7 Infection Prevention and Control Annual Report 2025–26

The Infection Prevention and Control Annual Report 2025–26 had been circulated.

The Committee noted the report.

5.8 Quality-related Board Assurance Framework Risks Report

The quality-related Board Assurance Framework risks had been circulated.

The Committee noted the report.

5.9 Learning from Deaths Quarterly Report

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

- Of the second-stage reviews concluded in Quarter 4, none identified a governance cause for concern and none of the deaths were deemed to have been avoidable (avoidability score of 3).
- Ten reviews identified elements of poor care; all had been reviewed as patient safety reviews and learning had been identified.
- All complaints received from families of individuals who had died resulted in a second-stage review of the care provided. No concerns were raised by the Medical Examiner on behalf of the next of kin.
- Fifteen reviews related to patients with a learning disability. All were reported in line with national guidance to LeDeR, which completes independent reviews covering the full patient pathway.

The Committee noted the report.

5.10 Improving the Lives of Resident Doctors Board Assurance Framework Report

The Medical Director updated the meeting on the delivery of the national programme to improve the working lives of resident doctors including compliance against NHS requirements and associated action plans.

The Medical Director highlighted the following points:

- The Trust was generally on track in delivering the required actions under the programme;
- Progress continued to be monitored through regular reporting to both QAC and the Trust Board;
- There were no areas currently anticipated to result in national escalation or external concern.

- There were three areas of non-compliance identified. The main one related to the absence of an electronic rostering (e-rostering) system for resident doctors, with rostering currently undertaken manually.
- The Trust was currently progressing procurement of an electronic system.

The Committee noted the report.

Clinical Effectiveness and Outcomes

6.0 Clinical Audit Report

The Medical Director reported that this had been a relatively quiet reporting period with no completed published audit reports. A number of audits were planned and in progress with several expected to report later in the year.

The Committee noted the report.

Update Items for Information

7.0 Guardian of Safe Working Hours Quarterly Report

The Guardian of Safe Working Hours Quarterly Report had been circulated.

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

- Since the last report, there had been sixteen exception reports: fourteen were '*hours and rest*' exception reports and one was an '*educational*' and '*hours and rest*' exception report (one exception report had been withdrawn).
- Two fines of £186.32 each had been levied by the Guardian of Safe Working Hours for breaches of safe working hours.
- The new exception reporting reforms had been implemented in the Trust since 4 February 2026.

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

The Committee noted the report.

7.1 Mental Health Act Quarterly Report

The Mental Health Act Quarterly Report had been circulated.

Aileen Feeney, Non-Executive Director asked about the reasons for delays in getting second opinions.

The Medical Director explained that delays in second opinion doctor referrals were due to national lag times, the availability of external doctors, and tribunal processes. The Medical Director added that the team used section 62 of the Mental Health Act to enable urgent treatment in the patient's best interests.

The Committee noted the report.

7.2 Minutes of the Mental Health Act Governance (MHA) Board

The minutes of the Mental Health Act Governance Board meetings held on 27 April 2026 had been circulated.

The Medical Director presented the minutes and reported that a patient had taken their own life while on leave during quarter four, and the incident was being processed through standard procedures.

The Medical Director reported that the Mental Health Act Governance Board had discussed the development and use of a prioritisation tool within bed management processes, particularly in the context of challenges associated with Mental Health Act admissions. The Medical Director reported that there were repeated delays in executing section 135(1) warrants due to bed shortages.

The Chief Operating Officer explained that the prioritisation tool was designed to support equitable and defensible decision-making, particularly in high-pressure operational environments, and was intended to:

- Provide a consistent and transparent framework for determining which patients should be prioritised for available beds
- Support clinical teams in making risk-based decisions in situations where demand exceeds capacity
- Balance multiple competing factors, including:
    - Clinical urgency and risk
    - Legal status (e.g. MHA requirements)
    - Patient safety considerations
    - System pressures, including the use of out-of-area placements

The Chief Operating Officer suggested that the Committee receive a presentation on bed management and the prioritisation tool at a future meeting.

Action: Chief Operating Officer

The Committee noted the minutes.

7.3 Quality and Performance Executive Group Minutes – February 2026, March 2026 and April 2026

The minutes of the Quality and Performance Executive Group minutes for February 2026, March 2026 and April 2026 had been circulated.

The Committee noted the minutes.

7.4 Non-Executive Directors and Council of Governors Quality Assurance Group – Visits to Services

The following Governor service reports had been circulated:

- Charles Ward (replacement ward for Jubilee Ward)
- Community Dental Service Bracknell
- Adult Talking Therapies

The Chief Executive referred to the Community Dental Service visit report and said that governors had raised concerns about staff struggling to access Frimley Health's computer system. The Chief Executive explained that the visit coincided with Frimley Health's transition to a new computer system and confirmed that the issues had since been resolved.

Aileen Feeney, Non-Executive Director thanked the Governors for their reports.

The Committee noted the reports.

8.0 Quality Assurance Committee Horizon Scanning

The Company Secretary confirmed that the following topics were on the Committee's work programme for 2026–27:

- The outcome of Prospect Park Hospital Mental Health Survey
- Co-Production and Experience of Care Update
- Carers Strategy Update
- Named Worker and Wider Elements of the One Team Approach Update
- Assertive Outreach Team Update

The Committee also agreed to add **bed management and prioritisation tools** to the work programme, particularly in relation to admission decisions and risk management.

Action: Company Secretary

8.1. Any Other Business

a) Changing the start time of the meeting

Aileen Feeney, Non-Executive Director commented that the time of the meeting presented difficulties for the Chief Executive and Medical Director as it clashed with another recurring scheduled meeting.

In consultation with the Committee Chair, Ms Feeney proposed changing the start time of future meetings to 10.30 am, and this was agreed by the Committee.

Action: Company Secretary

b) Care Quality Commission Service Review – Older Adults Community Mental Health Service

The Director of Nursing and Therapies reported that the Care Quality Commission had conducted a service review of the Older Adults Community Mental Health Service on 12–14 May 2026. This included inspecting the teams based in Slough, Wokingham, Reading, and Windsor, Ascot and Maidenhead.

The Director of Nursing and Therapies reported that the Trust had received high-level feedback from the Care Quality Commission and that no significant concerns had been raised about the service.

The Chief Operating Officer reported that the Care Quality Commission inspectors experienced difficulty accessing Nicholson House due to the demolition and redevelopment

of the nearby shopping centre, particularly in relation to parking and access to the building and highlighted the impact on patients and staff.

It was noted that services operating from Nicholson House were already making significant use of alternative delivery models, including home visits and digital consultations. The Estates and Facilities team were also involved in mitigating the impact of the building works on staff and patients.

8.2. Date of the Next Meeting

The next meeting was scheduled to take place on 25 August 2026 at 10.30 am. The meeting would be held face-to-face at London House, Bracknell, with the option of attending via MS Teams.

These minutes are an accurate record of the Quality Assurance Committee meeting held on 26 May 2026.

Signed: -

Date: - 25 August 2026

QPEG/QAC	May 2026
Title	**Learning from Deaths Quarter 4 Report 2025/26**
	Item for assurance and noting. Discussion where additional assurance required about quality of care, data or learning.
Purpose	To provide assurance to the Trust Board that the Trust is appropriately reviewing and learning from deaths
Format of the Report	The overall format of the report is not nationally prescribed for Mental Health & Community Health NHS Trusts, however there are a number of metrics which are nationally required and are included within this report.
Business Area	Clinical Trust Wide
Author	Associate Director of Medical Development and Clinical Effectiveness & Clinical Audit
Relevant Strategic Objectives	The systems and processes for learning from deaths align with and give assurance against the three strategic objectives below: **Patient safety** We will reduce harm risk for our patients by continuous learning from review of deaths. **Patient experience and voice** We will review all complaints, concerns and feedback (from patient's families and staff, Medical Examiner, Coroner) to inform improvement in the quality and safety of clinical care in our services. **Health inequalities** We will reduce health inequalities for our most vulnerable patients (patients with learning disability, autism, severe mental illness) by reviewing the care provided to patients leading up to their death and learning for improvement.
CQC Registration/Patient Care Impacts	No impact
Resource Impacts	None
Legal Implications	New Statutory requirements for Medical Examiners from 9th September 2024 noted, actions taken to ensure that these requirements are fully met in advance of this date.
Equality, Diversity and Inclusion Implications	A national requirement is that deaths of patients with a learning disability & Autism are reviewed to promote accessibility to equitable care. This report provides positive assurance of learning from these deaths. Ethnicity data is included in the report.
SUMMARY	**Patient safety** For all deaths of a physical health cause, we are required to make a judgement on if they are deemed to have been avoidable. Of the second stage reviews concluded in Quarter 4, none of the deaths were deemed to have been avoidable (avoidability score of 3 or less). For all deaths, both mental health and physical health. We are required to make a judgment on the overall assessment of care. 10 reviews identified poor care, all have been reviewed as patient safety reviews and learning is identified and being implemented through physical health and mental health inpatients and physical health and mental health community services. **Patient Experience and Voice** All complaints received from families of individuals who have died, resulted in a second stage review of the care provided. No concerns were raised by the medical examiner on behalf of the next of kin. **Health inequalities** 15 reviews related to patients with a learning disability, all were reported in line with national guidance to LeDeR, who complete independent reviews covering the full patient pathway. Ethnicity data is now included and is detailed in line with 2nd stage review outcomes of avoidability (for deaths of a physical health cause) and overall assessment of care (for all deaths). Learning themes arising from second stage reviews were identified and noted by Clinical Directors and Governance leads for implementation for service improvement.
ACTION	The committee is asked to receive and note the Q4 learning from deaths.

Learning From Deaths Q4 Report (2025/26)

Figure 1	22/23	23/24	24/25	Q1 25/26	Q2 25/26	Q3 25/26	Q4 25/26	Total 2025/26
Total deaths screened (Datix) 1st stage review	456	453	553	119	105	123	**174**	**521**
Total number of 2nd stage reviews requested (SJR/IFR)	192	203	237	38	40	47	**51**	**176**
Total number of deaths to be reviewed through patient safety (PSII and PSR) declared in Quarter	31	31	36	10	11	11	**5**	**37**
Total Expected Deaths	-	183	219	45	47	40	**65**	**197**
Total Unexpected Deaths	-	270	324	74	58	85	**109**	**326**
Total number of deaths judged > 50% likely to be due to problems with care (Avoidability score of 1, 2 or 3)(concluded in quarter)	0	0	0	1	0	0	**0**	**1**
Number of Hospital Inpatient deaths reported (Including patients at the end of life and unexpected deaths following transfer)	156	140	159	39	34	36	**38**	**147**
Total number of deaths of patients with a Learning Disability (1st stage reviews)	36	53	49	12	6	10	**17**	**45**
Total number of deaths of patients with Learning Disability where care was rated as poor	0	0	0	0	0	0	**0**	**0**

Q4 2025/26

851 deaths were identified on RiO where a patient had died from any cause within a year of contact with any Trust service, of these 174 were submitted for a 1st stage review in line with the learning from deaths policy (20%).

All 174 deaths had 1st stage reviews by the Executive Mortality Review Group (EMRG) in Q4, 2nd Stage reviews were requested for 51 (29%).

62 2nd stage reviews were concluded by the Mortality and Patient Safety Review Group during Q4. This is a 50% increase on all other quarters (Q1 39, Q2 40, Q3 42).

Of the 2nd stage reviews concluded in Q4, none of the deaths was a governance cause for concern (Avoidability score of 1,2 or 3) .

Of the reviews concluded in Q4, 10 were assessed as overall poor care following a patient safety review, and learning is detailed in the inpatient and community sections of the report. This is an increase where the average was 4 for Q1, Q2 and Q3.

2nd Stage Mortality Reviews Completed (SJR/IFR)	Q4 (62)	Total 2025/2026 (196)
Adult Learning Disabilities Services	**15**	37
Mental Health community, specialist, and inpatient services	**22**	73
Children's and Young people's Services	**0**	1
Physical Health community and Inpatient Service	**25**	85

	Avoidabilty Score for 2nd Stage Reviews (only death due to a physical health cause) 2025/2026	Q4 (62)	Total to date (196)
Score 1	Definitely avoidable	**0**	0
Score 2	Strong evidence of avoidability	**0**	0
Score 3	Probably avoidable (more than 50:50)	**0**	1
Score 4	Possibly avoidable, but not very likely (less than 50:50)	**2**	6
Score 5	Slight evidence of avoidability	**7**	14
Score 6	Definitely not avoidable	**37**	119
N/A	Non physical health cause	**16**	56

	Overall Assessment of Care Q4 (62)	Physical Health	Learning Disability	Mental Health	Children and Young People	Total to Date 25/26 (196)
1	Very poor care	0	0	0	0	0
2	Poor Care	4	0	6	0	22
3	Adequate Care	6	4	8	0	62
4	Good Care	15	11	8	0	106
5	Excellent Care	0	0	0	0	6
	N/A	0	0	0	0	0

Ethnicity April 2025 – March 2026 (Rolling data to be updated each quarter)	1st Stage Review 2025/26	2nd Stage Review Requested 2025/26	% 2nd Stage Review Requested
Asian or Asian British - Any other Asian Background	5	3	60
Asian or Asian British - Chinese	3	2	67
Asian or Asian British - Indian	11	3	27
Asian or Asian British - Pakistani	6	4	67
Black or Black British - African	5	1	20
Black or Black British - Caribbean	4	2	50
Black or Black British - Other Black Background	2	0	0
Mixed - Any other mixed background	1	0	0
Mixed - White and Asian	1	0	0
Mixed - White and Black Caribbean	2	1	50
Not Known - Waiting for first appointment/not recorded	55	13	24
Not stated - refused	7	2	29
Other ethnic category	2	0	0
White - any other white background	15	7	47
White - English/Welsh/Scottish/Northern Irish/British	399	137	34
White - Irish	3	1	33
Grand Total	**521**	**176**	**34**

Ethnicity April 2025 – March 2026 Reviews Concluded at MAPS	Score 1 Definitely Avoidable	Score 2 Strong Evidence of Avoidability	Score 3 Probably Avoidable	Score 4 Possibly Avoidable	Score 5 Slight Evidence of Avoidability	Score 6 Definitely Not Avoidable	N/A (MH related deaths)	Total
Asian or Asian British - Any other Asian Background	-	-	-	-	1	2	1	4
Asian or Asian British - Indian	-	-	-	-	-	2	1	3
Asian or Asian British - Pakistani	-	-	-	-	-	5	-	5
Black or Black British - African	-	-	-	-	-	-	1	1
Black or Black British - Caribbean	-	-	-	-	-	-	1	1
Mixed - Any other mixed background	-	-	-	-	1	-	-	1
Mixed - White and Black Caribbean	-	-	-	-	-	-	1	1
Not Known - Waiting for first appointment/not recorded	-	-	-	-	2	5	5	12
Not stated - refused	-	-	-	-	-	1	1	2
Other ethnic category	-	-	-	-	-	4	-	4
White - any other white background	-	-	-	-	-	2	4	6
White - English/Welsh/Scottish/Northern Irish/British	-	-	1	6	10	97	40	154
White - Irish	-	77 -	-	-	-	1	1	2
Grand Total	**0**	**0**	**1**	**6**	**14**	**119**	**56**	**196**

Ethnicity
Avoidability (Cause of death related to a physical cause)
& Overall Assessment of Care (All deaths)

Berkshire Healthcare NHS Foundation Trust

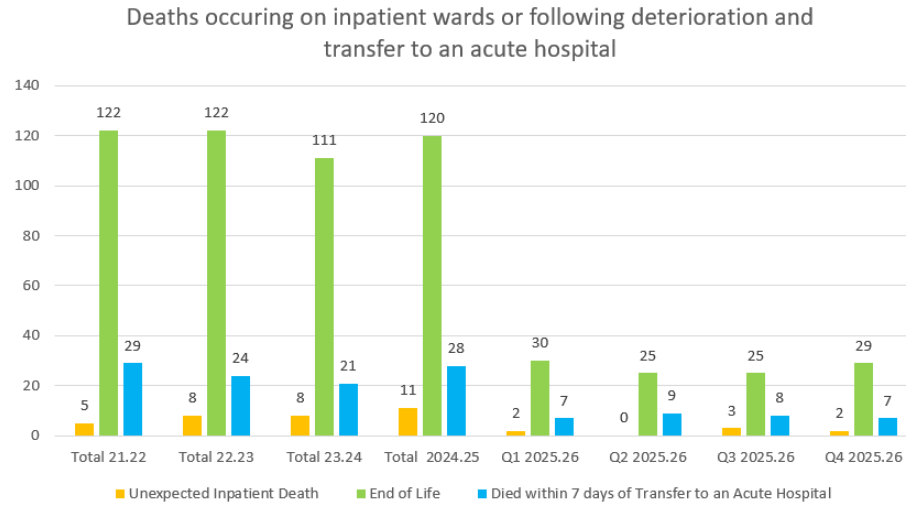
Overall Assessment of Care all 2nd stage reviews completed in 2025/26 (April – March 26 to date will include cases reported as 1st stage reviews in 2024/25)	1 Very Poor Care	2 Poor Care	3 Adequate Care	4 Good Care	5 Excellent Care	Total
Asian or Asian British - Any other Asian Background	-	-	2	2	-	4
Asian or Asian British - Indian	-	1	-	2	-	3
Asian or Asian British - Pakistani	-	-	1	4	-	5
Black or Black British - African	-	-	1	-	-	1
Black or Black British - Caribbean	-	-	1	-	-	1
Mixed - Any other mixed background	-	-	1	-	-	1
Mixed - White and Black Caribbean	-	1	-	-	-	1
Not Known - Waiting for first appointment/not recorded	-	2	3	5	2	12
Not stated - refused	-	-	2	-	-	2
Other ethnic category	-	-	1	3	-	4
White - any other white background	-	1	5	-	-	6
White - English/Welsh/Scottish/Northern Irish/British	-	17	44	89	4	154
White - Irish	-	-	1	1	-	2
Grand Total	**0**	**22**	**62**	**106**	**6**	**196**

Equality & Diversity Summary Q4 2025/26

The data for our 1st stage reviews shows an adequate conversion rate to 2nd stage reviews for BAME groups to allow a full review of care.

Of the 2nd stage reviews concluded 2 identified poor care for patients from a BAME group from a total of 22.

Inpatients (Physical Health and Mental Health) Learning From Deaths Q4 Report



In Q4, EMRG reviewed: 38 inpatient deaths. 36 were from physical health wards of which: 29 were expected end of life and 7 were unexpected (1 inpatient and 6 transfers with death within 7 days). 2 inpatient deaths were from mental health wards, each unexpected (1 inpatient who failed to return from leave, and 1 transfer with death within 7 days).

2nd stage reviews were requested for all unexpected physical health deaths. Of the 29 expected end of life physical health deaths, 28 were closed at 1st stage review and 1 had a SJR requested following Medical Examiner review. 2nd stage reviews were requested for both mental health deaths: 1 was managed as a SI requiring a PSII, and 1 had an SJR requested following ME review.

Q4 2025/26

All inpatient deaths were reviewed by the Medical Examiner and the cause of death was confirmed.

In line with our learning from deaths policy, 2nd stage reviews are requested and reviewed for all relevant deaths.

13 2nd stage reviews were concluded in Q4. of which:
One was score 4 possibly avoidable, but not very likely (less than 50:50)and identified as poor care.
One was score 5 Slight evidence of avoidability and identified as poor care
11 were score 6 definitely not avoidable and were all good or adequate care.
Both poor care deaths (one MH ward and one PH ward) were reviewed as patient safety reviews.
Learning around NEWS score escalation and the appropriateness of prescribed antibiotic. Question of suitability of transfer from acute and not fit to transfer onto Community Ward. Delay of treatment from Ward.
Learning around consistency of monitoring in line with NEWS 2 (physical health deterioration on MH ward).

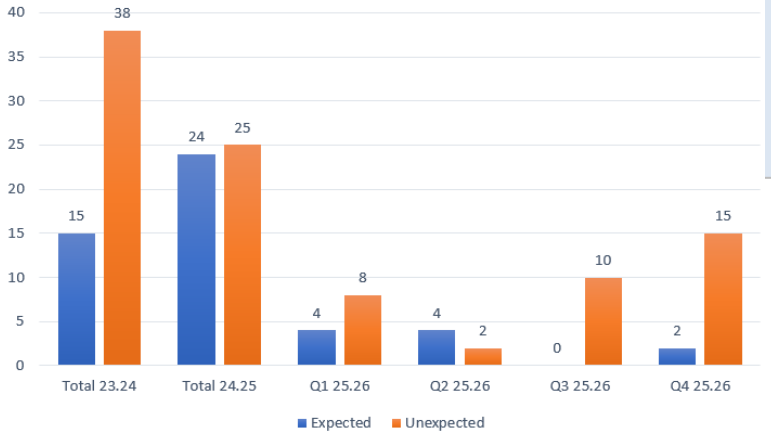
All Inpatient deaths are independently scrutinised by a Medical Examiner in line with the statutory requirement to confirm the cause of death to be detailed on the Medical Certificate of cause of Death (MCCD) or confirm a referral for a coroner review.

Month of death (Note this is not EMRG date)	2023/24	2024/25	April 25	May 25	June 25	July 25	August 25	September 25	October 25	November 25	December 25	January 26	February 26	March 26	Total 2025/26
Total Inpatient deaths reviewed by the Medical Examiner	113	127	13	11	8	8	10	6	12	10	9	10	6	11	114
SJRs requested for Inpatient deaths by Medical Examiner	2	1	1	1	0	0	0	0	0	1	0	1	3	0	7
Coroner Referrals advised by Medical Examiner for Inpatient Deaths	11	3	1	1	0	0	2	0	1	1	1	2	0	0	9

EOL Audit Q4	Total Q4	Narrative
New continuous audit which reviews all physical health inpatient planned End of Life deaths.	27	Data validation identified documentation gaps in 3/25 cases relating to assessment of spiritual, religious, or cultural needs of those important to the dying person. 2/25 cases lacked evidence of patient participation in personalised care and support planning conversations, and 1/25 case did not evidence discussion of the likelihood of dying, noting family involvement where patient discussion was not possible. No actions for improvement have been identified, with continued scrutiny to support best practice.

Adults with a Learning Disability (LD) Learning From Deaths Q4 2025/26

Adults with a Learning Disability



In Q4, 17 deaths of adults with learning disability were reviewed at 1st stage review. 15 were classed as unexpected and 2 as expected deaths, 2nd stage reviews were requested for 15 and 2 were closed at 1st stage review.

15 2nd stage reviews were concluded in Q4 (detailed in tables below).

Berkshire Healthcare NHS Foundation Trust

Q4 2025/26

Following notification of a death, the Learning Disability Service contacts all families.

The following actions for learning were identified:

- To ensure systems and resources support required follow ups.
- To ensure the rationale for Clozapine prescribing is documented where outside routine psychiatry follow up.

The following learning was shared:

- A reminder to teams of the importance of recording mental capacity assessments, best interest decisions, and risk assessments in the relevant sections of RiO.
- A reminder to ensure contemporaneous documentation in RiO to evidence actions taken, decision making, clinical rationale, and involvement of others.

The Learning Disability Service continues to support the local LeDeR programmes by supplying the details of our SJR's in relation to those people whose death was reported to the service.

Severity of Learning Disability	Q4	Total 25/26 (37)
Mild	3	7
Mild to Moderate	0	1
Moderate	5	9
Moderate to Severe	1	3
Severe	2	3
Profound	2	3
Not Known	2	11

Ethnicity	Q4	Total 25/26 (37)
White British	11	32
Asian or Asian British - Indian	1	1
Asian or Asian British - Pakistani	2	3
Not known	1	1

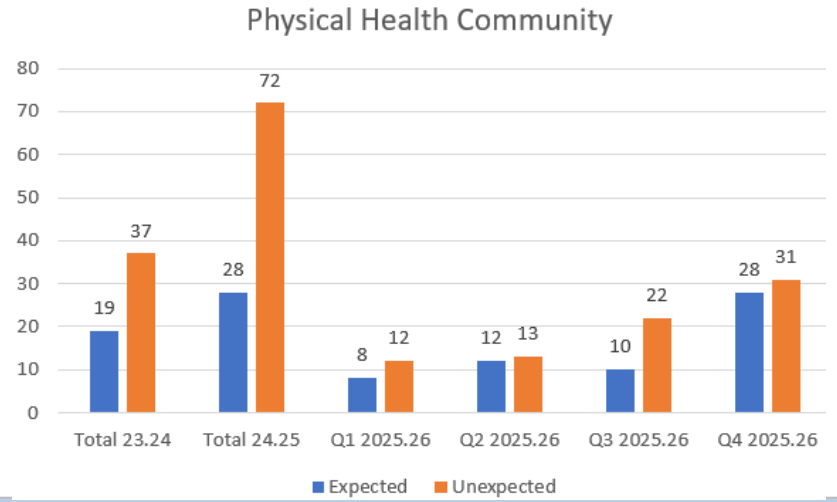
	Q4	Total 25/26 (37)
Male	7	17
Female	8	20

The deaths attributed to the following causes:	Q4	Total 25/26 (37)
Diseases of the respiratory system	3	13
Diseases of the heart & circulatory system	3	4
Diseases of the digestive system	0	2
Sepsis or Infection	5	7
Cancer	2	4
Other	2	7
Not known	0	0

	Avoidabilty Score for 2nd Stage Reviews (15)	Learning Disability Q4 25/26
Score 1	Definitely avoidable	0
Score 2	Strong evidence of avoidability	0
Score 3	Probably avoidable (more than 50:50)	0
Score 4	Possibly avoidable, but not very likely (less than 50:50)	0
Score 5	Slight evidence of avoidability	0
Score 6	Definitely not avoidable	15
N/A	Mental health	0

	Overall Assessment of Care	Learning Disability Q4 25/26
1	Very poor care	0
2	Poor Care	0
3	Adequate Care	4
4	Good Care	11
5	Excellent Care	0

Community Physical Health Learning From Deaths Q4



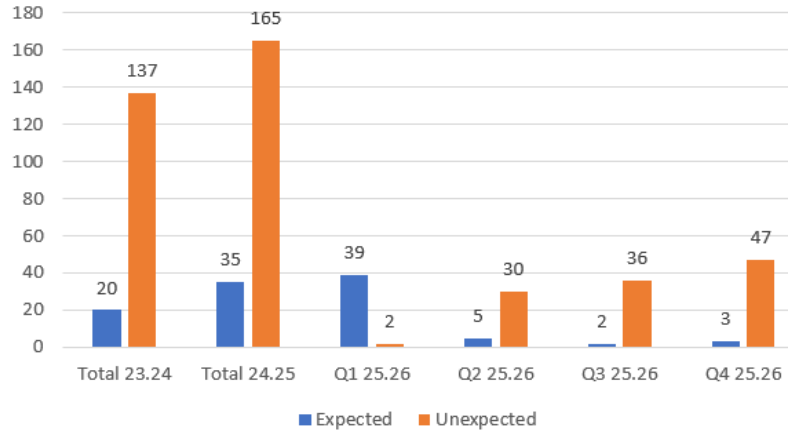
EMRG received 59 1st stage reviews in Q4 of which 2nd stage reviews were requested for 12, with 2 requiring further information.

12 2nd stage reviews were completed in Q4 across community and specialist physical health services. Of these, overall care rated as adequate in 4 cases, and good in 6 cases. 3 reviews identified poor care.

Learning implemented by the division to address key issues identified include:

- **Documentation:** Gaps in recording visits, observations, joint visits and use of RiO limited assurance, despite not routinely affecting outcomes.
- **End of life and ceilings of care:** ReSPECT forms were not always reviewed or updated following deterioration or transfer, reinforcing the need for earlier end of life recognition and clearer communication with families and acute services.
- **Escalation and safeguards:** Standard Operating Procedures were not consistently followed, with learning focused on earlier senior/ medical advice, consistent escalation, and maintaining caseload responsibility until outcomes are known.
- **System pressures:** Capacity constraints, out-of-hours cover gaps and cross-service delays contributed to risk, highlighting the need to strengthen handovers, and staff supervision.

Community Mental Health Learning From Deaths Q4



Berkshire Healthcare NHS Foundation Trust

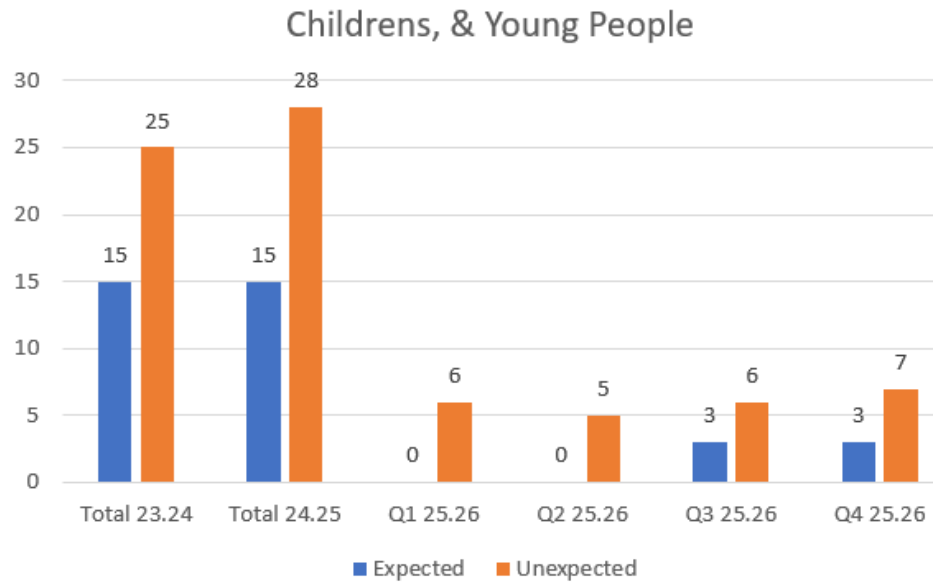
EMRG received 50 1st stage reviews in Q4 of which 2nd stage reviews were requested for 14, with 3 requiring further information.

21 2nd stage reviews were completed in Q4 across community and specialist mental health services. Of these, overall care rated as adequate in 8 cases and good in 8 cases, and 5 cases were identified as poor care (4 CMHT and 1 Crisis).

Learning implemented by the divisions to address key issues identified include:

- **Risk, safety and formulation:** Risk, capacity and safety planning were not consistently completed or recorded, particularly at points of transfer, discharge and non-engagement. While expectations are now clear, assurance through audit is not yet established.
- **Transitions and continuity:** Delays in named worker allocation, unclear responsibility prior to allocation, and incomplete handovers (including transfer of key referral information) impacted continuity of care. Patients were not always informed how to access support while waiting.
- **Documentation:** Inconsistent documentation of risk, capacity, diagnoses and care/ safety plans limited assurance and continuity, particularly around clinical decision-making and escalation.
- **Non-engagement:** Learning identified around the need for clearer multidisciplinary team discussion, proportionate follow-up, and maintaining support during periods of non-engagement rather than relying on rigid thresholds.
- **Service suitability:** A shift is required away from diagnostic or severe mental impairment thresholds towards needs-based decision-making, with clearer wording where Talking Therapies is the most appropriate service.
- **Embedding learning:** Training has been delivered; the focus now is on embedding practice through audit, peer review and ongoing assurance.

Childrens & Young People: Learning From Deaths Q4



EMRG received 10 1st stage reviews in Q4, all of which were closed. Included, premature births, child with complex life limiting illness an unexpected deaths under universal HV or school nursing and no contact.

There were no 2nd stage reviews concluded in Q4 for the children's and young people service.

Deaths of children and young people are reviewed by the Berkshire Child Death Overview Panel (CDOP) and there is cooperation with local authority safeguarding practice reviews as required.

Complaints and Inquiries Learning From Deaths Q4

Complaints and MP Inquiries	Quarter	Total
Communication and Clinical Care (District Nursing)	Q1	2
Physical health Urgent care – Out of hours GPs – Queried from SCAS around appropriate referral	Q2	1
Physical health Urgent care – Inpatient ward West Berkshire Community hospital– Concerns around care on the ward.	Q2	1
Physical health Urgent care – Inpatient ward Wokingham hospital– Concerns around care on the ward.	Q2	1
Community Mental Health team. Complaint raised by a mother due to not being identified as the next of kin for the patient.	Q 3	1
Mental Health Urgent Care – Crisis Resolution Home Treatment Team (CRHTT) family complaint.	Q4	1

Of the complaints received in 25/26 all were reviewed as 2nd stage reviews and both the reviews and responses were reviewed by the Mortality and Patient Safety Group.

Prevention of Future Deaths (PFD) reports 2025/26: No PFD's have been received in

Overall Learning and Summary From Deaths Q4

Of the second stage reviews closed, none of the deaths were a governance cause for concern (avoidability score of 1-3) this is specific to deaths of a physical health cause.

For all deaths, both physical health and mental health we review if the care provided was excellent, good, adequate, poor or very poor (using the structured judgement review methodology). 10 reviews identified poor care and learning is identified for the services.

All 10 cases have been reviewed as patient safety reviews and have actions in place to address areas requiring improvement.

15 reviews related to patients with a learning disability in Q4, all were reported in line with national guidance to LeDeR, who complete independent reviews covering the full patient pathway, none have been deemed avoidable or a governance cause for concern pr identified poor care.

No concerns were raised by the medical examiner.

Overall Learning and Summary From Deaths Themes 2025/26

Learning from Deaths themes from 2025/26

Top themes broken down by division:

Community Mental Health
- Risk formulation and continuity: Risk formulation, allocation and clinical documentation were inconsistently applied, leading to variable decision-making and reduced continuity and assurance.

Community Physical Health
- Recognition of deterioration and end of life planning: Escalation of deterioration and review of ReSPECT forms were not always timely or consistent, particularly during periods of system pressure and out-of-hours care.

Inpatient Mental Health
- Physical health monitoring and escalation: Inconsistent physical health assessment, escalation processes and documentation limited assurance that deterioration was always recognised and responded to promptly.

Inpatient Physical Health
- Escalation, medicines safety and communication: Learning focused on improving escalation of deterioration, transfer of time-critical medicines, and clearer communication with families and between services.

Children & Young People/ Learning Disability
- Risk, capacity and referral clarity: Risk and capacity assessments were not consistently recorded in the correct systems, with variable referral clarity and follow-up affecting continuity of care.

Overarching themes across all divisions and services:

- Recognition and escalation: Earlier identification of deterioration, stronger clinical curiosity and more consistent senior or medical escalation are required across services.

- Documentation and assurance: Inconsistent recording of risk, capacity, observations and clinical decision-making continues to limit assurance and continuity despite clearer expectations.

- Transitions, ownership and system pressures: Delays in allocation, unclear responsibility at service interfaces and capacity constraints, particularly out of hours, were recurrent contributors to risk.

Berkshire Healthcare NHS Foundation Trust

Quality Assurance Committee Paper

Meeting Date	May 2026
Title	Guardian of Safe Working Hours Quarterly Report **period 3rd February 2026 to the 8th May 2026**
Purpose	To assure the Trust Board of safe working hours for junior doctors in BHFT
Business Area	Medical Director
Authors	Dr Malarvizhi Babu Sandilyan
Relevant Strategic Objectives	1 – To provide accessible, safe, and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and safe patient care
Resource Impacts	Currently 1 PA medical time
Legal Implications	Statutory role
Equalities and Diversity Implications	N/A
SUMMARY	This is the latest quarterly Guardian of Safe Working report for consideration by Trust Board. This report focusses on the period **3rd February 2026 to the 8th May 2026** Since the last report to the Trust Board, we have received sixteen exception reports, fourteen are '*hours & rest'* exception reports (ER) and one *'educational' and "hours and rest"* exception report (ER), one ER has been withdrawn. Two Fines levied each £186.32, no work schedule reviews. The new Exception reforms have been implemented in BHFT since 4-2-2026 We do not foresee any significant likelihood of BHFT being in frequent breach of safe working hours in the next quarter.
ACTION REQUIRED	The QAC/Trust Board is requested to: Note the assurance provided by the GOSW.

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

This report covers the period 3rd February 2026 to the 8th May 2026

Executive summary

This is the latest quarterly Guardian of Safe Working report for consideration by the Trust Board.

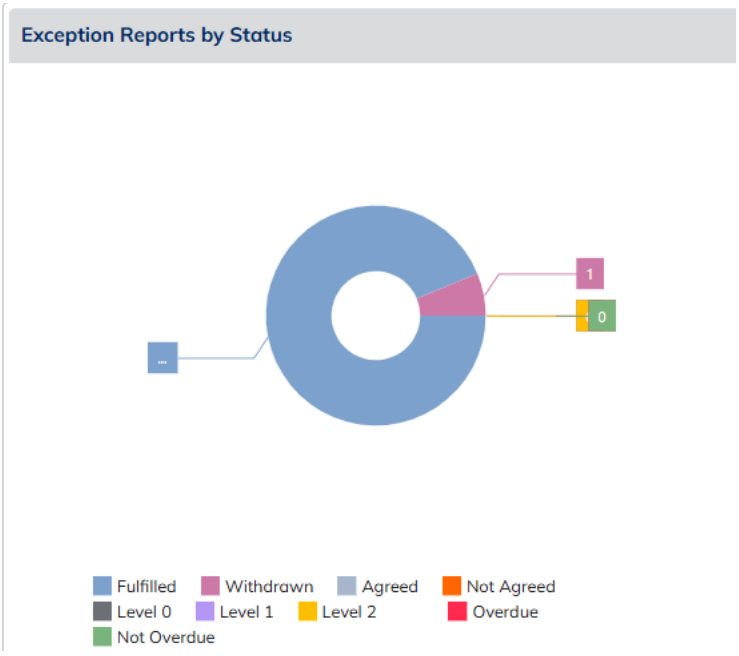
This report focusses on the period the period the 3-2-2026 to 8-5-2026. Since the last report to the Trust Board, we have received sixteen exception reports, fourteen are '*hours & rest'* exception reports (ER) and one *'educational' and "hours and rest"* exception report (ER), one ER has been withdrawn.

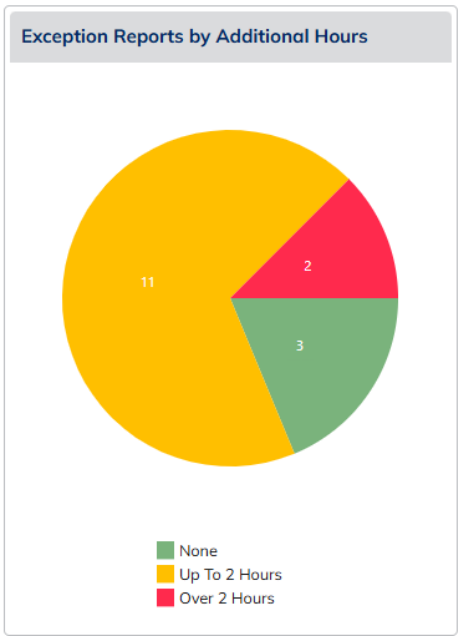
Introduction

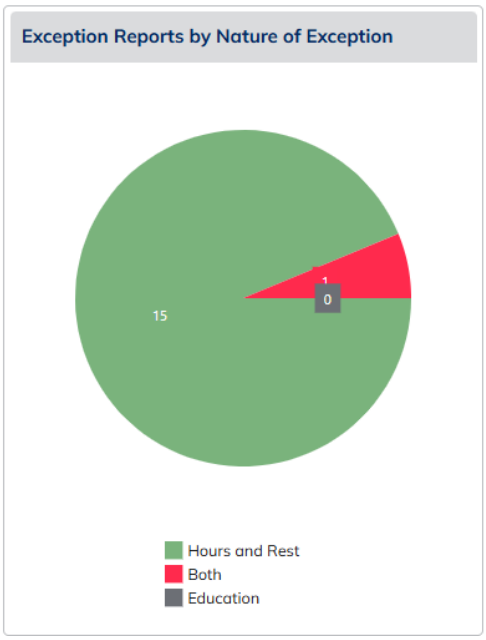
The current reporting period covers the second half of a six-month CT and GPVTS rotation.

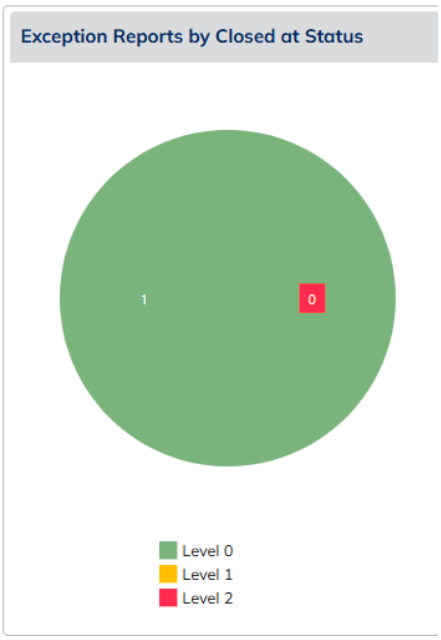
Number of doctors in training (total) since Dec 2025:	65 (WTE 62.2)
Number of doctors in training on 2016 TCS since Dec 2025 (total):	65 (WTE 62.2)
Amount of time available in job plan for guardian to do the role:	1PA
Admin support provided to the Guardian (if any):	None
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

Exception reports dashboard









Exception Reports by Grade

Grade Name	Overdue	Level 0	Level 1	Level 2	Agreed	Fulfilled	Not Agreed	Withdrawn
CT1	0	0	0	0	0	2	0	0
CT2	0	0	0	0	0	2	0	0
FY1	0	0	0	0	0	8	0	1
ST1	0	0	0	0	0	2	0	0
ST3	0	0	0	0	0	1	0	0

There are now three on call rotas for out of hours. The established out of hours rota for residential on call covered by the core trainees and GPVTS/FY2 doctors at CT1-3 level; the non residential on call (NROC) out of hours rota covered by higher trainees between 5 PM and 9 AM including cover for POS (place of safety). The NROC is further distinguished as one for general adult + old age (GA and OA) and child and adolescent mental health (CAMHS).

- The higher trainee SPR rota has been implemented since 1-12-2025. No unsafe working pattern identified.
- The CAMHS higher trainee rota is supernumerary for training need and gaps are not required to be filled. No unsafe working shift pattern identified.

During the previous quarter there has been a slight increase in the number of exception reports compared to previous quarter. This could be due to the new updated DRS 5 system which has been implemented since February 20 26 and also keeping in line with the changes that has been implemented to the terms and conditions for exception reporting which also has been implemented since February 2026. The majority of the exception reports have arisen from the inpatient wards, this is keeping in with previous trend. One ward had high proportion of ERs and this have been further escalated to the directors of medical education and inpatient senior leadership team. The GOSW has been reassured that there had been recent changes to the senior medical roles on the respective ward which are set to ease the pressure on resident doctors. The situations will be monitored in due course. GOSW meets with resident doctors on a monthly basis at the resident doctor forum are encouraged to submit exception reports when applicable. There are no outstanding ERS to be actioned and medical staffing have been trained to action accordingly and arrangements are in place for RDs to be paid TOIL or payment as per their choice in a timely manner.

The GOSW has regular discussions with resident doctors regarding the exception reports at the Resident Doctors' Forum (RDF) which is attended by DME and tutors, other educational and training issues are discussed too- these meetings were on 5-3-2026, 2-4-2026 and 7-5-2026. There were no concerns raised by resident doctors in getting their TOIL or payment for the ERs. Resident doctors have been encouraged to raise the exception reports if they have worked beyond their work schedule and if in doubt to contact GOSW , this will be discussed on a regular basis at the RDF, which now happens monthly. GOSW have been liaising with the concerned resident doctors and the medical staffing regarding TOIL or appropriate payment as applicable. TOIL or payment where appropriate, have all been agreed with resident doctors. GOSW meets the resident doctors via the RDF and resident doctors representatives through the MEM (medical education meetings) and LNC meetings, to encourage raising exception reports where applicable and to address any barriers that resident doctors may face in doing so. Newly joined resident doctors are being sent log in details for the DRS4 online system which is used to exception report. <u>There have been no fines for access or breach of identifiable ER information in this quarter.</u>

Exception reporting is a neutral action and is encouraged by the Guardian and Directors of Medical Education. We continue to promote the use of exception reporting by resident doctors and make sure that they are aware that we will support them in putting in these reports. It is the opinion of Guardian of Safe Working that "time off in lieu" (TOIL) is the most appropriate action following an exception report to minimize the effects of excessive work. With the new reforms now in place, resident doctors have a choice between TOIL and payment.

a) Work schedule reviews

There have been no work schedule reviews in this period. The Medical Staffing department has created Generic Work Schedules. The DME, working with tutors, the School of Psychiatry and Clinical Supervisors, has developed Specific Work Schedules. These are both required by the contract sent out to the RDs.

Work schedule reviews by grade	
CT1-3	0
ST4-6	0

Work schedule reviews by department	
Psychiatry	0
Dentistry	0
Sexual Health	0

b) **Gaps in OOH CT1-3 rota**

(All data provided below for bookings (bank/agency/resident doctors) covers the period 3-2-2026 to 8-5-2026
There has been a substantial reduction in gaps and sickness shifts from previous quarter.

Reason	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Gap	77	76	775.5	770
Sickness	5	4	54.5	43
Total	82	80	830	813

There have been fourteen gap shifts in the SPR rota during this quarter but all have been duly covered. No gaps were unfilled.

d. **Fines**

Fines levied by the Guardians of Safe Working should be applied to individual departments, as is the intent of the contract. Fine has been levied during this quarter, in relation to breach of safe working hours.

Fines by department		
Department	Number of fines levied	Value of fines levied
psychiatry	2	£ 186.32
Total	2	£ 186.32

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
£132.16	£ 186.32	£0	£318.48

Qualitative information

The OOH rota is currently operating at 1:13 and our system for cover works efficiently, with gaps generally being quickly filled. Our bank doctors continue to be an asset, and we continue to increase this pool. There has been few unfilled gaps as noted above. For these unfilled gaps, patient safety was not an issue and we have always had at least one resident doctor on duty out of hours at Prospect Park Hospital. There has been a decrease in rota gaps due to sickness during this quarter compared to previous six months but increase in rota gaps in general.

Issues arising

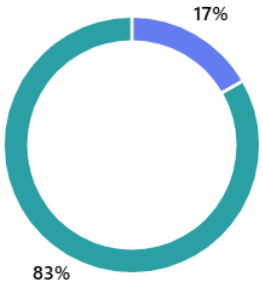
Exception reporting has slightly increased since the implementation of the new TCS relating to exception reporting. The current level of exception reporting suggests that Resident Doctors are not working unsafe hours. There continues to remain few gaps in resident on call rota, but most of them are filled by additional locum work by our doctors.

Detriment survey in this quarter: GOSW is required to collate information via detriment survey every quarter in line with new TCS

Total number of responses: 6

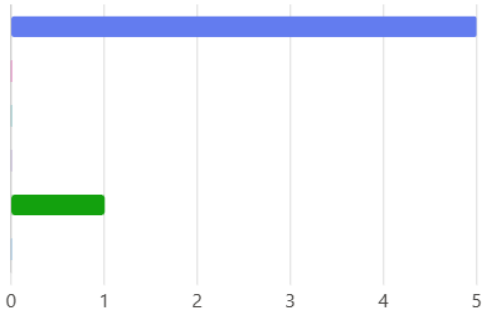
1. In the last three months, were you able to use the DRS5 exception reporting system, when you needed to? (0 point) More details

yes	1
no	0
not applicable, I did not need to use the ER system	5



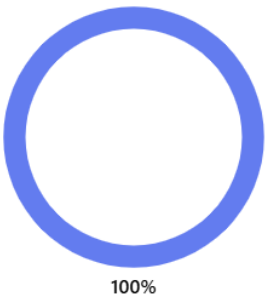
2. If you experienced difficulty in accessing or using the DRS5 ER system, what was the reason? (0 point) More details

not applicable, I didn't experience difficulty	5
issue with equipment	0
lack of log in or permissions	0
lack of time during work	0
not sure how to use the system	1
other	0



3. In the last three months, have you experienced or witnessed an information breach related to exception reporting? (0 point) More details

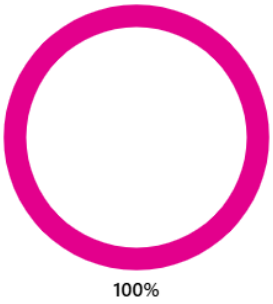
no	6
yes	0
Maybe	0



4. In the last three months have you experienced or witnessed actual or threatened detriment related to exception reporting? (0 point)

More details

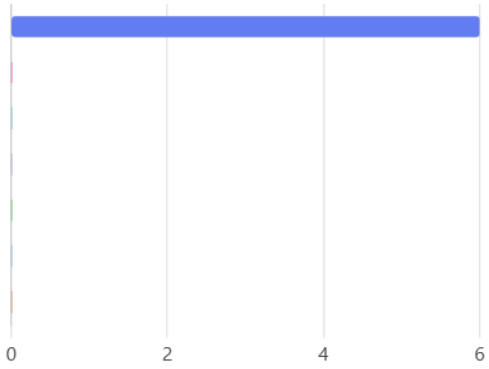
Yes	0
No	6
Maybe	0



5. What best described this experienced or witnessed actual or threatened detriment? (0 point)

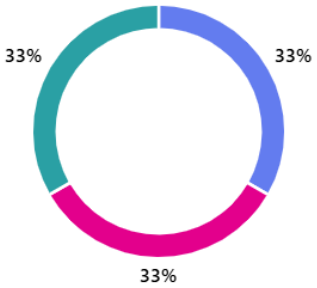
More details

not applicable, I did not experience detriment	6
direct pressure not to submit ER	0
negative attitude from seniors towards those who submit ER	0
fear of impact on training	0
fear of impact on rota, leave, workload of peers	0
other	0
prefer not to say	0



6. Overall how confident are you that exception reporting is supported and implemented in BHFT? (0 point) More details

Extremely confident	2
Somewhat confident	2
Neutral	2
Somewhat not confident	0
Extremely not confident	0



7. Please add any comments or suggestions to improve the exception reporting or safe working hours in BHFT (no identifiable information please)

3 Responses

ID ↑	Name	Responses
1	anonymous	I think the recent change to give the option of not just TOIL but pay also is very welcome, thank you, also the GOSW is very approachable and efficient in keeping on top of issues relating to work schedules which is much appreciated!
2	anonymous	lack of time to log in to system and complete exception report forms, find this very onerous.
3	anonymous	Thanks to the GOSW for emphasising the rights of resident doctors and ensuring they are well supported, as evident in RDF and other forums.

Actions taken to resolve issues:

GOSW continues to engage with resident doctors during induction and resident doctors' forum monthly meetings on a regular basis, any issues arising are escalated to DME or LNC, as appropriate.

GOSW has highlighted the need for additional administrative support for this role (currently none) with medical director and associate director for medical development. This is because it is anticipated there is likely to be an increase in the number of ERs with the reforms. There are also additional responsibilities for GOSW in reporting to board via standardized templates and detriment survey on a regular basis. GOSW needs administrative support to run the RDF on a regular basis. With additional NROC rotas, there is additional work on reporting regarding these rotas and actioning upon any gaps/exceptions reported in relation to these.

Summary

All work schedules are currently compliant with the Contract Terms and Conditions of Service. No review of work schedule or OOH rota required. The GOSW gives assurance to the Trust Board that overall, no unsafe working hours patterns have been identified, and no other patient safety issues requiring escalation have been identified.

Resident doctors are strongly encouraged to make exception reports by the Guardian at induction and at every resident doctor forum. Resident doctors are assured that it is a neutral act and asked to complete exceptions so that the Guardian of Safe Working can understand working patterns in the Trust.

The GOSW asks the Board to note the report and the proposed actions.

Next report to be submitted in August 2026.

Report compiled by Dr Malarvizhi Babu Sandilyan, Guardian of safe working hours, BHFT

Appendix A: Glossary of frequently used terms and abbreviations

Guardian of Safe working hours: A new role created by the Junior Doctors Contract that came into effect for the majority of trainees in BHFT in February 2017. The Guardian has a duty to advocate for safe working hours for resident doctors and to hold the board to account for ensuring this.

FY – Foundation Years – Doctors who are practicing usually in the first two years after completing their medical degrees.

CT – Core Trainee – The period usually following FY where a resident doctor is specializing in a particular area of medicine (in BHFT this is primarily for Psychiatry or General Practice). Typically, 3 years for psychiatry trainees.

ST- Specialty Trainee – The period following Core training where a junior doctor sub-specializes in an area of medicine, for example Older Adult Psychiatry. Typically, 3 years for psychiatry trainees.

Work Schedule – A work schedule is a new concept for junior doctors that is similar to a Job Plan for Consultants. A work schedule sets out the expectations of the clinical and educational work that a Junior Doctor will be expected to do and have access to. Before entering each post, the Junior Doctor will have a "Generic Work Schedule" that the Clinical Supervisor and Medical Staffing feels sums up the expectations and opportunities for the that post. At the initial meeting between Clinical Supervisor and trainee this will be personalized to a "Specific Work Schedule" giving the expectations of that trainee in that post. If exception reporting or other information indicates a need to change the work schedule this is called a work schedule review. The new policy indicates the procedures for this process and appeal if it is not considered satisfactory.

Resident doctors' forum – A formalized meeting of Resident Doctors that is mandated in the Resident Doctors Contract. The Resident Doctors under the supervision of the Guardians are amalgamating other pre-existing fora under this meeting so it will be the single forum for Junior Doctors to discuss and formally share any concerns relating to their working patterns, education or patient safety. The Resident Doctor Forum includes representation from the Guardians, Director of Medical Education and others as required to ensure these concerns can be dealt with appropriately.

Fines – If doctors work over the hours in their Specific Work Schedule they are entitled to pay or to time back in lieu for that time. In this trust we are looking for trainees to have time back as the preference. However, if the doctor works so many hours as to further breach certain key mandated working limits the trust will be fined with the fine going into a separate fund managed by the Guardians to be used for educational purposes for the trainees.

Appendix B

Factsheet: Safety limits and rest

The below table highlights the changes to the safety limits and rest provisions between the 2016 terms and conditions and the 2018 contract refresh. For full details please refer to schedule 3 of the terms and conditions of service (TCS).

2016 terms and conditions	2018 contract refresh
Maximum of 72 hours work in any 7 consecutive day period.	Maximum of 72 hours work in any 168-hour consecutive period.
46-hours rest required after 3-4 consecutive night shifts.	46-hours rest required after any number of rostered nights.
Doctors paid at nodal point 2 are exempt from the requirements that no doctor shall be rostered for work at the weekends greater than 1 week in 2 for one placement during their foundation year.	No doctor shall be rostered for work at the weekend at a frequency of more than 1 week in 2.
No doctor shall be rostered for work at the weekend at a frequency of greater than 1 week in 2.	All reasonable steps should be taken to avoid rostering trainees at a frequency of greater than 1 in 3 weekends.
Where 8 shifts of any length are rostered or worked on 8 consecutive days, there must be a minimum 48-hours rest rostered immediately following the conclusion of the eighth and final shift.	Maximum of 7 shifts of any length can be rostered or worked on 7 consecutive days. Where a shift contains hours of work across more than one day, the work on each day will be counted independently toward the total number of consecutive days*.
No more than 5 long shifts shall be rostered or worked on consecutive days. Where 5 long shifts are rostered on consecutive days, there must be a minimum 48-hour rest period rostered immediately following the conclusion of the fifth long shift.	No more than 4 long shifts shall be rostered or worked on consecutive days. There must be a minimum 48-hour rest period rostered immediately following the conclusion of the final long shift*.
A doctor must receive: • at least one 30 minute paid break for a shift rostered to last more than 5 hours, and • a second 30 minute paid break for a shift rostered to last more than 9 hours.	A doctor must receive: • at least one 30 minute paid break for a shift rostered to last more than 5 hours • a second 30 minute paid break for a shift rostered to last more than 9 hours • A third 30-minute paid break for a night shift as described in paragraph 15 of Schedule 2, rostered to last 12 hours or more.

*As soon as reasonably practicable from August 2019, and in any event as soon as possible before 5 August 2020, the employer will consult with doctors and agree to alter existing rotas.

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 July 2026
Title	**Executive Report**
	Item for Noting
Reason for the Report going to the Trust Board	The Executive Report is a standing item on the Trust Board agenda. This Executive Report updates the Trust Board on significant events since it last met. The Trust Board is requested to seek note the report and to seek any clarification on the issues covered in the report.
Business Area	Corporate Governance
Author	Chief Executive
Relevant Strategic Objectives	The Executive Report is relevant to all the Trust's Strategic Objectives

Berkshire Healthcare
NHS Foundation Trust

Trust Board Meeting – 14 July 2026

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. Nursing Band 5 Job Evaluation

On 12th February 2026, the Secretary of State for Health and Social Care set out commitments being made to recognise the significant value of the nursing profession and to make sure that nurses receive the correct pay for the work that they are asked to do, as well as appropriate support.

The commitments detailed in the letter are:

- Making sure every nurse is on the right band, and reviewing all Band 5 nurse job descriptions, with additional funding available to support this review process.
- Making graduate pay a priority as part of ongoing reforms to the Agenda for Change staff pay structure.
- Launching a national nursing preceptorship to ensure every nurse has the best start to their career, wherever they work.
- Reviewing the evidence from the review of Band 5 nursing roles to determine whether any further action is required.

The requirements of organisations to support this are:

- To ensure that there are local plans in place to progress the Band 5 job evaluation process (nursing job evaluation process was an existing requirement).
- To ensure that there is Board-level oversight and engagement with staff-side partners.
- For all NHS Band 5 nurses to have an assessment of the duties they are being asked to undertake and whether these are consistent with the job profile/description.

In response to the job evaluation process, significant progress has already been made in the Trust as follows:

- A review of all Band 5 and Band 6 job descriptions across the organisation has taken place, the number of different job descriptions has been streamlined, and all have been aligned to updated national profiles. These job descriptions have also been through the relevant Agenda for Change job matching/consistency checking processes. Reviews of job descriptions for Bands 4, 7 and 8a are currently following the same review process. This process has been undertaken in conjunction with staff-side.

- From the beginning of July, only the new job descriptions for Bands 5 and 6 are able to be used for recruitment across the organisation, this will ensure that all staff commencing with the Trust have job descriptions aligned with the updated national profiles. The same process will be followed for remaining nursing bands once matching and consistency checking has been completed.

- Now that the work to update the Band 5 and Band 6 job descriptions is complete, the process of reviewing each Band 5 nursing role can commence. In line with the national guidance, each Band 5 nurse will have the opportunity to consider whether their job description accurately reflects the work they are being asked to do; this will be carried out through individual conversations with all Band 5 nursing staff.

  Plans and guidance are in place for this to be achieved, with the aim being to complete this piece of work by the end of this financial year, ahead of the October 2028 deadline.

In terms of preceptorship, we have a current robust internal preceptorship programme which received the NHS England Multi-professional Quality Mark in August 2025.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

3. Ockenden Report – Findings, Conclusions and Essential Actions from the Independent Review of Maternity Services at Nottingham University Hospitals NHS Trust

The Independent Review of Maternity Services at the Nottingham University Hospitals NHS Trust undertaken by Donna Ockenden was published on 24 June 2026.

This review was commissioned in June 2022 and considers the provision of maternity and neonatal care at Nottingham University Hospitals Trust (NUH) between 2012 and 2025.

It identified cases of families using the maternity service including mothers and/or babies who very sadly experienced loss, damage or harm during pregnancy, childbirth, and the early postnatal period. The primary objective of the review being to determine whether the care received in each of these cases had a material effect on the poor outcome; the review of these individual cases has also enabled overall analysis of standards of care and identification of organisational and professional weaknesses.

The findings have led to immediate and essential actions being identified to improve care and safety in maternity services across England.

These actions fall under 8 key headings.

1. Listening to Women & Families

2. Workforce Planning & Safe Staffing

3. Training & Multi-Professional Learning

4. Risk Assessment Throughout Pregnancy

5. Incident Investigation & Family Involvement

6. Governance & Board Accountability

7. Culture, Teamwork & Psychological Safety

8. Mothers Who Have Died and Post Death Care

It is recognised that some of the findings, learning and actions identified in this review are equally pertinent to services and boards in any NHS provider organisation.

It is right that as a mental health and community provider we consider this report including any learning and the actions detailed within it, to enable assurance in relation to the systems and processes we have in place and identification of any areas for improvement, as we did when the final Ockenden report for Shrewsbury and Telford NHS Trust was published in March 2022.

We will do this over the coming weeks with an assurance plan alongside any areas for focus/ improvement presented to the Quality Assurance Committee.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

4. Improving Mouthcare Standards for Hospital Inpatients

On 22 June 2026, the Chief Nursing Officer and Chief Nurse for England wrote to all providers with expectations for all trusts in relation to the need for implementation of sustainable oral health care pathways.

This request is in the context of good mouth care being fundamental to patient safety and that despite a growing awareness that hospitalisation can be associated with a rapid decline in oral health which in turn increases the risk of hospital-acquired infections, often leading to longer hospital stays and higher care costs, that standards remain inconsistent across the NHS.

The asks of organisations are to ensure:

- Implementation of a Trust-wide mouth care policy
- An oral health assessment for all patients within 24 hours of admission and daily recording of oral health delivery
- Ongoing mouth care training for all relevant staff
- Access to appropriate mouth care products for patients
- Identification of a mouth care lead, a named professional accountable for the ongoing governance of mouth care across each hospital/trust. This individual could be a doctor, nurse, dental nurse, or allied health professional.

In response to this:

- We have identified our Chief Dentist as our organisational lead.
- There has been a focus on the importance of mouth care through both infection control study days and bite-sized training over recent years, with resources available to staff.

  The latest planned awareness-raising amongst staff is scheduled for July, with information and signposting of available resources on our staff intranet being cascaded through the organisation using our usual clinical routes and clinical newsletter.

- All of our wards have access to appropriate mouth care products and bite-sized training is available through practice educators.
- We will focus on ensuring that at ward level relevant processes are clear and that all available training materials and resources are being consistently used, including as part of staff induction.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

5. NHS England's Head of Cyber Security Letter to Trusts

On 10th June 2026, the Head of Cyber Security at NHS England wrote to all Chief Executive Officers, Chairs and Chief Information Officers to ask Boards to assure themselves that cyber security risks are being managed effectively, with clear, sustained programmes for improvement.

He also outlined his intention to issue new national cyber security policies from September 2026 which will tighten requirements for trusts in this area. He reiterates that the NHS Data Security and Protection Toolkit (DSPT) is the standard that all NHS organisations are expected to comply with for cyber security.

I am pleased to confirm that our annual submission (June 2026) and verification by internal auditors confirms our compliance in this area as "standards met". He recommends that each organisation appoint a member of the executive team responsible for cyber security to assist the organisation's board of directors in meeting their accountabilities.

Here at Berkshire Healthcare, we have had an appointed Executive Director in this role (as the Senior Information Risk Owner) for many years, which is currently the Deputy Chief Executive, reflecting the importance the Board places on this area.

The annual cyber security report to the Board (last submitted in January 2026) together with the Board Assurance Framework, Risk 7 (last updated June 2026) provides significant assurance to the board in this area and describes our continuous improvement plans.

The key gap for us to work on in addition to these improvement plans during 2026 is to revisit our general emergency preparedness plans to look at both the wider operational impact of loss of critical digital systems and exercises to assess clinical and operational readiness to cope with such disruptions which recently in the NHS have had effects that lasted months or years.

Executive Lead: Alex Gild, Deputy Chief Executive

6. NHS England's NHS Staff Standards

The publication of the NHS Staff Standards on 6 July 2026 marks an important national milestone in setting out clear expectations and commitments to support better, fairer and more consistent employment experiences for NHS staff.

Developed with input from NHS organisations across the country, the standards provide a framework for strengthening staff experience, wellbeing, inclusion and engagement, while supporting organisations to create high-quality workplaces where people can thrive. NHS England has highlighted the critical role of Chief People Officers and Boards in promoting awareness, supporting implementation and embedding the standards within local people strategies. A more detailed assessment of the standards and Berkshire Healthcare's current position, together with plans to support compliance and implementation, will be brought to the Trust Board in September 2026.

Executive Lead: Alex Gild, Deputy Chief Executive

Presented by: Julian Emms
Chief Executive
14 July 2026

Board Meeting Date	14th July 2026
Title	**Ethnicity Pay Gap Report 2025/26**
Item Type	For Noting
Reason for the Report going to the Trust Board	This report presents the Trust's annual Ethnicity Pay Gap analysis for 2025/26, prepared in line with NHS England guidance. The report provides assurance regarding the Trust's ethnicity pay gap position, the factors influencing the reported gap and proposed actions for 2026/27. The Board is asked to discuss the findings, note the key drivers identified and support the proposed next steps
Business Area	People Directorate – Workforce Planning and Insights
Author	**Author** Stephen Strang, Workforce Planning and Insights Manager
Who authorised it coming to the Board?	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People
Relevant Strategic Objectives	**Health Inequalities** This report provides insight into workforce ethnicity equality, supporting the Trust's wider ambition to understand and reduce inequalities experienced by different groups, including within the workforce. **Workforce** This report directly supports the ambition to make the Trust a great place to work for everyone by ensuring transparency in pay outcomes, identifying factors that contribute to pay differentials, and informing actions that support equality of opportunity. **Efficient Use of Resources** Understanding workforce composition, career progression, recruitment practices and pay distribution supports informed workforce planning and effective use of resources within national pay frameworks.
Summary	This report presents Berkshire Healthcare NHS Foundation Trust's ethnicity pay gap position for 2025/26. The Trust's mean ethnicity pay gap is 0.97% (£0.23 per hour), whilst the median ethnicity pay gap is 11.46% (£2.38 per hour). The analysis concludes that the gap is primarily associated with workforce composition, age profile, career stage, occupational distribution, time spent in band and differences in starting increment points for external recruits, rather than evidence of systematic differences in pay for equivalent work. The report identifies opportunities to strengthen governance around starting salary decisions, continue monitoring

	progression and pay distribution, and develop longitudinal analysis of workforce career pathways.
Key Issues for Board Attention	• The Trust's mean ethnicity pay gap remains low at 0.97%; however, the median gap has increased to 11.46%. • Analysis indicates the pay gap is predominantly explained by workforce age profile, career stage, band distribution and occupational mix. • White staff are appointed to higher Agenda for Change starting increment points on average than ethnically diverse staff, representing an area for further governance and review. • Promotion rates are broadly comparable between ethnic groups overall. • Recommended actions include enhanced oversight of starting salary decisions, continued monitoring of progression and pay quartiles.

Author:

Stephen Strang, Workforce Planning and Insights Manager - stephen.strang@berkshire.nhs.uk

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Executive Summary

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This report presents Berkshire Healthcare NHS Foundation Trust's ethnicity pay gap position for 2025/26, in line with NHS England guidance.

In 2025/26, the Trust's **mean hourly ethnicity pay gap** was **0.97% (£0.23 per hour)**, a slight reduction from **1.06% (£0.24)** in 2024/25.

In contrast, the **median hourly ethnicity pay gap** increased from **7.03% (£1.39)** to **11.46% (£2.38)**.
Mean hourly pay was **£23.68** for ethnically diverse staff and **£23.91** for white staff, while median hourly pay was **£20.77** and **£23.15** respectively.

**The mean pay gap reflects the difference in average hourly pay across all staff, while the median pay gap reflects the difference at the midpoint of the pay distribution. The median is less influenced by very high- or low-paid roles and is therefore often considered a better indicator of the 'typical' staff experience.*

The divergence between the mean and median measures indicates that pay differences are emerging around the middle of the pay distribution, rather than being driven by a small number of very highly paid roles. This pattern is consistent with findings from pay quartile, age profile, band distribution and progression analysis presented later in this report.

The ethnicity pay gap is a **workforce-level measure**. It reflects differences in average hourly pay across the organisation and arises from how staff are distributed across roles, pay bands and career stages. It does not compare pay for individuals doing the same job and does not, on its own, indicate unequal pay for equal work. Instead, it provides an overview of how workforce structure and progression patterns shape overall pay outcomes.

Contextual position

- When analysis is restricted to **Agenda for Change (Bands 2–9) only**, i.e. excluding Medical and Dental staff and Very Senior Managers who sit outside the Agenda for Change pay framework, the mean pay gap increases to 7.89% and the median pay gap decreases to 7.98%, demonstrating the material effect of contractual mix on headline figures.

Primary factors shaping the ethnicity pay gap

The Trust's ethnicity pay gap reflects **workforce composition and career stage**, rather than systematic differences in pay for equivalent roles. The key factors identified through this analysis are:

- **Workforce age profile and career stage**
  A key structural driver of the Trust's ethnicity pay gap is workforce age profile and career stage. Ethnically diverse staff are more concentrated in younger age groups and in earlier career, lower-banded roles, while older age bands, which attract higher average pay due to accumulated experience, time in band and seniority, are proportionally less ethnically diverse. This mirrors national population patterns and does not reflect unequal pay for equivalent roles.
- **Workforce and occupational composition**
  Differences in representation across staff groups and Agenda for Change bands, including lower representation of ethnically diverse staff at the most senior AfC bands and senior non-AfC roles, contribute to overall differences in average pay outcomes *(Appendix B).*
- **Time in grade and cumulative progression**
  White staff spend longer on average within the same pay band (6.0 years) compared with ethnically diverse staff (4.5 years). Longer time in band increases the likelihood of reaching and remaining at higher incremental points, contributing to higher average hourly pay over time *(Appendix E).*

- **Starting increment point for external hires**
  Across every Agenda for Change band with more than one increment point, white staff are appointed on average to a higher starting increment point than ethnically diverse staff (1.57 compared with 1.36). This represents a potential mechanism through which pay differences can accumulate over time and warrants further investigation *(Appendix D).*
- **Role-based pay elements linked to working patterns**
  Differences in the receipt of role-based pay elements, including unsocial hours enhancements and location-based supplements, reflect variation in role mix, service delivery models and working patterns rather than discretionary pay decisions *(Appendix F*).

Actions for 2026/27

1. **Strengthen governance and consistency of starting salary and increment point decisions**, ensuring national guidance is applied transparently and consistently.
2. **Deepen understanding of median pay gap drivers** through continued analysis of pay quartiles, progression pathways and time in band.
3. **Continue transparent reporting of both all-staff and Agenda for Change–only measures** to support informed interpretation of pay gap metrics.

Ethnicity	Mean hourly pay (£)		Median hourly pay (£)	
	All staff	AfC only (Bands 2–9)	All staff	AfC only (Bands 2–9)
Ethnically Diverse	£23.68	£21.40	£20.77	£20.30
White	£23.91	£23.09	£23.15	£21.92
Difference	-£0.23	-£1.69	-£2.38	-£1.62
Pay gap (%)	0.97%	7.89%	11.46%	7.98%

1. Purpose and Mandated Reporting Context

Contents page

This report sets out the Trust's ethnicity pay gap analysis for 2025/26. The ethnicity pay gap measures the difference in **average hourly pay** between white staff and ethnically diverse staff across the organisation.

It is distinct from equal pay analysis and should be interpreted as a **diagnostic indicator** of workforce structure and pay distribution.

2. Methodology and Definitions

Contents page

Analysis is based on **substantive Electronic Staff Record (ESR) data** and reflects average hourly pay, including basic pay and applicable pay elements.

Ethnicity is grouped into:

- **White**
- **Ethnically diverse** (all other ethnic groups combined)

This approach follows national guidance and supports statistical robustness. All analysis presented is descriptive.

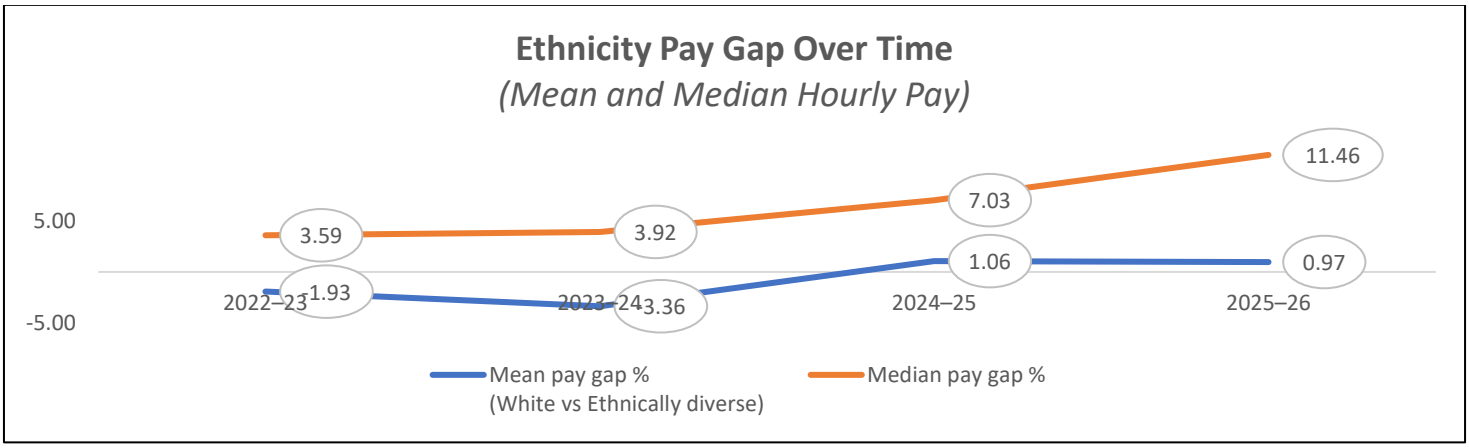
3. Headline Results and Trend Overview

Contents page

For 2025/26:

- **Mean pay gap:** 0.97% (£0.23 per hour)
- **Median pay gap:** 11.46% (£2.38 per hour)

Over the last four years, the **mean gap has narrowed** while the **median gap has widened**. In practice, this means that differences are emerging around the 'middle' of the pay distribution, rather than being driven by a small number of very senior roles.



The **median** captures the typical staff experience, while the **mean** is influenced by higher-paid roles and enhancements.

While headline pay gap figures describe overall outcomes, they do not explain *why* these differences arise. Understanding the drivers of the Trust's ethnicity pay gap therefore requires examination of how pay varies by **age, career stage, band distribution and workforce composition**. These factors are explored in detail in Section 4 and underpin interpretation of the trends set out above.

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4. Workforce Profile and Career Stage

Contents page

Understanding the Trust's ethnicity pay gap requires careful consideration of workforce composition and career stage. Pay outcomes in the NHS are strongly shaped by age, experience, time in role and progression within nationally defined pay frameworks. Differences in average pay therefore reflect not only pay rates, but how staff are distributed across roles, bands and points in their career lifecycle.

4.1 Age profile by ethnicity

The Trust workforce shows clear differences in age profile by ethnicity. On average, white staff are older than ethnically diverse staff, reflecting differences in tenure and career stage across the workforce. In 2025/26, the average age of white staff was **45 years 9 months**, compared with **43 years 11 months** for ethnically diverse staff.

This pattern mirrors national demographic trends. At a UK level, the white working-age population is, on average, around a decade (approximately **11 years**) older than ethnically diverse working-age populations. ONS Census and labour market data consistently show that older working-age cohorts are markedly less ethnically diverse than younger cohorts, reflecting historic population composition and patterns of labour market entry. As a result, senior and longer-tenured roles across many sectors, including the NHS, continue to disproportionately reflect recruitment from earlier decades, when the workforce was less ethnically diverse.

4.2 Pay by age band and ethnicity

Average pay increases substantially across age bands, reflecting accumulated experience, progression within band, and movement into more senior roles over time. Table 4.2 shows how average hourly pay varies by age band for white and ethnically diverse staff, alongside the ethnicity composition of each age band.

Table 4.2: Average hourly pay by age band and ethnicity, and ethnicity composition of each age band (2025/26)

Row Labels	Average hourly pay – Ethnically Diverse staff (£)	Average hourly pay – White staff (£)	Workforce composition: % Ethnically Diverse within age group	Workforce composition: % White within age group
16-25	£15.77	£15.75	38	60
26-35	£20.26	£21.56	35	62
36-45	£23.09	£24.56	37	60
46-55	£26.26	£25.51	35	62
56-65	£27.02	£25.28	25	72
66+	£31.54	£23.67	26	71
Grand Total	£23.68	£23.91	34	63

Two features are particularly important:

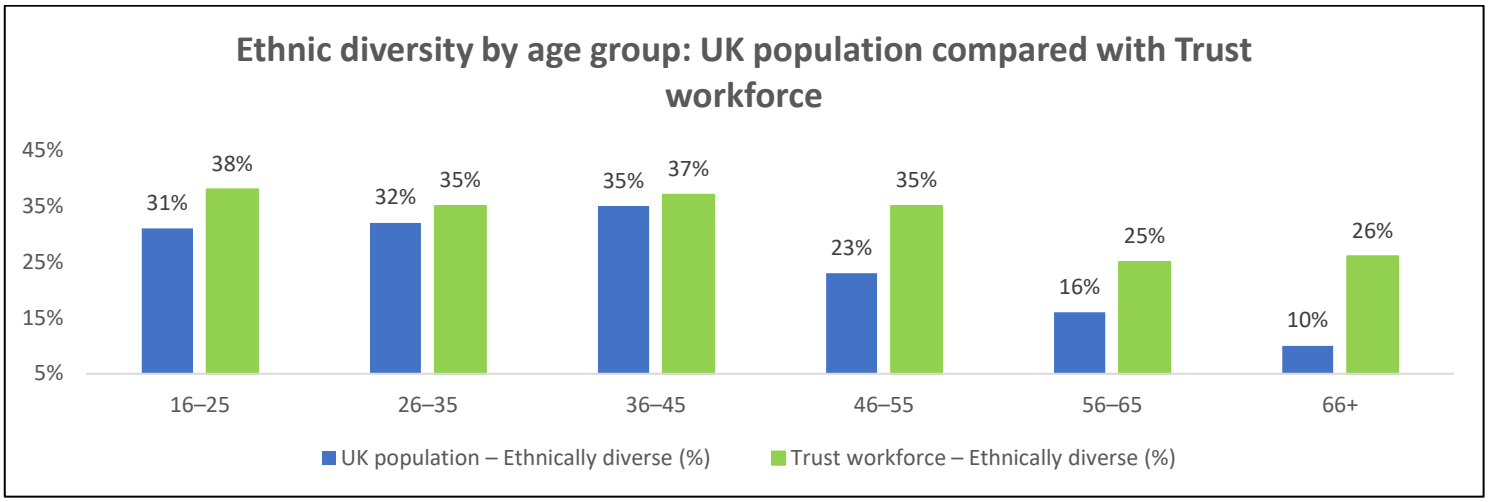
- Average hourly pay rises sharply across age bands for all staff, reflecting career progression and increasing seniority.
- The ethnicity composition of age bands differs materially, with ethnically diverse staff more concentrated in younger age groups and white staff increasingly represented in older age bands where average pay is highest.

Importantly, within several older age bands, ethnically diverse staff earn at least as much as white staff on average. This demonstrates that the ethnicity pay gap is not driven by systematic differences in pay within age groups. Instead, it arises from differences in representation across age groups where average pay differs substantially.

4.3 Demographic age structure and its implications for the ethnicity pay gap
National population data shows that the ethnic composition of the UK differs markedly by age, with younger cohorts significantly more ethnically diverse than older cohorts. To support direct comparison, national population patterns are shown alongside the Trust's workforce in the same age bands.

Table 4.3a: Comparison of national population and Trust workforce by age and ethnicity

Age group	UK population – Ethnically diverse (%)	Trust workforce – Ethnically diverse (%)
16–25	31%	38%
26–35	32%	35%
36–45	35%	37%
46–55	23%	35%
56–65	16%	25%
66+	10%	26%



While exact percentages differ, the overall pattern is consistent: ethnic diversity declines steadily with age in both the national population and the Trust workforce. This demonstrates that the Trust's age ethnicity profile reflects wider demographic realities rather than being an organisation specific feature.

Age matters for pay outcomes because seniority is strongly associated with age and career stage within the Trust. Average workforce age rises steadily with increasing Agenda for Change band and senior non-AfC roles.

Table 4.3b: Average age by pay band

Staff group / Band	Average age
Non-AfC – Apprentice	19 years 4 months
Band 2	45 years 6 months
Band 3	45 years 10 months
Band 4	43 years 2 months
Band 5	41 years 2 months
Band 6	44 years 6 months
Band 7	46 years 1 month
Band 8a	46 years 7 months
Band 8b	49 years 5 months
Band 8c	51 years 5 months
Band 8d	55 years 3 months
Band 9	57 years 6 months
Non-AfC – Very Senior Manager	55 years 7 months
Non AFC - Medical and Dental	48 years 3 months
Non AFC - Tupe	45 years 3 months
Trust average	45 years 0 months

This progression demonstrates how differences in age profile translate mechanically into differences in representation within higher-paid roles.

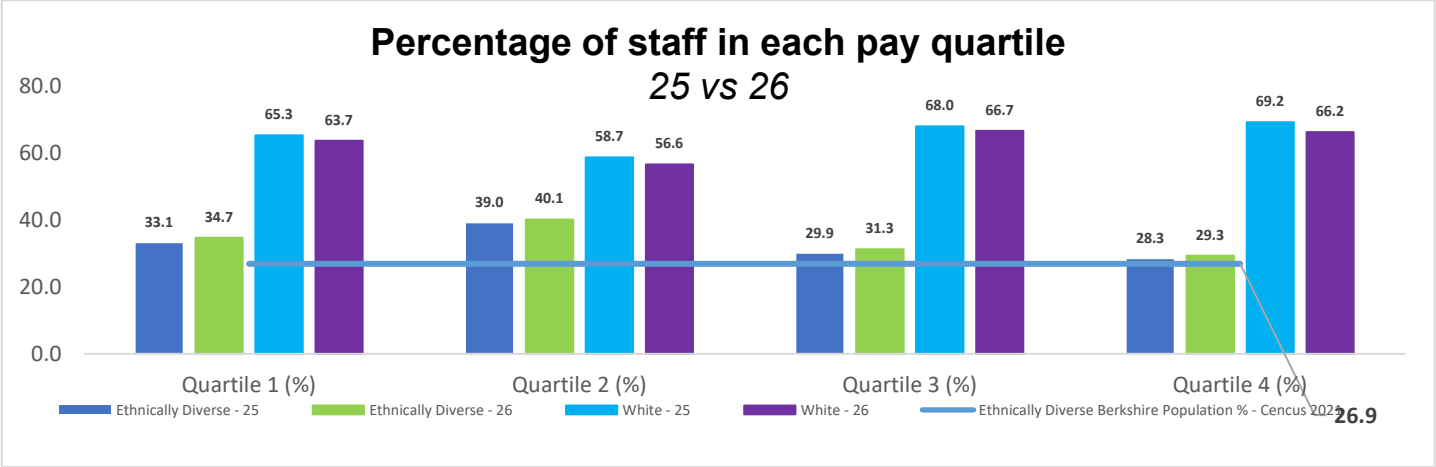
Taken together, the evidence shows that the Trust's ethnicity pay gap is primarily driven by differences in representation across age and career stages, rather than unequal pay for equivalent work. This analysis cannot, on its own, separate what is driven by long-standing demographic patterns from what may be influenced by current organisational practices. Doing so would require tracking cohorts of staff over time as they progress through their careers.

4.4 Professional registration, staff group composition and pay quartiles

Career progression and access to senior roles are further shaped by professional registration requirements and staff group distribution. Some staff groups that are more likely to sit at higher Agenda for Change bands require specific training and registration routes that have historically had lower ethnic diversity at national level.

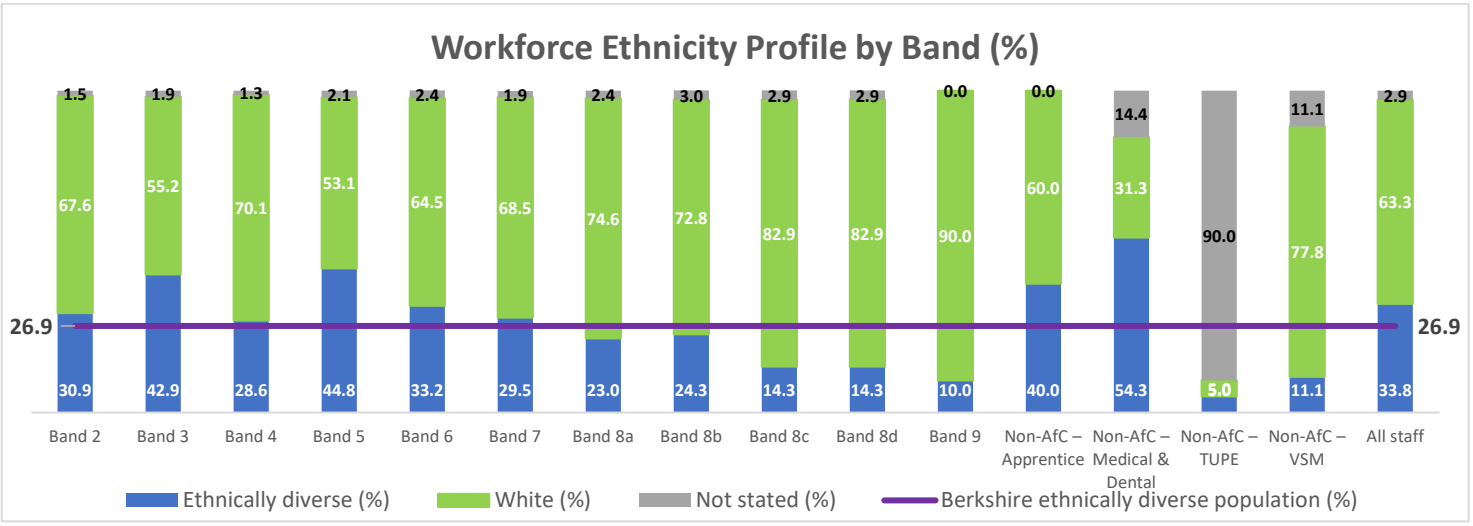
Staff groups with higher ethnically diverse representation, such as nursing and healthcare support roles, are more heavily concentrated in lower- and mid-range Agenda for Change bands. By contrast, certain specialist professional and senior roles are less ethnically diverse and more strongly represented in higher pay quartiles.

Pay quartile analysis reinforces this picture. White staff are disproportionately represented in the upper pay quartiles, while ethnically diverse staff are more concentrated in the lower and middle quartiles. This reflects the combined effect of age profile, career stage, band distribution and staff group composition, rather than differences in pay for equivalent roles. *(Appendix G: Professional registration ethnicity profile).*



4.5 Why workforce structure matters for the pay gap
The ethnicity pay gap is a workforce-level measure. It reflects aggregate outcomes across the organisation rather than differences in pay for people doing equivalent work. Even relatively small differences in representation at later career age bands, in senior professional roles, and in upper pay quartiles (where hourly pay is materially higher), can have a significant impact on overall pay outcomes.

Understanding the Trust's ethnicity pay gap therefore requires a whole-workforce perspective on career pathways, progression and workforce composition over time. These structural factors provide essential context for interpreting headline pay gap figures and for focusing organisational action on where it is most likely to make a meaningful difference.



5. Progression Outcomes

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Across Agenda for Change Bands 2–9, promotion outcomes are broadly comparable:

- Ethnically diverse staff: **7.2%**
- White staff: **6.3%**

Variation exists by band but does not indicate a consistent organisational pattern of disadvantage.

*For detailed progression data click here.

** Medical and Dental staff operate under separate national pay frameworks, and while high-level comparisons are included for transparency, this report focuses its detailed progression and starting pay analysis on Agenda for Change roles where structures are comparable.*

6. Recruitment and Starting Salary Position

Contents page

External hires and entry pay

In 2025/26, the Trust made **601 external appointments**, of which **37% were ethnically diverse**.

For Agenda for Change roles, starting salary is determined by the increment point at which an individual enters the national pay scale, reflecting assessed prior experience at the same or equivalent band and applied in line with national guidance. Increment points represent a permanent position on the pay scale, with progression occurring annually thereafter.

Across every Agenda for Change band with more than one increment point, **white staff were appointed on average to a higher starting increment point than ethnically diverse staff**. Overall, the average starting increment point on appointment was:

- **White staff:** 1.57
- **Ethnically diverse staff:** 1.36

This pattern is consistent across bands and is not driven by a small number of roles or staff groups. Differences in starting increment point represent a **material mechanism through which pay differences can accumulate over time**, as higher entry points lead to persistently higher base pay throughout subsequent progression, even where annual increments are applied consistently.

Differences in starting increment point do not, in themselves, demonstrate unequal pay for equal work. However, because increment placement has a lasting effect on pay progression, **consistent and transparent application of national guidance is essential to ensure that pay outcomes remain fair over time**.

This finding highlights the importance of further review and governance of starting salary decisions to understand whether observed differences reflect variation in assessed experience, differences in applicant pools, or potential inconsistency in application of pay guidance.

* *Detailed starting increment point data by pay band can be viewed if you* click here.

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7. Time in Band and Pay Progression

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Time spent within AfC band is a key mechanism through which pay differences accumulate.

- White staff, on average, remain longer within the same AfC band than ethnically diverse staff

Longer time in band increases the likelihood of reaching and remaining at higher incremental points, contributing to higher average hourly pay over time.

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8. Role-Based Pay Elements, Enhancements and Bonus Pay

Contents page

Average hourly pay is also shaped by **role-based pay elements**, which are determined by the nature of roles undertaken and working patterns rather than discretionary pay decisions.

Analysis of pay-element receipt shows clear differences by ethnicity. **White staff are more likely to receive High Cost Area Supplements**, with **64%** of white staff in receipt compared with **54%** of ethnically diverse staff, a difference of **10 percentage points**. In contrast, **ethnically diverse staff are more likely to receive enhancements linked to unsocial working patterns**, including Saturday, Sunday and night-duty payments. For

example, **25%** of ethnically diverse staff receive Saturday enhancements compared with **11%** of white staff, and **24%** receive Sunday enhancements compared with **10%** of white staff.

In addition, these differences are influenced by service location and workforce distribution, including higher concentrations of ethnically diverse staff in services such as Prospect Park Hospital where unsocial working patterns are more prevalent.

These elements affect hourly pay in different ways. Location-based supplements increase pay consistently across all hours worked, while unsocial hours and night-duty payments compensate for patterns of work rather than increasing baseline pay. The observed differences therefore reflect **role mix, service delivery models and working arrangements**, rather than differential pay decisions.

Pay Element	Ethnically Diverse (count)	White (count)	Ethnically Diverse (%)	White (%)	Difference (pp)
Sunday ENH PAY NHS	418	315	23.80	9.59	14.21
Saturday ENH PAY NHS	439	363	25.00	11.06	13.94
Night Duty ENH PAY NHS	273	112	15.55	3.41	12.14
AfC High Cost Area PAY NHS	950	2,090	54.10	63.66	-9.56

Bonus pay
Bonus payments within the Trust are confined to Medical and Dental staff and arise from nationally defined contractual arrangements, primarily Clinical Excellence Award schemes.

In 2025/26, **26 staff received an award , all of whom were Medical and Dental staff**, representing less than 1% of the Trust's workforce.

Bonus payments within the Trust are confined to Medical and Dental staff and arise from nationally defined contractual arrangements, primarily historic Clinical Excellence Award schemes. These awards are no longer issued but remain payable for the lifetime of recipients and cannot be altered. As such, they reflect historic contractual commitments rather than current organisational decision-making.

Given the limited number of recipients, the contractual nature of these awards, and their restriction to a single staff group, **bonus pay does not represent a material driver of the Trust's overall ethnicity pay gap**. The data is therefore presented for transparency and completeness rather than as a focal area of gap analysis.

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9. National Context

Contents page

ONS labour-market and Census-based analysis provides important background context for interpreting the Trust's findings. Nationally, **economic inactivity rates are higher among people from 'ethnic minority' backgrounds than among white groups**. In 2022, around **26% of people from ethnic minority backgrounds were economically inactive**, compared with approximately **21% of white people**.

Economic inactivity - GOV.UK Ethnicity facts and figures

Economic inactivity encompasses a range of circumstances, including long-term illness, caring responsibilities and other factors that limit participation in paid employment. While this does not necessarily represent permanent withdrawal from the labour market, **higher inactivity rates reduce cumulative exposure to paid employment**, which over time can influence representation in later-career and higher-earning age cohorts.

National demographic data also shows that **the white population has an older average age profile than ethnically diverse groups**. Analysis referenced in the Trust's WRES reporting indicates that, **at a national level, the white population is on average 11.1 years older than ethnically diverse groups**. This age profile difference provides important context for pay and seniority distributions observed within organisations, including the Trust.

Taken together, these national patterns reinforce that differences in pay outcomes are closely associated with **age profile, tenure, role mix and career stage**, and should be interpreted as a **contextual, secondary influence** alongside organisational factors such as occupational distribution, working patterns, progression pathways and pay band representation.

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10. What the Ethnicity Pay Gap Can and Cannot Tell Us

Contents page

What this analysis can tell us

- How average pay outcomes differ across the workforce.
- How workforce structure, career stage and role mix influence pay.
- Where lifecycle effects shape outcomes.

What this analysis cannot tell us

- Whether individuals are paid differently for equal work.
- Whether observed differences reflect unfair treatment.
- Causality without further controlled analysis.

The ethnicity pay gap should therefore be interpreted as a **diagnostic indicator**, not a direct measure of fairness.

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11. Interpretation and Next Steps

Contents page

Taken together, the analysis indicates that the Trust's ethnicity pay gap is predominantly shaped by **structural and lifecycle factors**, rather than systematic differences in pay for equivalent work.

The key drivers identified in this report are:

1. **Workforce age profile and career stage**
   Ethnically diverse staff are more highly represented in earlier career stages, while older age cohorts (which attract higher average pay due to accumulated experience, time in band and seniority) are proportionally less ethnically diverse.
2. **Distribution across pay bands and pay quartiles**
   White staff are disproportionately represented in upper pay quartiles and at higher Agenda for Change bands, reflecting cumulative effects of age, tenure and occupational distribution.
3. **Starting salary position for external hires**
   White staff enter the organisation on average at higher Agenda for Change increment points than ethnically diverse staff. While this does not indicate unequal pay for equivalent roles, it represents a mechanism through which pay differences can accumulate over time and therefore requires appropriate governance.

4. **Time spent in band**
   White staff on average remain longer within pay bands, increasing the likelihood of reaching and remaining at higher incremental points and further contributing to differences in average hourly pay.

Importantly, the analysis shows **no consistent evidence of lower pay for ethnically diverse staff within age bands or pay structures**. The ethnicity pay gap should therefore be interpreted as a **workforce-level indicator of structural distribution**, not as a direct measure of individual pay fairness.

Recommended next steps

Future analytical and governance activity will focus on areas where organisational influence is most likely to affect pay outcomes over time:

- Introduce enhanced review of **starting increment point decisions** to ensure consistent application of national guidance.
- Develop **longitudinal tracking of staff cohorts** to better understand progression, tenure and cumulative pay effects.
- Continue monitoring **pay quartile composition, career pathways and time in band** by ethnicity.
- Maintain transparent reporting of both **all-staff** and **Agenda for Change–only** measures to support clear and balanced interpretation.

Appendix A – Headline Ethnicity Pay Gap Metrics

Theme: Statutory and headline position
Purpose: To present the required headline ethnicity pay gap metrics and their longitudinal context.
Included here (full tables and charts):

- Mean hourly pay
- Median hourly pay
- Ethnicity Pay Gap by Workforce Scope (All Staff vs AfC Bands 2–9), 2025/26
- Percentage of staff in each pay quartile – last 5 years
- Bonus pay gaps
- Ethnicity breakdown of employees receiving bonus payments (BHFT)
- Further breakdown of ethnically diverse staff receiving bonus payments

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Mean hourly pay

Reporting year	2022–23	2023–24	2024–25	2025–26
Ethnically diverse (reference group)	£20.76	£20.82	£22.59	£23.68
White	£20.36	£20.12	£22.83	£23.91
Not Stated	£22.26	£22.26	£24.40	£28.04
Asian	£21.66	£21.74	£23.61	£25.14
Black	£19.71	£19.71	£20.99	£22.04
Mixed	£20.05	£20.03	£22.23	£22.28
Other	£20.87	£21.42	£26.40	£25.99
Difference (White − Ethnically diverse)	**-£0.40**	**-£0.70**	**£0.24**	**£0.23**
Mean ethnicity pay gap % (White vs Ethnically diverse)	**-1.93%**	**-3.36%**	**1.06%**	**0.97%**

Median hourly pay

Reporting year	2022–23	2023–24	2024–25	2025–26

Ethnically diverse (reference group)	£18.10	£18.10	£19.77	£20.77
White	£18.75	£18.81	£21.16	£23.15
Not Stated	£21.30	£21.02	£21.25	£24.95
Asian	£18.10	£18.10	£19.60	£20.77
Black	£18.47	£18.51	£19.60	£20.77
Mixed	£18.10	£18.12	£20.05	£20.77
Other	£16.84	£17.72	£21.83	£21.92
Difference (White − Ethnically diverse)	-£0.65	-£0.71	-£1.39	-£2.38
Median ethnicity pay gap % (White vs Ethnically diverse)	3.59%	3.92%	7.03%	11.46%

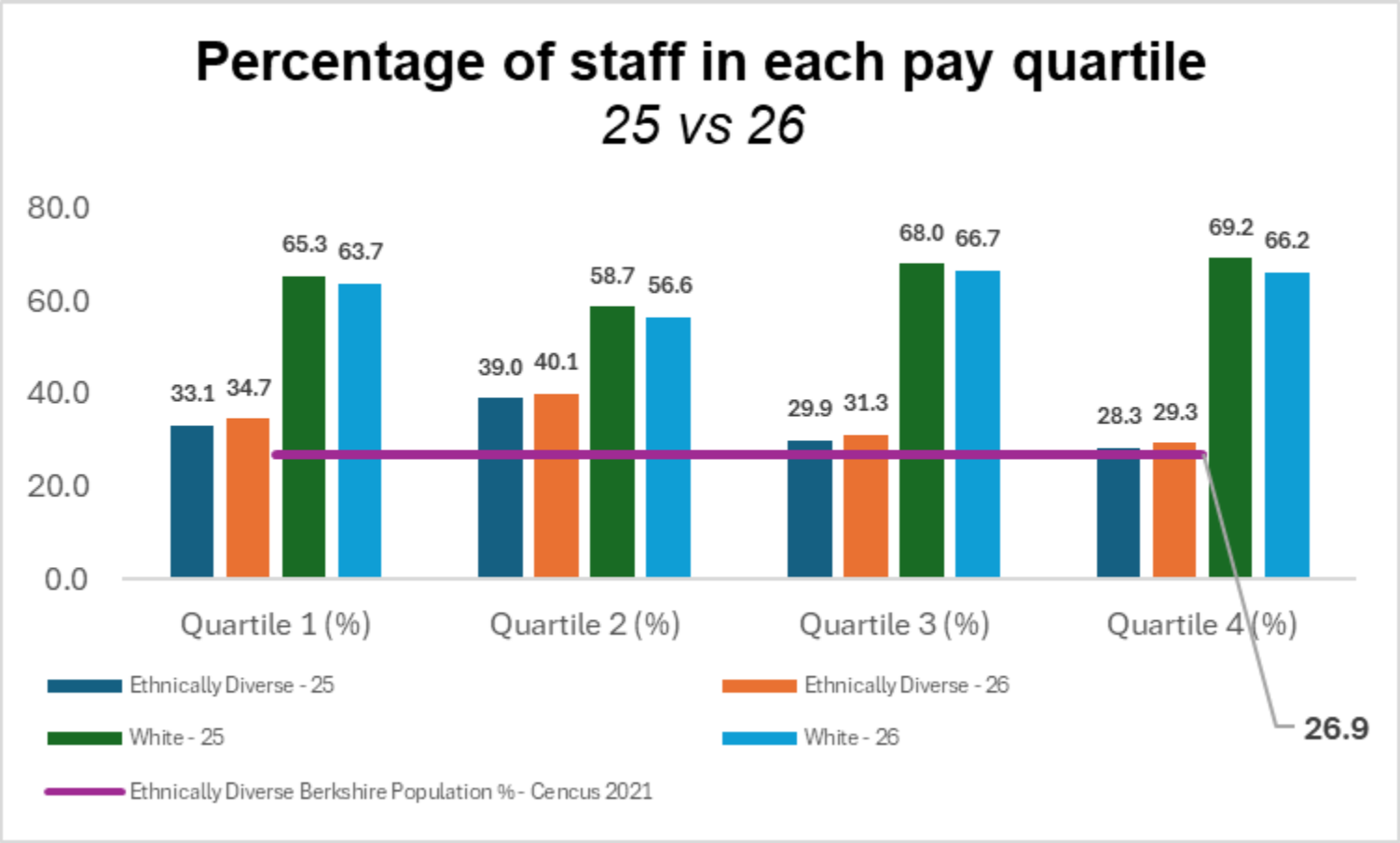
Ethnicity Pay Gap by Workforce Scope (All Staff vs AfC Bands 2–9), 2025/26

Gender	Mean hourly pay (£)		Median hourly pay (£)	
	All staff	AfC only (Bands 2–9)	All staff	AfC only (Bands 2–9)
Ethnically Diverse	£23.68	£21.40	£20.77	£20.30
White	£23.91	£23.09	£23.15	£21.92
Difference	-£0.23	-£1.69	-£2.38	-£1.62
Pay gap (%)	0.97%	7.89%	11.46%	7.98%

Percentage of staff in each pay quartile last 5 years

Year	Gender	Quartile 1 (%)	Quartile 2 (%)	Quartile 3 (%)	Quartile 4 (%)
2023	Ethnically Diverse - 23	26.5	33.0	26.5	27.9

2023	White - 23	71.4	64.6	70.6	69.0
2024	Ethnically Diverse - 24	26.5	33.1	25.5	28.1
2024	White - 24	71.4	64.8	70.7	68.9
2025	Ethnically Diverse - 25	33.1	39.0	29.9	28.3
2025	White - 25	65.3	58.7	68.0	69.2
2026	Ethnically Diverse - 26	34.7	40.1	31.3	29.3
2026	White - 26	63.7	56.6	66.7	66.2



Bonus pay gaps

Ethnicity	Avg. Pay	Median Pay
Ethnically Diverse Overall	£4,862	£4,985
Asian	£5,287	£4,085
Not Stated	£5,521	£5,521
Other	£4,985	£4,985
White	£5,443	£5,302
Difference	£581	£317
Pay Gap %	10.68	5.98

Ethnicity breakdown of employees receiving bonus payments (BHFT)

Ethnicity	2022/2023	2023/2024	2024/2025	2025/2026
Ethnically diverse	38	50	11	11 (0.58%)
White	32	34	15	13 (0.4%)
Not stated	1	1	0 (0%)	2 (1.34%)
Total	71	85	26	26

Further breakdown of ethnically diverse staff receiving bonus payments

Ethnicity (subset)	2022/2023	2023/2024	2024/2025	2025/2026
Asian	32 (%)	44 (%)	10 (%)	10 (1.23%)
Black	2 (%)	1 (%)	0 (0%)	0 (0%)
Mixed	1 (%)	2 (%)	0 (0%)	0 (0%)
Other	3 (%)	3 (%)	1 (%)	1 (1.14%)

Appendix B – Workforce Profile and Demographics

Theme: Workforce composition
Purpose: To evidence how differences in workforce structure and career stage by ethnicity shape pay outcomes.
Included here (full tables and charts):

- Workforce split by Ethnicity (BHFT) – 5 year period
- Workforce Ethnicity Profile by Band (%)
- Workforce Ethnicity Profile by Band (% of staff in post)
- Average age by ethnicity
- Average of hourly rate by ethnicity and age range
- Average FTE of workforce by ethnicity and age range
- Count of workforce by ethnicity and age range
- % of workforce by ethnicity and age range

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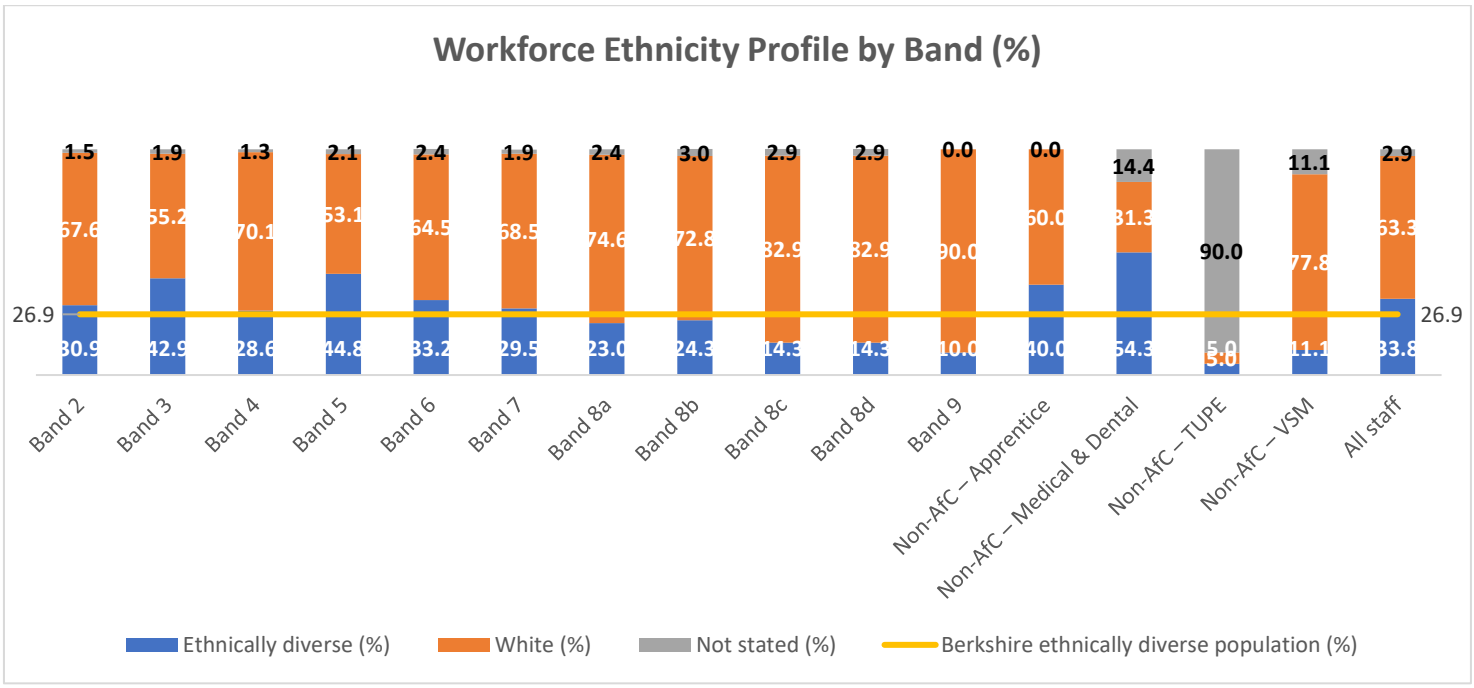
Workforce split by Ethnicity (BHFT) over 5 year period

Ethnicity group	2023/24	2024/25	2025/26
Ethnically diverse	1,565 (30.0%)	1,804 (32.8%)	1,875 (33.9%)
White	3,530 (67.6%)	3,581 (65.1%)	3,498 (63.3%)
Not Stated	124 (2.4%)	118 (2.1%)	150 (2.7%)
Asian	738 (14.1%)	853 (15.5%)	865 (15.7%)
Black	584 (11.2%)	693 (12.6%)	735 (13.3%)
Mixed	158 (3.0%)	163 (3.0%)	180 (3.3%)
Other	85 (1.6%)	95 (1.7%)	95 (1.7%)
Total workforce	5,219 (100%)	5,503 (100%)	5,523 (100%)



Workforce Ethnicity Profile by Band (% of staff in post)

Band / group	Ethnically diverse (%)	White (%)	Not stated (%)	Berkshire ethnically diverse population (%)	Headcount
Band 2	30.9	67.6	1.5	26.9	68.0
Band 3	42.9	55.2	1.9	26.9	744.0
Band 4	28.6	70.1	1.3	26.9	777.0
Band 5	44.8	53.1	2.1	26.9	699.0
Band 6	33.2	64.5	2.4	26.9	926.0
Band 7	29.5	68.5	1.9	26.9	1027.0
Band 8a	23.0	74.6	2.4	26.9	421.0
Band 8b	24.3	72.8	3.0	26.9	169.0
Band 8c	14.3	82.9	2.9	26.9	70.0
Band 8d	14.3	82.9	2.9	26.9	35.0
Band 9	10.0	90.0	0.0	26.9	10.0
Non-AfC – Apprentice	40.0	60.0	0.0	26.9	5.0
Non-AfC – Medical & Dental	54.3	31.3	14.4	26.9	208.0
Non-AfC – TUPE	5.0	5.0	90.0	26.9	20.0
Non-AfC – VSM	11.1	77.8	11.1	26.9	9.0
All staff	33.8	63.3	2.9	26.9	5188.0

Average age by ethnicity

	Ethnically Diverse	White
Average age of workforce	43 years and 11 months	45 years and 9 months

Average of Hourly Rate by Ethnicity and age range

Row Labels	Ethnically Diverse	White	Difference	Grand Total
16-25	£15.77	£15.75	£0.02	£15.75
26-35	£20.26	£21.56	-£1.30	£21.27
36-45	£23.09	£24.56	-£1.47	£24.04
46-55	£26.26	£25.51	£0.75	£25.84
56-65	£27.02	£25.28	£1.74	£26.05
66+	£31.54	£23.67	£7.87	£26.09
Grand Total	£23.68	£23.91	-£0.23	£23.96

Average FTE of workforce by ethnicity and age range

Row Labels	Ethnically Diverse	White	Difference	Grand Total
16-25	0.97	0.98	-0.01	0.98
26-35	0.95	0.91	0.04	0.92
36-45	0.90	0.83	0.07	0.86
46-55	0.93	0.86	0.07	0.88
56-65	0.90	0.81	0.09	0.84
66+	0.83	0.67	0.16	0.71
Grand Total	0.92	0.85	0.07	0.88

Count of workforce by ethnicity and age range

Row Labels	Ethnically Diverse	White	Grand Total
16-25	97	152	255
26-35	382	674	1,095
36-45	499	795	1,335
46-55	507	894	1,438
56-65	235	670	927
66+	36	98	138
Grand Total	1,756	3,283	5,188

% of workforce by ethnicity and age range

	Ethnically Diverse	White
16-25	38	60
26-35	35	62
36-45	37	60
46-55	35	62
56-65	25	72
66+	26	71
Grand Total	34	63

Average Hourly Rate by Ethnicity and age range as well as composition of each age range by ethnicity

Row Labels	Ethnically Diverse	White	% of age range which are Ethnically Diverse	% of age range which are White
16-25	£15.77	£15.75	38	60
26-35	£20.26	£21.56	35	62
36-45	£23.09	£24.56	37	60
46-55	£26.26	£25.51	35	62
56-65	£27.02	£25.28	25	72
66+	£31.54	£23.67	26	71
Grand Total	£23.68	£23.91	34	63

Appendix C – Progression and Promotion Outcomes

Theme: Internal progression
Purpose: To assess whether promotion outcomes differ by ethnicity.
Included here (full tables and figures):

- Internal Promotion Rates by Ethnicity and Band
- Internal Promotion Rates by Ethnicity and Band (all ethnic categories)
- Internal Promotion Rates by Ethnicity and Band (overall)

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Internal Promotion Rates by Ethnicity and Band

Band	Ethnically Diverse – Total staff	Ethnically Diverse – Promoted	% promoted (Ethnically Diverse)	White – Total staff	White – Promoted	% promoted (White)	Likelihood of promotion (ED vs White)
All AfC staff (Bands 2–9)	1693	121	7.2%	3569	225	6.3%	1.14
Band 2	42	12	28.6%	64	9	14.1%	2.03
Band 3	332	19	5.7%	485	35	7.2%	0.79
Band 4	263	28	10.6%	590	36	6.1%	1.74
Band 5	284	23	8.1%	406	40	9.9%	0.82
Band 6	321	22	6.9%	663	47	7.1%	0.97
Band 7	294	7	2.4%	783	38	4.9%	0.49
Band 8a	104	8	7.7%	329	10	3.0%	2.53
Band 8b	38	2	5.3%	148	7	4.7%	1.11
Band 8c	10	0	0.0%	60	3	5.0%	0.00
Band 8d	4	0	0.0%	30	0	0.0%	—
Band 9	1	0	0.0%	11	0	0.0%	—
Band 8a and above	157	10	6.4%	578	20	3.5%	1.84
Band 7and above	451	17	3.8%	1361	58	4.3%	0.88

Internal Promotion Rates by Ethnicity and Band (all ethnic categories)

Ethnicity	% of workforce promoted
Mixed	9.82
Other	9.52
Ethnically Diverse	7.15
Black	6.98
Not Stated	6.60
Asian	6.49
White	6.31
CH White Turkish	0.00
LK Asian Unspecified	0.00

Internal Promotion Rates by Ethnicity and Band (overall)

Ethnicity	% of workforce promoted
Ethnically Diverse male	7.39
Ethnically Diverse female	7.07
White male	6.62
White female	6.26

Appendix D – Recruitment and External Appointments

Theme: Entry into the organisation
Purpose: To evidence differences in recruitment outcomes and starting position.
Included here (full tables and figures):

- External Hires by Band and Ethnicity (Headcount)
- Ethnicity Composition of External Hires by Pay Band
- Average Increment Point on Appointment for External Hires by Pay Band and Ethnicity
- Recruitment Outcomes by Ethnicity (All Applicants)
- Recruitment Outcomes by Ethnicity (Internal Applicants Only)
- Recruitment Outcomes by Ethnicity (Band 8a to 9 only)

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25/26 External Hires by Band and Ethnicity (Headcount)

Row Labels	Asian	Black	Mixed	Not Stated	Other	White	Ethnically Diverse	Grand Total
Band 2	3	3	1	0	0	5	7	12
Band 3	7	19	5	9	4	40	35	84
Band 4	15	8	8	4	1	69	32	105
Band 5	19	39	5	7	2	47	65	119
Band 6	8	10	4	4	1	58	23	85
Band 7	9	21	3	7	1	36	34	77
Band 8a	3	2	0	3	0	8	5	16
Band 8b	3	2	0	1	1	3	6	10
Band 8c	0	0	1	1	0	2	1	4
Band 8d	0	0	0	0	0	0	0	0
Band 9	0	0	0	0	0	0	0	0
Non Agenda for change	11	2	2	64	1	9	16	89
Grand Total	78	106	29	100	11	277	224	601

25/26 Ethnicity Composition of External Hires by Pay Band

Pay band	Total hires (n)	% Ethnically Diverse Hires	% White Hires	% Ethnicity Not Stated Hires
Band 2	12	58	42	0
Band 3	84	42	48	11
Band 4	105	30	66	4

Band 5	119	55	39	6
Band 6	85	27	68	5
Band 7	77	44	47	9
Band 8a	16	31	50	19
Band 8b	10	60	30	10
Band 8c	4	25	50	25
Band 8c	0	0	0	0
Band 9	0	0	0	0
Non-AfC	89	18	10	72
Total	601	37	46	17

Average Increment Point on Appointment for 25/26 External Hires by Pay Band and Ethnicity

Row Labels	Total hires (n)	Asian	Black	Mixed	Not Stated	Other	White	Ethnically Diverse	Grand Total
Band 2	12	1.00	1.00	1.00			1.00	1.00	1.00
Band 3	84	1.29	1.37	1.20	1.67	1.00	1.30	1.29	1.33
Band 4	105	1.13	1.63	1.25	1.67		1.32	1.29	1.32
Band 5	119	1.21	1.23	1.00	1.29	1.00	1.36	1.20	1.27
Band 6	85	1.38	1.90	1.50	2.00	3.00	2.03	1.70	1.94
Band 7	77	1.22	2.00	1.67	1.83	1.00	1.81	1.74	1.78
Band 8a	16	1.00	1.00		2.67		1.75	1.00	1.69
Band 8b	10	1.00	1.50		2.00	1.00	2.67	1.17	1.70
Band 8c	4			1.00	2.00		2.00	1.00	1.75
Band 8dc	0								
Band 9	0								
Grand Total	601	1.19	1.50	1.26	1.76	1.22	1.57	1.36	1.50

25/26 Recruitment Outcomes by Ethnicity (All Applicants)

Recruitment stage	Ethnically Diverse	White
Applications shortlisted	15,668	4,294
Offered interview	1,559	1,422
% of shortlisted offered interview	10.1%	33.1%
Attended interview	1,141	1,081
% of interviews attended	73.2%	76.0%

Offered job	382	522
% offered job (of those interviewed)	33.5%	48.3%
Likelihood to be appointed	0.69	1.44

25/26 Recruitment Outcomes by Ethnicity (Internal Applicants Only)

Recruitment stage	Ethnically Diverse	White
Applications shortlisted	813	675
Offered interview	276	369
% of shortlisted offered interview	33.9%	54.7%
Attended interview	233	331
% of interviews attended	84.4%	89.7%
Offered job	129	248
% offered job (of those interviewed)	55.4%	74.9%
Likelihood to be appointed	0.74	1.35

25/26 Recruitment Outcomes by Ethnicity (Band 8a to 9 only)

Recruitment stage	Ethnically Diverse	White
Applications shortlisted	445	391
Offered interview	78	133
% of shortlisted offered interview	17.5%	34.0%
Attended interview	65	110
% of interviews attended	83.3%	82.7%
Offered job	28	44
% offered job (of those interviewed)	43.1%	40.0%
Likelihood to be appointed	1.08	0.93

Appendix E – Time in Band, Tenure and Retention

Theme: Accumulation over time
Purpose: To explain how tenure and retention shape pay outcomes.
Included here (full tables and figures):

- Average months in pay grade of workforce
- March 26 turnover rate by Ethnicity
- Average Hourly Rate by Pay Band and Ethnic Type

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Average months in pay grade of workforce

Ethnicity	Years and Months in grade
Ethnically Diverse	4 years 6 months
White	6 years 0 months
Ethnicity not disclosed	3 years 7 months

"White staff spend around 33% longer in grade than ethnically diverse staff (72 months vs 54 months)."

March 26 Turnover rate by Ethnicity

Ethnicity	Turnover rate
White	10.24%
Asian	9.07%
Black	8.77%
Other	8.56%
Not Stated	7.15%
Mixed	6.94%

Average Hourly Rate by Pay Band and Ethnic Type

Band / Group	Headcount	Asian	Black	Mixed	Not stated	Other	White	Ethnically diverse	Diff: ethnically diverse vs White
Band 2	68	£15.02	£14.63	£14.18	£13.18	£15.79	£14.75	£14.77	£0.02

Band 3	744	£14.71	£15.70	£15.01	£15.22	£15.09	£14.46	£15.24	£0.77
Band 4	777	£15.44	£15.60	£15.12	£15.34	£15.56	£15.49	£15.44	–£0.05
Band 5	699	£18.79	£19.01	£18.51	£18.50	£19.32	£18.33	£18.89	£0.57
Band 6	926	£22.48	£23.05	£22.74	£23.91	£23.54	£23.17	£22.81	–£0.36
Band 7	1,027	£27.39	£27.54	£26.92	£28.09	£28.01	£27.34	£27.44	£0.10
Band 8a	421	£31.34	£31.12	£32.16	£30.39	£31.03	£31.54	£31.35	–£0.19
Band 8b	169	£36.05	£34.38	£38.07	£36.63	£35.96	£36.91	£35.64	–£1.27
Band 8c	70	£44.83	£42.87	£40.11	£44.68	£46.48	£43.99	£42.99	–£1.00
Band 8d	35	£52.27	£50.57	£49.58	£50.70		£52.88	£51.39	–£1.49
Band 9	10		£61.14				£63.95	£61.14	–£2.81
Non-AfC – Apprentice	5	£7.55		£12.71			£7.55	£10.13	£2.58
Non-AfC – Medical & Dental	208	£57.20	£50.00	£54.38	£47.81	£57.24	£58.36	£56.46	–£1.89
Non-AfC – TUPE	20		£17.85		£18.29		£17.47	£17.85	£0.38
Non-AfC – VSM	9		£92.82		£79.02		£90.06	£92.82	£2.77
Grand total	5,188	£25.22	£22.04	£22.28	£28.29	£25.08	£23.91	£23.68	–£0.23

Appendix F – Role-Based Pay Elements and Working Patterns

Theme: Role mix, pay structure and working patterns
Purpose: To evidence how non-basic pay and contractual patterns differ by ethnicity.
Included here (full tables and figures):

- Pay Elements Received by Staff, by Ethnicity
- Working Patterns by Ethnicity (Average FTE and Full time / Part time Split)
- % of adverts available for full time and part time

Contents page

Pay Elements Received by Staff, by Ethnicity

Pay Element	Ethnically Diverse (count)	White (count)	Ethnicity Not Disclosed (count)	Ethnically Diverse (%)	White (%)	Ethnicity Not Disclosed (%)	Difference (pp)
Sunday ENH PAY NHS	418	315	20	23.80	9.59	13.42	14.21
Saturday ENH PAY NHS	439	363	21	25.00	11.06	14.09	13.94
Night Duty ENH PAY NHS	273	112	8	15.55	3.41	5.37	12.14
Unsocial ENH PAY NHS	35	18	1	1.99	0.55	0.67	1.44
London Fringe Allow BAS PAY NHS	38	24	3	2.16	0.73	2.01	1.43
AfC Long R and R Percent PAY NHS	25	6	0	1.42	0.18	0.00	1.24
On Call Supplements PAY NHS	26	18	4	1.48	0.55	2.68	0.93
Emergency Commitment PAY NHS	8	4	0	0.46	0.12	0.00	0.33
Night Duty NP PAY NHS	10	9	12	0.57	0.27	8.05	0.30
Clinical Ex Award PAY NHS	11	13	2	0.63	0.40	1.34	0.23
On Call Availability NP PAY NHS	7	7	4	0.40	0.21	2.68	0.19
Flex Pay Premia Psych NP PAY NHS	9	11	14	0.51	0.34	9.40	0.18
Long Term Protection PAY NHS	4	2	0	0.23	0.06	0.00	0.17
Weekend Allowance NP PAY NHS	3	2	8	0.17	0.06	5.37	0.11

AfC Pay Protection PAY NHS	2	2	0	0.11	0.06	0.00	0.05
Salary Sacrifice Grp 0 PAY NHS	58	107	0	3.30	3.26	0.00	0.04
Flex Pay Premia PT Tran NP PAY NHS	1	2	3	0.06	0.06	2.01	0.00
OPP PAY NHS	0	1	0	0.00	0.03	0.00	-0.03
OSPP Recovery Birth	0	1	0	0.00	0.03	0.00	-0.03
Recovery Notional SPP NHS	0	1	0	0.00	0.03	0.00	-0.03
SPP Birth Total NHS	0	1	0	0.00	0.03	0.00	-0.03
SSP Total	116	222	10	6.61	6.76	6.71	-0.16
Basic Pay NHS	1,744	3,267	148	99.32	99.51	99.33	-0.20
Additional Basic Pay NHS	1	9	0	0.06	0.27	0.00	-0.22
Recovery Notional SMP NHS	1	14	1	0.06	0.43	0.67	-0.37
SMP Recovery	1	14	1	0.06	0.43	0.67	-0.37
SMP Total	1	14	1	0.06	0.43	0.67	-0.37
AfC Long Recruit Retain PAY NHS	15	41	0	0.85	1.25	0.00	-0.39
OMP Pay NHS	0	13	1	0.00	0.40	0.67	-0.40
Short Term Enh Prot PAY NHS	0	16	0	0.00	0.49	0.00	-0.49
AfC On Call PAY NHS	35	90	4	1.99	2.74	2.68	-0.75
Employer Specified WTD NHS	1,638	3,200	100	93.28	97.47	67.11	-4.19
AfC High Cost Area PAY NHS	950	2,090	65	54.10	63.66	43.62	-9.56
Total (all elements)	5,869	10,009	431	334.23	304.87	289.26	29.35

Working Patterns by Ethnicity (Average FTE and Full-time / Part-time Split)

Gender	Average FTE	% Full-time	% Part-time
Ethnically Diverse	0.93	77	23
White	0.86	56	44
Ethnicity Not stated	0.91	74	26
Total	0.89	64	36

% of adverts available for full time and part time

	Adverts	% of total adverts
Full time	1,386	77
Part time	496	28

Appendix G – Staff Group and Role Structure Analysis

Theme: Occupational distribution
Purpose: To explain how staff group composition affects pay outcomes.
Included here (full tables and figures):

- Average Hourly Pay and Ethnicity Composition by Staff Group (Trust Average Shown for Comparison)
- Number of roles within staff group which are up to band 7 or band 8a and above
- % of roles within staff group which are up to band 7 or band 8a and above

Contents page

Average Hourly Pay and Ethnicity Composition by Staff Group (Trust Average Shown for Comparison)

Staff group	Average hourly rate (£)	% Ethnically Diverse	% White	% Ethnicity Not Stated	Total staff
Medical and Dental	£55.98	55%	31%	14%	209
Additional Professional Scientific and Technical	£29.87	26%	72%	2%	561
Healthcare Scientists	£26.13	64%	36%	0%	11
Allied Health Professionals	£25.33	22%	76%	1%	578
Nursing and Midwifery Registered	£24.79	41%	57%	2%	1,372
Administrative and Clerical	£22.14	27%	70%	2%	1,256
Students	£17.99	50%	50%	0%	14
Estates and Ancillary	£16.70	29%	71%	0%	28
Additional Clinical Services	£15.87	38%	58%	3%	1,159
Trust total	£23.96	34%	63%	3%	5,188

Average Hourly Pay and Ethnicity Composition by Staff Group (Trust Average Shown for Comparison)

Staff group	ED average hourly rate (£)	White average hourly rate (£)	Difference (£ per hour, ED – White)
Medical and Dental	£56.8	£58.4	-£1.6
Administrative and Clerical	£20.8	£22.5	-£1.7
Healthcare Scientists	£24.6	£28.8	-£4.2
Estates and Ancillary	£16.0	£17.0	-£1.0
Nursing and Midwifery Registered	£24.0	£25.3	-£1.3
Allied Health Professionals	£23.2	£25.9	-£2.7
Additional Clinical Services	£15.8	£15.8	£0.0
Additional Professional Scientific and Technical	£28.4	£30.5	-£2.0
Students	£19.0	£17.0	£1.9
Trust total	£23.1	£27.8	-£4.7

Number of roles within staff group which are up to band 7 or band 8a and above

Staff group	Bands 2-7	Bands 8a – 9	Total roles
Additional Professional Scientific and Technical	321	239	560
Healthcare Scientists	8	3	11
Allied Health Professionals	495	83	578
Nursing and Midwifery Registered	1228	144	1372
Administrative and Clerical	1011	234	1245
Students	14		14
Estates and Ancillary	28		28
Additional Clinical Services	1136	2	1138
Trust total	4241	705	4946

% of roles within staff group which are up to band 7 or band 8a and above

Staff group	Bands 2-7	Bands 8a – 9
Additional Professional Scientific and Technical	57	43
Healthcare Scientists	73	27
Allied Health Professionals	86	14
Nursing and Midwifery Registered	90	10
Administrative and Clerical	81	19
Students	100	0
Estates and Ancillary	100	0
Additional Clinical Services	100	0
Trust total	86	14

National Professional Registration Rates (2025)

Profession	% of registered ethnically diverse clinicians
Art Therapists	15
Audiologists	16
Dentists	38
Dietitians	15
Drama Therapists	15
Music Therapists	15
Nurses (all types)	38
Occupational Therapists	13
Orthoptists	29
Paramedics	5
Pharmacy technicians	19
Pharmacists	59
Physiotherapists	20
Podiatrists	11

Qualified clinical psychologists	12
Qualified doctors	45
Radiographers	40
Social workers	32
Speech and Language Therapists	10

Appendix H – Intersectional Analysis

Theme: Intersection of ethnicity with other characteristics
Purpose: To provide additional analytical context without overloading the main paper.
Included here (full tables and figures):

- Mean and Median pay by ethnicity and Gender

Contents page

Mean and Median pay by ethnicity and Gender

Ethnic Origin Grouping	Female – Avg (£)	Female – Median (£)	Male – Avg (£)	Male – Median (£)
Asian	£23.10 (4th)	£20.30 (5th=)	£32.08 (2nd)	£24.95 (2nd)
Black	£21.56 (5th)	£20.44 (4th)	£23.06 (6th)	£20.82 (6th)
Mixed	£21.42 (6th)	£20.30 (5th=)	£26.56 (5th)	£23.03 (5th)
Not Stated	£24.32 (2nd=)	£21.92 (1st=)	£39.86 (1st)	£34.83 (1st)
Other	£24.32 (2nd=)	£21.92 (1st=)	£26.69 (4th)	£23.07 (4th)
White	£24.48 (1st)	£21.92 (1st=)	£27.50 (3rd)	£24.94 (3rd)

Board Meeting Date	14th July 2026
Title	**Disability Pay Gap Report 2025/26**
Item Type	For Noting
Reason for the Report going to the Trust Board	This report presents the Trust's Disability Pay Gap position for 2025/26 and provides supporting analysis of workforce representation, recruitment, progression, retention and pay outcomes for disabled and non-disabled staff. Disability Pay Gap reporting is not a statutory requirement but is recognised good practice. The Board is asked to review the findings, note the conclusions and support the proposed next steps.
Business Area	People Directorate – Workforce Planning and Insights
Author	**Author** Stephen Strang, Workforce Planning and Insights Manager
Who authorised it coming to the Board?	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People
Relevant Strategic Objectives	**Health Inequalities** This report provides insight into workforce disability equality, supporting the Trust's wider ambition to understand and reduce inequalities experienced by different groups, including within the workforce. **Workforce** This report directly supports the ambition to make the Trust a great place to work for everyone by ensuring transparency in pay outcomes, understanding workforce experiences and identifying any barriers that may impact disabled staff. **Efficient Use of Resources** Understanding workforce composition, recruitment outcomes, progression, retention and pay distribution supports informed workforce planning and effective use of resources.
Summary	This report presents Berkshire Healthcare NHS Foundation Trust's Disability Pay Gap position for 2025/26. The analysis found a mean disability pay gap of -1.09% and a median disability pay gap of -0.64%, both in favour of disabled staff. Supporting analysis found broadly comparable outcomes across recruitment, progression and workforce representation. The report concludes that there is no evidence of a material disability pay gap disadvantaging disabled staff and no consistent pattern of disadvantage across workforce processes. Recommendations include continuing annual Disability Pay Gap reporting, monitoring disability-related workforce outcomes, supporting staff engagement and improving disability status recording within ESR.

Key Issues for Board Attention	• Mean disability pay gap: **-1.09% (£0.26 per hour)** and median disability pay gap: **-0.64% (£0.12 per hour)**, both in favour of disabled staff. • Disabled staff representation has increased across all pay quartiles, including the highest pay quartile. • Promotion rates are broadly comparable between disabled and non-disabled staff. • Recruitment outcomes do not indicate disadvantage for disabled applicants, with a slightly higher appointment rate following interview. • Staff survey findings suggest perceptions of fairness and career progression opportunities do not fully align with measured workforce outcomes, warranting further engagement and exploration. • The report recommends continued monitoring, annual reporting, engagement with staff networks and improved disability status recording.

Author:

Stephen Strang, Workforce Planning and Insights Manager - stephen.strang@berkshire.nhs.uk

Contents:

This paper presents Berkshire Healthcare NHS Foundation Trust's disability pay gap position for 2025/26 and assesses whether disabled staff experience differences in pay, progression, or recruitment outcomes.

Disability status is based on staff self-declaration in ESR. Staff with **"not stated" disability status** are excluded from headline pay gap calculations. In 2025/26, **6.8%** of staff have not stated their disability status, with higher non-disclosure in some staff groups (notably **Medical and Dental** where this is **45%**), which should be considered when interpreting results.

Headline Pay Outcomes

- Mean disability pay gap: **-1.09% (£0.26)** (in favour of disabled staff)
- Median disability pay gap: **-0.64% (£0.12)** (in favour of disabled staff)
- AfC-only analysis shows **no material difference** in pay outcomes

Overall, these results indicate that **disabled staff are not disadvantaged in average hourly pay outcomes**.

**The mean pay gap reflects the difference in average hourly pay across all staff, while the median pay gap reflects the difference at the midpoint of the pay distribution. The median is less influenced by very high- or low-paid roles and is therefore often considered a better indicator of the 'typical' staff experience.*

Workforce Drivers

Supporting analysis shows:

- Increased representation of disabled staff across all pay quartiles, including the highest quartile (**7.5% to 9.2%**)
- Comparable promotion rates (**7.2%** - *Disabled* **vs 6.7%** *non-disabled*)
- Comparable recruitment outcomes, with a slightly higher offer rate for disabled candidates (**44.2% vs 40.4%**)

There is variation at individual bands and stages of the workforce lifecycle; however, this does not form a consistent or systemic pattern.

Interpretation

Taken together, the data does not demonstrate a consistent or systemic pattern of disadvantage for disabled staff in pay, progression, or recruitment outcomes.

However, staff survey results indicate a decline in the proportion of disabled staff reporting that the Trust provides equal opportunities for career progression. This suggests that **perceptions of fairness do not fully align with measured workforce outcomes**, and require further exploration.

Conclusion and Next Steps

Disability pay gap reporting is not a statutory requirement but represents recognised good practice.

The Trust will therefore:

- Continue to produce an annual Disability Pay Gap report alongside WDES
- Continue to monitor disability-related workforce outcomes through established reporting mechanisms
- Work with staff networks (including the Purple Network) to support understanding of findings and improve engagement
- Promote improved recording of disability status within ESR to strengthen data quality

This report presents the Trust's disability pay gap for 2025/26, measuring the difference in average hourly pay between disabled and non-disabled staff.

The disability pay gap is a workforce-level measure. It reflects differences in average hourly pay across the organisation and arises from how staff are distributed across roles, pay bands and career stages. It does not compare pay for individuals doing the same job and does not, on its own, indicate unequal pay for equal work. Instead, it provides an overview of how workforce structure and progression patterns shape overall pay outcomes.

Where pay outcomes are already equal or slightly favourable to disabled staff, the pay gap should not be interpreted as evidence of inequality.

---

2. Headline Pay Outcomes

Contents page

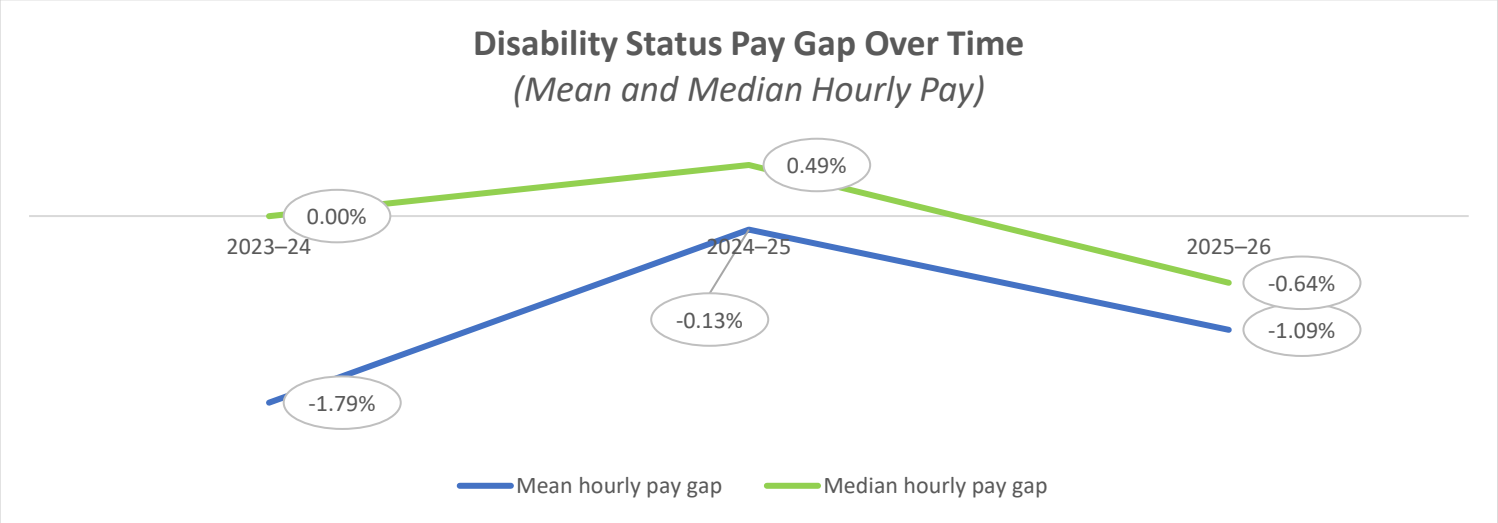
The Trust's 2025/26 disability pay gap is:

- **Mean:** -1.09%
- **Median:** -0.64%

AfC-only analysis shows:

- Mean: 0.09%
- Median: -1.86%

These results show that disabled staff are not disadvantaged in average hourly pay outcomes.



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3. Workforce Profile and Context

Contents page

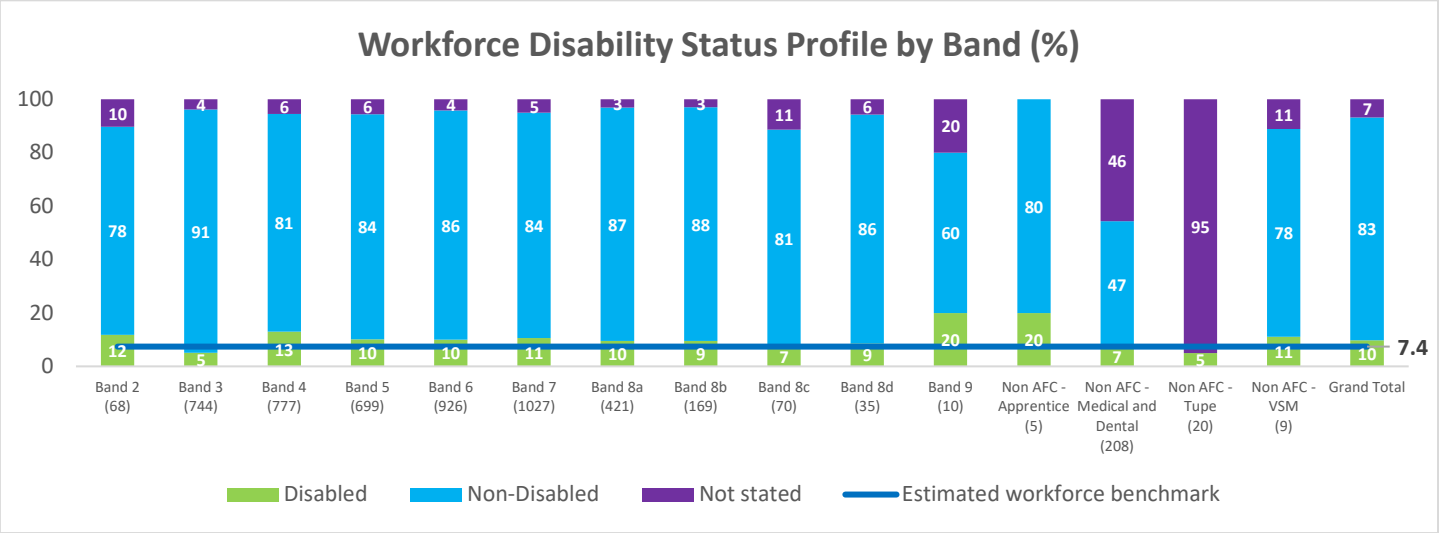
The workforce analysed includes:

- 504 disabled staff
- 4,331 non-disabled staff
- 5,188 total staff

Disabled staff represent approximately **9.7% of the workforce**.
For context:

- Approximately **13% of the local adult population** report a disability
- However, around **43% of disabled people are economically inactive**, meaning a lower proportion participate in the workforce

This implies a workforce participation level closer to **7–8%**, against which the Trust's 9.7% representation compares favourably.
This context is important when interpreting representation across pay quartiles.



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4. Pay Distribution (Quartiles)

Contents page

Disabled staff are represented across all pay quartiles.

Representation increased in all quartiles between 2025 and 2026, with the largest increase in the highest pay quartile:

- Quartile 4: **7.5% to 9.2%**

This indicates improving representation of disabled staff in more senior roles.

---

5. Age Profile and Pay by Age

Contents page

Disabled staff are, on average, **one year younger** than non-disabled staff.

Pay outcomes within age groups do not show consistent disadvantage. For example:

- Staff aged 66+ earn **£30.60 (disabled) vs £24.39 (non-disabled)**

This indicates that pay outcomes are not lower for disabled staff within comparable age groups.

---

6. Progression

Contents page

Promotion rates across AfC Bands 2–9:

- Disabled staff: **7.2%**
- Non-disabled staff: **6.7%**

Band 7+:

- Disabled: **3.0%**
- Non-disabled: **2.9%**

Promotion outcomes are comparable and do not indicate disadvantage. While there is variation at some individual bands (particularly at Bands 2–3 and where numbers are small), this does not form a consistent pattern across the workforce.

---

7. Recruitment and Entry Point

Contents page

Recruitment outcomes:

- Disabled candidates: **44.2% appointed following interview**
- Non-disabled candidates: **40.4% appointed**

It is also noted that a higher proportion of disabled candidates are shortlisted for interview, which is consistent with the Trust's application of the Disability Confident guaranteed interview scheme. A slightly lower proportion of those invited go on to attend interview, which may reflect a range of individual or external factors and warrants further exploration.

Average starting increment point:

- Disabled staff: **1.47**
- Non-disabled staff: **1.46**

This indicates comparable starting points for staff entering the organisation.

---

8. Tenure and Retention

Contents page

Average time in band:

- Disabled staff: **4 years 5 months**
- Non-disabled staff: **5 years 1 month**

Turnover:

- Disabled staff: **9.69%**
- Non-disabled staff: **9.44%**

These differences do not translate into disadvantage in overall pay outcomes.

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9. Role Distribution and Working Patterns

Contents page

Differences in pay elements reflect role and working pattern distribution:

- Non-disabled staff are more likely to receive unsocial hours payments
- Disabled staff are slightly more likely to receive High Cost Area payments

Working patterns:

- Slightly higher full-time working among disabled staff
- Slightly higher average FTE

These reflect differences in workforce composition rather than unequal pay.

---

10. Interpretation

Contents page

This analysis considers pay gap outcomes alongside wider workforce indicators, including representation, recruitment, and progression.

Overall, disability pay gap outcomes are close to zero, with both mean and median pay gaps slightly in favour of disabled staff. Supporting analysis indicates broadly comparable outcomes across key workforce measures:

- Representation of disabled staff has increased across all pay quartiles, including the highest pay quartile
- Promotion rates are comparable between disabled and non-disabled staff
- Recruitment outcomes do not indicate disadvantage for disabled candidates

Variation is present at individual pay bands and workforce stages; however, this does not form a consistent or systemic pattern of disadvantage when considered collectively.

These findings suggest that differences in pay-related outcomes are primarily driven by workforce composition and role distribution rather than differences in pay for comparable roles.

While overall outcomes are comparable, perceptions of fairness (as reflected in staff survey responses) do not fully align with measured workforce outcomes. This highlights the importance of supplementing quantitative analysis with engagement and communication to better understand lived experience.

Further work through staff engagement and qualitative insight will support a more comprehensive understanding of these perceptions and identify any specific areas for further exploration.

---

11. Conclusion

Contents page

- There is **no evidence of a material disability pay gap** disadvantaging disabled staff at aggregate level
- Pay outcomes are **broadly comparable overall, with some variation at localised levels**
- Workforce processes such as recruitment and progression show **no consistent pattern of disadvantage**

---

12. Recommendation

Contents page

The paper presents the Trust's 2025/26 Disability Pay Gap position alongside supporting workforce analysis.

It is recommended that the Trust:

- Notes the findings of the 2025/26 Disability Pay Gap analysis
- Continues to produce an annual Disability Pay Gap report as recognised good practice, alongside statutory and mandated reporting requirements
- Continues to monitor disability-related workforce outcomes through WDES and core workforce reporting mechanisms

- Supports targeted communication and engagement with staff networks to better understand and address differences between measured outcomes and staff perceptions of fairness
- Continues to promote and support accurate recording of disability status on ESR to improve data completeness and the robustness of analysis

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Appendix A – Headline Disability Pay Gap Metrics

Theme: Statutory and headline position
Purpose: To present the required headline Disability pay gap metrics and their longitudinal context.
Included here (full tables and charts):

- Mean hourly pay
- Median hourly pay
- Disability Pay Gap by Workforce Scope (All Staff vs AfC Bands 2–9), 2025/26
- Percentage of staff in each pay quartile – last 2 years
- Bonus pay gaps

[Contents page]

Mean hourly pay

Reporting year	Disabled (£)	Non-Disabled (£)	£ difference	Mean hourly pay gap
2023–24	£21.17	£20.79	£0.38	-1.79%
2024–25	£22.29	£22.26	£0.03	-0.13%
2025–26	£23.70	£23.44	£0.26	-1.09%

Median hourly pay

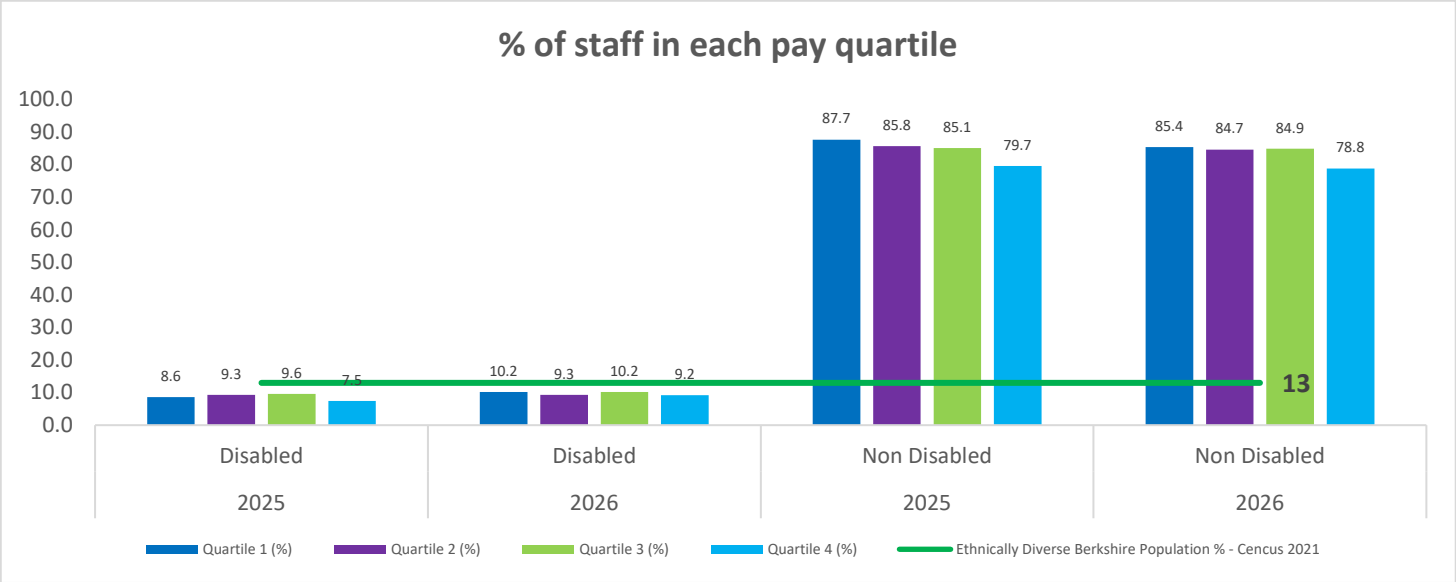
Reporting year	Disabled (£)	Non-Disabled (£)	£ difference	Median hourly pay gap
2023–24	£19.00	£19.00	£0.00	0.00%
2024–25	£20.05	£20.15	-£0.10	0.49%
2025–26	£21.90	£21.78	£0.12	-0.64%

Disability Pay Gap by Workforce Scope (All Staff vs AfC Bands 2–9), 2025/26

Gender	Mean hourly pay (£)		Median hourly pay (£)	
	All staff	AfC only (Bands 2–9)	All staff	AfC only (Bands 2–9)
Disabled	£23.70	£22.48	£21.90	£21.52
Non-Disabled	£23.44	£22.50	£21.78	£21.12
Difference	£0.26	-£0.02	£0.12	£0.40
Pay gap (%)	-1.09%	0.09%	-0.64%	-1.86%

Percentage of staff in each pay quartile last 2 years

Year	Gender	Quartile 1 (%)	Quartile 2 (%)	Quartile 3 (%)	Quartile 4 (%)
2025	Disabled	8.6	9.3	9.6	7.5
2025	Non-Disabled	87.7	85.8	85.1	79.7
2026	Disabled	10.2	9.3	10.2	9.2
2026	Non-Disabled	85.4	84.7	84.9	78.8



Bonus pay gaps

2025/26 Disability	Mean Bonus Pay (£)	Median Bonus Pay (£)	Employees Receiving Bonus	Total Relevant Employees	% Receiving Bonus
Yes	£4,310.92	£4,901.00	3	504	0.60%
No	£4,942.32	£4,423.43	16	4331	0.37%
Not Declared	£6,180.36	£5,529.37	7	353	1.98%
Difference (Yes vs No)	-£631.40	£477.57	–	–	–
Pay Gap (%)	-12.78%	9.74%	–	–	–

Bonus payments apply to a very small number of staff within the organisation, and therefore interpretation of differences by disability status should be approached with caution.
In 2025/26, the proportion of staff receiving a bonus payment is low across all groups, with slightly higher representation among staff with unrecorded disability status. Differences in average bonus pay are influenced by the small number of individuals receiving these payments and the specific roles to which they relate.

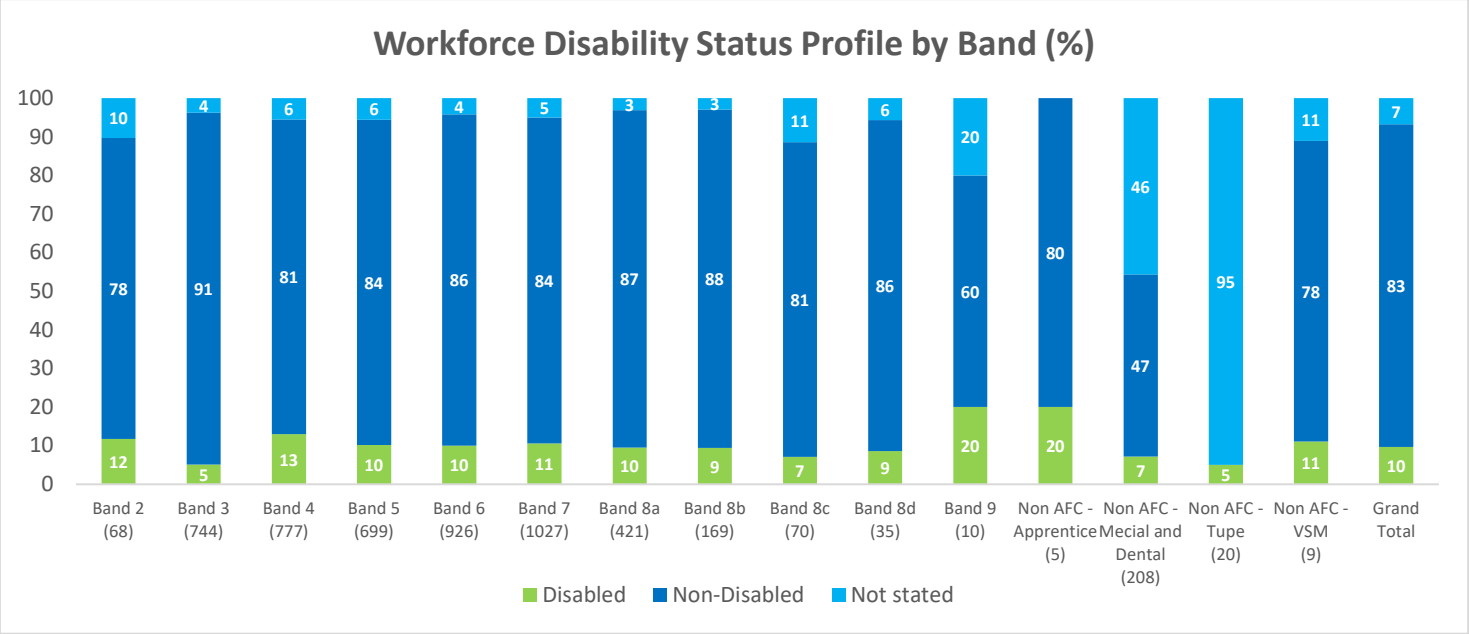
As a result, bonus pay gaps are not considered a reliable indicator of systemic differences in reward and do not materially impact overall conclusions on pay equality.

Appendix B – Workforce Profile and Demographics

Theme: Workforce composition
Purpose: To evidence how differences in workforce structure and career stage by Disability Status shape pay outcomes.
Included here (full tables and charts):

- Workforce Disability Status Profile by Band (%)
- Workforce Disability Status Profile by Band (% of staff in post)
- Average age by Disability Status
- Average of hourly rate by Disability Status and age range
- Average FTE of workforce by Disability Status and age range
- Count of workforce by Disability Status and age range
- % of workforce by Disability Status and age range

Contents page



Workforce Disability Status Profile by Band (% of staff in post)

Band / group	Disabled (%)	Non-Disabled (%)	Not stated (%)	Berkshire Disabled population (%)	Headcount
Band 2	11.8	77.9	10.3	13	68
Band 3	5.1	91.1	3.8	13	744
Band 4	13.0	81.5	5.5	13	777
Band 5	10.2	84.3	5.6	13	699
Band 6	10.0	85.7	4.2	13	926
Band 7	10.6	84.3	5.1	13	1027
Band 8a	9.5	87.4	3.1	13	421
Band 8b	9.5	87.6	3.0	13	169
Band 8c	7.1	81.4	11.4	13	70
Band 8d	8.6	85.7	5.7	13	35
Band 9	20.0	60.0	20.0	13	10

Non-AfC – Apprentice	20.0	80.0	0.0	13	5
Non-AfC – Medical & Dental	7.2	47.1	45.7	13	208
Non-AfC – TUPE	5.0	0.0	95.0	13	20
Non-AfC – VSM	11.1	77.8	11.1	13	9
All staff	9.7	83.5	6.8	13	5188

Average age by Disability Status

	Disabled	Not Disabled
Average age of workforce	43 years and 10 months	44 years and 10 months

Average of Hourly Rate by Disability Status and age range

Row Labels	Disabled	Not Disabled	Difference	Grand Total
16-25	£15.75	£15.74	£0.01	£15.75
26-35	£20.34	£20.98	-£0.64	£21.27
36-45	£24.19	£23.44	£0.75	£24.04
46-55	£24.92	£25.61	-£0.69	£25.84
56-65	£28.38	£24.93	£3.44	£26.05
66+	£30.60	£24.39	£6.20	£26.09
Grand Total	£23.70	£23.44	£0.26	£23.96

Average FTE of workforce by Disability Status and age range

Row Labels	Disabled	Not Disabled	Difference	Grand Total
16-25	0.97	0.98	-0.01	0.98
26-35	0.94	0.92	0.02	0.92
36-45	0.89	0.86	0.03	0.86
46-55	0.90	0.89	0.01	0.88
56-65	0.86	0.84	0.02	0.84
66+	0.74	0.70	0.03	0.71
Grand Total	0.90	0.88	0.02	0.88

Count of workforce by Disability Status and age range

Row Labels	Disabled	Not Disabled	Grand Total
16-25	38	207	255
26-35	121	923	1,095
36-45	125	1,143	1,335
46-55	118	1,223	1,438

56-65	91	741	927
66+	11	94	138
Grand Total	504	4,331	5,188

% of workforce by Disability Status and age range

	Disabled	Not Disabled
16-25	15	81
26-35	11	84
36-45	9	86
46-55	8	85
56-65	10	80
66+	8	68
Grand Total	10	83

Average Hourly Rate by Disability Status and age range as well as composition of each age range by disability Status

Row Labels	Disabled	Non-Disabled	% of age range which are Disabled	% of age range which are non-disabled
16-25	£15.75	£15.74	15	81
26-35	£20.34	£20.98	11	84
36-45	£24.19	£23.44	9	86
46-55	£24.92	£25.61	8	85
56-65	£28.38	£24.93	10	80
66+	£30.60	£24.39	8	68
Grand Total	£23.70	£23.44	10	83

Appendix C – Progression and Promotion Outcomes

Theme: Internal progression
Purpose: To assess whether promotion outcomes differ by ethnicity.
Included here (full tables and figures):

- Internal Promotion Rates by Disability Status and Band

Contents page

Internal Promotion Rates by Disability Status and Band

Band	Total Disabled Staff	Total Disabled Staff Promoted	% Disabled Staff Promoted	Total Non-Disabled Staff	Total Non-Disabled Staff Promoted	% Non-Disabled Staff Promoted	Likelihood of promotion (Disabled vs Non-Disabled Staff)
All AfC staff (Bands 2–9)	470	34	7.2	4682	312	6.7	1.09
Band 2	9	1	11.1	53	21	39.6	0.28
Band 3	34	5	14.7	92	47	51.1	0.29
Band 4	102	10	9.8	765	54	7.1	1.39
Band 5	68	7	10.3	720	55	7.6	1.35
Band 6	90	6	6.7	601	65	10.8	0.62
Band 7	107	5	4.7	873	40	4.6	1.02
Band 8a	35		0.0	931	18	1.9	0.00
Band 8b	18		0.0	392	9	2.3	0.00
Band 8c	2		0.0	164	3	1.8	0.00
Band 8d	3		0.0	61		0.0	n/a
Band 9	2		0.0	30		0.0	n/a
Band 8a+	60	0	0.0	1578	30	1.9	0.00
Band 7+	167	5	3.0	2451	70	2.9	1.05

Appendix D – Recruitment and External Appointments

Theme: Entry into the organisation
Purpose: To evidence differences in recruitment outcomes and starting position.
Included here (full tables and figures):

- External Hires by Band and Disability Status (Headcount)
- Disability Status Composition of External Hires by Pay Band
- Average Increment Point on Appointment for External Hires by Pay Band and Disability Status
- Recruitment Outcomes by Disability Status (All Applicants)
- Recruitment Outcomes by Disability Status (Internal Applicants Only)
- Recruitment Outcomes by Disability Status (Band 8a to 9 only)

Contents page

External Hires by Band and Disability Status (Headcount)

Row Labels	Disabled	No Disability	Not stated	Grand Total
Band 2	1	10	1	12
Band 3	7	70	7	84
Band 4	13	82	10	105
Band 5	7	104	8	119
Band 6	13	69	3	85
Band 7	8	64	5	77
Band 8a	1	12	3	16
Band 8b		9	1	10
Band 8c	1	3	0	4
Band 8d				
Band 9				
Non-Agenda for change	3	17	69	89
Agenda for change only	51	423	38	512
Grand Total	54	440	107	601

Disability Status Composition of External Hires by Pay Band

Pay band	Total hires (n)	% Disabled Hires	% No Disability Hires	% Disability Status Not Stated Hires
Band 2	12	8	83	8
Band 3	84	8	83	8
Band 4	105	12	78	10
Band 5	119	6	87	7
Band 6	85	15	81	4
Band 7	77	10	83	6
Band 8a	16	6	75	19
Band 8b	10	0	90	10

Band 8c	4	25	75	0
Band 8c	0	0	0	0
Band 9	0	0	0	0
Non-Agenda for change	89	3	19	78
Agenda for change only	512	10	83	7
Total	601	9	73	18

Average Increment Point on Appointment for External Hires by Pay Band and Disability Status

Row Labels	Total hires (n)	Disabled	Non-Disabled	Difference
Band 2	12	1.00	1.00	0.00
Band 3	84	1.00	1.31	-0.31
Band 4	105	1.31	1.27	0.04
Band 5	119	1.00	1.26	-0.26
Band 6	85	2.08	1.91	0.16
Band 7	77	1.63	1.73	-0.11
Band 8a	16	1.00	1.58	-0.58
Band 8b	10		1.67	-1.67
Band 8c	4	2.00	1.67	0.33
Band 8d	0			0.00
Band 9	0			0.00
Grand Total	512	1.47	1.46	0.01

Recruitment Outcomes by Disability Status (All Applicants)

Recruitment stage	Disabled	Non-Disabled
Applications shortlisted	1,253	18,706
Offered interview	335	2,629
% of shortlisted offered interview	26.7%	14.1%
Attended interview	233	1,974
% of interviews attended	69.6%	75.1%
Offered job	103	797
% offered job (of those interviewed)	44.2%	40.4%
Likelihood to be appointed	1.09	0.91

Recruitment Outcomes by Disability Status (Internal Applicants Only)

Recruitment stage	Disabled	Non-Disabled

Applications shortlisted	161	1,335
Offered interview	74	575
% of shortlisted offered interview	46.0%	43.1%
Attended interview	66	498
% of interviews attended	89.2%	86.6%
Offered job	46	332
% offered job (of those interviewed)	69.7%	66.7%
Likelihood to be appointed	1.04	0.96

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Recruitment Outcomes by Disability Status (Band 8a to 9 only)

Recruitment stage	Disabled	Non-Disabled
Applications shortlisted	98	739
Offered interview	32	181
% of shortlisted offered interview	32.7%	24.5%
Attended interview	27	151
% of interviews attended	84.4%	83.4%
Offered job	10	64
% offered job (of those interviewed)	37.0%	42.4%
Likelihood to be appointed	0.87	1.15

Appendix E – Time in Band, Tenure and Retention

Theme: Accumulation over time
Purpose: To explain how tenure and retention shape pay outcomes.
Included here (full tables and figures):

- Average months in pay grade of workforce
- March 26 turnover rate by Disability Status
- Average Hourly Rate by Pay Band and Disability Status

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Average months in pay grade of workforce

Ethnicity	Years and Months in grade
Disabled	4 years 5 months
Non-Disabled	5 years 1 month
Disability Status not disclosed	7 years 6 months

Non-disabled staff spend around 15% longer in grade than disabled staff (61 months vs 53 months).

March 26 Turnover rate by Disability Status

Disability Status	Turnover rate
Disabled	9.69%
Non-Disabled	9.44%

Average Hourly Rate by Pay Band and Disability Status

Row Labels	Grand Total	Disabled	Non-Disabled	Difference
Non AFC - Apprentice	5	£12.71	£7.55	£5.16
Band 2	68	£14.27	£14.80	-£0.53
Band 3	744	£13.82	£14.85	-£1.03
Band 4	777	£15.27	£15.50	-£0.23
Band 5	699	£18.10	£18.56	-£0.46
Band 6	926	£22.78	£23.05	-£0.27
Band 7	1,027	£27.37	£27.34	£0.04
Band 8a	421	£30.99	£31.51	-£0.53
Band 8b	169	£37.32	£36.51	£0.81
Band 8c	70	£45.05	£43.53	£1.52
Band 8d	35	£53.19	£52.31	£0.88
Band 9	10	£66.18	£62.75	£3.43
Non AFC - VSM	9	£129.98	£84.75	£45.24

Non AFC - Medical and Dental	208	£57.30	£59.94	-£2.63
Non AFC - Tupe	20	£17.47		£17.47
Grand Total	5,188	£23.70	£23.44	£0.26

Appendix F – Role-Based Pay Elements and Working Patterns

Theme: Role mix, pay structure and working patterns
Purpose: To evidence how non-basic pay and contractual patterns differ by ethnicity.
Included here (full tables and figures):

- Pay Elements Received by Staff, by Disability Status
- Working Patterns by Disability Status (Average FTE and Full time / Part time Split)
- % of adverts available for full time and part time

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For clarity, commonly used payroll acronyms in this appendix include:

- ENH: Enhanced pay (e.g. unsocial hours payments)
- WTD: Working Time Directive payments
- SMP / OMP / SSP: Statutory / Occupational maternity and sickness pay
- AfC: Agenda for Change
- HCAS: High Cost Area Supplement

Pay Elements Received by Staff, by Disability Status

Pay Element	Disabled (count)	Non-Disabled (count)	Disabled (%)	Non-Disabled (%)	Difference (pp)
Night Duty ENH PAY NHS	13	362	2.58	8.36	-5.78
Sunday ENH PAY NHS	52	673	10.32	15.54	-5.22
Saturday ENH PAY NHS	50	641	9.92	14.80	-4.88
Employer Specified WTD NHS	482	4,219	95.63	97.41	-1.78
AfC Long Recruit Retain PAY NHS	1	35	0.20	0.81	-0.61
Salary Sacrifice Grp 0 PAY NHS	13	132	2.58	3.05	-0.47
Basic Pay NHS	499	4,307	99.01	99.45	-0.44
Emergency Commitment PAY NHS	0	12	0.00	0.28	-0.28
AfC Long R and R Percent PAY NHS	2	29	0.40	0.67	-0.27
Additional Basic Pay NHS	0	9	0.00	0.21	-0.21
Recovery Notional SMP NHS	1	14	0.20	0.32	-0.12
SMP Recovery	1	14	0.20	0.32	-0.12
SMP Total	1	14	0.20	0.32	-0.12
Short Term Enh Prot PAY NHS	1	13	0.20	0.30	-0.10
OMP Pay NHS	1	12	0.20	0.28	-0.08
Long Term Protection PAY NHS	0	1	0.00	0.02	-0.02
Weekend Allowance NP PAY NHS	0	1	0.00	0.02	-0.02
OPP PAY NHS	0	1	0.00	0.02	-0.02
OSPP Recovery Birth	0	1	0.00	0.02	-0.02
Recovery Notional SPP NHS	0	1	0.00	0.02	-0.02
SPP Birth Total NHS	0	1	0.00	0.02	-0.02
Flex Pay Premia PT Tran NP PAY NHS	0	0	0.00	0.00	0.00
Night Duty NP PAY NHS	1	3	0.20	0.07	0.13
Flex Pay Premia Psych NP PAY NHS	1	3	0.20	0.07	0.13
AfC Pay Protection PAY NHS	1	3	0.20	0.07	0.13

On Call Availability NP PAY NHS	1	2	0.20	0.05	0.15
AfC On Call PAY NHS	13	105	2.58	2.42	0.15
London Fringe Allow BAS PAY NHS	5	35	0.99	0.81	0.18
On Call Supplements PAY NHS	4	26	0.79	0.60	0.19
Clinical Ex Award PAY NHS	3	16	0.60	0.37	0.23
Unsocial ENH PAY NHS	9	44	1.79	1.02	0.77
SSP Total	45	276	8.93	6.37	2.56
AfC High Cost Area PAY NHS	322	2,646	63.89	61.09	2.79
Total (all elements)	1,522	13,651	301.98	315.19	-13.21

Pay Elements Received by Staff, by Disability Status

Pay Element	Disabled (count)	Non-Disabled (count)	Disabled (%)	Non-Disabled (%)	Difference (pp)
Night Duty ENH PAY NHS	13	362	2.58	8.36	-5.78
Sunday ENH PAY NHS	52	673	10.32	15.54	-5.22
Saturday ENH PAY NHS	50	641	9.92	14.80	-4.88

Working Patterns by Disability Status (Average FTE and Full-time / Part-time Split)

Disability Status	Average FTE	% Full-time	% Part-time
Disabled	0.90	69	31
Non-Disabled	0.88	64	36
Disability Status Not stated	0.84	56	44
Total	0.89	64	36

% of adverts available for full time and part time

	Adverts	% of total adverts
Full time	1,386	77
Part time	496	28

Appendix G – Staff Group and Role Structure Analysis

Theme: Occupational distribution
Purpose: To explain how staff group composition affects pay outcomes.
Included here (full tables and figures):

- Average Hourly Pay and Disability Status Composition by Staff Group (Trust Average Shown for Comparison)
- Number of roles within staff group which are up to band 7 or band 8a and above
- % of roles within staff group which are up to band 7 or band 8a and above
- Berkshire Disabled Population Rate

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Average Hourly Pay and Disability Status Composition by Staff Group (Trust Average Shown for Comparison)

Staff group	Average hourly rate (£)	% Disabled	% Non-Disabled	% Disability status Not Disclosed	Total staff
Medical and Dental	£55.98	7.2	47.4	45.5	209
Additional Professional Scientific and Technical	£29.87	11.8	85.2	3.0	561
Healthcare Scientists	£26.13	0.0	90.9	9.1	11
Allied Health Professionals	£25.33	8.8	85.8	5.4	578
Nursing and Midwifery Registered	£24.79	9.1	86.2	4.7	1,372
Administrative and Clerical	£22.14	10.7	84.1	5.2	1,256
Students	£17.99	7.1	92.9	0.0	14
Estates and Ancillary	£16.70	10.7	75.0	14.3	28
Additional Clinical Services	£15.87	9.3	84.1	6.6	1,159
Trust total	£23.96	9.7	83.5	6.8	5,188

Average Hourly Pay and Disability Status Composition by Staff Group (Trust Average Shown for Comparison)

Staff group	Disabled average hourly rate (£)	Non-Disabled average hourly rate (£)	Difference (£ per hour, Disabled – Non-Disabled)

Medical and Dental	£57.3	£60.3	-£3.0
Administrative and Clerical	£23.0	£21.8	£1.1
Healthcare Scientists		£26.3	-£26.3
Estates and Ancillary	£16.4	£16.9	-£0.5
Nursing and Midwifery Registered	£24.7	£24.8	-£0.1
Allied Health Professionals	£23.0	£25.4	-£2.4
Additional Clinical Services	£16.1	£15.8	£0.3
Additional Professional Scientific and Technical	£29.0	£29.9	-£0.9
Students	£18.0	£18.0	£0.0
Trust total	£23.7	£23.4	£0.3

Number of roles within staff group which are up to band 7 or band 8a and above

Staff group	Bands 2-7	Bands 8a – 9	Total roles
Additional Professional Scientific and Technical	321	239	560
Healthcare Scientists	8	3	11
Allied Health Professionals	495	83	578
Nursing and Midwifery Registered	1228	144	1372
Administrative and Clerical	1011	234	1245
Students	14		14
Estates and Ancillary	28		28
Additional Clinical Services	1136	2	1138
Trust total	4241	705	4946

% of roles within staff group which are up to band 7 or band 8a and above

Staff group	Bands 2-7	Bands 8a – 9

Additional Professional Scientific and Technical	57	43
Healthcare Scientists	73	27
Allied Health Professionals	86	14
Nursing and Midwifery Registered	90	10
Administrative and Clerical	81	19
Students	100	0
Estates and Ancillary	100	0
Additional Clinical Services	100	0
Trust total	86	14

Berkshire Disabled Population Rate

Measure	Percentage (%)
Berkshire population disability rate	13%
Disabled people employment rate (UK, working age)	54%
Disabled people economic inactivity rate (UK)	43%
Estimated workforce-available disability rate	7.0% – 7.5%

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	14 July 2026
Title	**Finance Report June 2026**
	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 June 2026.
Business Area	Finance
Author	Chief Finance Officer
Relevant Strategic Objectives	**Efficient use of resources** **Ambition:** A financially and environmentally sustainable organisation. 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.

Berkshire Healthcare NHS
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2026/27

May 2026

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 31 May 2026.

Document Control

Version	*Date*	*Author*	*Comments*
1.0	15/06/2026	Rebecca Clegg	Draft
2.0	18/06/2026	Paul Gray	Final

Distribution

All Directors.

All staff as appropriate.

Dashboard & Summary Narrative

Target		Year to Date Actual £m/%	Year to Date Plan £m/%	Year to Date Achieved	Forecast Outturn Actual £m/%	Forecast Outturn Plan £m/%	Forecast Outturn Achieved
1	Income and Expenditure Plan	0.0	0.0	Yes	0.0	0.0	Yes
2	CIP - Delivery	2.5	2.5	Yes	15.5	15.5	Yes
3	Cash Balance	53.9	46.2	Yes	44.4	44.4	Yes
4a	Better Payment Practice Code Volume Non-NHS	97%	95%	Yes	95%	95%	Yes
4b	Better Payment Practice Code Value Non-NHS	96%	95%	Yes	95%	95%	Yes
4c	Better Payment Practice Code Volume NHS	97%	95%	Yes	95%	95%	Yes
4d	Better Payment Practice Code Value NHS	97%	95%	Yes	95%	95%	Yes
5	Capital Expenditure not exceeding CDEL	0.5	1.1	Yes	12.7	13.1	Yes
6a	Agency Expenditure Reduction	1.2%	1.2%	Yes	1.2%	1.2%	Yes
6b	Bank Expenditure Reduction	5.8%	4.7%	No	4.7%	4.7%	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 position is positive with most targets being achieved for the year to date. The key points to note are:

- The planned outturn position for the Trust is breakeven. This is phased evenly throughout the year.
- The Trust has a cost improvement programme of £15.5m which is being achieved year to date.
- The Better Payment Practice Code targets are currently being achieved.
- Capital expenditure is behind plan mainly due to slippage on the Jubilee Ward relocation project.
- The Trust has 2 targets for temporary staffing, set by NHSE as part of the planning guidance. The agency target is being achieved. The bank target is not being achieved, however it was set by applying national rules to our 2025/26 expenditure and we over achieved against the NHSE target set for that year.

1. Income & Expenditure

May-26	In Month Act £'m	In Month Plan £'m	In Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m	2026/27 Plan £'m
Operating Income	34.9	35.0	(0.2)	69.7	70.0	(0.3)	420.3
Elective Recovery Fund	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donated Income	0.0	0.0	(0.0)	0.0	0.1	(0.1)	0.3
Total Income	**34.9**	**35.1**	(0.2)	**69.7**	**70.1**	(0.4)	**420.6**
Staff In Post	24.8	25.2	0.4	49.4	50.4	1.0	302.3
Bank Spend	1.6	1.3	(0.3)	3.1	2.5	(0.5)	15.2
Agency Spend	0.3	0.3	(0.0)	0.6	0.7	0.0	4.0
Total Pay	**26.8**	**26.8**	**0.0**	**53.1**	**53.6**	**0.5**	**321.5**
Purchase of Healthcare	1.6	1.6	(0.0)	3.3	3.1	(0.2)	18.8
Drugs	0.6	0.6	0.0	1.2	1.2	0.0	7.1
Premises	1.9	1.9	(0.1)	3.9	3.7	(0.2)	22.4
Other Non Pay	1.9	2.1	0.2	4.0	4.2	0.2	24.9
PFI Lease	0.8	0.8	0.0	1.5	1.5	0.0	9.3
Total Non Pay	**6.8**	**6.9**	**0.1**	**13.9**	**13.8**	**(0.1)**	**82.6**
Total Operating Costs	**33.5**	**33.7**	**0.2**	**67.0**	**67.4**	**0.4**	**404.1**
EBITDA	**1.3**	**1.4**	**0.0**	**2.8**	**2.7**	**(0.0)**	**16.5**
Interest Receivable	**0.2**	**0.2**	**0.0**	**0.4**	**0.4**	**(0.0)**	**2.7**
Interest Payable	0.3	0.3	(0.0)	0.6	0.6	(0.0)	3.4
Depreciation	1.1	1.1	(0.0)	2.2	2.2	(0.0)	13.2
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Disposals	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Remeasurement of PFI	0.0	0.0	0.0	1.6	1.4	(0.2)	1.4
PDC	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Financing	**1.4**	**1.4**	**(0.0)**	**4.4**	**4.2**	**(0.2)**	**18.0**
Reported Surplus/(Deficit)	**0.2**	**0.2**	**(0.0)**	**(1.2)**	**(1.0)**	**(0.2)**	**1.2**
Adjustments	**(0.0)**	**0.0**	**(0.0)**	**(0.0)**	**0.0**	**(0.0)**	**(1.2)**
PFI IFRS16 Adjustment	**(0.2)**	**(0.2)**	**0.0**	**1.2**	**1.0**	**0.2**	**0.0**
Adjusted Surplus/(Deficit)	**(0.0)**	**0.0**	**(0.0)**	**(0.0)**	**0.0**	**(0.0)**	**0.0**

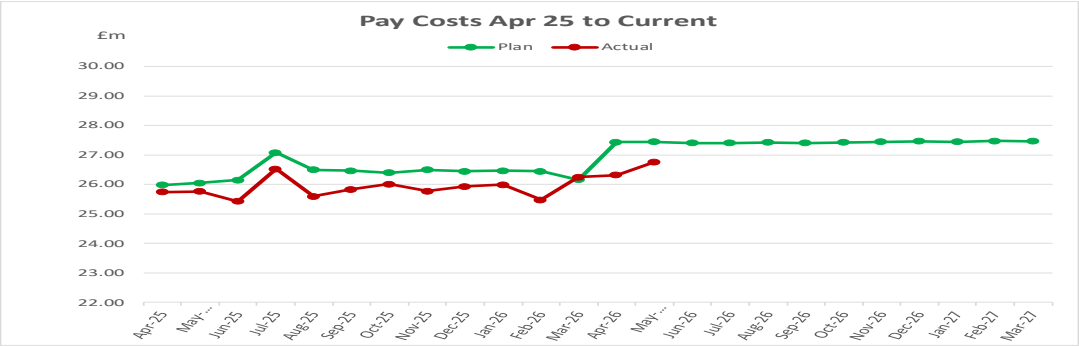
Key Messages

The table above gives the financial performance against the Trust's income and expenditure plan as of 31 May 2026.

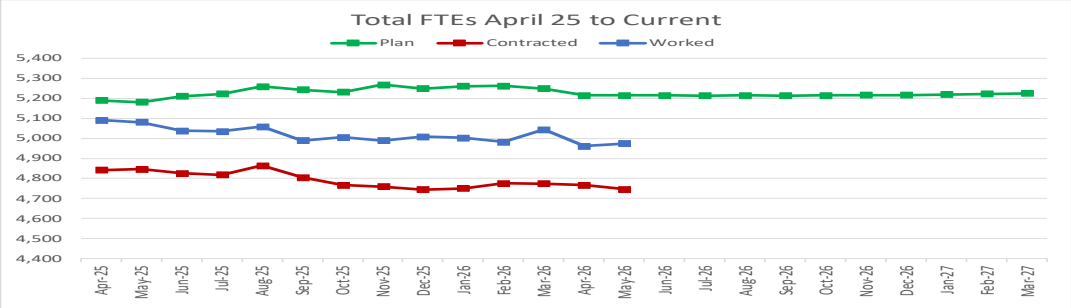
The Trust is planning to breakeven in the current year and is on track to deliver this year to date.

The plan for pay and income are yet to be updated for the final pay award in line with national guidance.

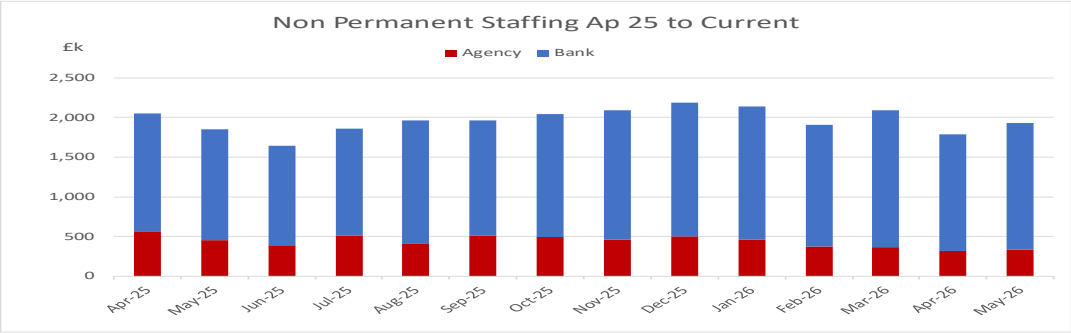
Workforce



Staff Costs	
YTD	£'k
2026/27	53.1
2025/26	51.5
▲	3%
Prior Year	£'k
May-26	26.8
May-25	25.8
▼	4%



Prior Mth	FTE's CFTE	WFTE
	£k	£k
May-26	4,746	4,974
Apr-26	4,766	4,961
	0% ▼	0% ▲
Prior Year		
May-26	4,746	4,974
May-25	4,846	5,081
	-2% ▼	-2% ▼



Non Permanent Staff Costs		
YTD	Bank £k	Agency £k
2026/27	3,073	647
2025/26	2,892	1,013
	6% ▲	-36% ▼
Prior Year		
May-26	1,599	330
May-25	1,399	453
	14% ▲	-27% ▼

Key Messages

Pay costs in month were £26.8m, which was below plan.

In month, Worked WTEs increased by 13 and Contracted WTEs decreased by 20.

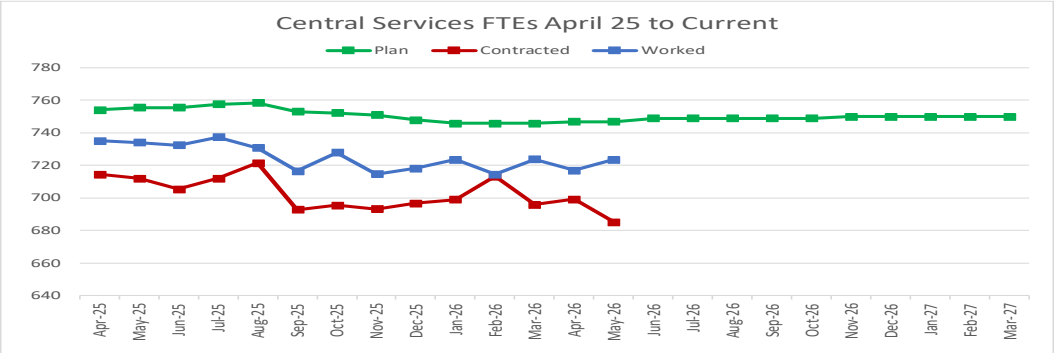
For 2026/27, NHSE has set expenditure caps for each Trust for bank and agency expenditure. For Agency, the Trust's target expenditure is being achieved year to date. For Bank, the Trust's target expenditure is not achieving the year to date.

Our bank fill rate remains strong, with monthly performance at 95% of the overall temporary staffing demand.

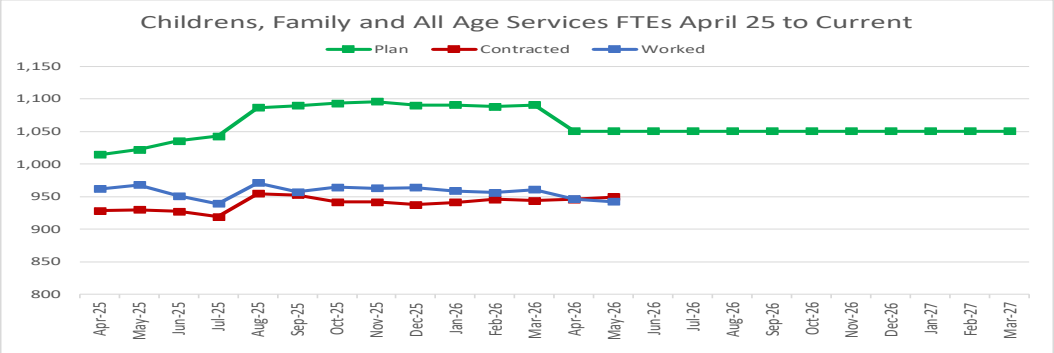
Off framework agency usage **r**emains limited to nurseries only. Usage was limited 17 shifts, primarily due to recent resignations, and may rise further in the coming months. We continue to work closely with the nursery manager and NHSP to support recruitment efforts.

We continue to report zero breaches against the Agenda for Change price cap. All remaining breaches relate solely to medical staffing; however, these continue to decrease, and with ongoing recruitment activity, we expect a further reduction over the coming months.

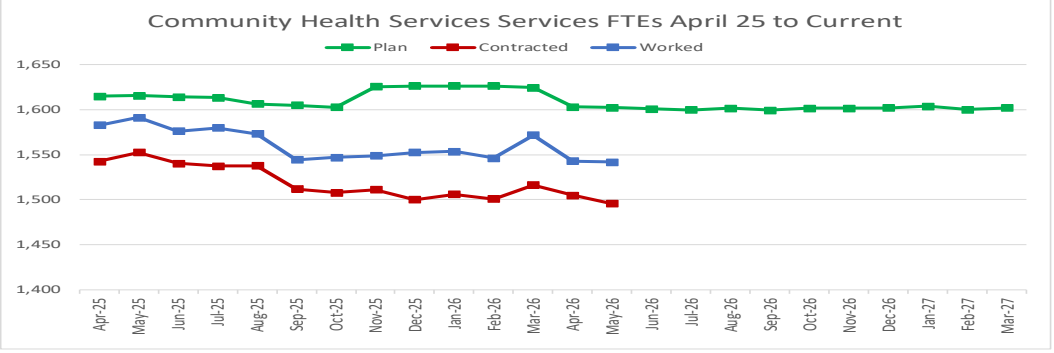
Staff Detail (Division)



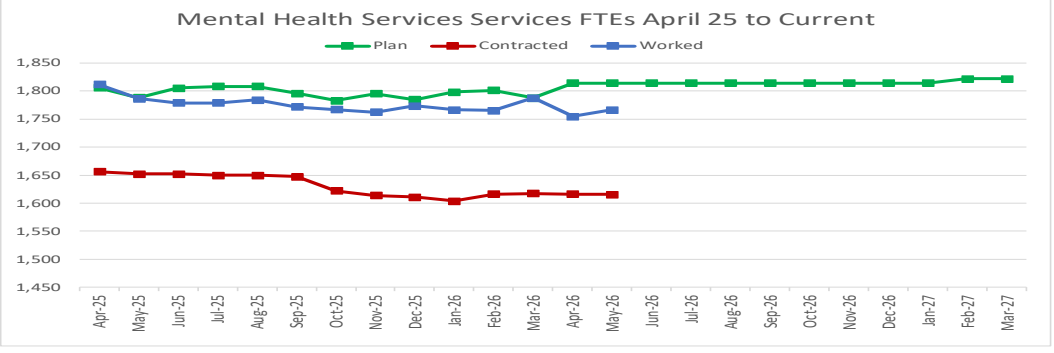
	FTE's	
Prior Mth	CFTE £k	WFTE £k
May-26	685	723
Apr-26	699	717
	-2% ▼	1% ▲
Prior Year		
May-26	685	723
May-25	712	734
	-4% ▼	-1% ▼



	FTE's	
Prior Mth	CFTE £k	WFTE £k
May-26	949	942
Apr-26	946	946
	0% ▲	0% ▼
Prior Year		
May-26	949	942
May-25	930	968
	2% ▲	-3% ▼



	FTE's	
Prior Mth	CFTE £k	WFTE £k
May-26	1,496	1,542
Apr-26	1,505	1,543
	-1% ▼	0% ▼
Prior Year		
May-26	1,496	1,542
May-25	1,553	1,591
	-4% ▼	-3% ▼



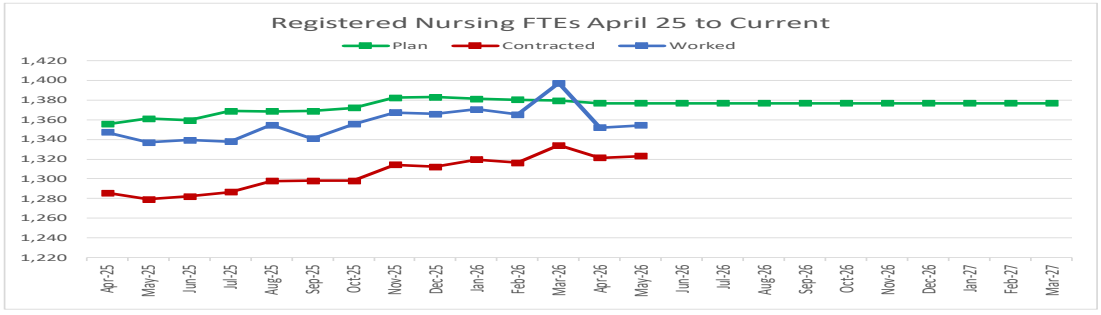
	FTE's	
Prior Mth	CFTE £k	WFTE £k
May-26	1,616	1,767
Apr-26	1,616	1,755
	0% ▼	1% ▲
Prior Year		
May-26	1,616	1,767
May-25	1,652	1,787
	-2% ▼	-1% ▼

Key Messages

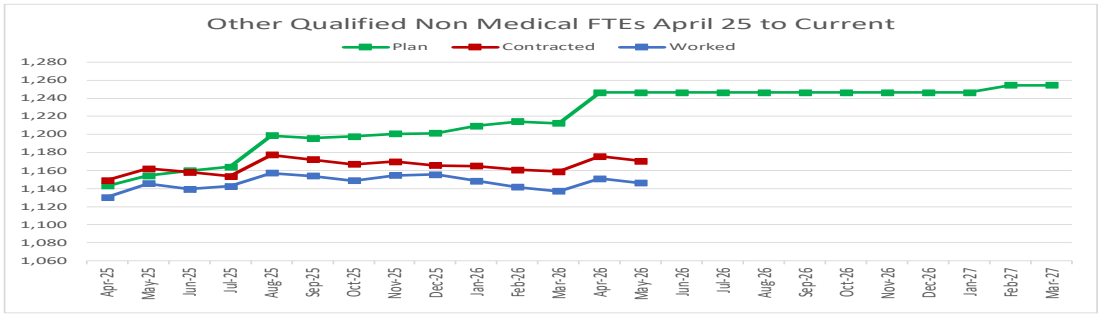
Worked WTEs are below plan for all clinical divisions and Central Services.

Worked WTEs are 240 lower than plan in May.

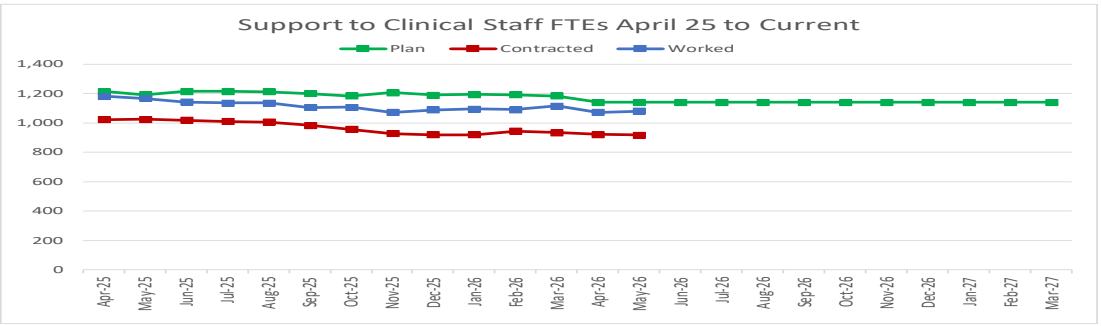
Staff Detail (Staff Group)



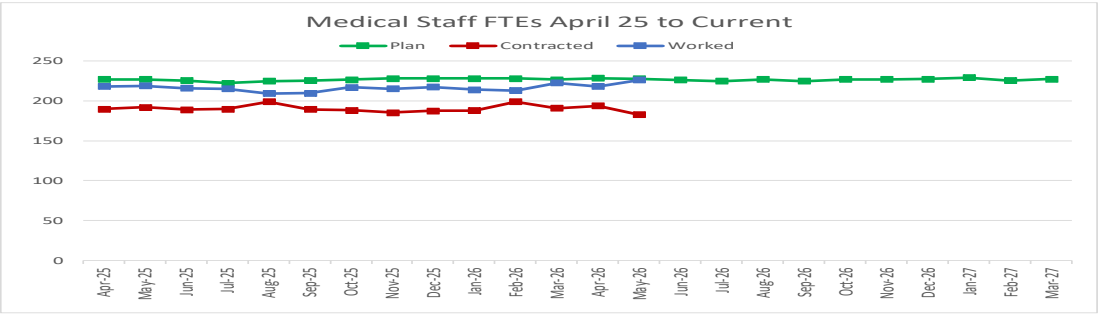
Prior Mth	FTE's CFTE £k	WFTE £k
May-26	1,323	1,354
Apr-26	1,321	1,352
	0% ▲	0% ▲
Prior Year		
May-26	1,323	1,354
May-25	1,279	1,337
	3% ▲	1% ▲



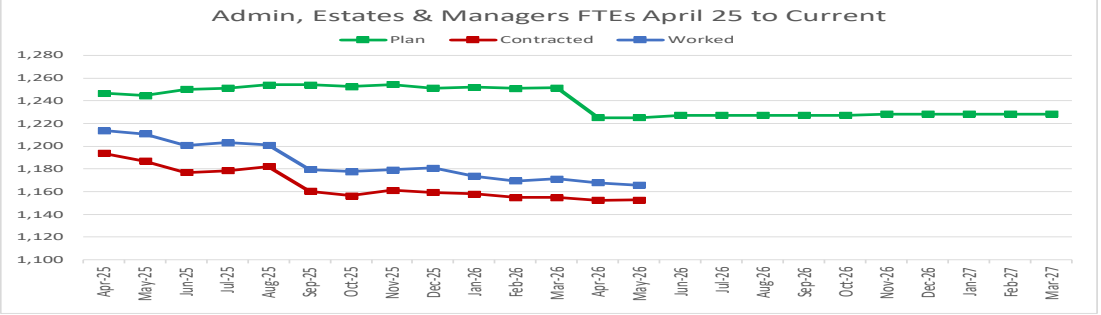
Prior Mth	FTE's CFTE £k	WFTE £k
May-26	1,171	1,146
Apr-26	1,176	1,151
	0% ▼	0% ▼
Prior Year		
May-26	1,171	1,146
May-25	1,162	1,145
	1% ▲	0% ▲



Prior Mth	FTE's CFTE £k	WFTE £k
May-26	917	1,082
Apr-26	923	1,072
	-1% ▼	1% ▲
Prior Year		
May-26	917	1,082
May-25	1,026	1,168
	-11% ▼	-7% ▼



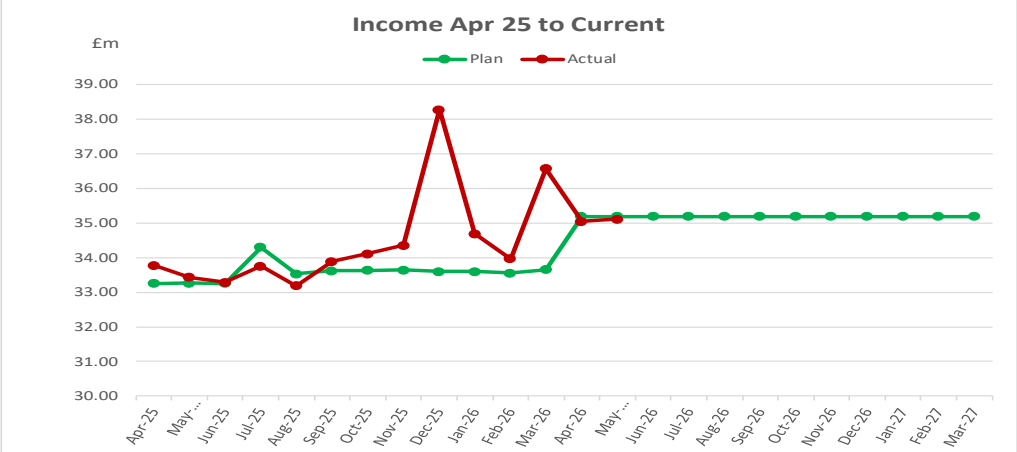
Prior Mth	FTE's CFTE £k	WFTE £k
May-26	183	226
Apr-26	194	218
	-6% ▼	4% ▲
Prior Year		
May-26	183	226
May-25	192	219
	-5% ▼	3% ▲



Prior Mth	FTE's CFTE £k	WFTE £k
May-26	1,153	1,166
Apr-26	1,152	1,168
	0% ▲	0% ▼
Prior Year		
May-26	1,153	1,166
May-25	1,187	1,211
	-3% ▼	-4% ▼

Worked WTE actuals have been much closer to plan since the 2022/23 financial reset. The downward trend in Admin, Estates and Managers continues. 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

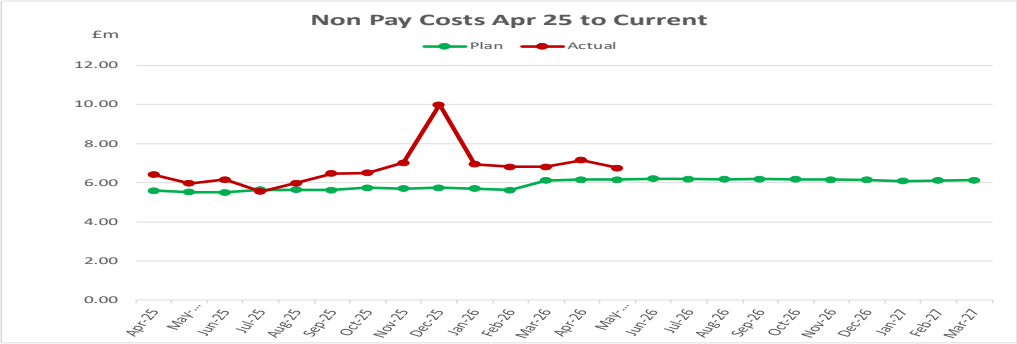


Income	
YTD	£'k
2026/27	70.1
2025/26	67.2
▲	4%
Prior Year	**£'k**
May-26	35.1
May-25	33.4
▲	5%

Key Messages

Income is in line with plan, with all contract finance schedules now agreed with NHS commissioners.

Non Pay

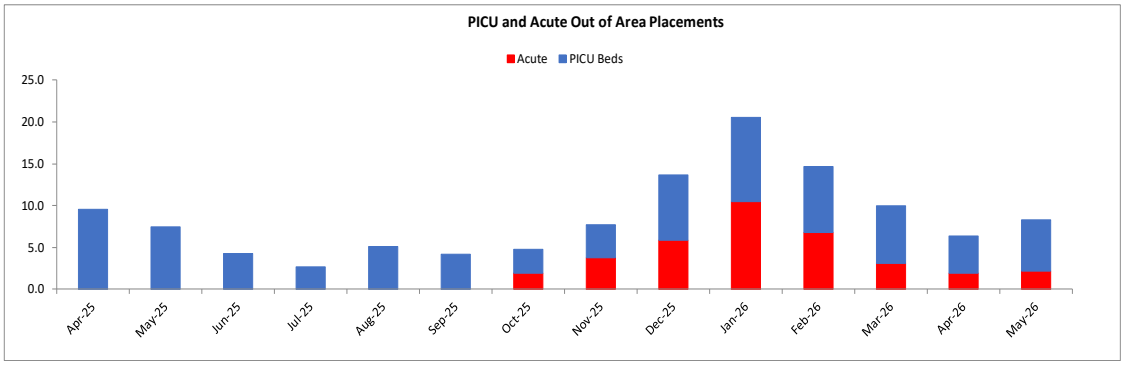


Non Pay	
YTD	£'k
2026/27	13.9
2025/26	12.4
▲	12%
Prior Year	**£'k**
May-26	6.8
May-25	6.0
▲	13%

Key Messages:

As in previous years, the overspend against the non-pay plan is driven by OAPS and PICU placements. This is offset in part by an underspend against specialist placements.

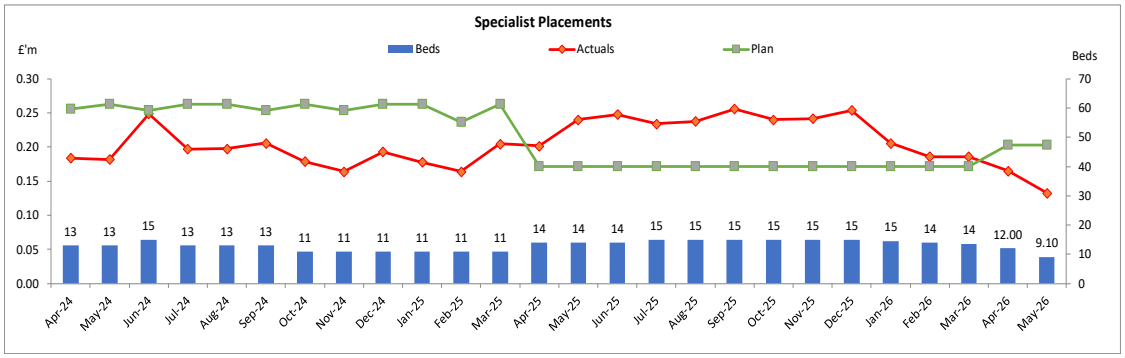
Placement Costs



OAPs

YTD	£'m
2026/27	0.7
2025/26	0.7
▼	*-1%*

Prior Yr	£'m
May-26	0.4
May-25	0.3
▲	*34%*



Specialist Placements

YTD	£'m
2026/27	0.30
2025/26	0.44
▼	*-33%*

Prior Yr	£'m
May-26	0.13
May-25	0.24
▼	*-45%*

Key Messages

PICU and Acute OAPs

Following the opening of our outsourced ward, we were expecting to have minimal Out of Area Placements (OAPs). In both April and May there were 2 placements causing a cost pressure of £126k year to date.

We have planned for 3.5 Psychiatric Intensive Care Unit (PICU) placements in 2026/27. In April there were 4.5 placements and in May there were 6 placements resulting in an overspend of £109k year to date. There remains a long-standing issue of a lack of female PICU placement beds locally. The demand for PICU beds has also been affected by an increased number of requests for prison transfers for assessment or treatment under the Mental Health Act (MHA).

The total overspend on placements is £235k year to date.

In recent months, there has been a steady increase in lost bed days for patients who are clinically ready for discharge. The delays are partly attributed to a shortage of suitable high-need supported living provision and appropriate nursing home placements for patients with advanced dementia. Further complications arise from delays in funding approval processes within the Integrated Care Board and Local Authorities, with Reading being the top contributors to these delays. Actions include weekly escalation meetings with counterparts in the LAs and ICB to improve patient flow and using the process for escalated OAP approvals. This process involves discussions regarding additional escalation for Clinically Ready for Discharge (CRFD) patients, the use of health-funded step-down beds (currently red flagged by LA so unable to place), and the provision of temporary accommodation supported by Crisis Resolution Home Treatment Team (CRHTT).

Specialist Placements

The average number of placements is planned to be 13, with actual placements being 12 in April and 9 in May resulting in an underspend of £108k year to date.

Cost Improvement Programme

Scheme	(Non)/Recurrent	Risk	FY Plan	YTD Plan	YTD Actual	Variance
			£k	£k	£k	£k
Corporate Services Review (Full Year Effect)	Recurrent	Low	595	98	98	0
Corporate Services Review (26/27 schemes)	Recurrent	High	1,000	168	0	-168
Operational services Review (26/27 schemes)	Recurrent	Low	6,800	1,136	1,136	0
Operational services Review (26/27 schemes)	Recurrent	Medium	2,039	340	0	-340
Locum VAT review (26/27)	Recurrent	Medium	450	75	0	-75
Locum VAT review (prior years)	Non recurrent	Medium	1,486	248	0	-248
Income generation	Recurrent	Low	520	84	84	0
MARS	Recurrent	Low	250	41	41	0
Other pay schemes	Recurrent	Low	50	8	8	0
Other pay schemes	Non recurrent	Medium	428	32	0	-32
Other non pay schemes	Recurrent	Low/Medium	1,378	230	216	-14
Asset Life	Recurrent	Low	100	16	16	0
Opt to tax	Recurrent	High	400	66	0	-66
Establishment controls	Non recurrent	Low	0	0	943	943
		Total	**15,496**	**2,542**	**2,542**	**0**
	Recurrent	Total	13,582	2,262	1,599	**-663**
	Non recurrent	Total	1,914	280	943	**663**

Key Messages

The Trust's financial plan includes £15.5m of cost improvement plans.

Some of the schemes from 2025/26 have been brought forward to the current year.

The locum VAT scheme is not currently delivering, partly due to phasing but further work is needed to ensure that VAT is not being paid on current year invoices.

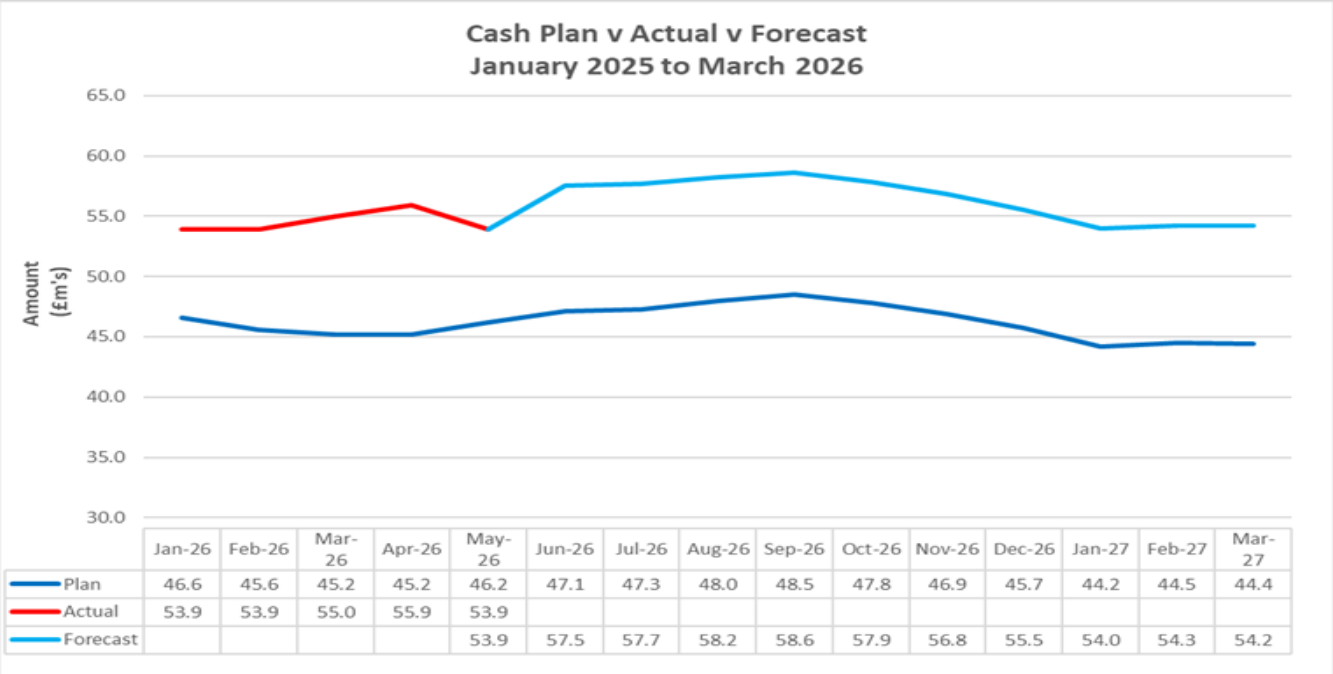
Balance Sheet & Cash

	2025/26 Actual £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m
Intangibles	1.6	1.5	0.8	0.7	1.5	0.8	0.7
Property, Plant & Equipment (non PFI)	41.6	40.0	42.4	(2.4)	40.0	42.4	(2.4)
Property, Plant & Equipment (PFI)	45.3	45.9	43.4	2.5	45.9	43.4	2.5
Property, Plant & Equipment (RoU Asset)	16.0	15.4	18.3	(2.9)	15.4	18.3	(2.9)
Receivables	0.2	0.2	0.2	0.0	0.2	0.2	0.0
Total Non Current Assets	**104.7**	**103.0**	**105.1**	**(2.1)**	**103.0**	**105.1**	**(2.1)**
Trade Receivables & Accruals	15.4	18.1	9.5	8.6	18.1	9.5	8.6
Other Receivables	0.2	0.3	0.3	0.0	0.3	0.3	0.0
Cash	55.0	53.9	46.2	7.7	53.9	46.2	7.7
Trade Payables & Accruals	(42.2)	(42.7)	(35.1)	(7.6)	(42.7)	(35.1)	(7.6)
Borrowings (PFI and RoU Lease Liability)	(8.2)	(7.8)	(7.9)	0.1	(7.8)	(7.9)	0.1
Other Current Payables	(13.8)	(14.4)	(9.4)	(5.0)	(14.4)	(9.4)	(5.0)
Total Net Current Assets / (Liabilities)	**6.4**	**7.4**	**3.6**	**3.8**	**7.4**	**3.6**	**3.8**
Non Current Borrowings (PFI and RoU Lease Liability)	(49.1)	(49.6)	(48.3)	(1.3)	(49.6)	(48.3)	(1.3)
Other Non Current Payables	(1.4)	(1.4)	(1.6)	0.2	(1.4)	(1.6)	0.2
Total Net Assets	**60.6**	**59.4**	**58.8**	**0.6**	**59.4**	**58.8**	**0.6**
Income & Expenditure Reserve	13.0	11.8	11.3	0.5	11.8	11.3	0.5
Public Dividend Capital Reserve	24.6	24.6	25.4	(0.8)	24.6	25.4	(0.8)
Revaluation Reserve	23.0	23.0	22.0	1.0	23.0	22.0	1.0
Total Taxpayers Equity	**60.6**	**59.4**	**58.8**	**0.6**	**59.4**	**58.8**	**0.6**

Key Messages

Net current assets are £7.4m compared with the plan of £3.6m. The variance is related to a higher than planned cash balance offset by timing of payables and receivables.

There was a higher than planned cash balance at the end of 2025/26 linked in part to capital slippage which has continued into the first months of 2026/27. We have received the £1.3m deficit support funding which was agreed and included in our position for 2025/26. The forecast for the year remains higher outturn of cash per plan.



	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27
Plan	46.6	45.6	45.2	45.2	46.2	47.1	47.3	48.0	48.5	47.8	46.9	45.7	44.2	44.5	44.4
Actual	53.9	53.9	55.0	55.9	53.9										
Forecast					53.9	57.5	57.7	58.2	58.6	57.9	56.8	55.5	54.0	54.3	54.2

Capital Expenditure

Schemes	Current Month			Year to Date			FY	FY	FY	FY
	Actual £'000	Revised Plan £'000	Variance £'000	Actual £'000	Revised Plan £'000	Variance £'000	Plan (NHSE Submission) £'000	Revised Plan £'000	Forecast Outturn £'000	Revised Plan vs Forecast Variance £'000
Estates Maintenance & Replacement Expenditure										
Trust Owned Properties	0	0	0	0	0	0	330	380	380	0
Jubilee Ward Relocation to St Marks - CIR Funding	148	420	(272)	148	840	(692)	2,520	2,520	2,589	69
Jubilee Ward Relocation to St Marks - CDEL Funding	0	0	0	149	0	149	0	1,038	969	(69)
Reconfiguration of Services Ground Fl Skimped Hill GC	5	0	5	8	0	8	500	500	500	0
Leased Non Commercial (NHSPS) Other	2	0	2	4	0	4	525	525	525	0
Environment & Sustainability	0	10	(10)	0	20	(20)	400	400	400	0
Backlog Maintenance	54	0	54	53	0	53	500	500	500	0
Various All Sites	1	0	1	0	0	0	1,200	1,300	1,300	0
Statutory Compliance	(1)	0	(1)	(0)	0	(0)	150	150	150	0
Subtotal Estates Maintenance & Replacement	**209**	**430**	**(221)**	**362**	**860**	**(498)**	**6,125**	**7,313**	**7,313**	**0**
IM&T Expenditure										
Business Intelligence and Reporting	0	0	0	0	0	0	70	70	70	0
Hardware Purchases - Refresh & Replacement	0	0	0	8	0	8	4,593	2,950	2,950	0
Teams Rooms Refresh ONLY	0	8	(8)	0	17	(17)	100	100	100	0
Additional Divisional Spend	16	33	(18)	16	67	(51)	400	400	400	0
Digital Strategy	39	35	4	66	70	(4)	450	450	450	0
Subtotal IM&T Expenditure	**55**	**77**	**(22)**	**90**	**153**	**(64)**	**5,613**	**3,970**	**3,970**	**0**
IFRS16 RoU ASSETS - New Leases Net of Disposals and Remeasurements										
Chalvey Lease	0	0	0	0	0	0	600	600	600	0
Other Property Leases	0	0	0	0	0	0	500	500	500	0
Lease cars	0	8	(8)	0	16	(16)	100	100	100	0
CoIN	45	15	30	45	30	15	200	200	200	0
Sub Total New Leases (IFRS16)	**45**	**23**	**22**	**45**	**46**	**(1)**	**1,400**	**1,400**	**1,400**	**0**
Subtotal CapEx Within Control Total	**309**	**530**	**(221)**	**496**	**1,059**	**(563)**	**13,139**	**12,684**	**12,683**	**0**
CapEx Expenditure Outside of Control Total										
Anti-Ligature Toilet Pans & Basins	0	0	0	0	0	0	0	0	150	150
PPH Windows	0	0	0	0	0	0	0	2,204	2,204	0
Subtotal Capex Outside of Control Totals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2,204**	**2,354**	**150**
Central/Donated/Grant Funding										
Patient Access and Patient Engagement Portal	0	0	0	0	0	0	0	125	125	0
Bracknell Forest 6-8 Bedded LD Crisis Facility (PDC)	0	0	0	0	0	0	0	100	100	0
St Marks Block 23 M&E (Air Handling Unit and Electrical Works)	4	0	4	5	0	5	0	0	600	600
Subtotal Central/Donated/Grant Funding	**4**	**0**	**4**	**5**	**0**	**5**	**0**	**225**	**825**	**600**
Total Capital Expenditure - all funding sources	**313**	**530**	**(217)**	**513**	**1,059**	**(547)**	**0**	**15,112**	**15,873**	**761**

Key Messages

At M02, CDEL schemes were underspent by £0.5m against the plan. Estates is underspent year to date, primarily due to delays on the Jubilee Ward relocation Project. IMT is also underspent due to the profiling of additional divisional spend.

The funding from the Estate Safety Fund for the Jubilee Ward relocation project has now been awarded and amount was confirmed to be £2,589k. The remaining spend on the project will be funded from this year's CDEL allocation. In addition to this, the £600k NHSPS contribution, which was deferred from last year, has also been added to the planned spend.

In the final month of 2025/26 we had an underspend on the Estates programme which was covered by the IMT programme which reverses in 2026/27 meaning that the plan submitted to NHSE is no longer accurate for internal monitoring. In the table above the original plan and revised plan are shown with monitoring against the revised plan. The revised plan against CDEL was also curtailed to ensure that the Trust has sufficient cash to fund the programme including the PPH windows replacement scheme and slippage on the anti-ligature toiles and basins scheme. This was achieve by using the cash from the deficit support funding alongside curtailing CDEL spend. We are left with a small amount of unallocated CDEL which we may be able to release later in the year if sufficient cash is available.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	14th July 2026
Title	**True North Performance Scorecard Month 2 (May 2026) 2026/27**
	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 2026/27.
Business Area	Trust-wide Performance
Author	Chief Operating Officer
Relevant Strategic Objectives	The True North Performance scorecard consolidates metrics across all domains. To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care, and consistently meet or exceed the standards of Care Quality Commission (CQC) and other stakeholders. **Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients **Patient experience and voice** **Ambition:** We will leverage our patient experience and voice to inform improvement

	Health inequalities **Ambition:** We will reduce health inequalities for our most vulnerable patients and communities **Workforce** **Ambition:** We will make the Trust a great place to work for everyone **Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value

True North Performance Scorecard Highlight Report – May 2026

The True North Performance Scorecard for Month 2 2026/27 (May 2026) 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 Objectives

- Mental Health: Adult Average Length of Stay (bed days) **(Good Patient Experience)** – 50.02 days against a target of 42 days.
    - The average length of stay has decreased for the month and the percentage of patients with a length of stay over 60 days has reduced from 29% to 21%. There is an increase in the number of lost bed days effecting 15 patients.
    - Countermeasures remain with focus on streamlined patient multi-disciplinary team (MDT) meetings focusing on length of stay and actions to support timely discharge.
- Mental Health: Older Adult Average Length of Stay (bed days) **(Good Patient Experience)** – 104.56 days against a target of 80 days.
    - Similar issues to adult mental health wards and countermeasures.
- Physical Assaults on Staff **(Supporting our People)** – 39 incidents against a target of 36.
    - There are 9 mental health patients that contributed to the total this month out of 14 in total. Improvements have been made represented by a downward trend. Ward teams are identifying countermeasures to track progress and impact. Focus remains on length of stay impacting progress on this metric. The team are continuing with improved communication strategies to de-escalate situations and relaxing restrictions which is a significant cause for violence and aggression, especially on Sorrel ward.

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

- Restrictive Interventions – Rapid Tranquilisation (Intra-muscular) **(Harm Free Care)** – 30 against a target of 39 incidents.
    - Thirteen patients contributed to the metric this month and Bluebell ward was the top contributor. In all cases oral medication was offered first with intramuscular only used as a last resort. Post incident physical health observations are improving and where not conducted the clinical rationale is documented.

Driver Metrics

The following metrics are Red and not performing to plan.

- Number of children on community waiting lists over 52 weeks (excluding neurodiversity) **(Good Patient Experience)** – 86 against a target of 0. This is a new NHS Oversight Framework (NOF) scoring metric.
- Number of children on mental health waiting lists over 52 weeks **(Good Patient Experience)** – 3 against a target of 0.
- Sickness rate **(Supporting Our People)** – red at 4.1% against a stretch target of 3.5%. This is an NHS Oversight Framework scoring metric, with the Trust in 10th out of 61 (based on the latest Q3 score of 5.15%) and the national median at 6.22%. It was agreed to amend the target to 4.1% at the June QPEG, which would make this on target.
- Inappropriate Out of Area Placements (OAPs) at the end of the month (Mental Health) – **(Good Patient Experience)** – at 4 against a revised target of 0.

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

- I Want Great Care Positive Patient Experience Score **(Good Patient Experience)** – at 96.29% against a 95% target. Metric will be reported one month in arrears to allow for manual records to be uploaded.
- 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 and override metric.

Tracker Metrics

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

- PDP (% of staff compliant) Appraisals **(Supporting Our People)** – at 91% against a target of 95%. As of 1st July, is at 96.2%.
- I Want Great Care patient experience compliance rate **(Good Patient Experience)** – at 6.6% against a 10% target. Metric will be reported one month in arrears to allow for manual records to be uploaded.
- Clinically ready for discharge by wards in mental health (including OAPs) **(Good Patient Experience) –** 579 against a 350-bed day target.
- Talking Therapies reliable improvement for those completing a course of treatment **(Good Patient Experience)** – at 67% against a target of 69%.
- Talking Therapies reliable recovery for those completing a course of treatment **(Good Patient Experience)** – (NHS Oversight Framework scoring metric) - at 48% against a target of 51%.
- Talking Therapies finished course of treatment **(Good Patient Experience)** – at 693 against a target of 854.
- Percentage of patients referred to crisis care teams to receive face to face contact within 24 hours **(Good Patient Experience)** – (NHS Oversight Framework scoring metric) at 62.65% against a target of to be confirmed nationally and median score of 71.97%.

- Mean length of stay for adult acute and psychiatric intensive care unit patients **(Good Patient Experience)** – (NHS Oversight Framework scoring metric) at 61.52 days against a target of 40 days.
- Community inpatient occupancy rate **(Efficient Use of Resources)** – at 90.1% against a target of 85%.
- Mental Health acute occupancy rate (excluding home leave) **(Efficient Use of Resources)** – at 98.2% against an 85% target.
- Mental Health non-acute occupancy rate (excluding home leave) **(Efficient Use of Resources)** – at 84.29% against an 80% target.

NHS Oversight Framework (NOF) Metrics

The NHS Oversight Framework metrics has been published for quarter 4, and relevant metrics for the organisation are shown in the performance report. There are some contextual metrics in this regime for 25/26, which are changing for 2026/27. Scoring metrics contribute to the segmentation rating as well as an override for financial deficit. The Trust moved to segment 2 in the latest published scorecard, which is classified as:

- Segment 2 organisations are high-performing providers with only limited or targeted support needs.
- They are performing well overall against the national metrics, but may have some areas requiring improvement, unlike Segment 1 (best performers with minimal issues).
- Advanced Foundation Trust clear escalation routes and 6-month leeway for resolving non-urgent issues or declines.

National scores published for quarter 4, we improved to 15th nationally (previously Q1 - 3rd, Q2 - 9th, Q3 - 17th) from all non-acute Trusts with 14 in segment 1. The next published report for quarter 1 2026/27 is expected in August/September. There are challenges in the following metrics:

- Percentage of patients waiting over 52 weeks for community services, slight worsening, ranked 25th out of 42 trusts. Our score 0.33% against a median of 0.19%.
- Percentage of inpatients with over 60-day length of stay with a worsening position. Ranked 37th out of 47 trusts. Our score 30.25% against a median of 24.52%.
- Relative difference in costs – remained in second from last position. Ranked 60th out of 61 trusts. Metric value at 135.35% compared to a median of 104.85%. Material changes have been implemented to improve position through the activity recording project, should see improvements in quarter one position published in August/September.
- Percentage of patients in mental health crisis to receive face-to-face contact within 24-hours – slight worsening for Q4. Ranked 37th out of 45 trusts. Our score 62.65% against a median of 71.97%.

True North Performance Scorecard – Business Rules & Definitions

The following metrics are defined as and associated business rules applied to the True North Performance Scorecard:

Driver - True North / break through objective that has been prioritised by the organisation as its area of focus	**Tracker Level 1-** metrics that have an impact due to regulatory compliance	**Tracker -** important metrics that require oversight but not focus at this stage in our performance methodology

Rule #	Metric	Business Rule	Meeting Action
1	**Driver** is **Green** in current reporting period	Share success and move on	**No action** required
2	**Driver** is **Red** in current reporting period	Share top **contributing reason**, the amount this contributor impacts the metric, and **summary of initial action(s)** being taken	Standard structured **verbal** update
3	**Driver** is **Red** for **2+** reporting periods	Produce full structured **countermeasure summary**	Present full written **countermeasure analysis and summary**
4	**Driver** is **Green** for **6** reporting periods	Retire to **Tracker** level status	Standard structured **verbal** update and retire to **Tracker**
5	**Tracker 1 (or Tracker)** is **Green** in current reporting period	**No action** required	**No action** required
6	**Tracker** is **Red** in current reporting period	Note metric performance and move on unless they are a **Tracker Level 1**	If **Tracker Level 1,** then structured **verbal** update
7	**Tracker** is **Red** for **4** reporting periods	Switch to **Driver** metric	Switch and replace to **Driver** metric (decide on how to make capacity i.e. which **Driver** can be a **Tracker**)

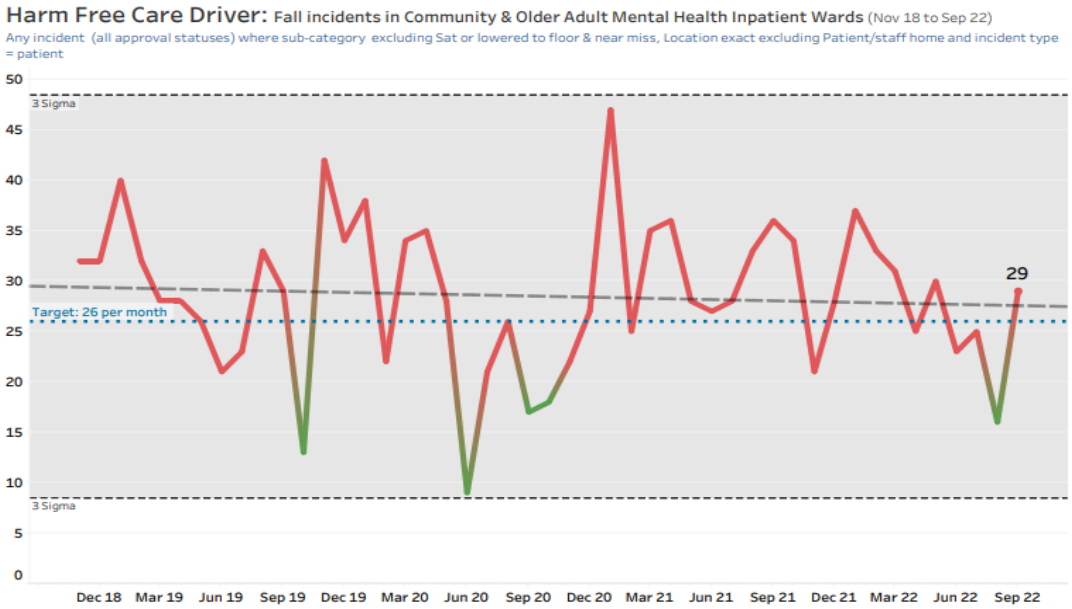
Business Rules for Statistical Process Control (SPC) Charts

Why Use SPC Charts

We intend to use SPC charts to gain a better understanding about what our data is telling us. We can use this understanding to support making improvements. It will ensure we don't overreact to normal variation within a system.

Components of an SPC Chart

The charts have the following components with an example below:



- A target line (the blue dotted line)
- A longer series of data points
- Upper Control Limit (UCL) to 3 Sigma
- Lower Control Limit (LCL) to 3 Sigma
    - These process limits (UCL & LCL) are defined by our data and calculated automatically. If nothing changes with the process, we can expect 99% of data points to be within these limits. They tell us what our system is capable of delivering. Our data will vary around these process limits. It provides a context for targeting improvement.

Variation

There are 2 types of variation:

1. Common cause variation, which is 'normal' variation (within the UCL & LCL)
2. Special cause variation (or unusual variation) which is something outside of the normal variation and outside of the process control limits (UCL & LCL)

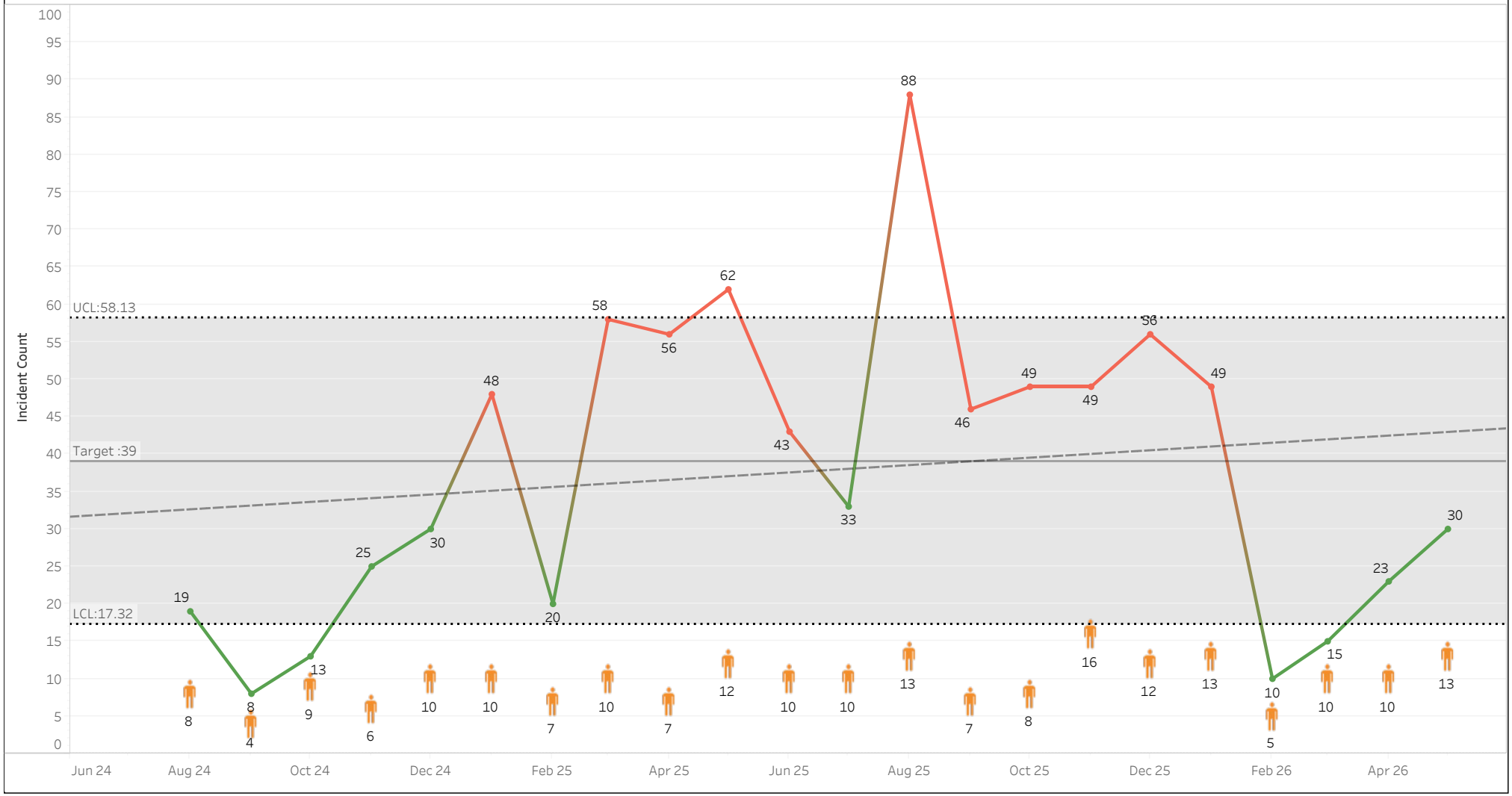
Rules

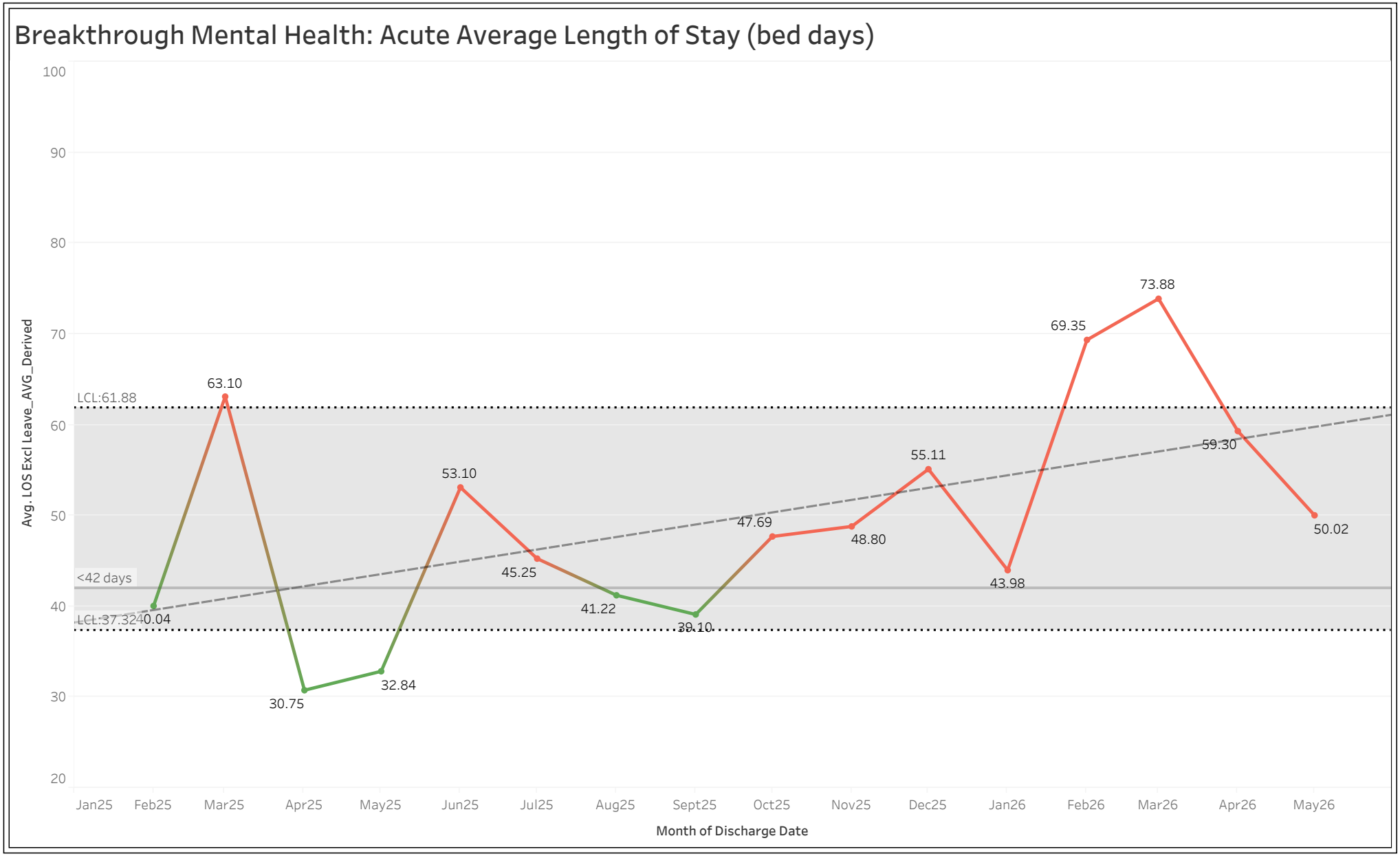
- A series of 6 or more data points above or below the target is statistically relevant. It indicates that something in process has changed.
- A trend: either rising or falling of more than 6 data points – we should investigate what has happened.
    - We should reset baseline following a run of 6 data points (either up or down).
- Follow the True North Performance business rules for other metric actions.

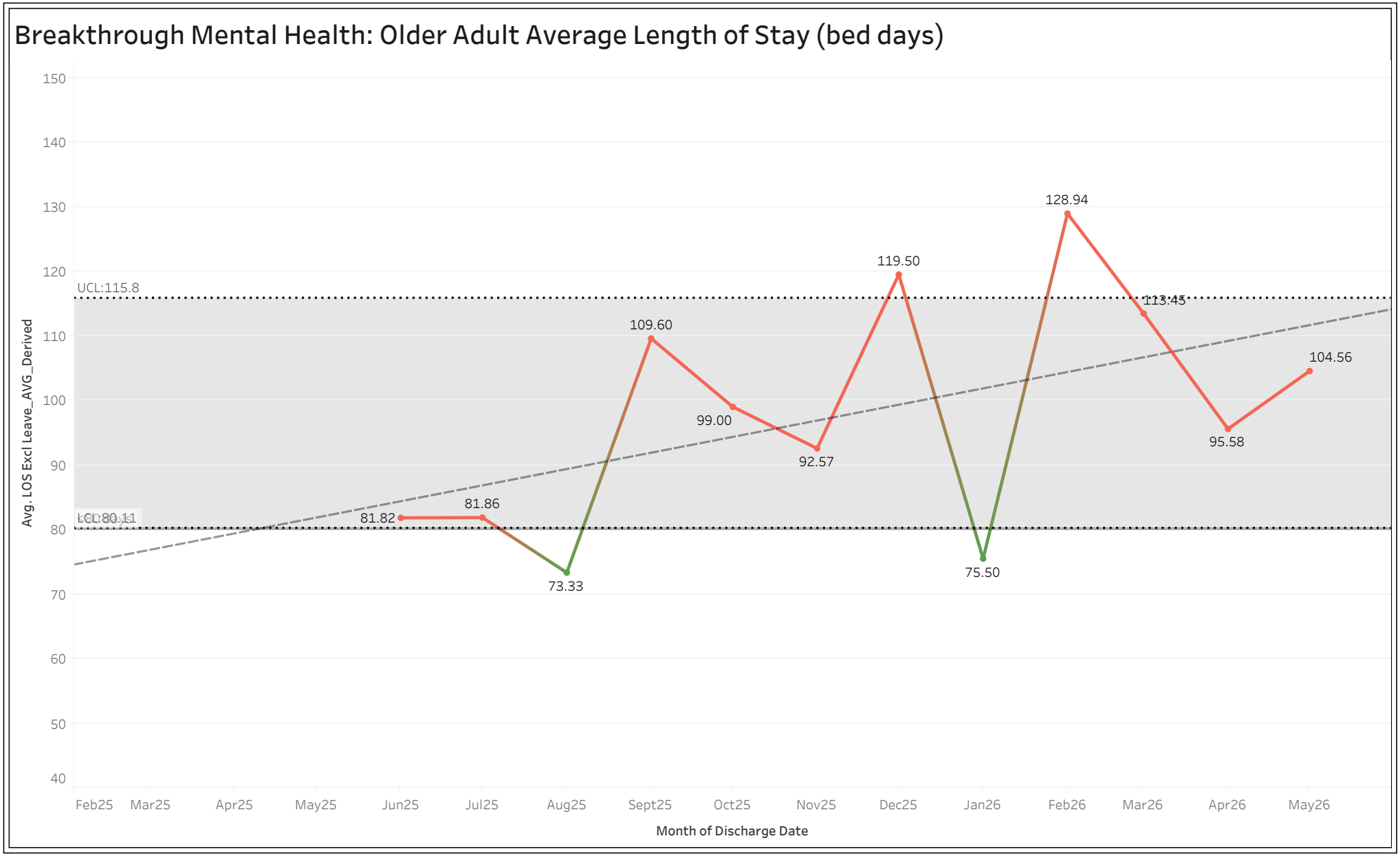
Performance Scorecard - True North Drivers

			Jun-25	Jul-25	Aug-25	Sept-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Breakthrough Rapid Tranquilization (Intra-Muscular)	39	Internal	43	33	88	46	49	49	56	49	10	15	23	30
			Good Patient Experience											
Positive Patient Experience Score %	95% compliance	External	94.79%	96%	95.03%	86.09%	80.90%	89.70%	94.69%	96.20%	96.5%	96.29%	96.29%	
Number of Children on community waiting lists over 52 weeks (Exclude Neurodiversity) (NOF Scoring)	0	External	94	123	99	91	93	103	75	72	82	58	61	86
Mental Health Services Waiting over 52 weeks- Children	0	External					7	3	7	7	7	4	8	3
			Jun25	Jul25	Aug25	Sept25	Oct25	Nov25	Dec25	Jan26	Feb26	Mar26	Apr26	May26
Breakthrough Mental Health: Acute Average Length of Stay (bed days)	<42 April 26	External	53.10	45.25	41.22	39.10	47.69	48.80	55.11	43.98	69.35	73.88	59.30	50.02
			Jun25	Jul25	Aug25	Sept25	Oct25	Nov25	Dec25	Jan26	Feb26	Mar26	Apr26	May26
Breakthrough Mental Health: Older Adult Average Length of Stay (bed days) (NOF Scoring)	<80	External	81.82	81.86	73.33	109.60	99.00	92.57	119.50	75.50	128.94	113.45	95.58	104.56

Breakthrough Rapid Tranquilization (Intra-Muscular)




Breakthrough Mental Health: Acute Average Length of Stay (bed days)
Avg. LOS Excl Leave_AVG_Derived
100
90
80
70
60
50
40
30
20
LCL:61.88
<42 days
LCL:37.324
63.10
30.75
32.84
53.10
45.25
41.22
39.10
47.69
48.80
55.11
43.98
69.35
73.88
59.30
50.02
0.04
Jan25
Feb25
Mar25
Apr25
May25
Jun25
Jul25
Aug25
Sept25
Oct25
Nov25
Dec25
Jan26
Feb26
Mar26
Apr26
May26
Month of Discharge Date


Breakthrough Mental Health: Older Adult Average Length of Stay (bed days)
Avg. LOS Excl Leave_AVG_Derived
150
140
130
120
110
100
90
80
70
60
50
40
UCL:115.8
LCL:80.11
81.82
81.86
73.33
109.60
99.00
92.57
119.50
75.50
128.94
113.45
95.58
104.56
Feb25
Mar25
Apr25
May25
Jun25
Jul25
Aug25
Sept25
Oct25
Nov25
Dec25
Jan26
Feb26
Mar26
Apr26
May26
Month of Discharge Date

Performance Scorecard - True North Drivers

Supporting Our People

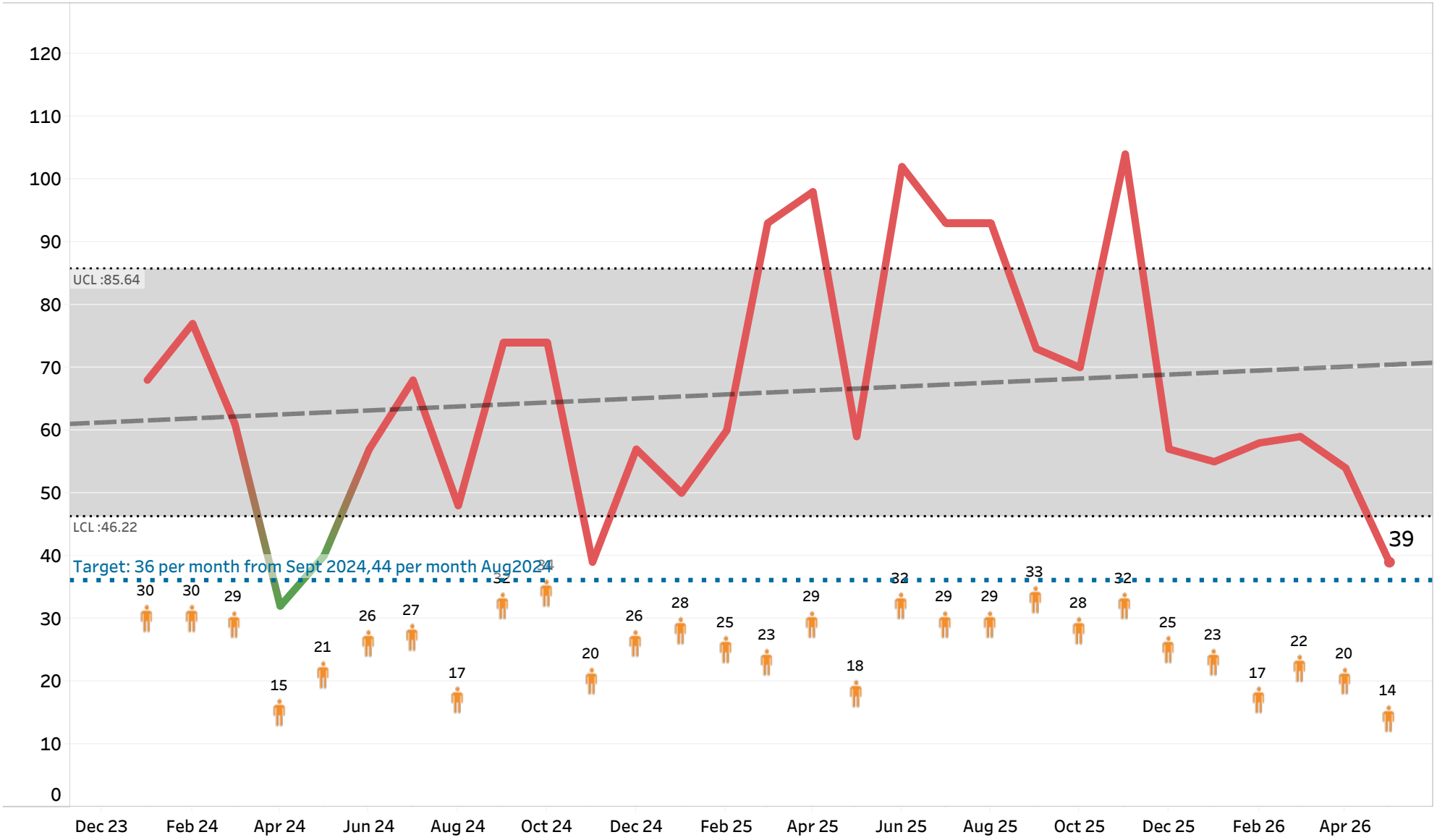
Metric	Target/Threshold	External/Inter..	Jun25	Jul25	Aug25	Sept25	Oct25	Nov25	Dec25	Jan26	Feb26	Mar26	Apr26	May26
Breakthrough Physical Assault on Staff	36 per month	Internal	102	93	93	73	70	104	57	55	58	59	54	39
Sickness Rate: % (NOF Scoring)	<3.5%	External	4.4%	4.5%	4.3%	4.6%	5.2%	5.1%	5.1%	5.1%	4.6%	4.3%	4.1%	

Efficient Use of Resources

			Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26
YTD variance from control total (£'k) (NOF Scoring)	0	External	0	0	0	0	0	0	0	0	0	0	0	0
Active Inappropriate OAPS at end of month (NOF Non Scoring)	New Target 26/27 : 0	External	0	0	0	0	3	4	6	8	1	1	0	4

Supporting Our People - Breakthrough Objective :Physical Assaults on Staff (Jan 24 to May 26)

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

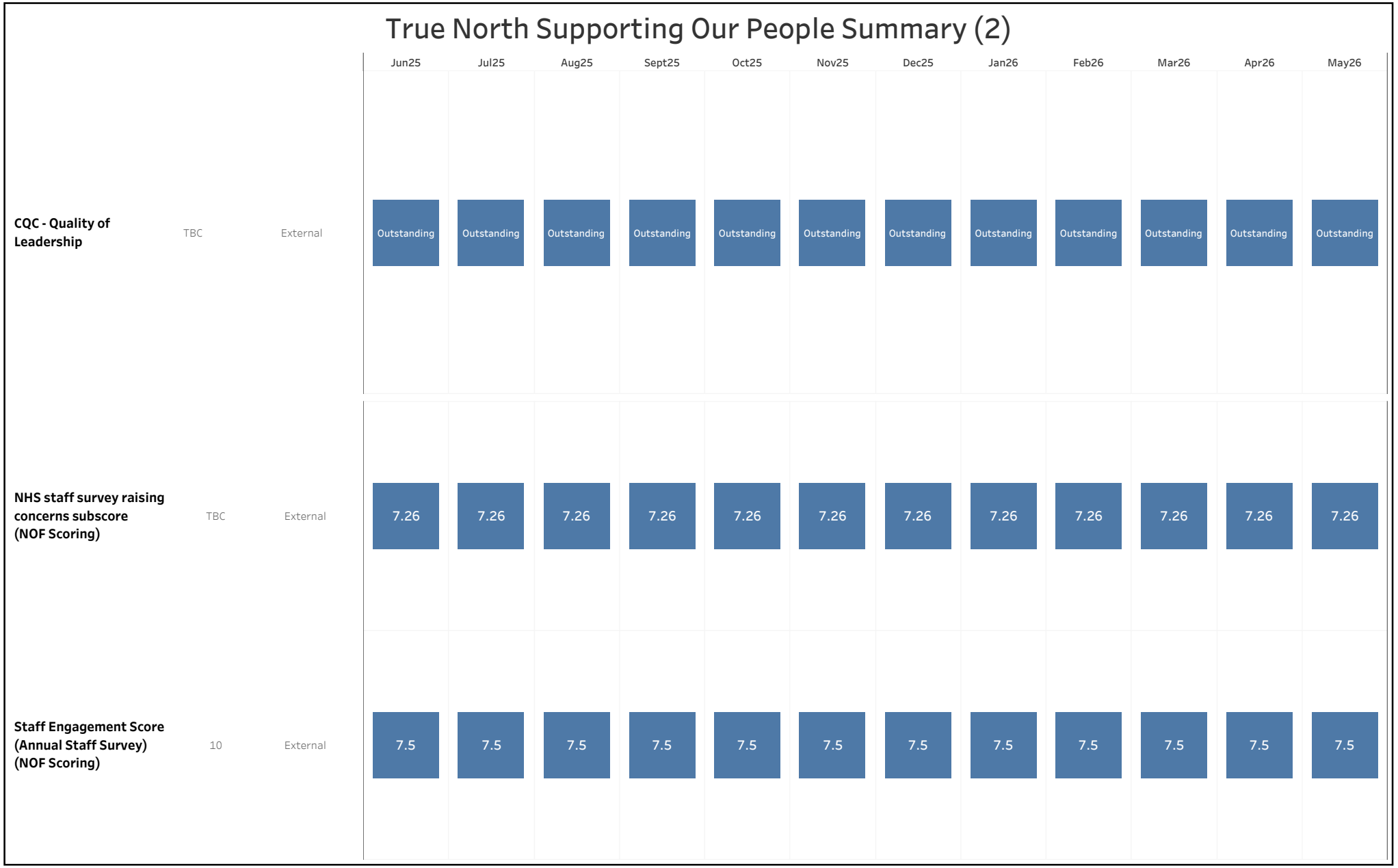


True North Supporting Our People Summary

Metric	Threshold / Target	External/Internal	Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26
Statutory Training: Fire: %	90% compliance	Internal	94.6%	93.4%	93.9%	93.2%	93.3%	93.9%	93.6%	93.5%	92.8%	93.2%	94.2%	95.1%
Statutory Training: Health & Safety: %	90% compliance	Internal	98.3%	98.3%	98.4%	98.3%	98.3%	98.3%	98.2%	98.4%	98.4%	98.2%	98.4%	98.6%
Statutory Training: Manual Handling: %	90% compliance	Internal	94.6%	94.5%	94.3%	94.2%	94.3%	94.0%	94.6%	94.8%	94.8%	95.2%	95.5%	95.2%
Mandatory Training: Information Governance: %	95% compliance	Internal	97.9%	98.0%	97.7%	97.6%	97.6%	97.5%	97.4%	96.9%	96.9%	97.2%	97.2%	97.2%

			Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26
Staff turnover (excluding fixed term posts)	10%	External	10.07%	10.02%	10.29%	10.35%	10.29%	10.28%	10.19%	10%	9.910%	10.05%	10.19%	10.22%
PDP (% of staff compliant) Appraisal: %	Target: 95% by end of May 2025	Internal	94.5%	95.0%									44%	91.0%

True North Supporting Our People Summary (2)



True North Good Patient Experience

			Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26
A&E: Maximum wait of four hours from arrival to admission/transfer /discharge: % (NOF Non Scoring)	95%	External	98.89	99.20	99.57	99.31	99.23	99.66	99.03	98.93	99.15	99.03	98.81	98.54
Community Health Services: 2 Hour Urgent Community Response % (NOF Scoring)	80%+	External	94.7%	92.2%	86.6%	92.9%	93.8%	93.9%	90.6%	86.5%	91.5%	93.0%	93.7%	97.8%
Number of Adults on community waiting lists over 52 weeks (NOF Scoring)	TBC	External	32	31	32	1	8	71	51	38	23	12	10	3
Attended Community Care Contacts	TBC	External	46,642	56,527	43,749	46,321	50,953	43,757	45,296	47,350	42,644	46,039	44,554	43,374
Patient Experience Compliance Rate %	10% compliance	External	8.69%	8.90%	8.40%	5.80%	8.79%	8.40%	10%	7.29%	7.90%	8.79%	6.60%	

			2025-06	2025-07	2025-08	2025-09	2025-10	2025-11	2025-12	2026-01	2026-02	2026-03	2026-04	2026-05
Percentage of Intermediate Care Beds occupied by people with no criteria to reside (NOF Scoring)	Tbc	External	43.4%	43.0%	44.7%	48.8%	49.5%	45.1%	47.7%	48.0%	47.9%	51.0%	45.7%	46.8%

			Jun-25	Jul-25	Aug-25	Sept-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Clinically Ready for Discharge by Wards MH (including OAPS)	250 bed days , 350 bed days Nov25	External	316	439	419	525	482	500	363	629	452	564	408	579

True North Good Patient Experience

			Jun25	Jul25	Aug25	Sept25	Oct25	Nov25	Dec25	Jan26	Feb26	Mar26	Apr26	May26
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%	98.8%	100%	100%	100%	100%	100%	100%	100%

			Jun25	Jul25	Aug25	Sept25	Oct25	Nov25	Dec25	Jan26	Feb26	Mar26	Apr26	May26
CPP - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): Number	TBC	External	90	82	82	77	86	93	107	102	94	100	99	115
Diabetes - RTT (Referral to treatment) waiting times - Community incomplete pathways (how many within 18 weeks): Number	TBC	External	49	65	64	59	59	63	93	91	68	85	70	65
New RTT pathways (clock starts) Children's Community Response	TBC	External	48	36	33	43	43	38	36	34	29	51	36	38
New RTT pathways (clock starts) Diabetes	TBC	External	55	41	38	38	48	53	55	58	70	53	58	46
RTT waiting list, of which children aged 18 years and under (WLMDS)	TBC	External	90	82	82	77	86	93	107	102	94	100	99	115
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 Good Patient Experience

			Jun25	Jul25	Aug25	Sept25	Oct25	Nov25	Dec25	Jan26	Feb26	Mar26	Apr26	May26
Percentage of patients admitted as an emergency within 30 days of discharge (Community Readmission) (NOF Scoring)	TBC	External	0%	0%	0%	0.63%	0%	0%	0.57%	0%	0%	0.62%	0%	0%
Percentage of Inpatients referred to stop smoking services (NOF Scoring)	TBC	External	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	41.1%
Percentage of people accessing mental health services with at least 2 contacts and a paired outcome score (all ages) (NOF Scoring)	TBC	External												
Percentage of acute mental health admissions with no contact with community mental health services in the previous year (NOF Scoring)	TBC	External												
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% seen	External	99.05	99.48	99.70	95.71	99.12	99.79	98.72	97.40	100	97.93	99.23	98.81
Fall incidents in Community & Older Adult Mental Health Inpatient Wards	26 Per month	Internal	23	24	17	21	23	21	26	25	15	20	24	20
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	Internal	87%	87.3%	91.3%	92.9%	92.5%	92.2%	92.1%	92.6%	93.8%	90.6%	77.5%	78.9%
Percentage of people with suspected autism awaiting contact for over 13 weeks (NOF Non Scoring)	TBC	External	93.52%	91.48%	92.56%	93.51%	95.16%	92.88%	92.57%	92.51%	92.71%	92.18%	91.29%	91.62%

True North Good Patient Experience

			Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26
Talking Therapies Reliable Improvement for those completing a course of treatment	69%	External	69.%	66%	67%	70%	62%	68%	67%	68%	69%	68%	70%	67%
Talking Therapies Reliable Recovery for those completing a course of treatment (NOF Scoring)	51%	External	50.3%	46.4%	48%	47%	46%	48%	46%	47%	47%	47%	48%	48%
Talking Theraphies Finished Course of Treatment	854	External	851	911	702	932	927	799	839	865	768	766	681	693

True North Good Patient Experience

			Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26
Access to Perinal services	960	External	1,128	1,128	1,139	1,163	1,177	1,163	1,168	1,188	1,217	1,229	1,241	1,238
Percentage of patients referred to crisis care teams to receive face to face contact within 24 hours (NOF Scoring)	TBC	External	70%	57.9%	57.9%	59%	65%	52%	54%	66%	64.4%	60.4%	65.7%	56.4%
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	90%	Internal	91%	92%	96%	94%	93%	91%	94.3%	92%	91%	93%	92%	89%
Mental Health: Prone (Face Down) Restraint	4 per month	Internal	1	1	1	3	1	2	3	1	0	1	7	2
Patient on Patient Assaults (MH Inpatients)	25 per month	Internal	24	32	23	18	4	13	12	24	11	26	18	29
Mental Health: Uses of Seclusion	13 in month	Internal	10	4	8	10	4	13	8	12	5	9	13	10
Rate of Restrictive Intervention Types per 1000 bed days (NOF Scoring)	TBC	External	155.19	62.89	111.83	72.31	69.98	110.89	69.25	59.48	20.65	27.3	53.65	51
Mean length of stay for adult acute and psychiatric intensive care unit patients (NOF Scoring)	40 days	External	41.31	52.88	54.73	49.23	42.87	44.64	50.31	48.47	56.73	66.66	71.57	61.52

True North Harm Free Care Summary

Metric	Threshold / Target	External/Internal	Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26
Mental Health: AWOLs on MHA Section	10 per month	Internal	6	5	7	8	4	2	2	6	3	9	10	7
Mental Health: Absconsions on MHA section (Excl: Failure to return)	8 per month	Internal	2	0	1	2	7	5	6	5	0	4	3	1
Readmission Rate with in 14 days (NOF Scoring)	0%	Null	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Mental Health 72 Hour Follow Up after Inpatient discharge (NOF Scoring)	80 %	External	94.1%	96.7%	95.1%	92.4%	100%	92.8%	94.3%	91.6%	97%	90.6%	94%	90%
Self-Harm incidents on Mental Health Inpatient Wards (excluding LD)	125 per month	Internal	83	91	109	210	193	235	259	226	267	150	159	86
Patient on Patient Assaults (LD)	4 per month	Null	0	1	0	1	3	5	0	2	3	0	1	0
Self-Harm Incidents within the Community	31 per month	Internal	25	24	8	15	16	16	19	15	29	13	19	25

Efficient Use of Resources

Metric	Proposed Targe..	External/Internal	Jun-25	Jul-25	Aug-25	Sept-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Community Inpatient Occupancy	95%	Internal	86.9%	84.8%	81.7%	88.9%	86.7%	86.7%	88.3%	90.0%	87.2%	90.5%	92%	90.1%
CHS Average delay(Exclude Zero delays)	TBC	External	6.2	5.8	6.5	5.8	6.1	7.2	6.5	5.8	5.8	6.7	6.2	6.5
CHS Percentage of patients discharged on discharge ready date	TBC	External	39.3%	39.3%	33.3%	26.1%	30.4%	37.3%	31.2%	29.3%	26.7%	28.0%	28.6%	29.5%
Mental Health: Adult Acute LOS over 60 days % of total discharges Age 64 and Under (NOF Scoring)	TBC	External	16%	17%	22%	21%	25%	24%	28.9%	28.1%	29.4%	30%	29.6%	21.3%
Mental Health: Older Adult Acute LOS over 90 days % of total discharges age 65+ (NOF Non Scoring)	TBC	External	56.0%	55.0%	48%	48%	52%	54%	56.0%	54%	61%	70%	47.3%	53.3%
DNA Rate: %	5% DNAs	Internal	5.16%	5.46%	5.16%	5.04%	5.05%	5.11%	4.99%	4.76%	4.73%	4.96%	4.79%	4.76%

			Jun-25	Jul-25	Aug-25	Sept-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Mental Health: Acute Occupancy rate (excluding Home Leave):%	85% Occupancy	Internal	96.6%	98.2%	97.7%	97.2%	96.5%	97.7%	97.7%	98.8%	98.6%	97.9%	97.5%	98.2%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): %	80% Occupancy	Internal	80.93%	87.92%	77.56%	82.54%	86.89%	91.34%	93.75%	97.34%	87.25%	82.15%	84.20%	84.29%
Virtual ward Occupancy	80%	External	81.4%	93.9%	85.0%	95.2%	87.7%	92%	89%	98%	93.4%	85.7%	82%	86.7%
Agency Spend within Ceiling	3.2%	External	1.5%	1.89%	1.60%	2%	1.89%	1.79%	1.89%	1.79%	1.5%	1.40%	1.2%	1.2%
Year to Date Corporate Cost Reduction	TBC	External	0	0	0	0	0	0	0	0	0	0	0	0
Planned Surplus/Deficit (NOF Scoring)	0	External	232	169	29	216	174	132	97	4	52	8	0	0
Relative Difference in Cost (NOF Scoring)	TBC	External												
Temporary staffing cost as a % of total pay bill (NOF Scoring)	2%	External											1.22%	1.2%
Percentage of clinical trials set up within 90 days	TBC	External											100%	100%

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 July 2026
Title	**People Programme Update**
	For noting and assurance
Reason for the Report going to the Trust Board	For assurance
Business Area	People Directorate
Author	Jane Nicholson
Relevant Strategic Objectives	This links into the following: **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	The national and trust priorities are explained in the highlight report

People Directorate Board Summary

January to May 2026

Overview

Between January and May 2026, the People Directorate continued to deliver a broad programme of work aligned to the Trust's ambition to be a great place to work for all our staff. During this period the teams were managing 66 projects ranging from one complex national project and one trust wide projects to smaller team led improvement projects. The national nursing Job Evaluation projects is working well with the support and collaboration of our unions. We launched one Trust-wide programme - the Casework Review Project, which is progressing to time and to plan with excellent support form operational and clinical colleagues. During this period, improving sickness absence, became a True North goal in line with the focus on NHS sickness absence via the National Oversight Framework. We are now working with our QI colleagues to develop this into a programme of work.

KPIs and Programme Delivery

The Directorate has now established a clearer KPI framework, with overarching People Directorate KPIs alongside specific KPIs for each team. These measures provide a stronger line of sight between Trust priorities, team delivery and the impact of improvement work. Progress is reviewed through the monthly People Directorate Programme Board, which provides oversight of KPI performance, monitors delivery against key projects and identifies any issues or dependencies that may be slowing progress so these can be addressed and unblocked.

Of the current programme portfolio, only five projects are rated amber and none are rated red. The amber projects include Oliver McGowan Training, where there was a delayed start while the system agreed the process; however, completion is now above the revised plan. Some Wellbeing Matters projects are also rated amber following the recent review of that team as part of efficiency work.

The Programme Board also operates a mini project prioritisation process, agreeing which projects can be progressed within the Directorate and which need to be escalated for Trust prioritisation, in line with Trust quality improvement principles.

Key Achievements Across the People Directorate

- Positive staff survey results, including encouraging progress in race equality measures, reflecting the impact of our sustained focus on inclusion, leadership and staff experience.
- The Talent Attraction team has proactively supported more medical recruitment and senior-level appointments, including the following processes

Trust Chair, DD Mental Health and NED roles, strengthening the Trust's ability support managers and leaders in vacancy management and assessment processes.

- Ongoing development of leadership and organisational development offers, including agreement to launch a refreshed compassionate leadership offer as essential training for all managers in the Trust, alongside talent pools, team development support and mediation services.
- Further improvements and refinements to our workforce dashboards and data visibility, including improved Tableau reporting, sickness absence insight and broader workforce information including Equal Pay and our WRES and WDES reporting.
- Continued delivery of anti-racism, inclusion and reasonable adjustment programmes, including progression of staff network development, accreditation activity and practical inclusion improvements.

Priority Focus Areas

National Job Evaluation Review

Good progress was made on the nursing Job Evaluation programme over the reporting period. In January and February, revised job descriptions for bands 5 and 6 were finalised and matching panels were underway, with half of the band 5 job descriptions matched by February. By March, all band 5 job descriptions had been matched to the new national profiles and consistency checked. In April and May, work moved into matching band 6 job descriptions, with completion expected by the end of May. The programme remained closely linked with our unions, system partners and nursing leadership. Communications to staff and managers were being prepared to support the next phase of rollout. Overall, this represents steady and substantive progress on a complex and high-profile programme, while recognising that consultation and implementation remain dependent on completion of the remaining matching work and national requirements for one-to-one engagement.

Casework Review

The Casework Review moved from scoping into active delivery during this period. The review aims to improve the fairness, consistency and experience of casework across the Trust, with a focus on reducing disproportionate involvement of ethnically diverse staff in disciplinary processes, strengthening manager capability, improving medical casework support and addressing process improvements identified through audit and the lived experience of our managers and staff involved in casework.

During this period, the steering group and four workstreams were established. By May, all workstreams had held their first meetings and had begun reporting back to the steering group, with A3 plans being developed to structure improvement activity.

Sickness Absence

Sickness absence has always been a Trust priority, but it has become even more significant now through its inclusion as a National Oversight Framework area of focus. Given this focus, the reduction of sickness absence has become a True North goal.

Although the Trust remains one of the strongest performers in its NHS comparator group, sickness absence still represents a major operational and financial challenge, with around £9m of lost staff availability and only around £2m backfilled. This creates pressure on colleagues and services and impacts on our productivity. We remain committed to supporting staff compassionately and helping people return to work safely, but there are still too many cases of long- and short-term unexplained absence.

In preparation for this coming programme of work, reporting developed further, with Tableau dashboards increasingly focused on live and rolling sickness absence data, improved roster visibility and comparative trend analysis. By May, initial work had begun to define the problem statement for the Sickness Review, signalling the start of a more structured improvement programme led by our QI team and focused on attendance, supporting wellbeing and safe return to work.

Next steps

Over the next period, our focus will be on completing the remaining Job Evaluation matching work and preparing for rollout, progressing Casework Review workstreams into defined improvement actions, and further maturing the Sickness Review with clearer analysis, ownership and improvement measures. Alongside this, the Directorate will continue to monitor delivery across its wider programme portfolio to ensure that strategic priorities, operational performance and staff experience remain aligned.

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People Progress Report

Update – June 2026

People Directorate Division

Team name: **People Directorate Division**

Team plan on a page 2026/27

Berkshire Healthcare NHS Foundation Trust

Our **mission** is to **maximise independence and quality of life**

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

Harm-free care

Providing safe services

1. We will use workforce forecasts to anticipate workforce supply and demand and support service transformation
2. We will train, develop and grow our people to deliver safe care
3. We will embed compassionate leadership to create a safe environment for patients, families, carers, and staff
4. We will equip staff with the right competencies and behaviours to give great care

Great patient experience

Improving outcomes

1. We will develop high performing teams who deliver a good patient experience, and support our diverse populations
2. We will support service transformation to achieve sustainable efficiencies
3. We will provide great patient care through essential skills compliance.

Supporting our people

A great place to work

1. We will nurture a culture of wellbeing, respect, compassion and inclusivity
2. We will act to reduce incidents of abuse of any kind
3. We will deliver our unity against racism actions, removing barriers to equity and improving diversity in leadership
4. We will ensure high quality appraisal and career conversations to support development and progression of staff, retaining skills and experience
5. We will improve the ability of our managers to resolve difficult staff issues fairly and compassionately

Efficient use of resources

A financially and environmentally sustainable organisation

1. We will work within our financial control totals
2. We will use quality improvement and digital transformation to improve our processes and deliver efficiencies for our people
3. We will reduce sickness absence improve staff experience, and service capacity for patient care.

With partners: **We will work with our health, social care** and **voluntary sector partners** to **develop proactive, integrated healthcare focused** on the **needs** of **patients, communities** and **populations we serve.**

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People Directorate Metrics Overview

Overview of KPIs

Berkshire Healthcare NHS Foundation Trust

Retention:

Turnover is reducing and benchmarks favourably.
Target : **90%**
April 2026 figure: **88.6%**.

Supporting Attendance:

Target: **4.1%**
Rolling 12 month sickness April 2026: **4.67%**

Recruitment:
Time to hire
Target: **less than 42 days**
April 2026: **29.5 days**

Casework: Closure times have improved but increasing volume remains a concern; leadership capability is a key lever.

Temporary staffing: Agency spend is within target and AfC price-cap breaches are zero; medical breaches remain a watchpoint.

Delivery risks: Priorities: essential skills, EDI/anti-racism, VPR and workforce planning.
Risks: Totara, Crocus suite and capacity.

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People Directorate Programme Update and Performance Report

Workforce Measures

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Our key trust workforce and People Directorate Division Driver measures:

	Target	April 2026 or latest metric	Outcome
Retention	**90%**	**88.6%**	**Only began measuring from Apr26**
Staff* Engagement	**7.5 or better**	**7.25***	**Q4 Pulse Results – declined from main staff survey**
Sickness Absence (rolling)	**4.1% (Y26/27)**	**4.67%**	**Ongoing until March 2027**
WRES **WDES**	**The disparity reducing and inequality of experience being removed.**		**Waiting for figures to be released**

We will also continue to monitor tracker metrics for turnover and monthly sickness absence

* Based on the Q4 (25/26) pulse survey results – these always report lower than main staff survey

People Directorate - Critical Programmes of Work

Berkshire Healthcare NHS Foundation Trust

Casework Review

Commenced February 2026

Four workstreams:

- PPH Inequalities
- Manager Support & Casework Capability
- Medical Leadership
- Casework Process & Employee Experience Improvement

Progress Update:
All four workstreams have A3s and are progressing with their objectives

Sickness (True North Goal)

Commenced May 2026

Progress Update:
Initial discussion to define the problem statement has taken place.

Job Evaluation Review (DHSC Mandated)

Commenced May 2025

Work will commence with nursing bands 4 to 8a.

Progress Update:
B5 complete, B6 matching underway.

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People Directorate Programme Update and Performance

HR Ops Team

Driver Metrics

By Team: HR Operations

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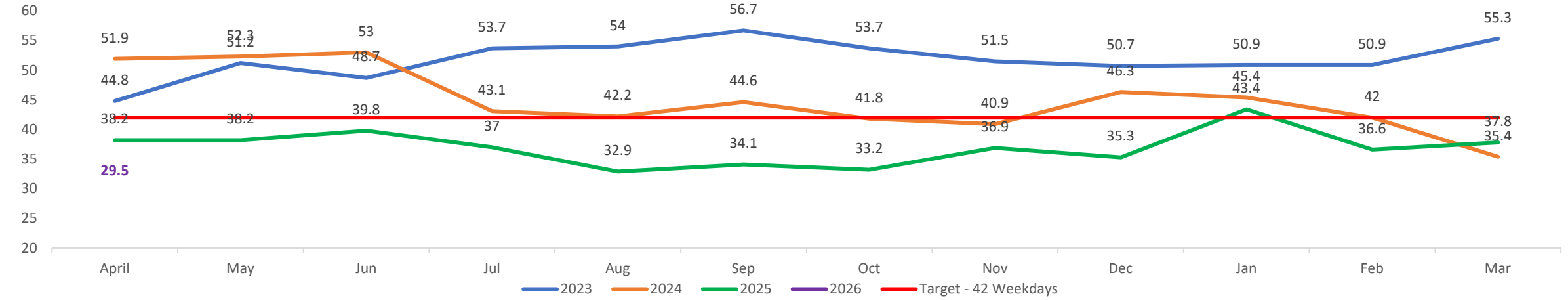
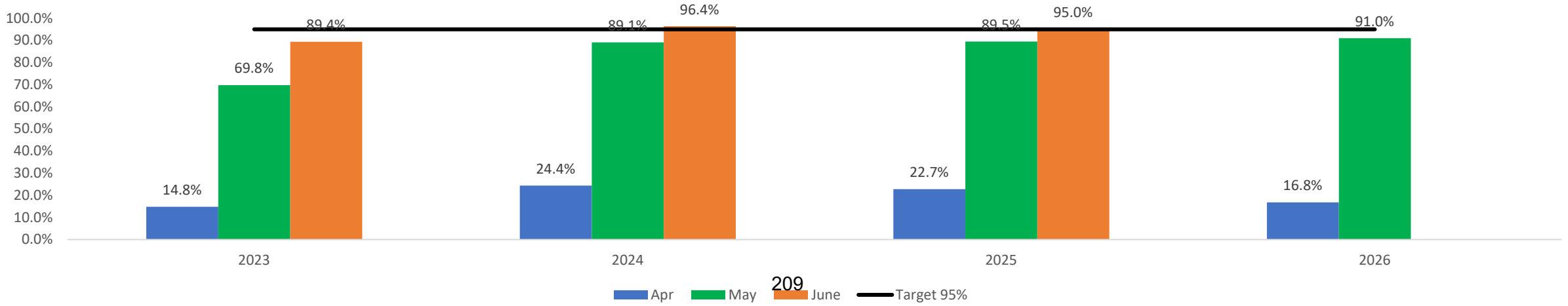
Time to hire: Live advert to employment checks complete - internal and external



Appraisal Compliance



Tracker Metrics

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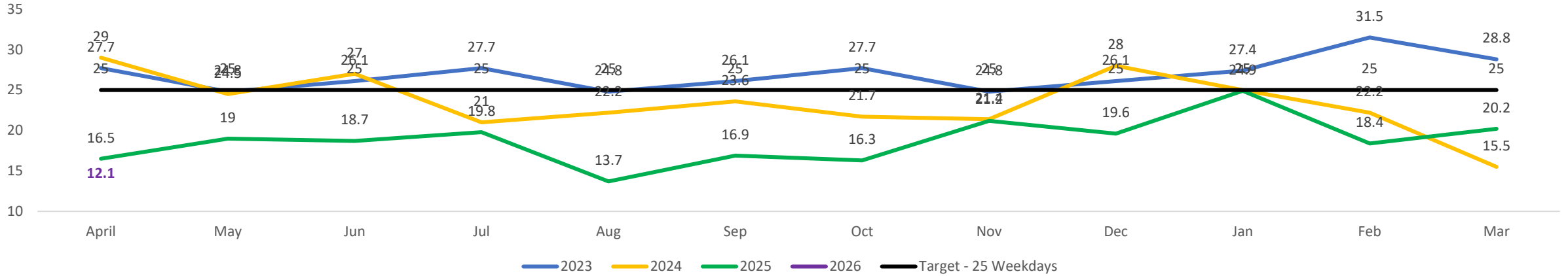
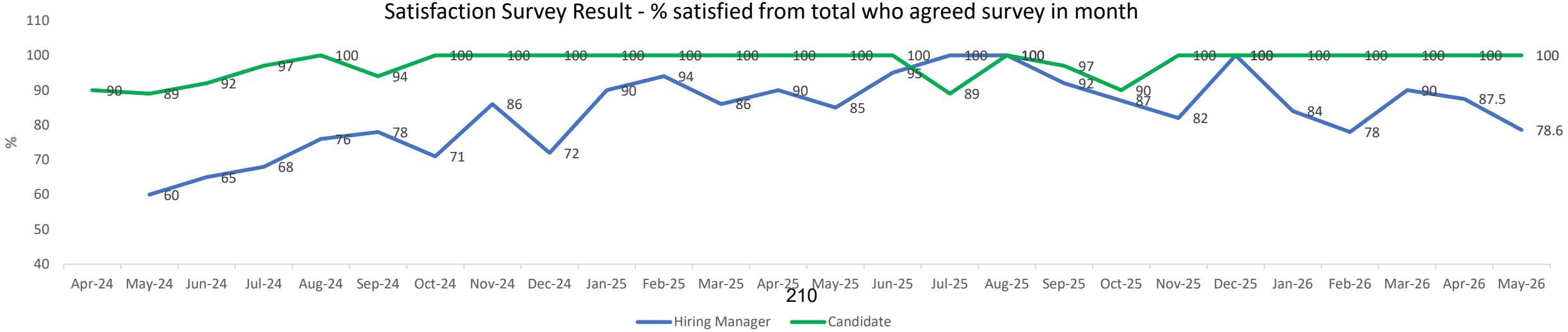
By Team: HR Operations - Recruitment

Employment checks (from provisional offer to all checks completed) - internal and external



Satisfaction Survey Result - % satisfied from total who agreed survey in month



Tracker Metrics

Efficient use of resources
A financially and environmentally sustainable organisation

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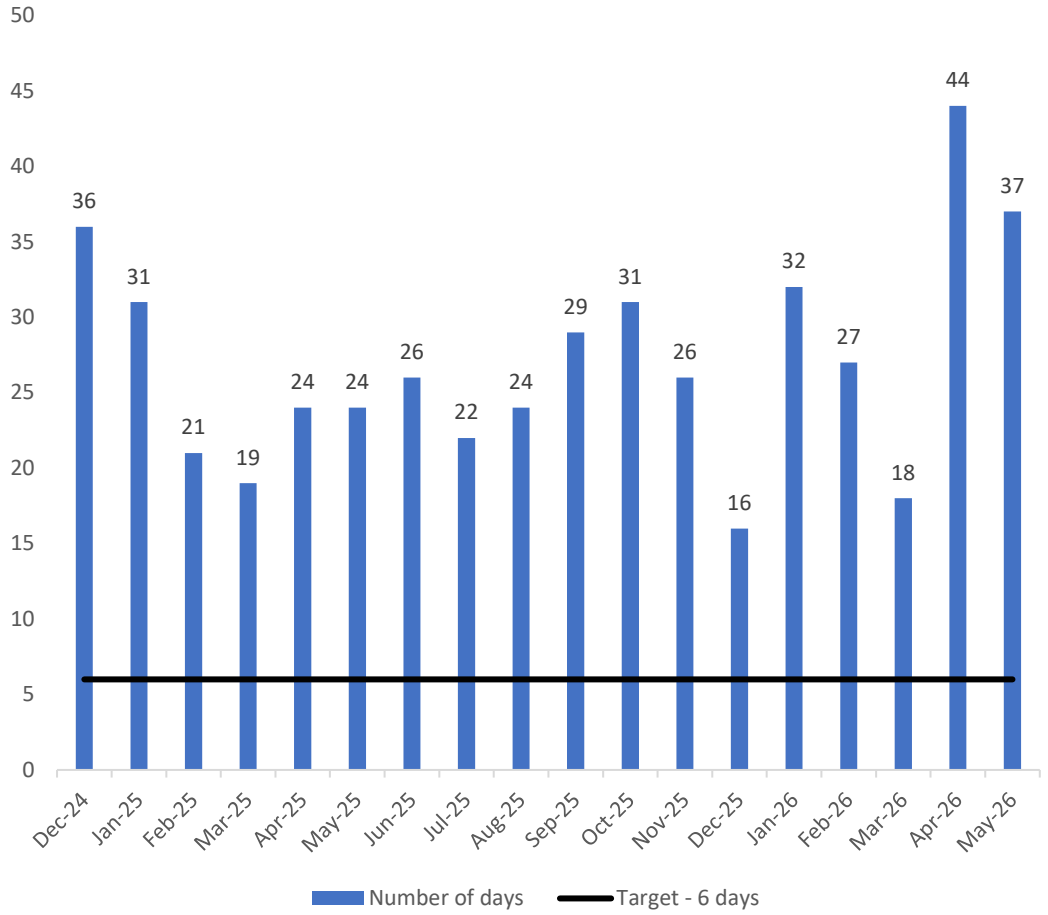
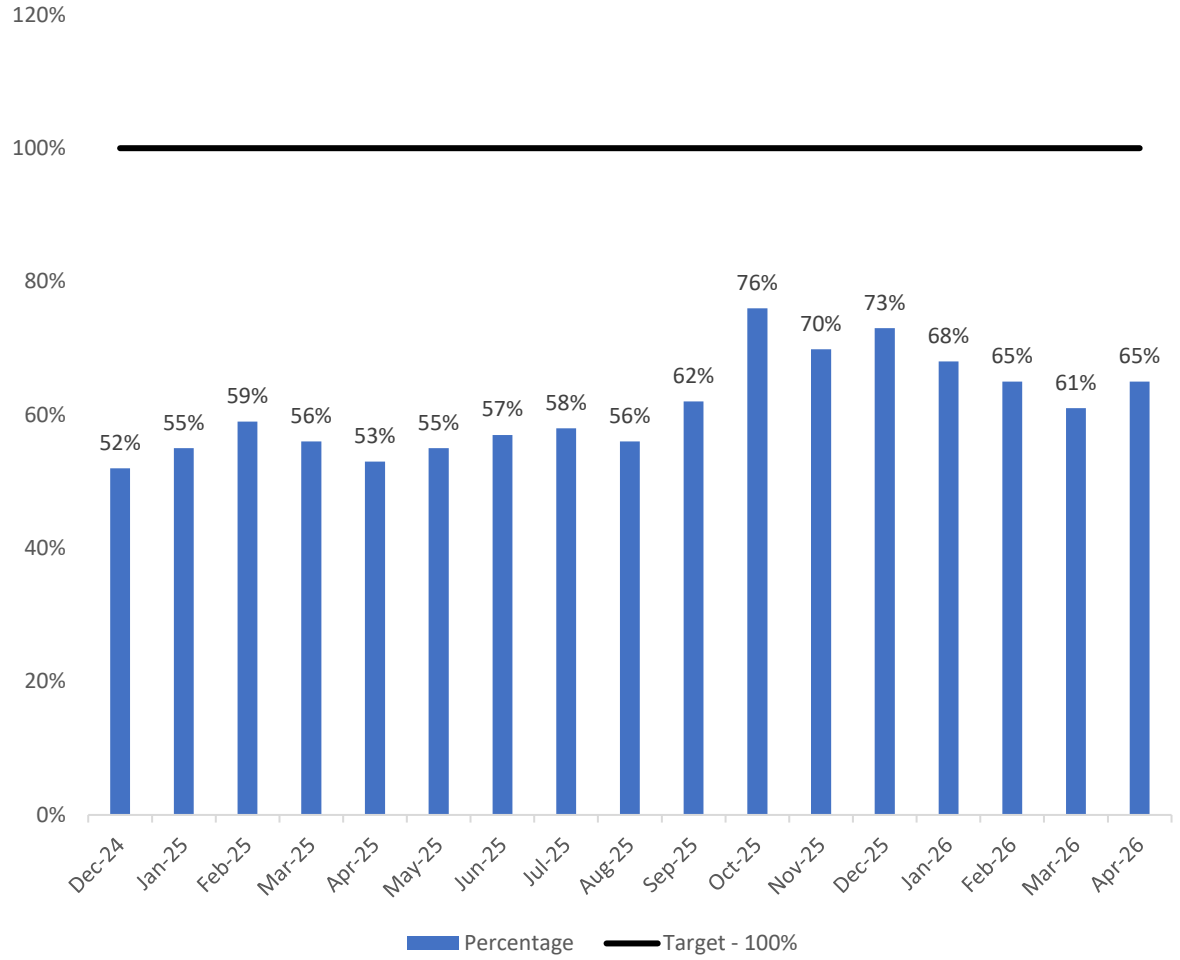
By Team: HR Operations – Supporting Attendance

No of days all mental health related absence referred to occupational health (target 6 days or less)



Percentage of Return to Work Conversations (Check in)



Casework Update

Berkshire Healthcare NHS Foundation Trust

Current live cases

- Disciplinary – 21
- Resolution – 18
- Capability (At hearing stage) – 5
- Performance improvement (At hearing stage) – 1

Live tribunal cases - 13

Expecting 3 additional cases, following ACAS early conciliation

This is our highest number of cases since before Covid.

Tracker Metrics

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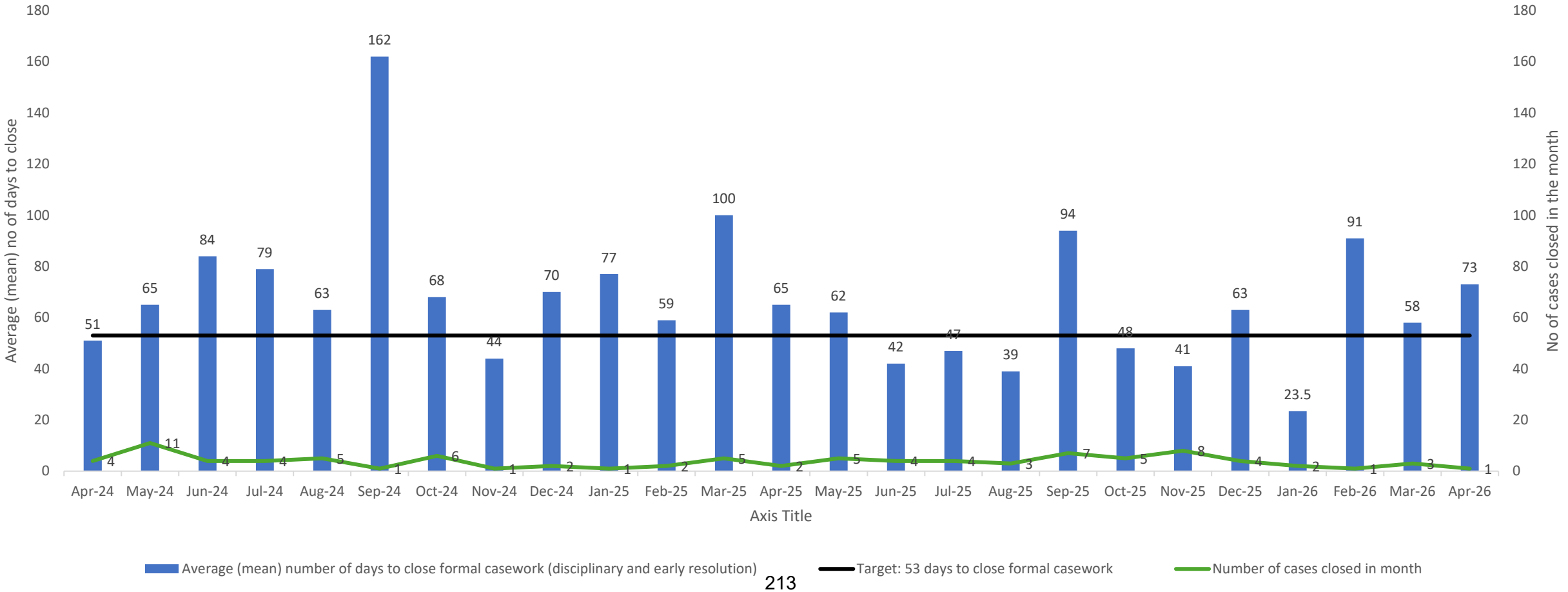
By Team: HR Operations – Casework

Average (mean) number of days to close formal casework (disciplinary and early resolution)/number of cases closed in month



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People Directorate Programme Update and Performance

Clinical Education

Driver Metrics

Harm-free care
Providing safe services

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By Team: Clinical Education

Essential Skills Compliance

- Following the implementation of the Essential Clinical Skills Training Matrix, low compliance has been identified across several essential clinical education courses.
- The organisational need therefore to centre on improving Clinical Education compliance, increasing the effectiveness of training resource utilisation, and ensuring that Essential skills training is both accessible, aligned with workforce need and uptake is improved.

Impact: Improved service efficiency, increased compliance with essential skills training requirements, and an enhanced patient experience through a more competent, confident, and appropriately trained workforce.

Outcome: CQC target of 90% compliance by 2027

Measure: Will commence from April 2026.

Tracker Metrics

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By Team: Clinical Education - Apprenticeships

26/27 Financial Year Spend

Annual Plan 26/27	£1,618,200
Allocated Spend	£1,542,588
Remaining	**£75,612**

Forecasted future spend based on current centrally-funded learners

FY	**26/27**	**27/28**	**28/29**	**29/30**
Budget	£1,618,200	£1,618,200	£1,618,200	£1,618,200
Spent	£1,542,588	£969,924	£395,439	£83,948
Remaining	**£75,612**	**£648,276**	**£1,222,761**	**£1,534,252**

Clinical Apprenticeship Centrally-Funded Starts since 25/26 vs. 26/27 planned starts

Programme	Starts 25/26	Predicted Starts 26/27	Total
Nursing Associate	6	2	8
Nurse Degree Full-Course	2	0	2
Nurse Degree Top-up	3	4	7
Nurse Degree PGDip	2	1	3
Physiotherapy	0	2	2
Occupational Therapy	1	3	4
Audiology	0	0	0
Podiatry	4	0	4
Dietetics	0	0	0
Speech & Language Therapy	0	0	0
Total	18	216 12	30

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People Directorate Programme Update and Performance

Leadership and OD

Driver Metrics

By Team: EDI

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Timeliness of Cases - Reasonable Adjustments (average days to implement)
This metric tracks the average time taken to implement reasonable adjustments, providing an indicator of overall process and system efficiency in delivering timely support to staff.
Impact: Staff receive reasonable adjustments promptly, minimising negative effects on their experience at work. The metric also supports early identification and reduction of delays that may impact staff experience.
Outcome: Faster implementation of reasonable adjustments (with an aim to meet the 30-day target), fewer delays, improved staff experience, and enhanced service delivery.

Metric will be tracked from April 2026

Efficient use of resources
A financially and environmentally sustainable organisation

Reclaims for access to work
This metric tracks the recovery of Access to Work funding, assessing the effectiveness of processes for reclaiming external funding associated with reasonable adjustments.
Impact: Maximised recovery of external funding through improved tracking and reconciliation processes, helping to evidence and reduce organisational costs associated with reasonable adjustments.
Outcome: Increased value of funds reclaimed, more timely submission of claims, and a reduction in outstanding or unreconciled claims.

Metric tracked from April 2026 with the first month showing a reclaim of £7,669

Driver Metrics

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By Team: Leadership & OD

Mandatory Compassionate Leadership Programme for Managers

- High casework volumes are being driven in part by managers' limited confidence and capability to model compassionate leadership and hold impactful conversations with team members..
- As a trust we want to develop management capability to conduct open/courageous conversations to ensure managers can navigate and implement day to day people management practices with compassion and promoting positive outcomes for staff and patients.

Impact: Reduction in case work and subsequent demand on HR services. More efficient use of management and HR/OD resource. Improved management capability in handling day to day people issues

Outcome: Continued increase in staff survey scores, managers reporting feeling supported and confident in leading open conversations with team members. Earlier resolution before they escalate into formal casework

Measure: Will commence from August 2026 with a target of 95% compliance.

Driver Metrics

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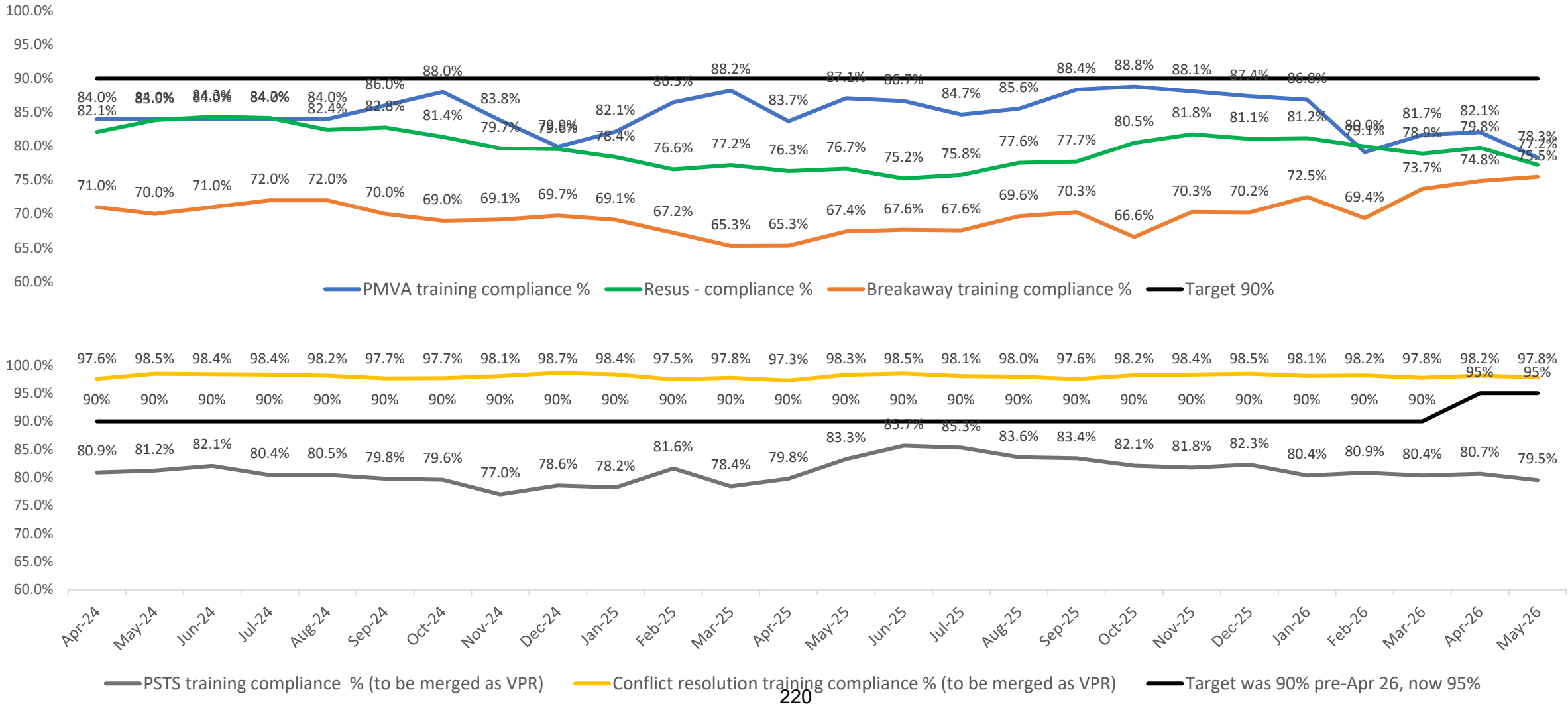
By Team: Violence Prevention & Reduction / Resus



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People Directorate Programme Update and Performance

Workforce Insights and Temporary Staffing

Driver Metrics

Efficient use of resources
A financially and environmentally sustainable organisation

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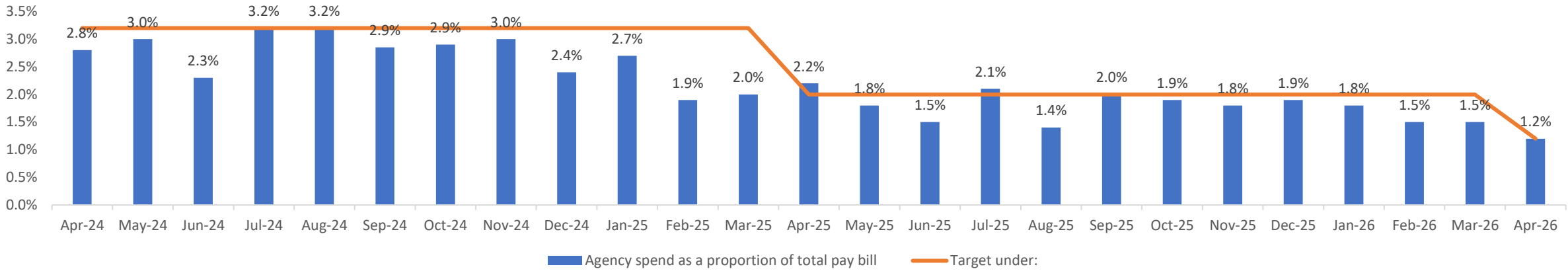
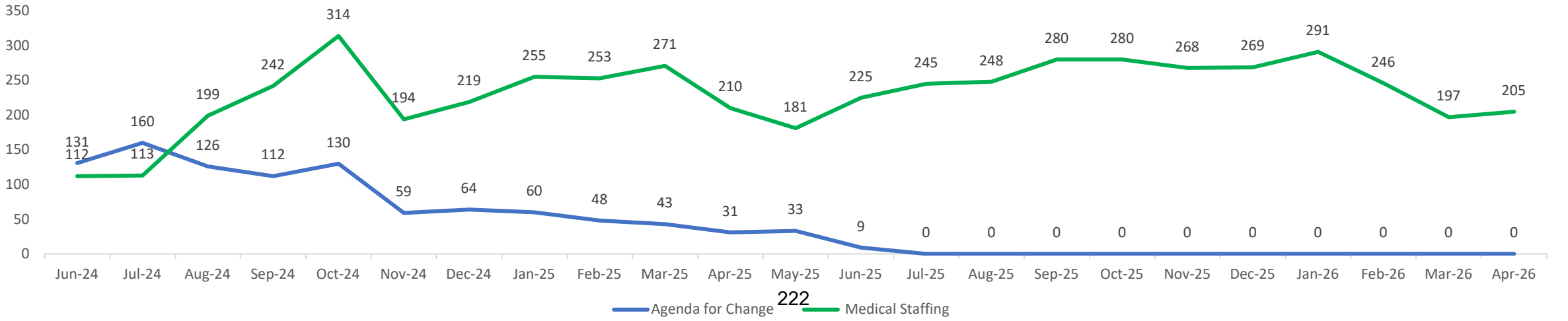
By Team: Workforce & Temporary Staffing

Agency spend as a proportion of total pay bill



Number of Price Cap Breaches

Target: 0



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Programmes and Project Updates – May 2026

Berkshire Healthcare – People Directorate – Important Programmes of work – May 2026

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

Which Strategies does this relate to?

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

Programme SRO

Jane Nicholson

Support from other Services

Violence Reduction – Wellbeing Matters
IMT – Digital Transformation
IG
Research

Priority Themes & Programme of Work

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

Key Areas of Focus & Programmes of Work	Update on Programme & RAG Rating	Measures
ATTRACT Workforce planning	Initial scoping discussions have been held with Bridget Gemal to establish the approach for workforce planning within Psychological Professions. Current activity has focused on clarifying scope, aligning on objectives, and identifying the key data inputs and analytical requirements to support modelling. Work is at an early stage, with further development planned to refine the methodology and progress into a more detailed planning phase. – May 26	Measured by planned productivity savings Performance against planned workforce WTE in business plan
RETAIN Anti racism	Restorative videos complete – working with Campion, Bluebell VPR and DSG to implement. Chasing hair kits/guides and menu changes for inpatients. Finalising multi-faith evaluation and closure report. Commencing food and nutrition project. Chasing CPD accreditation for theatre forum workshops. Recommenced GRTSB research with Bucks Uni. Race Equity actions with Sorrel underway. Draft report on Unity against racism strategy progress since 2023 in circulation for comment with EPG, DSG, Board, Slough CVS and ACRE. WRES report reviewed along with pay gap analysis.	WRES / WDES metrics agreed and improving year on year
DEVELOP Appraisal	**Appraisal – Compliance – 11/05/26 – 34.28%** .	
VPR	VPR Standard, Sexual Safety Charter, Domestic Abuse Charter – ongoing actions. VPR policy: now with PSG. NHSE Level 3 VPR course to be delivered to managers Trust wide, planned for June 26. TNA project plan to commenced to implement recommendations.	Refreshed strategy, new policy in place. Completed TNA and recommendations. Compliance of personal safety training.
Compassionate and inclusive leadership	Met with lead Clinical Psychologist to confirm programme content, trainer availability and proposed delivery schedule. Programme content continuing to be refined. In progress of liaising with venue ready to secure room hire facilities once dates confirmed. Marketing plan and booking process being developed.	Improved responses in the manager, and team scores of the staff survey
OMMT –	All confirmed courses added to LMS – specific areas being targetd to fill courses Taken opportunty to host additional Tier 2 sessions for ICB , 50% of these courses allocated over an above current allocation. Looking at sustainability from September Current compliance Tier 1 &2 24.09%	Deliver +95% course occupancy for all courses.

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

Crocus suite closed due to ongoing leaks and black mould – cost for replacing damaged equipment, mats and cost for external venues until issue sorted by ISS and alternative venue found.

Issues for the TBG/SPG/Board

Upcoming Activity

Loop roll out to AFC staff

Berkshire Healthcare – Learning & Development – Projects of work Update for May 2026

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	Project end date	Measures
IMPROVE **DNA**	DNA costings for 2025 published – Taken to Productivity and Efficiency Group Data to be available on Tableau	Ongoing	Average DNAs for 25/26 to be less than 640 per month. We will have DNA costs per course
Compliance	Identify top contributors for low compliance. Set up test with campion allowing admin to book staff directly and add to e-roster at same time compliance reports will be compared after bookings have been made / attended –. Extended test to HVs Reading and Crisis resolution	Ongoing	Increased compliance in targeted areas
TEAG – S&M discussion points - Updated	**Dysphagia** – Changes to provision shared with SLTs. Using current eLearning plus, word doc received from SME –guidelines set up on Nexus eLearning re alternate years face to face / eLearning This is BAU from end of April. **Closed**.	April 2026	Dysphagia updated content available from Dec25.
NHSE – Statutory & Mandatory review Staff Movement compliance. – Updated	Acceptance of RESUS level2 eLearning competency as part of the 'Staff movement' agreement CALS awarded for anyone completing level 2. Resus group has been set up by CM – Set up on IATS and CPUs inbound and outbound – **BAU from April**	April 26	To have all 'Staff movement' actions in place by 01/10/25. (competencies gained in other Trusts)
Review of training framework outcome metrics (formerly CSTF	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 . Awaiting NHSE outcomes	Awaiting NHSE outcomes	
Measurement of savings from 'Staff movement' project	Currently identifying best approach to measure the 'time' savings made through the acceptance of externally gained competencies. Report available on ESR on demand. **Closed**	April 2026	To report on time saved by acceptance of externally gained competencies. Monthly report BAU by 31/12/25
Supporting the VPR strategy	Audiences in progress awaiting confirmation	Ongoing	Implementation of audience changes in Nexus eLearning
Infection Control	Audiences built and will be implemented w/c 8th June.	June 2026	
Assessment of our training team's capacity to meet the workforce demand in 2025 (	Working group set up, first meeting held 17th Dec – plan for training new starters to meet our training requirements for level 2 resus – Face to face training will be alternated with eLearning , awaiting date and eLearning creation	TBD	Outcome from Resus Group mtg

RAG Rating

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

Risks & Mitigations

Totara contract ends in October which co-incides with mid year appraisals.

Budget constraints for any additional developments within the Nexus platform.

Team resources due to high workload/team absence – temporary solution found.

First Aid at Work – contract has now been extended to 1st Dec 26. Personal Safety team will be delivering this from Sept 26.

Budget Update

Q1: Saved £5,868
Q2:

Issues for the TBG/SPG/Board

Upcoming Activity

OMMT – sustainability going forward
Induction invites – automation
SMART week review

Berkshire Healthcare – Candidate Attraction – Projects of work Update for May 2026

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	Project end date	Measures
ATTRACT **Recruitment Improvement**	This month we have met our four key metrics. April figures were positive; however it is taking managers longer to shortlist recently, and DBS checks are still taking longer than we would like to be returned. The team have been trained and begun 'end to end' recruitment service so managers and candidates will have a dedicated point of contact. This is a learning curve for the team but generally going well so far.	Ongoing	Time to hire: Improvement to 2023/24 average figure of 64 days external to average 41.9 days and 37.7 days internal to 22 days internal.
ID Card Software	Current ID card software is unsupported. Finances secured to move this project forward. Currently working with our Procurement team on contractual details. DPIA currently being completed.	June 2026	
Candidate attraction and talent acquisition Anti racism	We continue to support managers with hard-to-fill vacancies. The team are supporting with a recruitment event for the IPS Service and some senior appointments, for example Head of Property and Consultant Clinical/Counselling Psychologist for Wellbeing Matters. We continue to try and support Medical Staffing in their attraction efforts too. We continue to monitor ethnicity of candidates for Band 8b and above roles. Data analysed to understand why ethnically diverse candidates are rejected at application stage – data shows 52% did not have relevant experience.	December 2026 Ongoing	Recruit to 100 hard to fill vacancies, prioritised through the recruitment plan. Anti racism target
DEVELOP **Talent Pool**	Talent pool – train, grow and utilise external talent pool. Talent Acquisition team are continuing to build links with new candidates. Recruitment principles developed to agree prioritisation of who we will offer any suitable roles to, approved at Workforce Steering Group.	May 2026	Recruit to 100 hard to fill vacancies, prioritised through the recruitment plan.
RETAIN **Final year placement students**	Recruitment Assessment Day held for Mental Health Nurses which was a success with 14 offers made. A wash up has also been held. Will look at how this could be applied to other nursing specialisms.	Ongoing	Maintain number of final year students placements converte d into substantive posts upon course completion at 30
Our People First	Decision made by SPG to continue with Our People First, as we have seen a steady increase of internal staff successfully securing jobs and manager feedback has been robust that they wish us to continue.		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	
Some but not all aspects delayed	
All on time and to plan	

Risks & Mitigations

Recruitment Admin resources – we have in the last month lost two experienced administrators, so will have a period of recruitment and staff in training.

Issues with Powerapp – having to follow manual processes. Urgently raised with IA team to resolve. Work underway to resolve this.

Budget Update

Issues for the TBG/SPG/Board

Upcoming Activity

Berkshire Healthcare –Clinical Education Team Critical Projects – Update for May 2026

Which Strategy does this relate to?

Trust Strategy outline to 2025. People & Culture Strategy

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

Programme SRO

Pearly Thomas

Support from other Services

DoN and Professional leads
EDI team, tableau team
Training compliance team

Next Steps

Priority Themes & Projects of Work. New projects of work can only be added if an existing project is complete

Key Area of Focus & Projects Title	Update on Project & RAG Rating	Project end date	Measure
ATTRACT **Workforce Pipeline (placements, T-level, School visits)**	• **BH-CARES:** Coaching model aims to improve placement capacity by 50% in selected learning environment. Coaching training is underway for educators, supervisors, assessors and students Placements starts on 15 June. • **WP: School visits update:** Two visits agreed; one completed.	September 2026	Placement capacity will increase by 50% in the selected learning environment
DEVELOP **Training , skills / CPD**	• **Apprenticeship 3–5-year training plan**: Joint project between AWP, finance and workforce teams. A working group meeting is booked on 02/06/2026 to agree on objectives and timeline.	December 2026	Apprenticeship funding is planned , prioritised and fully utilised
Time & Motion Study – PPH	• Alka supported data collection which is now completed, no further action needed.	Completed	
RETAIN **Good learner and stakeholder experience**	• **NETS** and BHFT learner survey results shows positive learner experience and SLEC domains. Will be presented at TEAG. • **CPD data dashboard** shows improved equity of access to programmes. Shared with CPD panel members and DSG. • CPD survey is currently open , results due in October 2026	May –July 2026 Completed October 2026	Survey result will show positive learner experience
IMPROVE **Service improvement**	• **CPD process automation::** To develop automations to improve CPD process. Due to complete July 2026. Work is progressing jointly with Totara • **ASCENT:** Aims to improve essential skills compliance by 30% /year for a selected list of courses each year. Stakeholder engagement in progress. • **Training resource efficiency project** : Aim to improve the efficiency of training delivery and use of training resources to meet training demand and compliance requirements.	March 2027 February 2027 December 2027	End of project reports

RAG Rating

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

Risks & Mitigations

Vacancies, career break and secondments may delay some of the projects deadlines (ASCEND, AWP project plan)
Increased response time by Totara after the merge may delay our automation project

Budget Update

New restrictions for CPD requests from NHSE capped at £1000 pp in a financial year.

Issues for the Trust Board/ SPG

Upcoming Activity

Berkshire Healthcare – Workforce & Temporary Staffing – Projects of work Update for May 2026

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

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	Project end date	Measures
ATTRACT Temp staffing fill and pipeline	• AfC Bank fill was c94% in April • c 5fte being filled by agency AfC staff.	Ongoing	Bank fill %
	• Successful CSWD interviews – full attendance and 20 offered. Training scheduled for early June.	Ongoing	
IMPROVE New solution readiness	• Awaiting pre-readiness activities for Future Workforce Solution from national ESR Team. Wave announcement not likely until Q3/4. Readiness assessment survey due in June. • Portlet review – employee portlet now includes socio economic questions and "My Employment" download • ESR data audits – corrections required. ESR Team leading on the checking, communications and changes – some remain outstanding confirmations and are being followed up.	May 2026	
Using our data	• Real time data is now accessible to our Data Warehouse Team and visualisations into Tableau have started, focussing on 12 month unavailability including sickness to support trend analysis and operational grip • Build for some of the missing IMT rosters has been completed and they are now live – review required to check on use before further licences are allocated • Review of People Dashboard in progress – once changes have been made, it will be relaunched. Revised mock up currently being compiled. • Insights Manager leading on pay gap reporting (completed) and WRES/WDES • Insight Manager preparing planning activity with psychological therapies, kick off meeting with Informatics and Psychological Workforce Lead in June	Ongoing May 2026 Trust Board	Fit for purpose Tableau dashboards
NHSP	• Persistent KPI failure on local team ticket closures and time to hire (TTH is not linked to service credits) • NHSP operating model is embedding and there has been some activity to improve the position of the staffing gaps but a couple of key gaps remain. • Improvement plans for PMVA compliance, pipeline management and nursery recruitment are in progress	Ongoing	KPI/SLA achievement
Agency	• All AfC rates for framework supply are below SE ceiling set • No AfC price cap breaches in place and off framework breaches remain isolated to nurseries. • New AfC caps released however requested changes are being declined • Long term agency workers all have exit plans in place.	Ongoing	Compliance against ratecard
National targets	• 1.2% of the total pay bill was spent on agency staffing • Finance data indicates we met bank spend reduction targets (>10%) and the agency reduction targets (>30%) in M1.	Ongoing	Reduction %'s

RAG Rating

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

Risks & Mitigations

Challenges reported for some substantive staff registering with the bank – raised with NHSP. Registration is happening but intervention/escalation can be required. Regular reporting in place to support.

Budget Update

Within control totals

Issues for the TBG/SPG/Board

Upcoming Activity

Berkshire Healthcare – EDI – Projects of work Update for May 2026

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

Which Strategies does this relate to?

CIE Framework

Equality & Diversity Policy

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	Project end date	Measures
IMPROVE **ANTIRACISM** Restorative Justice Videos	Videos signed off and guide drafted. Bluebell reviewing and waiting feedback from Campion on next steps. Scheduled for VPR and DSG discussion to inform good implementation.	Nov 2026	Project implemented
CommUNITY forum projects	**Hair kits and resources:** Chasing supplier to deliver kits and share final guide to roll out distribution **Multifaith Project:** Progress made on closure report **Food and nutrition:** Literature and data stage progressing **Annual Event:** Venue booked. Plans tbc	Sept 26 Sept 26 Nov 26 Dec 26	Feedback loop with commUNITY
Theatre Forum Workshop	Chasing CPD accreditation with CPD supplier	Sept 26	Training launched
Race Equity Audit actions	Meeting with Sorrel to discuss support needed to implement recommendations from Black Thrive	Sept/Nov 26	Actions delivered
GTRSB Research Health Framework	First meeting convened – to officially begin project once BNU resources established and money transfered	July 27	Project implemented
Black History Month Programme	Programme planning due in July/August. Theme: 'Honouring Our Communities'.	Dec 26	Improved engagement numbers
DISABILITY INCLUSION AIS	Grab bag distribution plan progressing to release increased AIS tools out to services. Easy read process being discussed with comms, patient experience and LD. Photosymbols secured and tested on some patient information requests.	Mar 27	TBC
Reasonable Adjustment A3	**Innovation**: RA Nexus page ready for soft launch. Finalising up to date supportive guides and flowcharts. **Metrics/Scorecard:** Performance is on track overall, meeting timeliness targets and securing £16.8k in AtW reclaims.	Nov 26	Improvements delivered reclaim rate improved
PRIDE INCLUSION Trans and Non-Binary A3	**Pride Month 2026:** Programme includes Pop Ups at all inpatient locations, Ace, Aro and Black (Clinical scenario) session, Stonewall update with Pride Network, and Radio Pride. **Nexus Prescence**: LGBTQIA+ inclusion and ID Page now live. **Pride Network**: Chair and Deputy elections due in July. **TNB guide:** Guide going through DSG/Governance/CYPF for safeguarding checks – Launch May 26. **GP referral:** Project coming to an end. Reporting on Preferred name/Pronouns patient declaration within RiO up by …	July 26	Footprint and impact of project shared
Pride	**Reading Pride**: Obtained 2nd partner in FPH, meetings approaching. Chasing invoice. 5th September. **Bracknell Pride:** Stall and Healthbus confirmed for 18 July. Confirming Services and Bios for BFC Site and Programme.	Oct 26	Sustained engagement
DEVELOP **ALL** Stat and Man training changes	**Staff networks:** Equality staff networks elections – July 2026 **General education:** Collaborating with L&D, to push forward Nexus eLearning sub-categorisation of all EDI Sessions, videos, and education by the End of June 2026. **Stat and Man:** Refreshed eLfh content released. Gap analysis carried out. In house Module foundation created. Finalising additional bespoke content, to incl. HI contribution. Next T+E committee due in June '26	Sept 26	New offer created and live
EDS2	On hold	Mar 27	Report complete
Income generation	On hold	Mar 27	Plan in place

RAG Rating

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

Risks & Mitigations

- Vacancy in admin, awaiting onboarding
- Persistent cases over 60 days

Budget Update

DWP reclaims being tracked with Finance

Issues for the TBG/SPG/Board

Anti-Racism strategy update paper

Upcoming Activity

- Windrush Film and art (May/June)
- Restorative practice video CPD package and video planning
- Staff Network elections
- Pride month activities
- GTRSB steering group
- Medics anti-racism session

Berkshire Healthcare – Wellbeing Matters and Ergonomics – Projects of work Update for May 2026

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

Which Strategies does this relate to?

Trust Strategy outline to 2025

People & Culture Strategy

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

Programme SRO

Ash Ellis

Support from other Services

HR,
Communications,
Subject Matter Experts,
L&OD,
IM&T
L&D

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	Project end date	Measures
RETAIN **WBM – SSPI offer**	We will focus on improving visibility of SSPI offer to increase referrals for this work from under-represented teams - including use of MSN, Wellbeing at Work, and EKM sessions to promote	April 2027	Uptake / usage
IMPROVE **WBM – Reflective practice groups/ SPACE review**	We will lead a review of SPACE group intervention, to consider options for long-term future of reflective practice groups in Berkshire Healthcare. To present at next safety culture group.	April 2027	Delivery of actions identified by the review
WBM – admin processes	We will explore how we could use technology and digital transformation to optimise administrative processes.	April 2027	Efficiencies / productivity
Ergonomics –DSE process	Too many referrals, long delays. Need better screening process. Document produced with need to be automated, to take to automation team for support.	December 2026	Reduction in referrals / DSE Assessments
DEVELOP **WBM – Compassionate Mind Training**	Continuing training for the team and roll out. Starting to think about adaptations once certifications gained. Theoretical understanding, but hands on compassion habits. (reducing 10 sessions into 6) Team 6 session model in progress with DL. 1 day model for individuals to follow.	April 2027	Delivery of training as BAU
WBM – Wellbeing Conversation Training	Working on an internal version of REACT to hopefully launch in 2026 due to licensing requirements with REACT. Now launched HEARTS, had 3 sessions – needs some tweaking with feedback	April 2027	Training embedded

RAG Rating

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

Risks & Mitigations

WBM lead role recruitment – appointment made

Workload of team – still carrying staff benefits admin, picking up comms role etc

All WBM actions are somewhat paused until the new Lead begins..

Budget Update

Issues for the TBG/SPG/Board

Upcoming Activity

Recruitment of lead role

Berkshire Healthcare – Leadership & OD – Projects of work Update for May 2026

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	Project end date	Measures
DEVELOP Implementation of mandated compassionate leadership programme for managers	Meeting with Dr Deborah Lee to confirm availability and proposed programme delivery timescales. Work progressing to confirm session content and liaising with HR team to ensure example case studies reflect and align with organisational need. Programme delivery dates to be finalised this month along with necessary venue confirmation. Coms plan starting to be developed. On course to deliver initial 1 day programme in mid-late July and then regular monthly delivery from September for 16months . Prioritisation ticket submitted this month for this project.	1st Sept (BAU from 1st Sept)	Training compliance of new managers within the last 2 years Staff survey line management/compassionate leadership scores
Talent Management	Talent pool CPD sessions delivered this month. Talent pool members are being prioritised to access operational management programme delivered by KPMG. Programme information and additional marketing information/booking instructions to be socialised once delivery dates confirmed later this month. Further learning resources added to talent pools this month. Continuing to develop a proposed approach to model talent board panels and succession planning practices in less resource heavy and time efficient manner.	Ongoing	Retention figures. +changes to our WRES, WDES, Pay gaps. Access to CPD data.
Development of internal 360 feedback tool	Initial planning meeting taking place to outline project milestones and begin development of an implementation plan. Meeting with external provider already commissioned to build 360 tool to set expectation and align with project implementation design. Continuing to research functionality of other 360 tools and how BHFT leadership competencies can be embedded.	Dec 2026	Reduction in conflict cases / FTSU staff survey line management
NHSE Operational Management Programme	Met with NHSE (commissioner) and KPMG (delivery partner) to discuss action plan to offer 4x 1 day face to face workshops to operational leaders at BHFT in 2026. Awaiting confirmation of KPMG facilitator availability for proposed delivery dates before advertising. 4 dates have been provisionally confirmed with external venue. Expectation is for marketing materials to be sent to talent pool member operation leaders in the next 2 weeks. First programme planned for late July.	Dec 2026	Staff survey team score
IMPROVE Team Development	Referrals and requests for team development support continuing to be recorded. Proposed team development strategy being drafted to outline organisational approach to supporting teams in need and will be shared to team development forum stakeholders for feedback. Data analysis undertaken to identifying highest and lowest performing teams. Proposed next steps to be discussed at upcoming team development forum monthly meeting.	Ongoing	Reduction in conflict cases / FTSU

RAG Rating

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

Risks & Mitigations

Reduced capacity in the team whilst process and timescales confirmed regarding recruitment of new OD Practitioner. Work continuing to progress this.

Budget Update

Ongoing review of Leadership requests for funding through TNA process.

Exploring opportunities for income generation

Issues for the TBG/SPG/Board

Updating SPG on NHSE operational management programme and how we are utilising talent pool members

Upcoming Activity

Talent pool engagement
Compassionate leadership implementation plan
Operational management programme implementation plan
Team development offer refinement
OD team resourcing

Berkshire Healthcare – Violence Reduction & Prevention, Resuscitation – Projects of work Update for May 2026

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

Which Strategies does this relate to?

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

Programme SRO

Ash Ellis

Support from other Services

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

Priority Themes & Projects of Work
New projects of work can only be added if an existing project is complete

Key Area of Focus & Projects Title	Update on Project & RAG Rating	Project end date	Measures
DEVELOP **Violence Prevention Reduction**	VPR Standard - ongoing actions. VPR Strategy now finalised and available on Nexus. VPR policy being reviewed at May SPG. Next VPR course for managers planned for June.	VPR policy – June 2026	Progress against the VPR standard VPR Strategy and Policy Managers trained in VPR course
Sexual Safety	Sexual Safety Charter – ongoing actions. Learning on SS being monitored. Chaperone policy finalised.		Progress against the charter
Bullying	Bullying and Harassment action plan developed with actions commenced. Survey results to present and share. Casework review developing training for HR & IO's		
Personal Safety (PS) and Resus (R) Training	R: CALS and CPALS review – Merging these 2 courses and creation of new annual e-learning to reduce face to face training to 2-yearly – project underway.	June 2026	Creation of Resus e-learning
	PS: Training for IOs on PMVA to support investigations	July 26	Training delivered to IOs
Training Needs Analysis (TNA)	PS: Trust-wide TNA and Workforce Risk Ax – Implement target groups and monitor compliance. To inform improving processes with L&D/HR including the link with job adverts, job descriptions, OH and any exemptions. TNA includes introducing clinical holding training and policy development – now underway. Project plan in progress to commenced to implement the 14 recommendations. This includes review of PMVA and SCIP for Campion.	Oct 2026	Completion of TNA and risk assessments. Training compliance of all personal safety training.
Clinical Development	PS: FAAW training can be rolled out from Sept onwards.	Sept 2026	Creation of course Delivering FAAW.
	PS: 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.		Advertisement of courses externally.

RAG Rating

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

Risks & Mitigations

Crocus suite closed due to ongoing leaks and black mould – cost for replacing damaged equipment, mats and cost for external venues until issue sorted by ISS and alternative venue found. Some courses have been cancelled that cannot be easily moved due to equipment needed for PMVA.

Budget Update

Continuing to income generate.

Risk highlighted above will incur significant costs. Aim to claim back from ISS.

Issues for the TBG/SPG/Board

TNA recommendations to be implemented.
VPR policy to be finalised.
Personal Safety Team will be delivering First Aid at Work from Sept 26 (2 booked on train the trainer in Aug)

Upcoming Activity

Project plan to implement TNA recommendations.
Finding alternative venue for Personal safety training.
VPR Management course commencing June 26

NHS
Berkshire Healthcare
NHS Foundation Trust

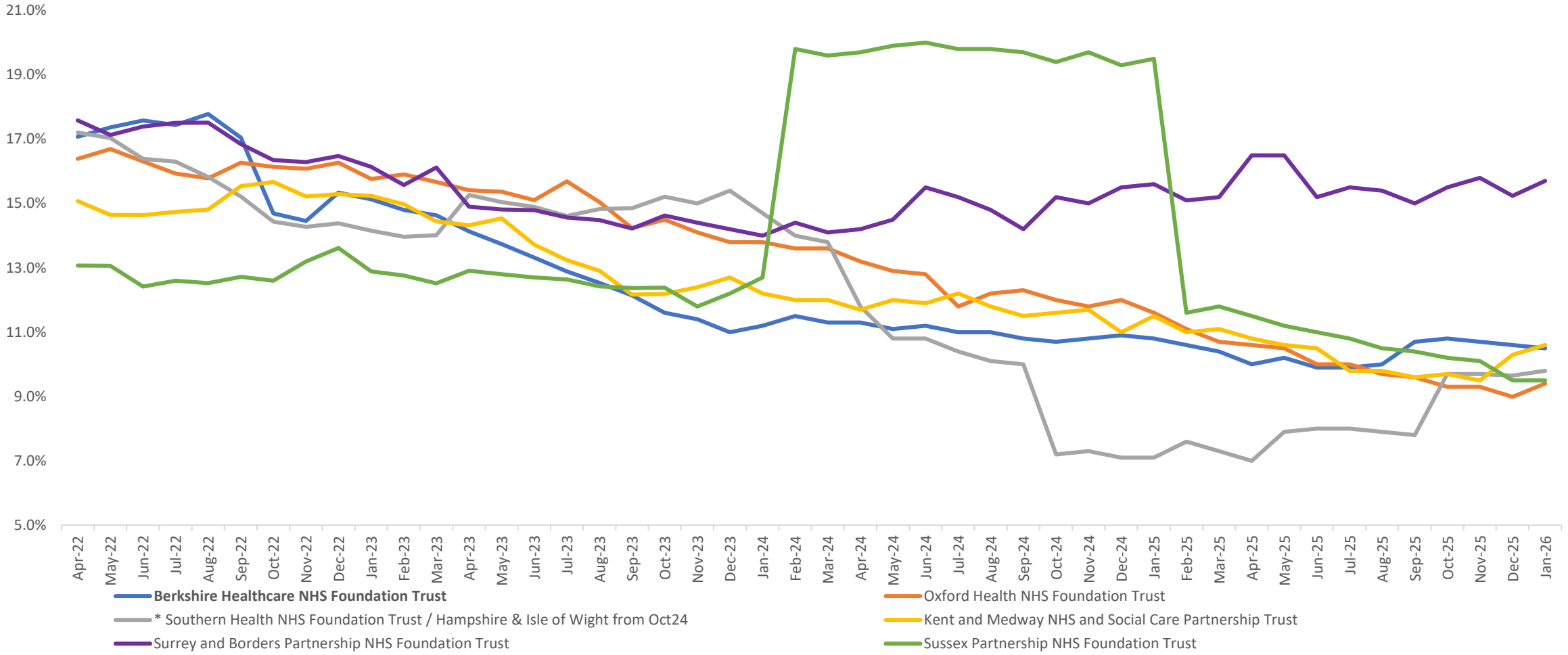
Appendix

NHS
Berkshire Healthcare
NHS Foundation Trust

System Metrics

Turnover Benchmarking - ICS

Berkshire Healthcare NHS Foundation Trust

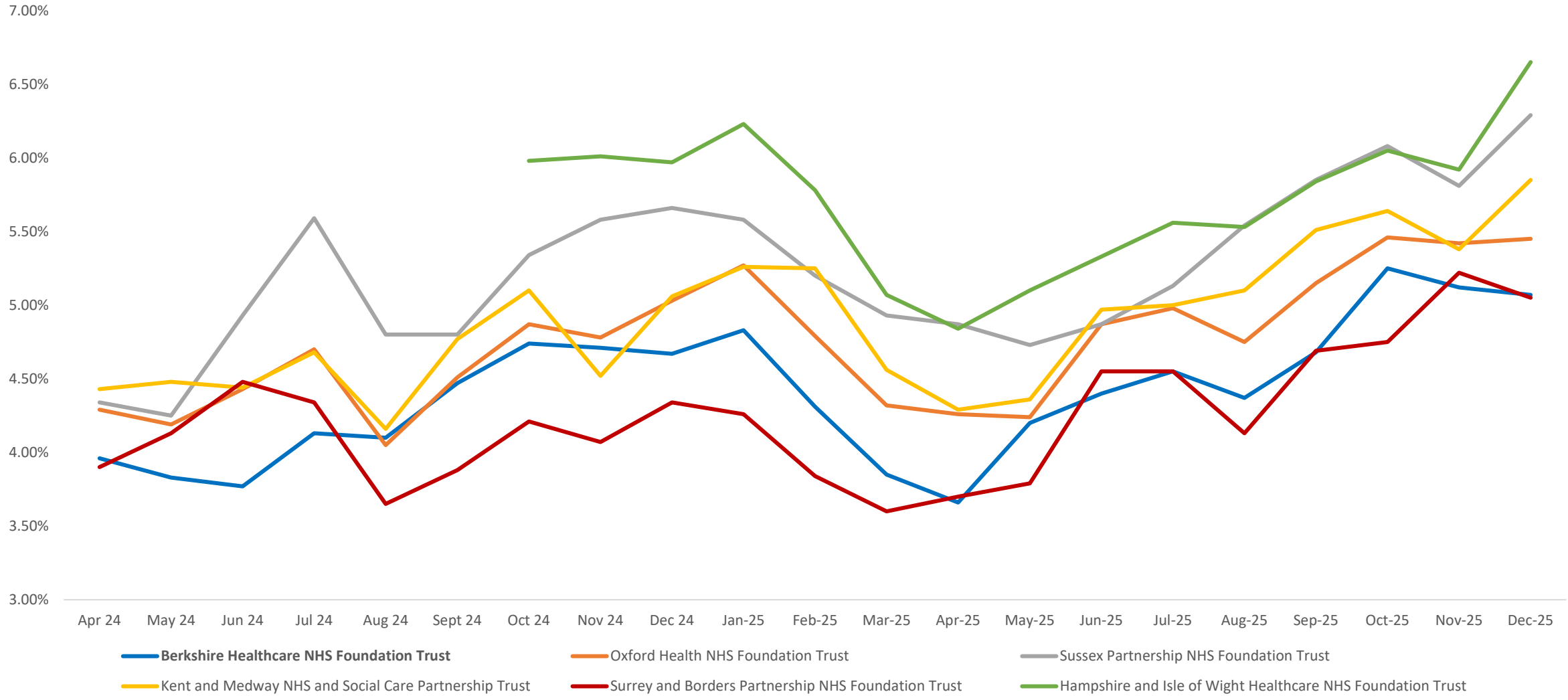


* Hampshire & Isle of Wight formed in Oct24, merged Solent & Southern Health

Source: NHS Digital – turnover calculation differs to Berkshire Healthcare methodology but is a consistent calculation across each of the ICS Partners

Sickness Benchmarking - ICS

Berkshire Healthcare NHS Foundation Trust



Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	Tuesday 14th July 2026
Title	**Anti-racism Strategy – 3 Year Review**
	Item for Assurance
Reason for the Report going to the Trust Board	To provide an update on progress, delivery and learning in the 3 years since we launched our Antiracism commitment and strategy, and to outline options for the next phase of oversight and governance.
Business Area	Organisational Experience and Development, People Directorate
Author	Karla Inniss, Head of Inclusion, OD & Organisational Experience Alex Gild, Deputy Chief Executive (Exec Sponsor)
Relevant Strategic Objectives	Make Berkshire Healthcare a great place to work for our people. Anti-racism commitment in addressing staff experience differential.
Summary	Since the Antiracism strategy launched in 2023, significant progress has been made in addressing inequalities for racially minoritised colleagues and communities, with many initiatives now embedded in business as usual. This report reviews achievements and learning to date, highlights areas requiring continued focus, and considers how the programme, Taskforce and workstreams should evolve in the next phase.

Anti-Racism Strategy

Progress, Delivery and Programme Review

From strategy launch in 2023, to April 2026

Purpose

To provide an update on progress, delivery and learning, and to outline options for the next phase of oversight and governance.

Contents

1. Executive Summary

This report marks an important reflection and assurance point in the delivery of our Anti-Racism Strategy.

Since the strategy was launched in 2023, significant progress has been made across multiple workstreams addressing persistent and unacceptable disparities in access, experience and outcomes for racially minoritised colleagues and communities. This period has been characterised by purposeful delivery, co-production, and the establishment of new systems, practices and capabilities across the organisation.

At this stage, the programme is entering a phase of consolidation and review. Some workstreams have achieved their original remit by delivering short and medium term actions and are now operating effectively within business-as-usual (BAU) arrangements. Other areas of work continue to address longer-term or structural issues, where progress requires sustained leadership and oversight.

This report therefore:

- captures what has been delivered and embedded to date,
- highlights areas of strong progress and effective practice,
- reflects on learning from implementation,
- and sets out options for how the programme, Taskforce and workstreams could evolve next.

The intention of this document is to support informed discussion about the most appropriate next phase of oversight, accountability and delivery.

Sponsor reflection **Alex Gild**

It is a pleasure to reflect on the committed work of so many; our staff, the communities we serve and the allyship of partners in driving change to improve equity for people, through anti-racist action.

With support three years ago of the Trust Board in openly committing to address racism in healthcare, moving from listening to action on the painful lived experience of injustice, we do now see and hear across many aspects that we have made good progress at Berkshire Healthcare.

There is more to do, and sustaining this work means remaining intentional and accountable.

Our commitment to anti-racist action endures because working in, providing and receiving publicly funded healthcare is a mutual endeavour that everyone deserves equity of benefit from.

Race Equality Network Chair reflection **Adefela Aromolaran**

From the perspective of the Race Equality Network, the Anti-Racism Strategy has marked a clear shift from intention to sustained action. Over the last three years, anti-racism has moved away from being seen primarily as network-led or voluntary activity, towards something that is increasingly owned across the organisation. This has helped establish clearer expectations, more consistent responses, and greater confidence that issues raised will be taken seriously and followed through.

One of the most noticeable changes has been the widening of engagement. Participation in events, learning and reflective spaces has grown. Colleagues who may not identify as “network members” are increasingly showing up and contributing. From a lived experience perspective,

more open conversations about race are taking place, as part of how the organisation reflects on culture and practice.
The way difficult issues are being handled has also been significant. Open and safe forums have created space for colleagues to share experiences of discrimination with honesty and trust. Seeing senior leaders engage directly, intervene appropriately, and resolve issues when they arise sends a powerful signal. Those behaviours, demonstrated in visible and open settings, show that anti-racism is not just an intention, but in action.
None of these changes happen without people. The progress made to date continues to rely on the commitment of people who care deeply about this agenda and are willing to hold momentum. Moving forward, we must ensure that this effort continues to grow more widely and is consistently supported, so anti-racism is sustained through accountable systems, rather than the safety net of goodwill.

Alliance for Cohesion and Racial Equality (ACRE) CEO **George Mathew**

As ACRE, we have valued being part of the CommUNITY Anti-Racism Forum since its launch in 2023, and we have seen it grow in strength and impact over time. There is a clear and genuine commitment from Berkshire Healthcare to becoming an anti-racist organisation, reflected in the way the Forum creates space for open discussion, partnership and action.

Initiatives such as the Windrush Nurses work have been particularly powerful. Errol Masters, ACRE's Activities Coordinator, who helped produce the 'Windrush Nurses' videos – reflected that this work has enabled members of the Windrush generation to more fully recognise and understand the value of their contribution to British society, particularly in healthcare. This increased recognition has been both affirming and long overdue. Through this, the Forum has helped increase visibility, voice and a sense of validation for those whose experiences have too often been overlooked.

More than ever, spaces like the CommUNITY Forum are needed. At a time when wider forces of division and inequality remain, its role in bringing people together to listen, learn and act collectively is essential. Its continued success will depend on sustaining this genuine partnership and shared commitment to challenging racism and promoting equity.

Slough CVS Chief Executive Officer **Asma Aziz**

As a member of the South Asian community, this work is deeply personal as well as professional. At a time when racism, division and intolerance are increasingly visible across society, the importance of listening to communities and actively addressing inequality has never been greater.

The Anti-Racism Strategy has created space for voices that are not always heard to influence change, challenge barriers and help shape more inclusive services. While good progress has been made, this report is a reminder that anti-racism is not a time-limited project. It requires courage, sustained commitment and a genuine willingness to work alongside communities as equal partners.

This work is taking place within a wider social and political context. National debates, media narratives and public discourse around race, identity, migration and belonging can shape how people experience healthcare, workplaces and community life. Across the NHS, staff continue to report racism, discrimination and abuse, with real impacts on wellbeing, confidence and sense of belonging. At the same time, some communities continue to experience discrimination, unequal treatment and barriers to accessing services, affecting trust and willingness to seek support.

Recognising this context does not diminish the progress achieved. Rather, it reinforces why anti-racism and equity must remain a priority. By continuing to listen to staff and communities, challenge discrimination and work in genuine partnership with local organisations, Berkshire

Healthcare can help ensure that everyone is treated with dignity, respect and fairness, regardless of background or identity.

Equity Partnership Group reflections

The Equity Partnership Group reflected that the Anti-Racism Strategy has made genuine and visible progress, particularly through sustained leadership commitment, stronger community engagement, co-production, and practical work that is beginning to translate anti-racism from strategy into day-to-day practice. Partners noted the value of restorative resources, clearer recruitment controls, improved staff support, and the amplification of voices that are often marginalised or seldom heard. The group also recognised the importance of the Trust's willingness to listen without defensiveness, accept constructive challenge, and continue building trust through consistent action and follow-through.

As the programme moves into its next phase, the Group encouraged continued focus on translating tools and learning into confident practice for managers, teams and services. Reflections highlighted the need to strengthen clarity on how staff are supported when racism is experienced, how training changes behaviour and practice, how leadership accountability is measured, and how patient access, experience and outcomes continue to improve over the longer term. The overall message was positive and affirming, but clear that sustained focus, stronger assurance and visible community-informed change will be essential to maintain credibility and impact.

2. Anti-Racism Strategy Priorities

The Anti-Racism Strategy, launched in 2023, set out our commitment to being deliberate, intentional and impactful in identifying and addressing racism at individual, institutional and systemic levels.

The strategy is grounded in:

- the Trust's values of being caring, committed and working together,
- engagement with staff networks and communities,
- and clear accountability at Board and Executive level.

Three strategic priorities were established:

1. Caring for and about you is our top priority – addressing disparities in outcomes
2. Committed to providing good quality, safe services – addressing disparities in access
3. Working together to develop innovative solutions – addressing disparities in experience

The programme workstreams and Taskforce were established to translate these priorities into action.

3. Programme Position and Maturity

3.1 Delivery to date

The initial phase of the programme focused on mobilisation and delivery, responding to well-evidenced inequalities across workforce experience, incidents, education, policy and patient access. This resulted in a wide range of actions being progressed in parallel, many of which have now reached maturity.

Recent programme review conversations highlight that:

- progress is evident across most areas,
- some workstreams have fulfilled their original purpose,
- and greater clarity is needed between programme delivery, Taskforce oversight, and BAU responsibility.

3.2 Key Learning from implementation

Clarifying the problem before designing the solution

The programme has highlighted that anti-racism work is often complex, and that time invested in clearly defining the problem is essential. In several areas, early solutions needed to be refined once deeper understanding of data, lived experience or operational context emerged.

This has strengthened the programme's approach to:

- using data alongside qualitative insight,
- learning from existing work already happening in services and communities,
- and avoiding duplication by building on what is already known or underway.

Leadership proximity and organisational courage

Another key reflection has been the importance of leadership proximity. Progress has been strongest where senior leaders have remained visible, engaged and willing to hold difficult conversations. Raising awareness alone has not been sufficient; meaningful change has required leaders to stay close to the work; the data and the experiences being shared. This has also contributed to diversity of thought in solving problems across workstreams, while enhancing executive sponsors' racial literacy and trust. People observe who takes the lead, how responsibilities are distributed, and recognise that this is a priority for the entire organisation. It has also flagged the importance of cascading communication through leadership tiers, particularly into operational and front-line clinical services where involvement has at times been harder to sustain. Closing the feedback loop, being transparent about progress, decisions and next steps, has been essential to maintaining trust and momentum. In practice, this has meant sponsors being present in workstream discussions, following up on actions, and modelling the behaviours and language expected across the Trust.

The programme has also required a degree of organisational courage to name racism explicitly, to challenge assumptions, and to accept that some issues cannot be resolved quickly or neatly.

Responding to ‘whataboutery’ and maintaining focus

A recurring implementation challenge has been managing ‘whataboutery’, where the focus shifts from addressing racial inequity to debating whether other issues should take priority. While broader inclusion concerns are valid and interconnected, the learning has been that progress depends on staying specific about the problem being solved, using evidence, and being clear about why anti-racism requires deliberate action. Leaders have found it helpful to acknowledge wider pressures, re-anchor conversations in the agreed aims, the data, lived experience, and the commitments already made.

Racist abuse against staff: a rising risk and a need for consistent response

The programme has also surfaced a stronger uniform appreciation across the wider workforce, of the scale and impact of racist abuse directed at staff, particularly in front-line and inpatient settings, and the risk that this behaviour can become normalised when day-to-day pressures are high. Learning has reinforced that these incidents are shaped by multiple intersecting factors (patient, staff, environmental, organisational and wider societal) and therefore require a balanced approach that prioritises prevention as well as balanced response. Preventative measures that improve day-to-day patient experience (e.g. clear expectations, communication at key touchpoints, reducing avoidable frustrations and improving ward environments) are important because they reduce the conditions in which abuse is more likely to occur. Where incidents do occur, confidence grows when colleagues receive timely support and see consistent follow-through: clear reporting routes, rapid managerial action, feedback to those affected, and organisational learning shared so teams understand what has changed as a result. Consequences for abuse should be more consistent, through better collaboration with the Police and increased confidence in using available tools for effective communication.

Recognising and nurturing untapped talent

Work has repeatedly surfaced the presence of untapped talent within the organisation. Anti-racism work has provided a lens through which existing capability, aspiration and leadership potential has become more visible.

This insight has informed:

- changes to recruitment and progression processes,

- the design of leadership and development offers,
- and the importance of creating environments where colleagues feel seen, supported and able to progress.

Measuring impact while acknowledging limits

The programme has benefited from improved data and reporting, including strong progress across multiple WRES indicators and operational measures. At the same time, it has been necessary to hold the reality that not all impact is immediately measurable. Being explicit about where outcomes are currently difficult to quantify, or where suitable data is not yet available, helps set realistic expectations, strengthens the integrity of the evidence base, and recognises the need for robust problem definition and qualitative insight alongside metrics.

Alongside quantitative improvement, the programme has seen:

- strengthened relationships with community partners,
- increased trust and structured engagement activity,
- and recognition at regional and national level.

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This has reinforced the need for a balanced approach to assurance, combining data, lived experience and qualitative insight.

Long-term complexity

Finally, the programme has underlined that some aspects of anti-racism, particularly those linked to workforce progression, culture and structural patient inequality are long-term and adaptive challenges, rather than issues that can be closed through discrete actions.

This learning is directly informing current thinking about:

- how workstreams are framed,
- how oversight is provided,
- how the organisation sustains focus,
- and the value of embedding anti-racism into existing systems, rather than as a separate duty.

4. Summary of Progress Against Strategic Priorities

The summary below reflects the original strategy priorities and shows how progress has been delivered through the programme workstreams set out in Section 5.

Priority 1: Caring for and about you - Outcomes

What has progressed well	where this sits across workstreams
Improved use of workforce and service data to identify and prioritise racial disparities, supported by stronger routine reporting and dashboards	Policy and Practice; Patient Access, Experience and Outcomes.

Targeted quality improvement activity is increasingly being used to address specific outcome gaps, alongside community-informed insight	Patient Access, Experience and Outcomes.
Relationships with community partners and forums (e.g. CommUNITY) have strengthened the programme's ability to design and test improvements with the people most affected.	Patient Access, Experience and Outcomes; Education and Engagement

Where this work is now embedded	where this sits across workstreams
Routine monitoring of race equity indicators is increasingly sitting within established BAU governance routes, supported by improved data scripts, templates and dashboards	Policy and Practice
Outcome-focused equity work is being aligned with existing quality improvement and service transformation approaches; where change is longer-term, it is being framed as sustained multi-year work rather than time-limited actions	Patient Access, Experience and Outcomes.

Priority 2: Good quality, safe services – Access

What has progressed well	Where this sits across workstreams
Clearer organisational standards and practical guidance on racism, abuse and unacceptable behaviour, including updated statements, charters and manager toolkits	Incidents, Support and Empowerment
Strengthened incident response processes, automated feedback following incident and support pathways (e.g. opt-out wellbeing support, investigator and manager training) to increase confidence in reporting, follow-up and accountability	Incidents, Support and Empowerment
Improvements to recruitment and selection processes (including debiasing measures and enhanced senior-level assurance), alongside deeper analysis of WRES and pay gaps to inform targeted action	Recruitment, Retention, Progression and Conditions

Where this work is now embedded	Where this sits across workstreams
Incident response, learning and monitoring now sit within BAU safety, people and wellbeing governance, with supporting tools embedded for managers and teams	Incidents, Support and Empowerment

Recruitment and progression improvements are being incorporated into standard practice, with ongoing attention to consistency and implementation gaps	Recruitment, Retention, Progression and Conditions

Priority 3: Working together – Experience

What has progressed well	Where this sits across workstreams
Strong engagement and co-production with staff networks and communities, strengthening trust, relevance and shared ownership	Education and Engagement; Patient Access, Experience and Outcomes
Development of learning, reflective practice and engagement offers that build racial literacy and confidence, integrated into induction and leadership pathways	Education and Engagement
Re-strengthened staff voice, advocacy and empowerment mechanisms, supported by clearer standards, practical tools and feedback routes	Incidents, Support and Empowerment; Policy and Practice

Where this work is now embedded	Where this sits across workstreams
Education and engagement is now largely embedded within OD, EDI, Race Equality Network and communications functions, with an emphasis on refresh, prioritisation and assurance	Education and Engagement
Staff voice and advocacy continue through ongoing governance arrangements, with targeted deep dives and listening-into-action approaches used where risk or disparity is highest	Incidents, Support and Empowerment

5. Workstream Delivery and Status

Workstream delivery summary (action status)

Workstream	Closed / Complete	Open / In progress	Total
5a: Recruitment, Retention, Progression and Conditions	16	6	22
5b: Anti-Racism Policy and Practice	9	1	10
5c: Incidents, Support and Empowerment	9	6	15
5d: Education and Engagement	9	5	14
5e: Patient Access, Experience and Outcomes	6	8	14
Total (all workstreams)	**49**	**26**	**75**

The sections below summarise delivery at workstream level, with emphasis on what has been achieved and how work is now sustained.

5.1. Workstream: Recruitment, Retention, Progression and Conditions

2023 Problem statement

Workforce data and lived experiences tell us there is a significant underrepresentation of ethnically diverse colleagues in senior roles at Bands 8b, 8c and 8d. The likelihood of white candidates being appointed from shortlisting is 1.51 times higher (34.1%) compared to 'BME' candidates (22.6%). This is compounded by the disparity in access to training and development opportunities, where white colleagues are 1.44 times more likely to participate and 1.93 times more likely to progress in their careers. These inequalities limit retention, progression and fairness of the conditions at work.

What this workstream was intended to do

To address persistent workforce inequalities, particularly in recruitment outcomes, progression into senior roles, access to development, and conditions that contribute to unequal experience and opportunity.

What has been delivered

- **Strengthened senior (Band 8B+) recruitment controls**: guaranteed interview for eligible ethnically diverse applicants; reflection form with independent review and senior sign-off where an interviewed ethnically diverse candidate is not appointed; and piloted sharing interview questions in advance (complete).
- **Expanded workforce insight:** deeper WRES and related metric analysis (including pipeline insight at Band 8B+), and intersectional pay gap work to inform targeted actions (complete).
- **Improved access to opportunity:** promotion of leadership/development opportunities to ethnically diverse colleagues; introduction of "internal first" recruitment for suitable roles; and inclusive talent pool approach with equality impact assessment completed (complete).
- **Practical support offer:** Money and Rights Hub launched to provide independent, confidential advice on money, benefits and rights (complete – from April 2026).
- **Implementation assurance:** task-and-finish work to fix process application issues for the Band 8B+ recruitment package (in progress – due April 2026).
- **Progression and pipeline activity:** delivery of the Allied Health Professionals (AHP) anti-racism action plan (widening the pipeline and improving progression to Bands 6 and 7) (open – due September 2026).
- **Development access deep dive:** completed a focused deep dive into CPD and wider development access, including engagement through staff networks and other spaces, use of the Tableau dashboard, increased panel scrutiny, and wider monitoring beyond formal funded CPD requests to include non-formal and decentralised opportunities. Follow-on work has included promoting awareness of the dashboard with people partners and strengthening communication and oversight for managers and divisions. This has supported improved monitoring of WRES Indicator 4 and a narrowing of the gap (complete, now moved to monitoring from April 2026).
- **Fairness assurance**: casework review of formal disciplinary cases to understand and address disproportionality (WRES Indicator 3), (open – April 2026 to April 2027).

- **Work in development:** progression routes based on assessed competence (e.g. Band 5 to 6 pathway at Prospect Park Hospital) and broader competency-based talent pools.
- **Longer-term exploration:** Real Living Wage principles across the supply chain.

What has worked well

- Shifting from abstract commitment to process changes has increased credibility and confidence in recruitment fairness.
- Senior leader involvement has helped move conversations about progression from anecdotal to evidence-led.
- Greater transparency and data insights have improved problem statements and targeted intersectional analysis.
- Leadership development offers have surfaced previously untapped talent, reinforcing the value of inclusive progression pathways.
- Development access disparities have narrowed and 45% of appointments at 8b+ are for ethnically diverse candidates.

Challenges and learning

- Consistency of implementation is an ongoing risk: the Band 8B+ package requires active assurance to prevent variation in how controls are applied (hence the task-and-finish work due April 2026).
- Understanding “where gaps sit” requires better routine monitoring beyond single metrics (e.g. widening CPD/development monitoring from April 2026, and disciplinary casework review across 2026–2027).
- Some proposed solutions need enabling work and governance decisions before they can be delivered at scale (e.g. competency-based progression pathways and talent pools where timescales are still to be confirmed).
- Workforce progression is a structural and long-term issue; discrete actions alone are insufficient.
- Data has highlighted complexity across professions (e.g. Allied Health Professions/AHPs, psychology), requiring more tailored approaches.

Current position and considerations

This workstream has delivered several foundational changes that are now operating in business-as-usual (e.g. senior recruitment approach, workforce insight reporting, and the Money and Rights Hub). The priority for the next phase is targeted assurance and follow-through on the remaining open actions: completing the Band 8B+ implementation fix (April 2026), progressing the AHP pipeline/progression plan (September 2026), widening development access monitoring (from April 2026), and completing the disciplinary casework review (2026–2027). Several longer-term proposals (competency-based progression routes and talent pools) require agreed governance, evaluation and timescales before wider rollout.

5.2 Workstream: Anti-Racism Policy and Practice

2023 Problem statement

Policy makers lack confidence and competence to consider implications of policy from an anti-racism perspective when scrutinising policy. Many policies produce inequitable outcomes.

Colleagues are unclear how to make improvements that will practically address anti-racism in a meaningful service specific way.

What this workstream was intended to do
To embed anti-racism into core organisational policies, decision-making and planning processes, ensuring that equity considerations are routine rather than exceptional.

What has been delivered

- **Equality Impact Assessment (EqIA) implementation strengthened:** revised template, FAQs, training and monthly drop-ins to improve quality, maturity and confidence.
- **Anti-racism embedded in planning:** mandated inclusion of anti-racism objectives within Plan on a Page and subsequent auditing of objectives to understand maturity and support needs.
- **Practical service tool:** Positive Practice Guide developed to help teams assess and improve anti-racist practice in day-to-day services.
- **Better data foundations**: improved equality monitoring scripts, guidance and training resources to support better ethnicity data and stronger problem statements.
- **Embedding in communications:** culturally appropriate photo bank and inclusive imagery now established as business-as-usual.
- Developing case studies showcasing positive practice in tackling racial disparities in services (due May 2026). Staff award criteria has been amended to provide a pipeline of positive case studies as BAU.

What has worked well

- Embedding anti-racism into existing governance tools has reduced reliance on “add-on” processes.
- Practical tools (rather than policy statements alone) have supported application and dialogue across services.

Challenges and learning

- Many tools are now available but need consistent use, there are variations in confidence and ‘time’ to apply the Positive Practice Guide in a meaningful way.
- Continuous case study sharing remains important to support practical application, peer learning and uptake.
- A central obstacle to change lies in resistance. Resistance manifests in various forms: some people oppose it outright, while others more subtly or apathetically. Even when practical tools and guidance are readily available, there is a tendency for people to cite an increasing array of reasons - often logistical or procedural, for not adopting anti-racist practices. Beneath these ‘rationalisations’, the underlying issue is frequently a lack of willingness to alter established norms and behaviour. This highlights the importance of not only providing resources, but also addressing the deeper attitudinal barriers that impede meaningful transformation. Therefore, improving consistency in how tools are used remains an ongoing challenge. This links closely to the work of the education and engagement workstream.

Current position and considerations
This work is now embedded within business-as-usual systems. Ongoing focus is best placed on assurance and capability-building: improving consistency of use, targeted support to teams, and completing the remaining open item about case studies (May 2026) to strengthen peer learning and practical application.

5.3 Workstream: Incidents, Support and Empowerment

2023 Problem statement

Ethnically diverse colleagues are more likely to: enter formal disciplinary process, experience harassment, bullying or abuse from the public and colleagues, experience discrimination from a manager or team lead, and work at Prospect Park Hospital where 85% of assaults happen. 81% of discriminatory incidents reported, relate to race. Information to support prevention and response is in place but not openly discussed. Racism is not always explicitly referenced in materials.

What this workstream was intended to do
To strengthen our response to racism and abuse, ensure staff feel supported, and improve confidence in reporting, follow-up and accountability.

What has been delivered

- **Clearer prevention standards and expectations:** refreshed “no abuse” statement and site signage; updated Safety Culture Charter; and updated violence and aggression materials to explicitly include racism. Developed the specific abuse survey and improved the engagement year on year to tailor specific action plans based on staff feedback.
- **More visible staff empowerment:** “Speak up about racism” (active bystander) guide, dealing with racism guide and a maintained reporting/feedback route (including FAQ mechanism) to strengthen confidence and close feedback loops.
- **Support pathway improvements:** opt-out wellbeing support following incidents and a wellbeing assessment question relating to racism, with work to improve cultural responsiveness and monitoring.
- **Capability building delivered:** anti-racism training provided for investigating officers, commissioning managers, HRBPs and decision makers.
- **Local peer support strengthened:** Prospect Park Advocacy for Racial Equity Team (PPARET) re-established to provide peer support after incidents.
- **Planned 2026–2027 assurance and improvement:** casework review of formal cases involving racism; development of an anti-racism audit process with Just Culture champions; redevelopment of mandatory conflict resolution training; and maintaining/refreshing investigator/manager training including for new joiners.
- Ongoing insight: use appraisal wellbeing conversations to identify where managers feel less equipped to handle racism conversations and target support accordingly (**open – due July 2026**).

What has worked well

- Making boundaries explicit has improved clarity and confidence for staff.

- Practical tools and visible leadership engagement have strengthened trust.
- Linking prevention, response and support has reduced fragmentation.

Challenges and learning

- Sustained consistency matters: staff confidence depends on timely follow-through, clear feedback, and predictable consequences, this requires ongoing audit, learning and assurance. Staff can now anticipate regular feedback as part of the updated practices, though it will take longer for word to spread that these system changes are established.
- Manager capability remains a key dependency; planned work to redevelop conflict resolution training and use appraisal insight (July/September 2026) should help target support where it is most needed.
- Racist abuse from patients is shaped by multiple intersecting factors (clinical, environmental, societal) and cannot be addressed through policy alone. Data shows more incidents are being reported and there is a widening disparity of abuse towards ethnically diverse staff. Though a complex risk; prevention measures need to sit alongside response and staff support. Balancing prevention, care and enforcement requires ongoing judgement and support.

Current position and considerations

Core standards, support pathways and resources are in place and operating as business-as-usual. The next phase is best framed as targeted assurance and continuous improvement: completing casework reviews, establishing an anti-racism audit process with Just Culture champions, maintaining training for investigators/decision makers (including new joiners), and strengthening manager confidence through updated conflict-resolution training and appraisal-driven targeting of support.

5.4 Workstream: Education and Engagement

2023 Problem statement

We are a dispersed organisation where the concept of anti-racism is perceived in different ways. Apathy results in inaction. Sustaining momentum and empowering colleagues to actively support anti-racism is challenging. Our engagement approach doesn't directly focus our racialised (internal and external) community. The impact of our educational and engagement efforts on anti-racism beyond standard metrics such as WRES and staff surveys is unknown.

What this workstream was intended to do

To build racial literacy, confidence and capability across the organisation through meaningful, reflective and accessible learning and engagement.

What has been delivered and what is now planned

- Embedded anti-racism across core learning routes (induction, leadership and management offers) and developed reflective practice tools, conversation resources and scenario-based learning. With the launch of regular 'Holding Space to Talk About Race' sessions on topical issues. Along with board visits across sites to promote strategy, service planning and conversation.

- Co-produced learning offers (including video resources and theatre-forum style methods) and widened engagement through webinars, pop-ups, forums and site visits.
- Coaching and cultural competence e-learning incorporated into the wider offer.
- Enhanced engagement and offer of bitesized education through key calendar events such as Black History Month, Interfaith week, South Asian Heritage, Gypsy Traveller Roma History Month. Structured programmes of educational and awareness delivery have provided mulit-format learning that built skills, trust and confidence.
- Embedding anti-racism into Quality Improvement approaches, tools and training so that changes and expectations of equity are more explicit and supported, including the development of a GEMBA tool.
- Next phase delivery focuses on sequencing the launch of targeted developments:
    - CPD accredited anti-racism workshop training
    - 10 minute ‘turbo’ session roll out
    - restorative conversations with patients, carers, visitors and public
    - redevelopment of mandatory EDI training mapped to UK Core Skills.
- Longer-term exploration includes accrediting anti-racist leadership learning (e.g. CPD / university validation).

What has worked well

- Co-production with staff networks and community partners has increased relevance, quality and trust.
- Reflective, practical and scenario-based learning has been better received than compliance-focused approaches.
- Saturation across channels has helped normalise conversations about racism and equity.

Challenges and learning

- Prioritisation has needed to shift at times to avoid the perception of continual expansion.
- Education alone does not guarantee behaviour change; learning is most effective when paired with clear accountability and system change.
- Maintaining momentum requires ongoing refresh and integration into existing learning pathways.

Current position and considerations

Education and engagement is largely embedded or planned to be embedded within business-as-usual communications. Engagement needs to be sequenced and spread. Tracking completion and evaluation should replace broad action expansion.

5.5 Workstream: Patient Access, Experience and Outcomes

2023 Problem statement

There are unexplained wait times by ethnicity in some services. It is unclear what the link into people that don't attend appointments by ethnicity and subsequently how this impacts service usage by ethnicity. Community leaders share concerns about lack of culturally tailored service.

Well documented disparities across patient access, experience and health outcomes significantly impact Gypsy, Traveller, Roma, Showmen and Boater (GTRSB) communities.

What this workstream was intended to do
To address racial disparities in access, experience and outcomes, through evidence based improvement and meaningful community partnership.

What has been delivered and what is now planned

- **Meaningful engagement routes embedded**: CommUNITY Anti-Racism Forum established as an ongoing listening space, with regular "you said, we did" feedback loops. The annual commUNITY forum event is growing and feedback from members about the event is overwhelming positive.
- **Partnership governance strengthened:** Equity Partnership Group established to provide constructive challenge, co-production and oversight.
- **Trusted community partnerships secured:** Slough CVS and Reading ACRE commissioned to support engagement and co-production (including PCREF).
- **Clinical equity tools delivered:** skin tone bias assessment tool and related resources introduced.
- **Access disparities:** targeted Quality Improvement work to reduce waiting list racial disparities in priority services (e.g. Nutrition & Dietetics completed with results; MSK Physiotherapy engagement started; Diabetes (East) emerging via audit/safety route; Podiatry engaged but not yet prioritised).
- **Translation and interpretation improved:** centralised provision, re-tendered the service and strengthened contract oversight to improve quality and reliability, supporting more equitable access across 100+ languages.
- **Experience insight:** analysis of patient experience and feedback data (including response rates by ethnicity) to understand disparities (open – to April 2027).
- **Culturally responsive care planning:** ethnicity/faith/culture questions added into tools (e-passport, advanced choice document, carers survey) and further inclusion planned via the 'I want great care' patient survey (awaiting re-tender).
- **Community-informed education:** multi-faith education and engagement project was created in response to community voices and delivered a new package of learning for staff, including: eLearning, workshops, student placements, dilemmas for away days and team meetings and leaflet resources (closure report due July 2026).
- **Reducing inequity in inpatient personal care:** Black heritage hair care staff training and guides along with hair care kits for wards will shortly be distributed across wards, and diversified inpatient meal options at available at Prospect Park Hospital (due September 2026).
- **Reducing disparities for underserved communities:** Research funding bid was awarded for Gypsy, Traveller, Roma, Showmen and Boater (GTRSB) health pledge work in partnership with Buckinghamshire New University (due May 2027).

- **Alignment to wider programmes:** ongoing connection and alignment of priorities and actions to:
    - Disproportionate Mental Health Act Detentions for Black people programme
    - National NHS England Frameworks – Patient Carer and Race Equality (PCREF) and Culture of Care Framework
    - NICE Guideline on Community Engagement.

What has worked well

- Sustained partnership and deepened relationships and co-production (CommUNITY, Equity Partnership Group, Slough CVS/ACRE) has strengthened relevance, trust and accountability.
- Linking community insight to practical service changes (e.g. care planning prompts, skin tone bias tool) has supported visible improvements.
- Using improvement methods (QI) provides an established route to reduce access disparities and spread learning.
- Co-production has helped avoid tokenistic engagement.
- Practical changes (e.g. interpretation, faith resources) have had immediate impact.

Challenges and learning

- Shifting outcomes takes time; the current portfolio includes multi-year work (e.g. waiting list disparities to April 2027, GTRSB framework to May 2027), so expectations and measures need to reflect longer horizons.
- Better experience insight depends on improving who is represented in feedback; analysis of response rates by ethnicity is a necessary foundation for targeted action. Data alone does not capture lived experience; qualitative insight remains essential.
- Some actions rely on operational dependencies (e.g. procurement/tendering for survey changes, and practical rollout of resources), requiring clear ownership and follow-through.
- Outcomes often take longer to shift than typical programme timeframes.
- Community engagement must be matched with follow-through to maintain credibility and trust.

Current position and considerations

This workstream continues to address long-term and adaptive challenges and therefore benefits from ongoing oversight. Core partnership and listening mechanisms are established and operating as business-as-usual (CommUNITY forum, Equity Partnership Group, community partner contracts) alongside specific activity and projects. The next phase remains focused on projects, initiatives and addressing racial disparities to access.

6. What Has Been Delivered Well Overall

Across the programme, particular strengths include:

- clear movement from intent to action,
- co-production and engagement as a core principle,
- embedding anti-racism into existing systems,

- communicating progress,
- visible and decent proximity of senior leadership,
- and honest reflection on what is complex and long-term.

The programme has built foundations beyond individual actions.

Outcomes

Our national staff survey results show:

- Our Compassionate and inclusive staff survey score has improved for the last 3 years from 7.3 to 7.94 (7.94 being the top score across our comparator group).
- The engagement score of ethnically diverse staff has significantly risen since this strategy started in 2023.

- 80% of our workforce had a career conversation. Career progression fairness perception has significantly improved along

Metric	2023 Gap	2024 Gap	2025 Gap
Percentage believing that the trust provides equal opportunities for career progression or promotion	15.1%	12.2%	**5.4%**

- There has been a reported reduced disparity in staff experiencing harassment, bullying or abuse from staff since 2023.

Metric	2023 Gap	2024 Gap	2025 Gap
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	6.7%	6.2%	**4.6%**

- Increased workforce diversity, with ethnically diverse representation rising year on year (2023: 28.5%; 2024: 30.0%; 2025: 32.8%), exceeding the Berkshire population proportion (26.92%, 2021 Census).
- ESR workforce ethnicity recording has remained high with ‘unknown’ ethnicity maintained at low levels (4.0% in 2021; 3.08% in 2022; 2.76% in 2023; 2.38% in 2024; 2.25% in Apr 2025), strengthening the quality of insight and indicating increased trust and confidence in sharing ethnicity data.

- For Band 8b+ roles, 45% of appointments since the senior recruitment package began have been to ethnically diverse candidates (vs 32–33% of the Trust workforce).
- Development access gap has narrowed (white staff 1.1x more likely to access non-mandatory training/CPD).

Metric	2023	2024	2025
Relative likelihood of white staff compared to 'BME' staff accessing non-mandatory training and CPD	1.55x	1.41x	1.1x

- Fulfilment of translation and interpretation increased from 59% to 98%, improving equitable access across 100+ languages to our healthcare services.
- Our Race Equality Network for staff has seen a 30% growth reaching 320+ members.
- We got external independent recognition, including Race Equality Matters Silver accreditation and local grassroot community awards.
- Our three-year workforce profile shows increasing ethnic diversity across Bands 3 - 7, but a consistent reduction at senior levels (8a+), highlighting an ongoing pinch point in senior representation. Promotion outcomes show ethnically diverse staff experiencing comparable or higher likelihood of promotion within bands, indicating that processes and measures are supporting fairer progression, while underrepresentation at senior levels remains a structural challenge requiring continued focus. Promotion likelihood reflects outcomes within existing bands and should be interpreted alongside workforce composition, as changes in senior representation will lag behind improvements in the pipeline.

7. Next Phase of Oversight and Governance

As the Anti-Racism Strategy goes less from mobilisation, the need is to better embed, consolidate and sustain existing efforts, tools, partnerships and practice. The focus therefore shifts from managing actions to assuring impact, consistency and follow-through, particularly where racial disparities remain persistent and structural.

This section sets out a simplified oversight model that clearly distinguishes:

- Business as Usual (BAU) ownership of delivery and routine monitoring, and
- the role of the Anti-Racism Taskforce as a senior assurance and escalation forum.

7.1 Role of the Anti-Racism Taskforce

Discussion with the taskforce has set the position that it will change from monthly to a bi-monthly strategic assurance, escalation and organisational learning forum. It will not function as a delivery group.

Across all workstreams, the Taskforce will focus on:

- assurance that BAU systems are functioning equitably and as intended

- review of trends, exceptions and persistent pinch points
- escalation where progress stalls, outcomes deteriorate, or executive intervention is required
- organisational learning, horizon scanning for positive practice and
- maintaining confidence with staff networks, communities and community partners

The Taskforce will operate through themed deep dives and reporting by exception, with clear escalation routes into Executive, Strategic People Group, Diversity Steering Group governance.

7.2 Business as Usual Oversight

Recruitment, Retention, Progression and Conditions

Oversight includes:

- Recruitment outcomes by ethnicity (application, shortlisting and appointment), including senior roles
- Leavers, turnover and redundancy by ethnicity, including reasons for leaving
- Workforce representation at senior bands (8a+), disaggregated by profession
- WRES indicators and supporting deep-dive analysis
- NHSP data, including shift allocation and cancellation trends by ethnicity
- Delivery of professional workforce plans (e.g. AHP anti-racism action plan)
- Talent cycles and progression systems, including talent pools and competency-based routes
- Performance and development cycles, including appraisal take-up, mid-year reviews and access to CPD, apprenticeships and wider development opportunities

Anti-Racism Policy and Practice

Oversight includes:

- Equality Impact Assessment (EqIA) completion and quality through policy and planning governance
- Use of the Positive Practice Guide within services
- Embedding of improved anti-racism within ‘Plan on a Page’
- Equality data quality and routine reporting
- Case study growth
- Maintained inclusive photo asset bank
- Progress in embedding equity principles within procurement and contracting

Incidents, Support and Empowerment

Oversight includes:

- Racist incidents reported through Datix and safety systems
- Operational Cavell updates and relevant emerging metrics

- Casework handling via HR, Just Culture and People governance
- Manager and investigator capability supported through training, appraisal insight and supervision
- Staff wellbeing and support pathway utilisation
- Trends in use of restorative justice, abuse survey changes and reflective tools

Education and Engagement

Oversight includes:

- Evaluation of reach, participation and learning outcomes for anti-racism and multi-faith education
- Communications and engagement delivered
- Digital engagement insight, including page hits and usage of key learning and resources
- Delivery of annual engagement programmes, including Black History Month
- Digital engagement and page-hit data for resources
- Qualitative insight from staff networks, CommUNITY and partners

Patient Access, Experience and Outcomes

Oversight includes:

- Waiting times and access data by ethnicity
- Translation and interpretation service performance
- Patient experience and feedback data
- CommUNITY Anti-Racism Forum insight and feedback loop
    - Ongoing community and lived-experience engagement
    - Transparent “you said, we did” feedback mechanisms
    - Annual forum programme and reporting
- Equity Partnership Group
    - Independent partner challenge insight and status exchange

7.3 Taskforce Summary Changes

Taskforce assurance will be informed by signals of impact and patterns across workforce, patient and incident intelligence.

Recommendation:
Maintain the Anti-Racism Taskforce as a bi-monthly strategic assurance and escalation forum, with delivery embedded across BAU governance. Oversight will focus on trends, exceptions and persistent disparities, providing assurance that systems, tools and partnerships are delivering equitable outcomes and that risks are identified and addressed.

- Workstreams that have delivered their original remit could be formally closed, with BAU oversight planned into taskforce remit.
- Long-term actions could be reframed as multi-year commitments with defined governance oversight.
- Targeted task-and-finish activity could be used where specific issues require renewed focus.
- Where work is transitioned into BAU, prioritise ongoing support and targeted improvement in the areas with the greatest need (informed by appraisal data, staff survey insight and other evidence), including promoting and using tools such as the Positive Practice guide.

8. Conclusion

This report represents a pause point for reflection rather than an endpoint. The Anti-Racism Strategy has moved from commitment to delivery, and now towards embedding and sustained accountability.

Progress to date provides a strong platform for the next phase. The recommendations in this report are informed by Taskforce collective discussion about how best to maintain momentum, credibility and impact.

Appendices

Appendix 1: Workforce Race Equality Standard (WRES) link: **Reports, policies, and procedures resources | Berkshire Healthcare NHS Foundation Trust**

Appendix 2: 12 reflective question recap

In our original strategy we mapped to these questions, where are we now?

Reference Adapted from *The Anti-Racist Organization: Dismantling Systemic Racism in the Workplace* (Daniels, S., 2022).

12 Questions	Where we are now
Do you understand different types of racism, power and privilege? How do you support the **development of resistant colleagues**? How do you bravely challenge inequality?	Our anti-racism action statement acknowledges difference, along with our induction and other training resources. We highlight and openly discuss resistance in workstreams and at the taskforce.
Do you have **alignment and collective ownership** of your anti-racism activity? How is it independently benchmarked and scrutinised?	Our exec sponsored workstreams have given us collective and shared oversight. The taskforce, Equity Partnership Group and the community forum scrutinise our approach. We were awarded independent awards from Race Equality Matters, and grassroot communities.
Is anti-racism embedded through your service/team/objectives? What work have you done to **understand racial disparities** and the harm it causes? E.g. oppressive practice, unethical research	Anti-racism has been a consistent requirement of service planning, 'plan on a page' instructions for all colleagues to have objectives. The positive practice guide is a tool to tackling and addressing causes of racist harm. The use of the tool needs to improve.
To what extent do you **focus on the experiences** of people impacted by racism? Are there listening events or structured plans to continually adopt actions from engagement?	The CommUNITY forum works to address concerns and barriers raised as well and celebrating things that matter to the community. We work with our Race Equality Network to enhance the voices of ethnically diverse colleagues.
What evidence do you use to ensure **qualitative and quantitative data is routinely evaluated** and acted upon to address racial disparities?	We have build on the standard WRES data set to enhance our understanding and action of issues around racism. For example intersectional ethnicity pay gap. We also rolled out data analysis training to help staff better disaggregate their data and worked with QI teams to better adopt a curious approach to data and co-production.
Do you use **root cause analysis** to interrogate data and ask why racism is happening? What evidence do you use for Equality Impact Assessment and problem statement creation?	Quality Improvement approaches have supported this approach with more colleagues sharing 'problem statements' in the commUNITY forum. Changes to the Equality Impact Assessment Template have steadily improved the approach and quality of EqIAs.

What methods do you use to ensure resources you use/explore take account of **up to date best practice**? How do you cultivate a curious and critical mindset to your profession in relation to antiracism?	Though many publications are circulated, our approach has been to be person centred and grow the commUNITY forum to support up to date, contemporary and lived experience led, practice.
Is there a **willingness to effectively resource** antiracism, how is this demonstrated?	CommUNITY suggested projects have been funded or resources sought to materialise. We have invested in contracts with Slough CVS and ACRE.
Do you **understand our community** (including our colleague) priorities? How do you reflect on your own and wider practice to ensure inclusivity?	Reflective practice tools have been developed for colleagues, along with ethical dilemmas, multifaith training, the positive practice tool and quarterly 'Holding Space to Talk about Race' sessions for staff. Black History Month programmes also highlight and offer accessible reflective sessions for colleagues and beyond.
How do you effectively and **sensitively communicate** progress, gaps and successes? How do you demonstrate you can cope with discomfort and continue despite mistakes/setbacks?	Engagement channels have been used across the organisation including all staff briefings, trust leaders sessions, pop ups across sites, GEMBA visits, manager briefing packs and local away day sessions.
Are you clear about anti-racism **language,** understanding the difference between equality and equity and how to sensitively **respond to conflict?** If not, what steps are you taking?	Whataboutery has been a real challenge, but remaining on focus while acknowledging wider issues has allowed us to remain committed to the strategic ambitious set out.
Do you lead with moral courage and compassion to **dismantle racism, rather than navigate it**? For example, changing processes, rather than making amendments for individuals (deficit model).	There has been a blend of approaches set out in workstream summaries above.

Appendix 3: CommUNITY forum 2025 annual report

https://www.berkshirehealthcare.nhs.uk/media/hpkdlmgc/arcf-2025-event-delegate-pack.pdf

Appendix 4: Workstream action plans

4a: Recruitment, Retention, Progression and Conditions – Exec Lead Alex Gild, Deputy Chief Executive

Action	Outcome	Status	Timescale
Explore the Real Living Wage principles across the supply chain	Improved economic standards of community and support workers to live with dignity and security.	**Open**	April 2027
Proactively promote leadership and development opportunities to ethnically diverse colleagues (including targeted communications and encouragement to apply).	More ethnically diverse colleagues access development support and progression pathways, helping to improve representation and readiness for senior roles over time.	**Complete**	**In place**

Launch the Money and Rights Hub so staff can access independent, confidential advice on money, benefits and rights.	Staff, particularly those most affected by cost-of-living pressures and living in the most deprived areas can get practical support earlier (e.g., debt, benefits, housing, immigration and employment rights), reducing financial hardship and improving wellbeing and retention.	**Complete**	**From April 2026**
Pilot a competency-based progression pathway at Prospect Park Hospital for Band 5 staff, with a clear route to Band 6 without a formal interview.	More Band 5 staff progress into Band 6 through assessed competence (not interview performance), helping to fill Band 6 vacancies and improve ethnic diversity at Band 6 over time.	**Open**	**TBD in line with national Job evaluation & PPH People Plan**
Develop the Allied Health Professionals (AHP) anti-racism action plan, focused on widening the pipeline (outreach) and improving progression into Band 6 and Band 7 roles.	A clear, agreed AHP anti-racism action plan is in place (with priorities, owners, timescales and measures), so delivery can be tracked and accountable.	**Complete**	
Deliver the Allied Health Professionals (AHP) anti-racism action plan, focused on widening the pipeline (outreach) and improving progression into Band 6 and Band 7 roles.	More ethnically diverse AHP staff are recruited and progress into Band 6 and Band 7 roles over time, supported by fairer recruitment and selection, clearer development support, and targeted outreach to grow the future pipeline.	**Open**	**September 2026**
Complete a deep dive into access to CPD and development opportunities (WRES Indicator 4), including engagement through staff networks and other spaces, use of the Tableau dashboard, increased scrutiny of requests, and widening monitoring from April 2026 to include non-formal, decentralised and wider development opportunities, not just formal funded CPD. Promote awareness of the dashboard with people partners	A stronger picture of where development access gaps may sit, supported by engagement insight, dashboard visibility, broader data capture and stronger scrutiny. From April 2026, the organisation can monitor a wider range of learning and development access, not just funded CPD requests and use this through people partners, managers and divisional oversight to identify and address disparities earlier.	**Complete**	**From April 2026 monitoring**

and managers so divisions have stronger oversight.			
Debias job descriptions and person specifications by removing unnecessary or subjective criteria (e.g., gendered language, non-explicit physical requirements and 'desirable' requirements).	Roles are advertised with clearer, more inclusive criteria, helping to widen the applicant pool and reduce bias at shortlisting particularly for senior (Band 8B+) recruitment, while keeping requirements focused on what is genuinely needed for the job.	**Open**	This started with Band 8B+ roles, was then applied to nursing roles (Nov 2025), and now needs to be rolled out more widely.
Complete an Equality Impact Assessment (EqIA) for the talent pool approach, so it can be launched and managed fairly and consistently.	The approach has been assessed for equality impact, with risks and mitigations identified. This supports a fair launch and ongoing oversight (e.g., clear criteria, consistent application and monitoring) so the talent pool does not create new barriers for ethnically diverse staff.	**Complete**	
Introduce an "internal first" recruitment approach for suitable roles, to maximise fair access to opportunities for existing staff.	More staff can access progression opportunities, supporting retention and helping to reduce barriers for ethnically diverse colleagues to move into more senior roles.	**Complete**	
Run a task-and-finish group to fix implementation issues and make sure the Band 8B+ recruitment process is applied consistently (e.g., guaranteed interview, removal of "desirable" criteria, use of the reflection form, and Trac/reserve list processes).	Senior recruitment controls are applied consistently across services, with fewer technical/process failures and clearer guidance for hiring managers and HR. Any remaining issues are captured with agreed follow-up actions and governance.	**In progress**	**April 2026**
Introduce an annual ethnicity pay gap analysis and report (published and shared with staff and stakeholders).	Clear, routine insight into pay gap drivers by ethnicity (not equal pay), enabling targeted action on representation, progression and other system drivers.	**Complete**	

Introduce intersectional ethnicity pay gap analysis (e.g., ethnicity by gender) alongside the core ethnicity pay gap report.	Deeper insight into 'hidden' gaps (e.g., differences between White men and Black women), so interventions can be more precise and address compounded disadvantage.	**Complete**	
Evaluate and share a report with staff networks on the Trust's changed approach to disciplinaries.	Improved transparency, trust and shared understanding of disciplinary methodology and approach, supporting more informed challenge and continuous improvement on disproportionality.	**Complete**	
Launch interest and engagement with The Mirror Board (Frimley Health and Care), including Berkshire Healthcare participation.	Strengthened system partnership and shared learning on anti-racism, widening influence beyond the Trust and supporting consistent approaches across the ICS.	**Complete**	
Track redundancy and leaver rates by ethnicity to check for any unfair differences, and review this routinely through the Taskforce.	Current data shows no unfair differences in redundancy or leaver outcomes. Ongoing monitoring provides early warning if a gap emerges, so action can be taken quickly.	**Closed**	
Expand analysis of WRES indicators (and related workforce metrics) to support deeper insight and targeted pipeline/progression actions.	Clearer understanding of the drivers behind gaps (by profession, band and stage of the employee journey), so actions can be prioritised and progress tracked through Taskforce/BAU oversight.	**Complete**	
Complete analysis of the Band 8B+ workforce pipeline (e.g., psychology) to understand representation and inform targeted progression and recruitment work.	We have a clear baseline and insight into where representation drops at Band 8B+ (by profession/role), so pipeline actions can be prioritised and progress can be tracked over time.	**Complete**	
Create competency-based talent pools so staff can move into roles through assessed competence and readiness, without needing a formal interview.	Progression is based on demonstrated skills and readiness rather than interview performance, widening access to development and increasing fair movement into hard-to-fill and more senior roles over time (including improved representation at higher bands).	**Open**	**TBD**

Carry out a casework review of formal disciplinary cases (WRES Indicator 3) to understand what is driving the gap and identify improvements to make the process fair and consistent.	We understand where and why any disproportionality is happening in the disciplinary process, and we have clear actions to address it (e.g., early support, consistent decision-making, and quality assurance), supporting a sustained improvement in WRES Indicator 3.	**Open**	**April 2026 to April 2027**
Introduce a guaranteed interview for ethnically diverse applicants who meet the essential criteria for senior Band 8B+ roles.	Ethnically diverse candidates who are appointable on the essentials are less likely to be filtered out at shortlisting for senior roles. This increases fair access to interviews and supports improved representation at Band 8B+ over time.	**Complete**	
Pilot sharing interview questions in advance to improve fairness and transparency for candidates.	Candidates can prepare more equally, and feel more trusting of consistent and fair interview processes.	**Complete**	
Use an accountability reflection form (with independent review and senior sign-off) when an interviewed ethnically diverse candidate is not appointed for a senior (Band 8B+) role.	Appointment decisions are more consistent and transparent, with clear written rationale and senior oversight. This strengthens accountability for hiring managers and helps reduce unfair differences in interview outcomes for ethnically diverse candidates over time.	**Complete**	
Introduce routine monitoring of NHSP shift cancellations (including a report that can be run by ethnicity), reviewed at the relevant staffing/status meeting to understand and challenge any unexplained cancellations.	We can spot patterns and outliers in shift cancellations early and follow up where reasons are unclear. This improves fairness and transparency for bank staff and reduces the risk that ethnically diverse colleagues are disproportionately affected.	**Complete**	**Ongoing**

4b: Anti-Racism Policy and Practice – Exec lead, Paul Gray, Chief Financial Officer

Action	Outcome	Status	Timescale
Develop a Positive Practice Guide to help teams assess and improve anti-racist practice in day-to-day services.	Teams have a practical tool (and examples) to identify racial disparities and take meaningful service-level actions to reduce them.	**Complete**	

Develop exemplar case studies that showcase positive practice with tackling racial disparities in services.	Good practice is modelled, accessible across a range of different types of practical changes that improve equity.	**Open**	**May 2026**
Enhance the staff data Tableau dashboards to provide better insight into ethnicity patterns (including part-time working, turnover, sickness absence, staff group/profession and other key workforce measures).	Leaders and teams can more easily identify where workforce disparities sit and how they vary by role and working pattern, enabling clearer problem statements, targeted interventions and more routine monitoring through BAU governance.	**Complete**	
Improve equality monitoring scripts and guidance so services collect better ethnicity data.	Fewer “unknown” fields and more reliable data, so disparities can be identified and acted on with confidence.	**Complete**	
Develop and deliver training to help colleagues analyse health inequalities and race equity data (including how to create clear problem statements).	Staff and teams can access on demand resource that helps them to use data well (with confidence and consistency) to prioritise and improve equity.	**Complete**	
Audit Plan on a Page (POAP) objectives to check the quality and maturity of anti-racism actions across teams, and identify where support is needed.	Clearer assurance that anti-racism is embedded in team objectives, with themes and gaps identified so teams can be linked up and supported.	**Complete**	
Equip policy scrutiny groups and policy makers so policies and EqIAs are reviewed consistently and confidently.	Policy decisions better reflect equality duties and likely impacts, with clearer discussion and assurance of EqIAs.	**Complete**	
Deliver an Equality Impact Assessment (EqIA) implementation programme, including updated template, FAQs and training.	Improved EqIA quality and confidence, supporting better decision-making and more consistent consideration of racial equity. Regular support is available with the Equality Diversity and Inclusion Team through monthly drop in times available on the intranet.	**Complete**	
Maintain a culturally appropriate photo bank and ensure inclusive imagery is embedded as standard in communications.	More inclusive communications that better reflect our workforce and communities.	**Complete**	

4c: Incidents, Support and Empowerment, Exec Lead, Debbie Fulton, Director of Nursing and Therapies

Action	Outcome	Status	Timescale
Complete a casework review to check how formal cases involving racism are handled, including the quality of challenge and decision-making by commissioning managers.	Improved consistency and fairness in casework, with stronger scrutiny, clearer learning, and better handling of racism-related issues.	**Open**	**2026–2027**
Develop an anti-racism audit process with Just Culture champions to capture learning and ensure it is shared and acted on.	A consistent approach to identifying and addressing racism-related issues, with clearer accountability and continuous improvement.	**Open**	**2026–2027**
Redevelop mandatory conflict resolution training (linked to racism, bullying and harassment, and sexual safety work) so managers have the skills to handle difficult conversations.	Managers feel more confident and competent to respond to racism and related issues early and consistently.	**Open**	**September 2026**
Use appraisal wellbeing conversations to ask managers if they feel equipped to handle conversations about racism, and use the data to target support and training.	Better understanding of where confidence/skills gaps are, with targeted support offered to managers and teams.	**Open**	**July 2026**
Provide anti-racism training for investigating officers, commissioning managers, HRBPs and decision makers.	More consistent, informed handling of racism-related casework, reducing the risk of poor quality investigations or unfair decisions.	**Complete**	
Maintain anti-racism training for investigating officers, commissioning managers, HRBPs and decision makers, and ensure new joiners are trained.	More consistent, informed handling of racism-related casework, reducing the risk of poor quality investigations or unfair decisions.	**Open**	**July 2026**
Review and republish the Safety Culture Charter so expectations and accountability for racism are clear and reinforced (including through appraisals).	Clearer expected behaviours and improved confidence to report concerns, with reduced discrimination over time.	**Complete**	
Update violence and aggression materials (infographic, manager checklist/flow) to explicitly include racism, expected actions and support pathways.	Managers have clearer guidance on how to respond consistently to abuse (including racism), and staff have clearer expectations and support routes.	**Complete**	

Create and promote the “Speak up about racism” (active bystander) guide so staff and managers know what to do when racism happens.	More staff feel able to act and escalate, supporting a culture where racism is challenged and addressed.	**Complete**	
Create and promote a ‘Dealing with Racism’ guide so that staff and managers know their options with racially abusive patients	More staff feel able to deal with racism and understand the options available with handling it.	**Complete**	
Maintain a clear reporting and feedback route (e.g., FAQ mechanism) so staff can raise concerns and get responses.	Improved confidence that issues can be raised safely and that feedback loops are closed.	**Complete**	**Complete**
Ensure the wellbeing assessment includes a direct question about racism and that the wellbeing offer is culturally responsive (including reflective practice and improved monitoring).	Staff who experience racism are identified and supported earlier, with clearer insight into demand and quality of support.	**Complete**	**Complete**
Review and republish the “no abuse” statement and embed it consistently across systems and sites (letters, signage, posters).	Clearer expectations for patients and visitors, supporting prevention and a more consistent response to abuse (including racism).	**Complete**	**January 2026**
Sense check with staff and communities whether an additional reporting route (e.g., form or inbox) for racism concerns would be helpful, recognising existing routes (e.g., Datix, managers, FTSU, and the anonymous FAQ).	Clear confirmation on whether anything is missing from current reporting/support routes. Where needed, signposting is improved without creating duplicate or confusing pathways.	**Closed**	**Complete**
Re-establish Prospect Park Advocacy for Racial Equity Team (PPARET) to provide peer support after incidents.	Staff feel more supported after incidents, with a clearer support pathway and more consistent follow-up.	**Complete**	**Complete**

4d: Education and Engagement, exec lead Theresa Whyles, Chief Operating Officer

Action	Outcome	Status	Timescale
Co-produce theatre forum method into anti-racism workshop training (prevention, response, and support following racist incidents).	Anti-racism reflection resources are developed and available.	**Complete**	
Implement theatre forum workshop offer for staff to	Embed and cascade offer for staff to access.	**Open**	**May 2026**

access education and reflection.			
Introduce short “10-minute turbo” anti-racism sessions, using practical tools and signposting to further resources.	Anti-racism is easier to engage with routinely, supporting confidence, shared language and consistent practice.	**Open**	**September 2026**
Embed anti-racism into Quality Improvement (QI) tools, training and improvement practice.	QI activity routinely considers equity and anti-racism, helping teams improve access, experience and outcomes. Anti-racism considered in GEMBA tools, white, yellow and green belt training and A3 work.	**Complete**	**May 2026**
Explore accrediting anti-racist leadership learning (e.g., CPD / university validation).	Leaders have access to recognised learning that strengthens racial literacy and supports consistent anti-racist leadership practice.	**Open**	**April 2027**
Develop a restorative justice / racism awareness learning offer for alleged perpetrators (linked to wider staff safety work).	Improved understanding of harm and accountability, with more consistent and constructive approaches to prevention and learning.	**Complete**	**July 2026**
Implement use of restorative conversations for staff to share with racially abusive patients	Implemented resource and tool that staff are aware of and has good usage across the trust.	**Open**	**September 2026**
Redevelop mandatory EDI training (mapped to UK Core Skills) so anti-racism learning is part of a consistent core offer for all staff.	Improved baseline knowledge and confidence across the workforce, with a clearer mandated offer.	**Open**	**September 2026**
Action learning sets within leadership programmes to include anti-racism topics (also referred to as reflective learning sets).	Leaders have structured space to reflect on anti-racism, build confidence to lead difficult conversations, and take practical actions back into teams.	**Complete**	
Embed anti-racism awareness across sites through routine communications and visible materials (e.g., posters, banners, leaflets and virtual noticeboards).	Anti-racism resources are visible and easier to access across sites, supporting consistent awareness and engagement.	**Complete**	
Create and share a regular anti-racism briefing/updates (e.g., quarterly bulletin) to keep staff informed and signpost to learning and involvement opportunities.	Improved knowledge of anti-racism across the workforce, with more consistent communication of progress, opportunities and resources.	**Complete**	

Signpost and promote coaching to support colleagues' anti-racism development (including a CPD session for coaches using the "12 questions" resource).	Coaches are better equipped to support anti-racism goals, and staff can access coaching to build confidence and capability in practice.	**Complete**	
Review and strengthen the EDI / anti-racism content within leadership programmes so leaders are better equipped to demonstrate anti-racist behaviours.	Leaders have clearer understanding, shared language and practical tools to act on racial equity, alongside expectations for behaviour and accountability.	**Complete**	

4e: Patient Access, Experience and Outcomes, Exec Lead Dr Tolu Olusoga, Medical Director

Action	Outcome	Status	Timescale
Use a Quality Improvement approach to reduce ethnicity-related disparities in access by targeting waiting lists in services with the greatest gaps.	Reduced disparities in waiting times, with learning shared so other services can replicate improvements.	**In progress** Nutrition & Dietetics: Active QI complete, results demonstrated MSK Physiotherapy: QI engagement started, leadership prioritisation ongoing Diabetes (East): Identified as priority, QI emerging via audit/safety route Podiatry: Engaged but not yet prioritised	**April 2027**
Centralise, re-tender and strengthen contract oversight for translation and interpretation services to improve quality and reliability.	Improved quality and fill rate of translation and interpretation, supporting more equitable access for patients and carers.	**Complete**	
Analyse patient experience and feedback data (including response rates by ethnicity) to	Improved insight into where experience gaps exist and who is under-represented in feedback, supporting targeted action to	**Open**	**April 2027**

better understand disparities.	improve access and experience.		
Introduce specific questions about ethnicity, faith and culture into patient feedback routes and care planning tools (where feasible).	More relevant insight into cultural and faith needs, supporting more culturally responsive care and service improvement.	**Complete: Added to e-passport, advanced choice document and carers survey.**	
Introduce specific questions about ethnicity, faith and culture into patient feedback routes and care planning tools (where feasible).	More relevant insight into cultural and faith needs, supporting more culturally responsive care and service improvement.	**Awaiting tender for – I want great care patient survey to introduce question**	**Asked Liz for date**
Deliver the multi-faith education and engagement project based on commUNITY feedback (eLearning, workshops and practical resources).	More culturally appropriate care is supported in practice, with staff better equipped and resources available across sites.	**In progress (final closure report in circulation)**	**July 2026**
Introduce staff training and simple guides on supporting care for patients with Black heritage hair (including culturally appropriate approaches and products).	Staff confidence improves and patients receive more culturally responsive personal care, reducing the risk of distress, harm or poor experience linked to hair care needs.	**Open (awaiting printed copies for distribution)**	**September 2026**
Provide and distribute Black heritage hair care kits to inpatient wards (with appropriate products and basic instructions) to support day-to-day care.	Wards have the right tools available when needed, improving patient comfort and experience and reducing avoidable inequality in personal care while an inpatient.	**Open**	**September 2026**
Diversify inpatient meal options at Prospect Park Hospital based on patient feedback (including culturally appropriate choices	Patients have access to a wider range of culturally appropriate meals, improving experience and supporting equitable,	**Open**	**September 2026**

for West African and Eastern European people).	person-centred inpatient care.		
Embed the CommUNITY Anti-Racism Forum as an ongoing listening space to hear concerns, barriers and ideas for improvement and to share back what we have heard and what we are doing in response.	We stay connected to lived experience and feedback from communities and staff, and we build credibility over time by being transparent about what we can change, what will take longer, and what we have learned.	**Complete**	**Ongoing**
Embed the Equity Partnership Group as a regular partnership forum to strengthen oversight, challenge and co-production of anti-racism work (including progress updates and priorities for next steps).	Decisions and priorities are better informed by partner insight and constructive challenge, with clearer accountability and follow-through supporting improved trust, visibility and impact over time.	**Complete**	**Ongoing**
Build and maintain partnerships with Slough CVS and Reading ACRE (Alliance for Cohesion and Racial Equality) to support trusted community engagement and co-production (including PCREF).	Anti-racism and equity work is informed by community insight and constructive challenge, helping us design improvements that are more relevant, accessible and credible, and strengthening trust over time.	**Complete**	**Ongoing**
Progress the Gypsy, Traveller, Roma, Showmen and Boater (GTRSB) health pledge work, including research partnership and framework development.	A practical framework is developed to help services identify and reduce disparities for GTRSB communities.	**In progress (research grant secured and steering group reconvened)**	**May 2027**
Deliver the Windrush art and storytelling project, including	Strengthened community partnership and	**In progress (to launch video for Windrush Day in June)**	**June 2026**

displaying artwork across sites and sharing learning.	visibility of lived experience, supporting engagement, belonging and culturally informed improvement.		
Introduce and promote a skin tone bias assessment tool (and related resources) to support more equitable clinical practice.	Staff have tools and prompts to reduce the risk of missed or delayed assessment for people with darker skin tones.	**Complete**	
Align this workstream with key programmes and national frameworks including the Disproportionate Mental Health Act Detentions for Black people in Berkshire programme, the NHS England Patient and Carer Race Equality Framework (PCREF), and the NHS England Culture of Care Framework), so our local work connects to wider improvement and accountability.	Our priorities, measures and improvement work are better joined up, avoiding duplication and helping us learn from (and contribute to) wider work. This supports clearer oversight and a more consistent approach to improving access, experience and outcomes.	**Open**	**April 2027**

Appendix 5: Anti-racism engagement activity (April 2023 – April 2026 more than 100 pieces of engagement

2023 (launch year 25 key pieces of engagement)

- Anti-racism engagement workshops with colleagues (April–June 2023) to co-create the Anti-Racism Action Statement and shape workstream priorities.
- Targeted engagement sessions with the Race Equality Network (REN) to test and refine the action statement and early priorities.
- Promotion of engagement through all-staff channels (e.g., intranet / all-staff briefing) and through key forums (e.g., Strategic People Group, Diversity Steering Group, Safety Culture Group).
- Early community engagement conversations to sense-check priorities and the intended approach.
- Enhanced Black History Month, South Asian Heritage Month, Windrush Day and Gypsy Traveller Roma History Month recognition.
- Launch of diversify your bookshelf group,

2024 29 key pieces of engagement

- All-staff briefing updates on workstream progress (including anti-racism workstream update at all-staff briefing – April 2024).

- Executive/leadership engagement through visible exec visits and write-ups to share learning (captured through the programme communications plan).
- Pop-ups / outreach activity across sites to increase visibility of anti-racism work and encourage participation (including pledge/badge collection activity).
- Regular communications via Team Brief / internal channels to share updates, promote events and signpost resources (e.g., CommUNITY forum promotion; Islamophobia awareness month content; “Action over Apathy” event promotion; reflective blog following Roger Kline training, translation processes and improvements).
- CommUNITY forum “one year on” promotion and engagement activity.

2025 41 key pieces of engagement

- CommUNITY Anti-Racism Forum continued delivery (including annual in-person event, additional intersectional event on Women’s Health and Race and ongoing engagement to shape projects and provide feedback).
- Roadshows / site-based engagement sessions to share progress and listen to staff feedback (including targeted engagement at Prospect Park Hospital and other sites where relevant).
- Reviewed diversify your bookshelf into Holding Space to Talk about Race
- Launch of Multifaith education, skin tone bias and positive practice resources and tools
- Regular updates and signposting through Team Brief, Trust Leaders sessions, manager briefing packs and local team sessions (including Racism from patients focus)
- Anti-racism engagement at external and partner events (e.g., presentations/learning shared through wider NHS forums as appropriate).

2026 (to date 19 pieces of key engagement)

- Race Equality Week, Holding Space to Talk about Race, Culturally informed hair care, anti-racism and decision making and health bus partnerships to deliver health checks.

Black History Month (BHM) growing programme (2023-2025)

2023: Establishing the offer and launching CommUNITY

- **Theme:** “Dig deeper, look closer, think bigger” (Trust programme).
- **Learning + reflection events (online):** BOB: Reflections on 75 years and more of the Black British Experience (52 attendees) and Whats in a name? (178 attendees; 9.4/10 feedback), plus Radio Windrush(185 attendees; 9.9/10 feedback).
- **Community + system engagement:** session at the Frimley ICS equality event (196 attendees) sharing our anti-racism approach and learning.
- **New ongoing engagement route launched:** Berkshire Healthcare Anti-Racism CommUNITY Forum launch event (62 attendees) with community partners to shape year-one priorities.
- **Storytelling + celebration:** Race Equality Network (REN) in-person event with staff stories and Windrush generation voices.
- **Ongoing engagement beyond October:** launched Diversify your bookshelf year-long anti-racism book club (26 members; 12 recommended books) and Thank you Thursdays spotlighting Black healthcare heroes.
- **High-profile external Q&A:** The Big Question online Q&A with John Amaechi OBE (567 attendees; 187 from Berkshire Healthcare).

2024: Scaling visibility across sites and strengthening allyship

- **Theme:** Reclaiming Narratives.
- **More visible engagement across sites:** Inclusion on the Movepop-ups with EDI team, staff networks and Freedom to Speak Up champions, gathering pledges and conversations about inclusion and anti-racism.
- **Embedding pledges into routine engagement:** Unity Against Racism pledges (with badge collection) promoted alongside other inclusion pledges to widen participation.
- **Allyship deep dive:** Action over apathy panel on senior white female allyship in anti-racism (Trust leaders and external speaker), focusing on practical actions and sustaining allyship.
- **Stronger in-person programme delivery:** REN BHM event in Bracknell (full-day), themed around Reclaiming Narratives, bringing together speakers, lived experience, networks and allies.

- **Wider reach through communications:** Team Brief and all-staff messaging to promote learning, events and ways to get involved.

2025: Maturing into a multi-format programme with stronger connection to service improvement

- **Theme:** Standing Firm in Power and Pride delivered as a cross-team collaboration (BHM committee, EDI, REN and communications) with a broader, more structured programme.
- **Expanded format mix:** in-person workshops, virtual sessions, storytelling/music formats and interactive learning, reaching staff and partners across disciplines and sites.
- **Co-production built in:** Culture of Care anti-racism co-production workshop using forum theatre videos based on real scenarios, generating practical actions to inform staff learning and PCREF work.
- **Strengthened capability building:** cultural competence session (high attendance) generating clear next steps (development of a practical Cultural Competence Guide).
- **Focused allyship conversations:** White Male Allyship panel practical reflection on power, accountability and everyday allyship in the workplace.
- **Connecting inclusion to care quality:** sessions linked to faith and recovery, racism and abuse from patients, and the Positive Practice Tool to support teams to assess and improve inclusive practice.
- **REN flagship celebration:** larger in-person REN Black History Month event bringing together staff, partners and executive sponsors to reflect on history, lived experience and data (e.g., WRES).
- **Clear what next outputs from the month:** commitment to turn insight into action (e.g., cultural competence charter/guide; enhanced anti-racism and allyship training; embedding learning into everyday practice).

Appendix 5: Equity Partnership Reflections of strategy progress

What aspects of our anti-racism strategy do you feel are working well or represent genuine progress?	Where do you think we need more focus, strengthening, or clarity as we move forward?	What one word best describes our anti-racism work so far?
Restorative videos are a very practical approach that could be used to make a difference	The more we can do to support that translation into practice the better I think.	Genuine
The strategy itself and the conversations stemming from the strategy has stimulated and encouraged people to think about anti racism and think about it in a pro-active way-asking questions about what individuals, teams, services, managers etc can do to make meaningful changes	People on the ground-managers have said that they still are not sure exactly how to take steps to support someone who says they have experienced racism, especially when this occurs within teams, and comments have also been made to say that support for people who have experienced racism has been limited outside of the direct line manager relationship.	Excellent!
Captured in leadership appraisals and measures outcomes that impact on patient care and changes behaviour	Leadership accountability reviews - how its is measured and capture on the impact; Training and development if it changes behaviours and attitudes how has it impacted on personal practice and the service they provide	Benchmarkable
Support for staff.	The impact of AI. Outcomes from training.	Welcoming
Community engagement and amplifying the voices of those marginalised and seldom heard. Hiighlight the work to the general public has been helpful. Not being defensive about highlighted points	I think the senior management recruitment needs to be representative of the demographics in the NHS and training needs to be available to everyone, not just the special ones. We have seen how this demoralises	Co-production

and accepting constructive criticism.	staff who are always told they need more training.	
The consistency and sustained efforts of the team and leadership support are clearly working, as evidenced with the progress made across the workstreams, with 44 being completed and 28 still in progress. The improved engagement and co-production with staff, networks and communities shows trust is being built by the consistent approach and evidenced action and results.	5.5 Workstream: Patient Access, Experience and Outcomes seems to be the least advanced workstream of the five, with 8 of 14 streams still open. Appreciating the complex and long-term nature of improving these things for a frequently-changing patient community, I am confident with the same high level of focus and sustained effort great results will be achieved in time.	Phenomenal!
I'm really glad to see the recruitment process in a good place and 45% of senior appointments of ethnically diverse candidates at a high level. I think this will truly support cultural competence across services and the organisation	Looking at the work done with community leaders and VCSE organisations, it's excellent. The fact its fruitful is no surprise. I think what would be useful is to get an understanding of the trust's plan to empower and support those community based orgs as they seek to be a preventative force in their communities. I think the group would interested in the initiatives attached that create a concrete change via community delivery.	Excellent

Appendix 6: Gallery

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Unity Against Racism
Progress, impact and next steps

2023 - 2026

Why this work matters

NHS
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Alignment with our vision of making Berkshire Healthcare ‘a great place to get care and give care’

- Racism affects people’s health, experience and opportunities.
- We made a commitment in 2023 to take action.
- This update shows what has changed and what still needs to improve.

From **commitment** to **action**

Berkshire Healthcare NHS Foundation Trust

- Anti-racism is now more part of how we work
- More people are involved in making change happen
- There is visible progress across staff and services

Priorities

1. Fair access to services and opportunities
2. Better experiences for staff and communities
3. Better outcomes

Community experience

Berkshire Healthcare NHS Foundation Trust

We worked on:

- Policy and practice
- Patient access
- Stronger partnerships with communities
- Culturally sensitive care
- Building trust

Shaped by community voices we delivered:

- Multi-faith training and resources
- Windrush and migration storytelling
- Hair training, guides and resources
- Skin tone bias tools
- Improvements to services (e.g. Dietetics, translation and interpretation, Mental Health detentions)
- Established our CommUNITY Forum, Equity Partnership Group and community contracts

Staff experience

Berkshire Healthcare NHS Foundation Trust

We worked on:

- Recruitment, retention, progression and conditions
- Incidents, support and empowerment
- Education and engagement

We:

- Introduced fairer recruitment (Band 8b+) and CPD processes
- Launched a Money and Rights Hub for staff
- Created guides: Positive practice, dealing with racism, being an ‘upstander’, Equality Impact Assessments
- Improved incident support and processes
- Co-produced anti-racism and faith training
- More than 100 pieces of engagement, including our enhanced Black History Month programme and ‘Holding Space to talk about Race’ regular reflective sessions

Recruitment, retention, progression and conditions

Berkshire Healthcare
NHS Foundation Trust

Workstream status:
16 complete | 6 in progress | 22 actions

Actions taken

- Introduced senior recruitment controls: guaranteed interview, reflection form, independent review and senior sign-off.
- Deepened dashboard insights, senior pipeline and intersectional pay gap insight to target action.
- Promoted leadership/development offers, internal-first recruitment and inclusive talent pool approaches.
- Launched the Money and Rights Hub
- Introduced increased scrutiny to approval panels following CPD deep dive and moved CPD access monitoring into routine oversight.

Outcomes and what is now embedded

45% **Band 8b+ appointments to ethnically diverse candidates since the senior recruitment package began**

- Fairer, more transparent recruitment and progression processes are now in practice.
- Development access gap has narrowed; CPD and wider opportunity data is monitored more consistently.
- Untapped talent is more visible through leadership offers, career conversations and pipeline work.

Next focus

Progress the Allied Health Professional pipeline plan and review disciplinary casework.

Anti-racism policy and practice

Berkshire Healthcare NHS Foundation Trust

Workstream status:

9 complete | 1 in progress | 10 actions

Actions taken

- Strengthened Equality Impact Assessment practice with a revised template, FAQs, training and monthly drop-ins.
- Mandated anti-racism objectives in Plan on a Page and audited maturity of objectives.
- Developed the Positive Practice Guide to help teams assess and improve day-to-day service practice.
- Improved equality monitoring scripts and guidance; established easy to access inclusive imagery.

Outcomes and what is now embedded

9/10 **actions complete, with case-study sharing due to strengthen peer learning**

- Anti-racism is built into existing policy, planning and communications routes rather than treated as an add-on.
- Teams have practical tools to create better problem statements and make improvement more specific.
- Policy makers and services have more structured support to consider racial equity implications.

Next focus

Support consistent use and publish case studies that make good practice easy to copy.

Incidents, support and empowerment

Berkshire Healthcare NHS Foundation Trust

Workstream status:
9 complete | 6 in progress | 15 actions

Actions taken

- Refreshed “no abuse” statement, site signage, Safety Culture Charter and violence/aggression materials to explicitly name racism.
- Created “Speak up about racism” and “Dealing with racism” guides, plus reporting, FAQ and feedback routes.
- Added opt-out wellbeing support after incidents and re-established Prospect Park Racial Equity Advocacy Team for local peer support.
- Delivered anti-racism training for investigators, commissioning managers, HR and decision makers.

Outcomes and what is now embedded

3-part **prevention, response and support now linked through clearer standards and routes**

- Staff have clearer boundaries, support routes and expectations when racism or abuse occurs.
- Feedback loops are more visible, helping colleagues see follow-through and organisational learning.
- Managers have practical materials, with further capability building planned for 2026.

Next focus

Audit casework with Just Culture champions and refresh conflict-resolution training. Launch Op Cavell with TVP.

Education and engagement

Berkshire Healthcare
NHS Foundation Trust

Workstream status:
9 complete | 5 in progress | 14 actions

Actions taken

- Embedded anti-racism into induction, leadership/management offers, reflective tools and “Holding Space to Talk About Race” sessions.
- Co-produced video resources, theatre-forum style learning, webinars, pop-ups, site visits and forum activity.
- Used Black History Month, Interfaith Week and other calendar moments for bite-sized multi-format learning.
- Added anti-racism into Quality Improvement tools and training; planned CPD workshops, 10-minute turbo sessions and mandatory EDI refresh.

Outcomes and what is now embedded

9/14 **actions complete, with targeted learning offers being sequenced for the next phase**

- Racial literacy and confidence have grown through practical, reflective and scenario-based learning.
- Co-production with staff networks and community partners has increased relevance and trust.
- More colleagues are engaging in open conversations about race as part of culture and practice.

Next focus

Sequence roll-out, evaluate completion and keep learning routes refreshed within BAU.

Patient access, experience and outcomes

Berkshire Healthcare
NHS Foundation Trust

Workstream status:
6 complete | 8 in progress | 14 actions

Actions taken

- Established CommUNITY Forum, Equity Partnership Group oversight and Slough CVS/ACRE community partnerships.
- Delivered clinical equity tools: skin tone bias resources, faith/culture prompts, multifaith education and inpatient hair/meal changes.
- Used Quality Improvement to address waiting-list disparities in priority services, with Nutrition & Dietetics completed and MSK engagement underway.
- Centralised and retendered interpretation, analysed patient feedback by ethnicity and secured GTRSB health pledge research funding.

Outcomes and what is now embedded

98% **translation and interpretation fulfilment, improving equitable access across 100+ languages**

- Listening and partnership mechanisms are better established and strengthening trust, relevance and accountability.
- Practical service changes are improving access, culturally responsive care and patient experience.
- The workstream has a clearer multi-year route for access, experience and outcome disparities.

Next focus

Sustain oversight to 2027 and evidence visible follow-through from community insight.

Summary of actions

Berkshire Healthcare NHS Foundation Trust

Workstream	Complete	In progress	Total
A: Recruitment, Retention, Progression and Conditions	16	6	22
B: Anti-Racism Policy and Practice	9	1	10
C: Incidents, Support and Empowerment	9	6	15
D: Education and Engagement	9	5	14
E: Patient Access, Experience and Outcomes	6	8	14
Total (all workstreams)	**49**	**26**	**75**

What we've learned

Berkshire Healthcare NHS Foundation Trust

- This work is complex and long-term
- Data **and** lived experience both matter
- Leadership involvement makes a difference
- We must stay focused on race inequality

Where we need to improve

Berkshire Healthcare NHS Foundation Trust

- Senior staff representation in ‘agenda for change’ roles
- Racism and abuse towards staff
- More consistency in positive practice

Still in progress:

- Workforce progression and senior representation
- Addressing all racist abuse consistently
- Patient access inequalities
- Long-term disparities

Some of our outcomes

Berkshire Healthcare NHS Foundation Trust

What difference is this making?

- Our Compassionate and inclusive staff survey score improved for the last 3 years from 7.3 to 7.94.
- 45% of appointments at snr level have been to ethnically diverse candidates (vs 32–33% of the workforce).
- Improved access to CPD and perception of progression
- Fulfilment of translation and interpretation increased from 59% to 98%
- Our Race Equality Network for staff has seen a 30% growth reaching 320+ members.
- We got external recognition

Metric	2023 Gap	2024 Gap	2025 Gap
We provide equal opportunities for career progression or promotion	15.1%	12.2%	**5.4%**
Experiencing harassment, bullying or abuse from staff in the last 12 months	6.7%	6.2%	**4.6%**
'BME' staff accessing non-mandatory training and CPD	1.55x	1.41x	**1.1x**

What happens next?

Berkshire Healthcare NHS Foundation Trust

- Focus on making change consistent
- Keep listening to staff and communities
- Target areas where inequality is highest e.g. HR casework and patient access
- Continue to strengthen our accountability

The role of our staff

- Speak up about racism
- Use tools, case studies and guidance available
- Get involved in learning
- Share feedback and ideas

In pictures

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NHS Foundation Trust

Our examples

Search ‘**Unity Against Racism**’

Multifaith Education and Engagement

Embedding faith-sensitive, inclusive care through co-production and practical tools

NHS
Berkshire Healthcare
NHS Foundation Trust

Synopsis

- Part of Unity Against Racism approach to embedding anti-racism in everyday practice
- Focuses on enabling faith-sensitive, person-centred care
- Moves from off the shelf solutions to tailored, accessible and trusted approaches and resources

Impact

- Increased staff confidence and permission to ask about faith
- Reduced avoidance - more respectful, meaningful conversations
- Early evidence of behaviour change in practice
- Strengthened trust between services and communities

Ambition

- Address a clear gap: people avoid conversations about faith due to uncertainty
- Recognise faith as central to identity, care decisions and trust
- Improve experience, access and outcomes for racialised communities

Scale

- Delivered through e-learning, workshops and system-wide engagement
- Practical tools: ethical dilemmas, booklets, e-passport prompts, placements
- Embedded into wider systems (e.g. documentation, service design)
- Shared through partnerships (e.g. RCN conference, university collaboration and grassroot communities)

Collaboration

- Shaped by CommUNITY Forum, staff and local communities
- "We said, we did" focus on respectful, meaningful conversations
- Lived experience used as a core method to design solutions
- Faith partners involved throughout development and delivery

Sustainability

- Reinforced through ongoing co-production and community feedback loops
- Built into organisational culture and ways of working
- Supported by leadership, partnerships and continuous learning

CareQuality Commission Inspected and rated Outstanding ☆

Acknowledgements: CommUNITY forum, Margaret Rioga, Associate Professor of Education & Director of Student Success | Buckinghamshire New University
Rev. Polly Falconer, Diocese of Oxford

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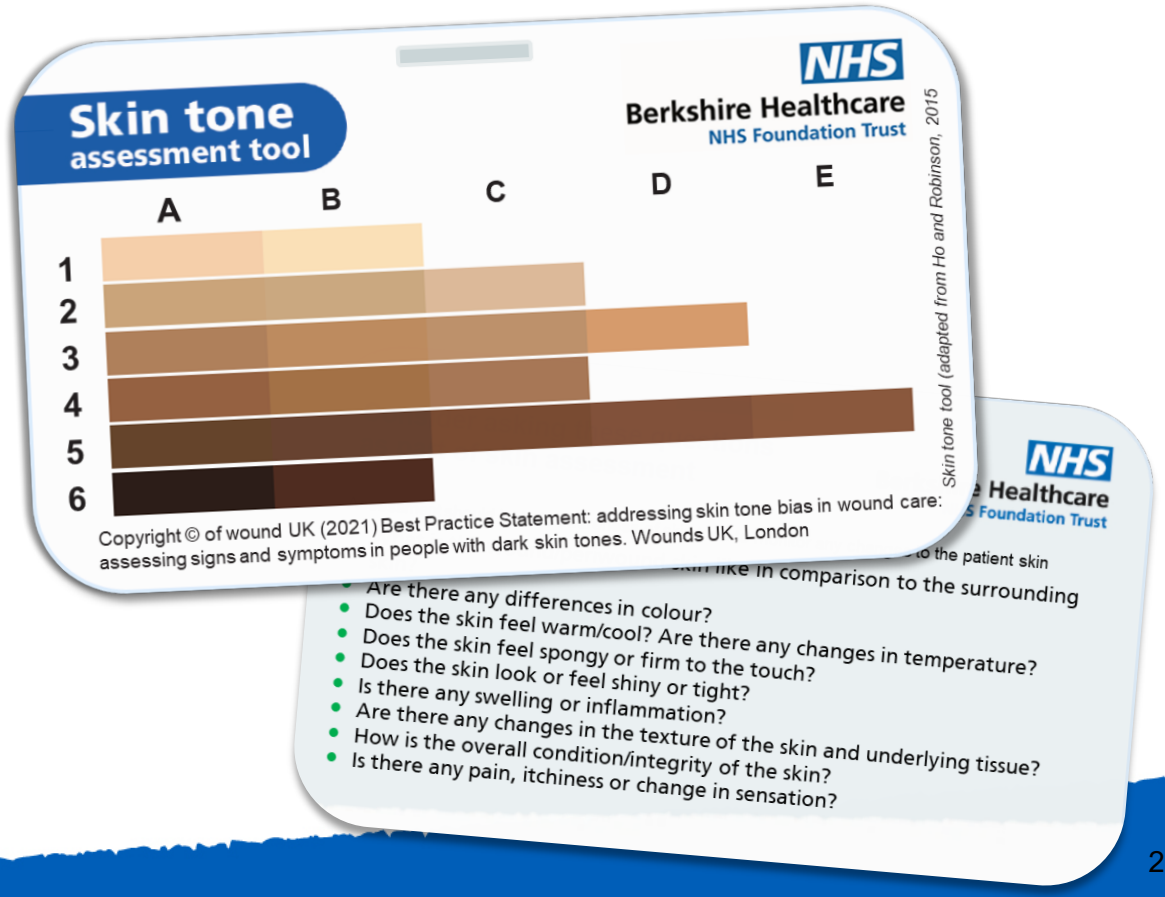
Skin tone bias tool

Berkshire Healthcare NHS Foundation Trust

Communities had heard there was skin tone bias and wanted to understand our position. In response the skin tone bias toolkit was developed to help staff recognise how clinical assessments, treatment decisions, and care outcomes can be influenced by skin tone – particularly where darker skin tones have historically been excluded from clinical training and resources. The toolkit is designed to support fairer, more accurate clinical observations and improve patient safety.



Distribution and Audit

While leading the rollout of the tool we gathered feedback and usage data evaluate effectiveness

Training and Awareness

Delivered associated training to staff and raising awareness of how to use the toolkit confidently in clinical settings.

Cross-Team Collaboration

Coordination between distribution and training ensured a joined-up approach across services.

Feedback loop

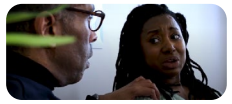
Wider awareness session for BHM and CommUNITY Forum to explore the broader issue of skin tone bias and showcase approach for partners

Guides

- Positive practice tool aligned to PCREF
- Talking about faith
- Active upstander guide
- Dealing with racism from patients tool
- Anti-Racism Framework
- Self advocacy

Dealing with Racist incidents

Lived experience to learning





Berkshire Healthcare NHS Foundation Trust

Background

From Board to Ward – addressing harm

- Board led commitment to Unity Against Racism and vision of great place to give care, great place to get care
- Unacceptable racist incidents continue across settings, with ethnically diverse staff more likely to experience abuse
- Mental Health Act Detentions (MHAD) programme has highlighted persistent racial disparities for Black patients
- Feedback from staff and CommUNITY forum identified a need for practical, safe learning that supports staff to recognise, respond and provide appropriate support

Results

Pilot to scaled resources

- Rich qualitative insight into how racism is experienced, including barriers to speaking up and confidence
- Clearer socialisation and articulation of effective pre-incident, in-the-moment and post-incident practice
- A standardised, CPD-accredited* practical workshop developed directly from community and staff ideas, enabling consistent delivery at scale
- Learning objectives aligned to Unity Against Racism priorities
- Practical resources to support sustainable anti-racism education across the Trust

Aims

Delivering our Unity Against Racism Strategy

- Recognise and address racism affecting both staff and patients
- Strengthen confidence and competence to prevent, manage and respond to race-related incidents
- Embed learning that supports equitable care, staff wellbeing and Culture of Care standards
- Translate lived experience and MHAD learning into sustainable workforce development

Conclusion

Co-produce, pilot , standardise –and share

- Theatre forum–based learning, grounded in lived experience and MHAD equity priorities, provided a powerful mechanism for translating insight into action.
- This work has produced material for a safe and robust Unity Against Racism workshop, strengthening staff capability to address racism in inpatient settings in ways that support dignity and equity for both staff and patients. The project demonstrates how community-informed approaches can be embedded into workforce development to support lasting cultural change.

Methodology

Lived Experience co-production to create 'theatre forum' scenario-based learning across diverse settings (staff-to-patient, patient-to-staff, staff-to-staff and patient-to-patient)

- Explore real-life experiences of racism, including subtle and overt forms
- Identify early warning signs and risk factors leading up to an incident
- Rehearse anti-racist responses through facilitated role-play, drawing on compassionate leadership and Culture of Care standards
- Examine post-incident practice, including what can escalate harm and what effective support and repair looks like
- Reflect collectively and translate learning into practical actions applicable to ward settings

Learning design prioritised psychological safety, wellbeing support and structured reflection

Next steps

- Target and prioritise organisational roll-out of the CPD-accredited workshop, offering it widely to system partners and beyond.
- Continue to evaluate impact and align learning with restorative conversations, peer support approaches and work to address racial disparities in decision-making.

CareQuality Commission Inspected and rated Outstanding

Acknowledgements:
*Staff from Sorrell Ward & Orchid (Prospect Park Hospital) who participated in the Anti-racism video workshop
Karla Inniss - Head of Inclusion, OD and Organisational Experience, Reuben Pearce - Lead Nurse Consultant - Urgent Care Pathway
Yvonne Mhlanga - Programme Manager Mental Health Act Detentions

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Restorative conversations

Berkshire Healthcare NHS Foundation Trust

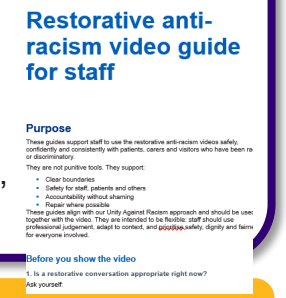
Unacceptable racist incidents continue across inpatient settings, particularly on mental health wards. Staff experience harm, exhaustion and reduced ability to provide care. There is a need for approaches that enhance safety, accountability and care.

Co-production

- Developed with CommUNITY Forum, staff and lived experience voices
- Informed by real incidents and staff experience on impacted wards
- Grounded in trauma-informed, anti-racist practice

What we created

- Restorative anti-racism video and staff guide
- Supports staff to respond safely, confidently and consistently
- Focus on clear boundaries, accountability and repair


Restorative anti-racism video guide for staff

Purpose

These guides support staff to use the restorative anti-racism videos safely, confidently and consistently with patients, carers and visitors who have been ra or discriminatory.

They are not punitive tools. They support:

- Clear boundaries
- Safety for staff, patients and others
- Accountability without shaming
- Repair where possible

These guides align with our Unity Against Racism approach and should be usec together with the video. They are intended to be flexible: staff should use professional judgement, adapt to context, and prioritise safety, dignity and fairne for everyone involved.

Before you show the video

1. Is a restorative conversation appropriate right now?

Ask yourself:

Approach in practice

- Not punitive - focuses on preventing repetition
- Holds distress and accountability together (does not excuse racism)
- Initially introduced on wards with highest levels of racism, using Datix insight building confidence to name harm, set boundaries and support repair

Roll out

- Supports conversations about impact, responsibility and behaviour change
- Builds consistent, compassionate responses to incidents
- Supports repair, trust and safer ward environments
- Recognises that addressing racism improves care quality for everyone

Black History Month
Enhancing and scaling engagement and impact

2023

Theme: Dig deeper, look closer, think bigger

- **Learning events (online):** 75 years+ of the Black British Experience and Whats in a name? plus Radio Windrush.
- **Community & system engagement:** sharing our anti-racism approach.
- **Launch event:** Anti-Racism CommUNITY Forum launch with community partners
- **Celebration:** Race Equality Network in-person event with staff stories and Windrush generation voices.
- **Ongoing engagement:** launched Diversify your bookshelf and Thank you Thursdays spotlighting Black healthcare heroes.
- **High-profile external Q&A:** The Big Questiononline Q&A with John Amaechi OBE with 567 attendees.

2024

Theme: Reclaiming Narratives.

- **Roadshows:** Collaborative pop-ups with EDI team, staff networks and FTSU, gathering pledges with conversations about anti-racism.
- **Allyship deep dive:** Action over apathy panel on senior white female allyship in anti-racism (Trust leaders and external speaker), focusing on practical actions and sustaining allyship.
- **Stronger in-person programme delivery:** REN BHM event in Bracknell (full-day), themed around Reclaiming Narratives, bringing together speakers, lived experience, networks and allies.
- **Wider reach through communications:** Team Brief and all-staff messaging to promote learning, events and ways to get involved.

2025

Theme: Standing Firm in Power and Pride

- **Expanded format mix:** in-person workshops, virtual sessions, storytelling/music formats and interactive learning, reaching staff and partners across disciplines and sites.
- **Co-production built in:** Culture of Care anti-racism co-production workshop using forum theatre videos based on real scenarios, generating practical actions to inform staff learning and PCREF work.
- **Strengthened capability building:** cultural competence session (high attendance) generating clear next steps (development of a practical Cultural Competence Guide).
- **Focused allyship conversations:** White Male Allyship panel practical reflection on power, accountability and everyday allyship in the workplace.
- **Connecting inclusion to care quality:** sessions linked to faith and recovery, racism and abuse from patients, and the Positive Practice Tool to support teams to assess and improve inclusive practice.
- **REN flagship celebration:** larger in-person REN Black History Month event bringing together staff, partners and executive sponsors to reflect on history, lived experience and data (e.g., WRES).

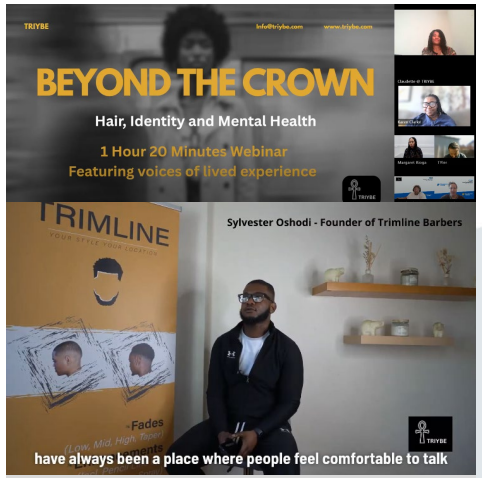
Overall creating clearer more sustainable outputs

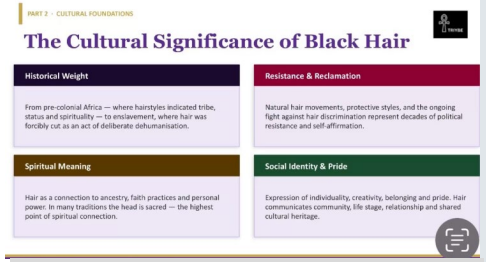
Belonging. Joy. Lived experience. Action.

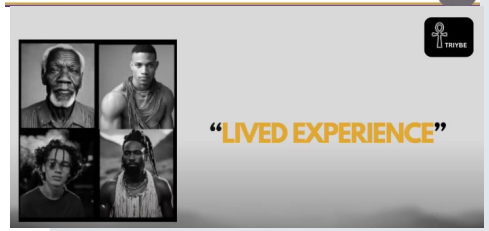
TRIYBE Beyond the Crown: Curls & Care

Embedding cultural safety through co-production and community voice

NHS Berkshire Healthcare NHS Foundation Trust







Synopsis

- Part of Unity Against Racism work to address cultural safety and dignity in care
- Responds to inequalities identified through MHAD programme and CommUNITY Forum
- Focuses on improving inclusive care for Black heritage hair and headwear

Impact

- Improved patient dignity, comfort and wellbeing during inpatient care
- Communities report feeling heard, valued and trusted
- Increased staff awareness and confidence in culturally appropriate care
- Demonstrates that small, practical changes can create meaningful impact

Ambition

- Address a clear inequality: standard ward products do not meet the needs of textured, curly or coily hair
- Recognise hair as central to identity, dignity, wellbeing and recovery
- Improve patient experience, trust and outcomes through culturally safe care
- "I felt like I needed to leave my real self as soon as I entered the hospital doors"

Scale

- Delivered a multi-component programme: Hair care guides
- Educational sessions with lived experience videos
- Hair care kits and products for inpatient settings
- Extended into community engagement and culturally competent mental health first aid for grassroots barbers and sport coaches

Collaboration

- Insight gathered through lived experience (MHAD project and CommUNITY Forum)
- Partnered with TRIYBE to bring cultural expertise and lived experience leadership
- Co-developed with community voices, hair professionals and staff
- Wider partnerships (e.g. barbers, hairdressers, community orgs) built trust and relevance with anti-racism mental health first aid

Sustainability

- Embedded into practice, resources and staff learning
- Digital guides and tools enable ongoing access and adaptation
- Built on continued feedback and co-production
- Aligns with long-term commitment to equity, dignity and culturally safe care

Acknowledgements: TRIYBE and Alliance for Cohesion and Race Equality (ACRE) – Reading

berkshirehealthcare.nhs.uk

Global South Pioneers: Oral History, Storytelling and Art

Made possible by Berkshire Healthcare Charity

NHS Berkshire Healthcare NHS Foundation Trust

Honouring stories to recognise our local heroes

Synopsis

- Part of Unity Against Racism approach
- Uses storytelling and art to make visible the experiences of local Global South staff
- Recognises the dependency, complexity and value of migrants to our local NHS.

Ambition

- Address the invisibility of local Global South experiences
- Recognise storytelling as central to identity, belonging and healing
- Create safe ways to share and respect lived experience and challenge inequity
- Use storytelling as a bridge between communities and services

Collaboration

- Initiated through the CommUNITY Forum, and co-produced with grassroots community partners with open invitation to share stories and shape project
- Worked with community researchers, local lived experience artist and communities
- Stories gathered through oral history and reflective dialogue with families and communities

Impact

- Created space for honest conversations about race, migration and identity
- Amplified voices often absent from formal histories but present in everyday
- Helps migrant staff working in our services feel seen, valued and recognised as part of the NHS story today

Scale

- Stories translated into artwork and visual displays across multiple Trust sites
- Celebrated in community events
- Contributes to a wider approach of embedding lived experience in practice
- Builds a growing archive of local stories and lived experience

Sustainability

- Sustains relationships with community partners and contributors

berkshirehealthcare.nhs.uk

CareQuality Commission Inspected and rated Outstanding

Acknowledgements: Joseph Silvanos Wafula, a local artist with lived experience of NHS services Featuring: Geneive Ademuyiwa, Olga Inniss, Ornell Mapp, Ianthe Chaitoo, Gloria Jack, Maria Potter, Everett Marshall, and thanks to Errol Masters at ACRE, Reading who helped to capture the stories.

Case studies

Berkshire Healthcare NHS Foundation Trust

NHS Providers

Counting the cost: understanding your ethnicity pay gap

Case study: Berkshire Healthcare NHS Foundation Trust

ePublication pages

Introduction

Berkshire Healthcare NHS Foundation Trust (Berkshire Healthcare) is a community, learning disability, and mental health trust providing a wide range of services to people from across 60 sites and in their homes. The trust employs approximately 5,000 staff, of which 30% are from an ethnic minority.

As a relatively new area of reporting, with a minimal ability to benchmark across trusts, Berkshire Healthcare's initial experiences with Ethnicity Pay Gap (EPG) reporting are likely to resonate with many NHS organisations. However, Berkshire Healthcare took a proactive approach to the EPG, and now in its second year of reporting, is able to benchmark internally against data from the previous year and also introduced intersectional reporting in 2024.

[Available: Case study: Berkshire Healthcare NHS Foundation Trust]

Race Equality Matters

[Meet the Silver Trailblazer - Berkshire Healthcare NHS Foundation Trust - Race Equality Matters]

Holding Space to Talk About Race

NHS
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NHS Foundation Trust

We're creating regular sessions to discuss important topics about race. Each session will begin with a short, tailored podcast discussion. These will be based on recent publications and resources on topics linked to our anti-racism workstreams such as recruitment, patient access, incidents, and policy.
This will be followed by an open forum where colleagues can reflect, share their thoughts, and engage in meaningful conversations.
Our goal is to give people more confidence to talk about race.

See you there!

Online, 45 minutes

April, July, October, February

Scan me

#UnityAgainst Racism

NHS
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Join our CommUNITY forum

We're Working together on anti-racism in healthcare

Check out the amazing scratch art - created in our November CommUNITY forum AGM!

Join us if you're a:

- Community member or carer in Berkshire with experience of racism, or
- Berkshire based community organisation with an interest in healthcare

We meet every 2 months, online for 90 mins

Scan the QR code or use l.ead.me/CommUNITYforum

Find more **'unity against racism'** information at:

berkshirehealthcare.nhs.uk

BH1038 v1 Anti-racism CommUNITY Forum A1 poster 07.25

Information for visitors

NHS
Equality Diversity and Inclusion (EDI)
Berkshire Healthcare

ANTI – RACISM COMMUNITY FORUM

Annual In-person event - delegate pack

www.berkshirehealthcare.nhs.uk

Figure 1 Photo taken at the CommUNITY forum face to face meeting in 2024 of people stood up and sat down posing for a photo.

This overview captures the key achievements, outcomes, and future priorities of the 2025 Anti-Racism CommUNITY Forum.
Its purpose is to empower and motivate, offering actionable insights, valuable resources, and clear pathways for everyone to engage in our ongoing anti-racism activities.

#UnityAgainst Racism

Monday 10 November 2025, 9.15am – 4.30pm

Crowne Plaza, Buckingham Suite, Wharfedale Road, Winnersh Triangle Reading, RG41 5TS

Challenges

When can bias and culture cause barriers?

1 How can this impact decision making?

Job creation, description, advertising, informal conversations, shortlisting, lack of scrutiny, stretch opportunities, appraisals

2 How can you mitigate it?

Practicing thoughtfulness and evaluating decisions through continuous curiosity and reflections

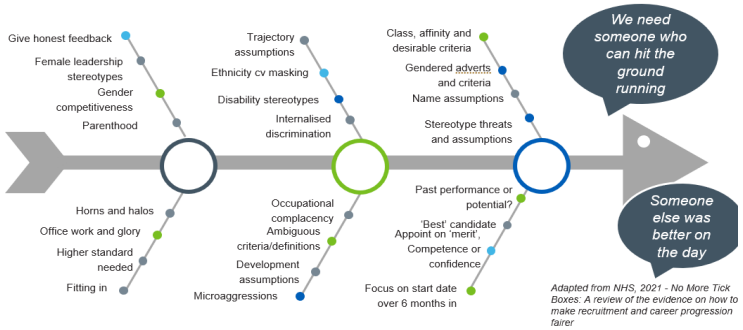
3 Applying it

Flip the face. Imagine justifying your decision to a court, learn from areas with better results

Discrimination can still be unlawful whether it is deliberately intended or not

Balance navigational and systemic actions – avoid deficit model

How do bias, stereotypes, assumptions and behaviour impact decision making?



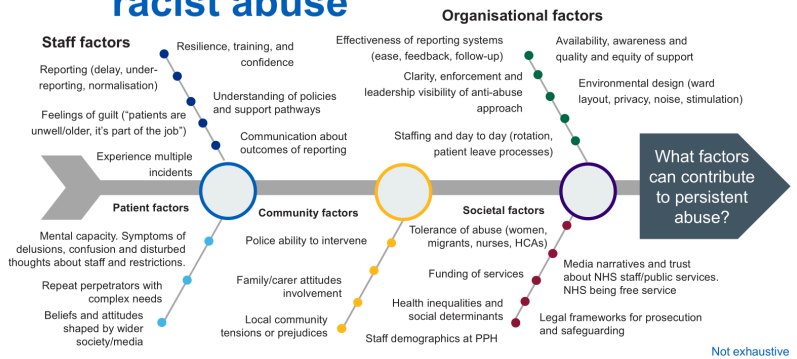
Adapted from NHS, 2021 - No More Tick Boxes: A review of the evidence on how to make recruitment and career progression fairer

Why remove desirable criteria?

1. It can reduce the diverse interest of the role and overlook potential.
2. It can cause less evidence-based decision making that is more prone to affinity bias
3. It can become irrelevant and ambiguous, criteria should always be measurable

Examples on NHS jobs last week:
- Maturity and self-awareness
- Enthusiasm and positive attitude
- Flexible
- Awareness of self as a role model
- Good physical health and stamina

What we've learned about racist abuse



Not exhaustive

What else can I do?

1. Keep ourselves **accountable** - reflection form
2. **Questions** in advance
3. Consider diversity of **panel** – but don't be exploitative or performative
4. Review the **physical requirements** of the job. If there are anti-social hours, fixed locations, no flexibility – be explicit about the frequency and reason
5. Review **gendered language** using an online tool such as katmatfield.com
6. Introduce **inequality and anti-racism expectations** into the requirements on the role
7. Give unsuccessful candidates **advice** for next time
8. If you chair interview panels **invite genuine challenge**
9. **Reflect on any disparities** and what you can do to address them – **google is free**

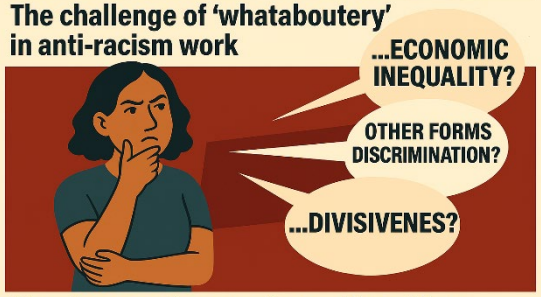
JUST THE TIP OF THE ICEBERG

Racism against NHS staff on the increase

RANGE OF INTERVENTIONS

WHAT ABOUT...

The challenge of 'whataboutery' in anti-racism work



Stay focused on racism – it matters

Trust Board Paper

Board Meeting Date	14th July 2026
Title	**Digital Strategy – Spring 2026 update**
Reason for the Report going to the Trust Board	This report summarises our intent and achievements in delivering our board approved 2021-2026 Digital Strategy. As both the current strategy digital strategy period comes to an end and we formulate a a new Trust Strategic Plan we will move from having a separate digital strategy to an integrated plan with digital enablement projects embedded in clinical transformational change programmes. These will be overseen by the Productivity and Efficiency Programme Executive Group. Board to note.
	Item for assurance
Business Area	Corporate
Author	Mark Davison, CIO
Relevant Strategic Objectives	**Patient safety** Digital processes to reduce errors. Identify gaps in care and facilitate earlier intervention. **Patient experience and voice** Improve access to care and empower them to manage their own health. **Health inequalities** Identify gaps in care and facilitate earlier intervention. **Workforce** Support our people to build a digital-ready workforce. Facilitate flexible working anytime, from anywhere. **Efficient use of resources**

	Utilise process automation, transaction integration and AI to improve our productivity and maximise our time spent with our patients

Shaping our Digital Future

NHS
Berkshire Healthcare
NHS Foundation Trust

Digital by Design

Our Digital Strategy 2022-2026

Spring (April 2026 –June 2026) Update

CareQuality Commission Inspected and rated Outstanding

ARMED FORCES COVENANT

CYBER ESSENTIALS CERTIFIED PLUS

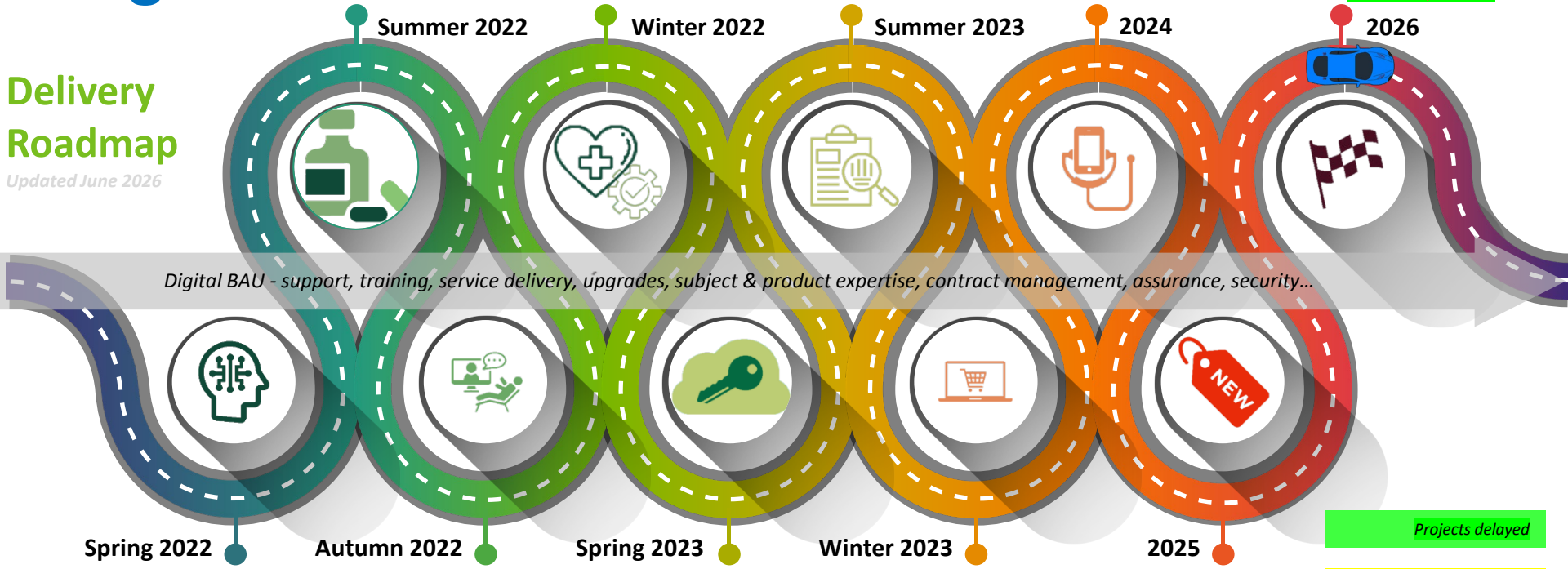
GDE Digital solutions for outstanding healthcare

www.berkshirehealthcare.nhs.uk

Digital by Design

Delivery Roadmap

Updated June 2026



Summer 2022

Rio and GPs connected
Faster data networks
Community meds. start

Winter 2022

Talking therapies connected to EPR and shared care record
First clinical process automations
Pilot remote monitoring (VW)
Meds. management Upgrade

Summer 2023

Further population health interventions
First patient-initiated data recording

2024

Further cyber defense enhancements
Start clinical social media delivery
Trusted Research Secure Digital Environment
New EPR in place

2026

Up-to-date Infrastructure
Clinical & Business process automation widespread
Patient self-care and on-line care embedded
AI assisted processes

Digital BAU - support, training, service delivery, upgrades, subject & product expertise, contract management, assurance, security…

Spring 2022

First HR process automations
Pilot population health interventions
SPo2 & BP remote monitoring
Meds. upgrade

Autumn 2022

First new service using on-line therapy
Community nurse scheduling
First provider collaborative digital market-place
Cyber defence enhancements

Spring 2023

Single sign-on
Windows 11 deployment starts
24hr staff device replacement

Winter 2023

Rio & GPs fully integrated
Provider collaborative digital market-place for social prescribing
On-line therapy expansion

2025

New meds. management
New ESR in place
New infrastructure
New patient portals & NHS app
New digital service desk

Projects delayed

Projects at significant risk

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Summary of Progress

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- Our current Digital Strategy Programme delivery is largely complete and financial spend is within control totals for capital and revenue. Cumulatively, 225k patient interactions have now involved digital elements in delivering care, saving 492k hours of clinical and administrative time through digital efficiencies over the last 36 months (May 2026). We have 24 robots managing 66 process across 38 services saving over 55k staff hours. All of the digital teams are focusing on delivery of productivity improvements and use of technology as part of our interaction with our patients in-line with the ambitions in the Trusts Strategic Plan.

- There are currently three **areas at risk** for delivery; **community scheduling** (suspended due to limited availability of products in the market) ; **medicines management** (the community prescribing business case was not supported and is being re-visited) and early adoption of the **new digital staff solution** (where we were not accepted for early adoption).

- Key projects currently **in progress:**
  - Voluntary and charity sector partners receiving referrals from and providing information back to our EPR (Rio).
  - Increasing our integration with Rio for clinical digital documentation, shared care records, ambient voice technologies and primary care referrals.
  - Progression of digital patient engagement through a new patient portal, direct patient data into Rio using e-forms, such as patient questionnaires and integration of digital appt. bookings with the NHS app.
  - AI & Ambient recording for clinical interactions is now in procurement , service delivery will not start before q1 2027.
  - Intelligent Automations, including Smart Referrals to free-up operational time.
  - Developing population health insights, using Segmentation scores (Patient Need Group) effectively reviewing caseloads, health inequalities and supporting neighbourhood health.

- Key elements of the digital infrastructure are designed to support new ways of delivering our care services. Expanded use of on-line therapy, population health based proactive/social/behaviour changing care will require a definitive clinical strategy and a medium to long term vision for how services in BHFT should be delivered in future. Trust-wide engagement has begun, and “art-of-the-possible” sessions have begun with key stakeholders. A draft business plan was discussed at Exec in January and at the Board as part of the AFT application in Feb 2026. Further sessions are planed for June and as the plan takes shape it will drive the digital agenda going forward. The trial service (MSK Physio) project is now well established and looking to purchase an external AI clinical triage and digital treatment pathway as well as utilise existing automation and patient engagement tools as a vanguard service. Once the Trust Strategic Plan is agreed, the digital plans will be incorporated into it and its delivery plans.

1

See and treat more patients whilst improving the quality of care we provide

Optimise how we Work

- **Join-up our digital systems across our healthcare settings**
- **Strengthen digital infrastructure to be flexible and scalable**
- **Population Health Management – to identify gaps in care and intervening earlier**
- **Digitising & automating clinical and business processes**

Progress this period

- Social prescribing (Elemental) project closed on 5th May 2026. BAU Oversight established.
- Supporting neighbourhood care (primary care referrals and outcomes into Rio) – technical review undertaken.
- Ambient clinical recording – continuation of pilots for T-Pro and Anathem into varied roles and services. Evaluation published. Progress note (Smart Notes) continuing with trial.
- Patient segmentation supporting health inequalities and multi-agency multi-disciplinary teams for frail elderly pathways and utilisation using population health insights now available.
- Referral automation now live for MSK services.
- MSK Redesign – staff engagement workshop and workstream initiatives established.
- Business case presented to TBG for Digital Pharmacy, EPMA and EPS integration with Community Pharmacies.

Next steps

- Clinical oversight group for social prescribing to be established.
- Project scoping aligned to national advice, guidance & referral solution. (e-RS)
- AI & ambient clinical recording business case to inform procurement & wider roll-out plan. Rio progress notes benefits reporting. (Smart Notes)
- Patient segmentation within caseloads, mental health conditions and developing neighbourhood health with focus on frailty and MDT working. Plan to include patient need grouping scores in Rio.
- Referral automation for Talking Therapies to go live.
- MSK Redesign – detailed plans for early use of the existing patient engagement tools and procurement of a class 2 medical device service to deliver a digital triage and patient treatment.

Objective 1 Highlights – optimise how we work…

Berkshire Healthcare NHS Foundation Trust

Social prescribing solution (Elemental) - Self referral option went live with Adult Mental Heath Teams and Talking Therapies on 14th January 2026. This aids members of the public to be able to gain personalised support from the voluntary sector. The Elemental platform has had limited use within Adult Mental Health up to this point, so far over 3,700 connections to VCSE's have been made. Berkshire Wellness Network Website is live and allows public and staff to search a directory of over 550 Voluntary Community & Social Enterprise services (VCSE). Wider communication and increased service usage to broaden the directory is underway. The project has moved into business as usual and will be driven by this service as requirements come up.

AI and ambient voice recording clinical technology pilots (through a trial of the AI supported Anathem & T-Pro solutions) has been widened to include an additional supplier across more healthcare professional roles and care settings. This ambient voice technology allows the recording of a patient consultation and then provides clinical output for review by the clinician. An evaluation of our trialled solutions has been completed to inform a business case. Developing a plan for wider roll-out and route to procurement. Ambient recording into progress notes (Smart Notes) went live with early adopters (community nursing, MSK and podiatry) on 24th March 2026. There will be a 3-month evaluation of the capability of the solution to inform next steps. This has been extended by one month due to a significant functionality upgrade.

Primary care referrals into Rio – This will support neighbourhood working by enabling a GP to refer a patient from within their own system and receive outcomes from our services. Scoping with clinical services has begun and identification of key stakeholders e.g. GP practices to ensure adoption and benefits with stakeholder event on 30th January 2026. After evaluating the solution with primary care, the functionality did not meet the perceived requirements, so we have moved towards expanding our use of the national electronic referrals service with scoping to begin in Q3.

Population Health – The neighbourhood health programme is driving activity around identifying priority areas of need for each division. Supporting community based multi-disciplinary team (MDT) working within neighbourhood health programme for high need patients. Developing population health insights, using segmentation scores (Patient Need Group) to provide a different perspective on waiting lists and caseload management; next phase to surface within our EPR which is being scoped with suppliers. The focusing remains on frail elderly pathway and high use / need patients but we are also working on the 18-25 cohort and transitioning from children to adult services.

MSK Redesign - Project commenced to support review and redesign this service to understand how to optimise using digital tools to increase efficiency and productivity whilst maintaining quality of care. Workshop to identify workstreams has been conducted, structuring the project into the following streams; pre-referral, assessment & appointment management, treatment & discharge.

Intelligent Automation - Commenced smart referrals project (non-primary care referrals). Discovery and process mapping completed, initial build and testing underway completed for first of type go live 1st June 2026. This trust wide automation will support services processing over 250K non-GP referrals annually. MSK are now live on this new service.

2 **Improve patients access to care and empower them to manage their own health**

Empower our Patients

- **Digitise patient access to care (triage, automated booking, interaction with the patient record, integrate with NHS App)**
- **Virtual consultations & digital self-care interventions e.g. SilverCloud**
- **Pilot projects with patient held data: record, blood pressure, mood diary, ECG, etc.**

Progress this period

- eForms – Patient initiated data recording (eForms) all 6 planned forms now live and benefits tracking.
- Patient Portal – Fast followers services live, patient proxy access now and integrated digital letters now included in the functionality.
- Project to connect community appts to NHS app via our patient portal underway.
- In-patient Wi-Fi access – work started on providing substantially improved access to Wi-Fi for patients during their in-patient stays.

Next Steps

- Patient initiated information (eForms) – evaluation and scope next phase plan.
- Patient Portal – Go live all services currenly using digital appointment correspondence.
- Complete NHS app integration for community services.
- In-Patient Wi-Fi access – project scheduled to complete in Q3.

Objective 2 Highlights – empower our patients …

Berkshire Healthcare NHS Foundation Trust

Patient initiated information into Rio (eForms) – 6 patient forms are live with expanded use, within all divisions. The technology uses a virtual agent to populate the assessment forms within Rio which aids clinical recording. In the past 18 months (as at end of May 2026) over 10,800 forms have been sent with a 61% patient completion rate. This has resulted in 2,250 hours saved for staff in sending, collating and recording outcome scores and cash releasing saving of 17k. Evaluation of the solution has commenced and will provide an assessment of viability and maturity of solution.

Our **patient engagement portal** is live with Bracknell CMHT and two fast follower services; MSK physiotherapy and specialist community team (CAMHS) west children's team. Functionality is live for auto invitations for patients and other enhancements including the significant development of proxy access allowing a patient to give a trusted person permission to access and manage their health information on their behalf. Within the first 24 hours, there were the following interactions:

- >1500 patients connected to the portal including 150 patients over the age of 75
- 45 proxy connects
- 580 appointment views including 8 by a proxy
- 112 requests to cancel an appointment
- >750 digital appointment letters sent and >300 read (these will not require a paper letter to be sent)
- >250 resources read (additional support for patients to compliment their care and treatment linked to the Trust website)

Integration to provide **digital correspondence** with a new supplier is live and supports our digital inclusion offering. The patient portal will provide additional appointment management, access to condition specific health information, pre and post appointment data capture (directly integrated into Rio) and functionality to support new models of care such as remote review, patient/clinician initiated follow up and virtual care pathways. We have feedback from patients and services and are planning wider engagement with both groups. The outputs of this work will inform future deployment and development roadmap.

NHS app integration - with our patient portal and NHSE went live on 20th October 2025 for mental health appointments. We were successful in securing funding from NHSE to expand to include community appointments which commenced in Quarter 4 with a planned go live in Q3 of 2026.

The specification to deliver high quality **patient internet access** to inpatient wards tender exercise has been completed and work has begun. Sites going live between March and April 2026 following installation of data circuits. Delays have been experienced at PPH so will slip into Q3 of 2026.

3

Support our people to build a digitally ready workforce

Enable our People

- **Provide workforce with the required tools & equipment**
- **Establish our network for knowledge sharing and provide ongoing training and support**
- **Ensuring the onboarding & appraisal processes enable employees to gain the right digital capabilities**
- **Develop our senior leaders to own the information assets**

Progress

- 102/173 systems are now protected with multi-factor authentication.
- 28 systems now enabled for Single sign on (the remainder are enabled for credential caching to lower the front-line burden).
- Divisional digital steering groups now embedded with clinical and digital leadership.
- Additional funding received from NHSE to support our cyber-security protection measures. New Service Desk configured and tested.
- Patient digital correspondence – Print and Post on Demand – began service migration to enhanced solution.
- Staff mobile working evaluation report recommendations to inform replacement project accepted at Trust Performance & Efficiency Group
- Circa 250 Microsoft full co-pilot licences now in operation across the Trust. With AI automations available within the Microsoft Office software to all staff.

Next Steps

- New cloud-hosted service desk first module live in June 2026.
- Complete phased rollout of new mobile solution to circa 350 staff.

Objective 3 Highlights – enable our people…

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Digital skills training pathway encompassing 52 courses, from core basics, intermediate (day to day efficiency) and to advanced (optimised workflow) established.
Increased usage of the digital skills training, with additional modules for Microsoft Office courses introduced for staff to enable more effective ways of working.
We have flexible access to all courses and support by means of face to face (health bus) and virtual sessions, bite sized reels (techbytes) and downloadable resources (Digital learning hub). The Microsoft 365 Help Hub –Digital Care (drop-in clinics) is in place for everyday queries, including topics such as copilot use. We have widely communicated our course offerings, to staff to preview relevant courses, tips, and tricks, and how we can help them identify their skills gaps. Courses cover all Microsoft applications including how to use and differences between Copilot free vs licensed versions. Rio Refresher training is available and is being monitored and promoted at divisional levels. Efficient use of our EPR will support improvements in data quality and productivity.

The **talent management and leadership** development schemes and processes have now been refreshed to include digital elements . We are also encouraging teams to take local action on this element utilising the personal development, networking and digital skills development tools. Ensuring our workforce has the skills to deliver their role effectively in this digital age is a key part of being ready and able to deliver outstanding care. We have vibrant and active internal staff digital development networks in place for product support, clinical leadership, operational deployment, process automation development, career development. The Division's are supporting the development of an integrated Trust strategy including digital to enhance clinical safety and productivity.

Enhancement to the **hybrid mail solution** (print and post on Demand) which delivers a physical letter to patients who are unable to access digital letters, has taken place this quarter. 50% of services that were current users of hybrid mail have been migrated to the new solution, with the remaining to follow next quarter. This allows enhanced functionality locally and will support increased digital correspondence for our services.

The s**ingle sign on (SSO)** programme to support ease of access and efficiency now covers 32 systems, including Adastra, Agresso, Datix, E-Manager, Silvercloud with 5 projects commenced in partnership with suppliers to be completed in the next quarter. 109 out of 172 systems now have Multi-Factor Authentication (MFA).

GovRoam now deployed to all NHS sites in Berkshire, local government offices and Berkshire West General Practices, allowing seamless high-speed connectivity for all NHS and local government staff. Latest position for Frimley ICB is to implement the capability in East Berkshire practices during 2026, awaiting plan from ICB.

An Executive led productivity group has been set up to progress trust wide initiatives to support efficient ways of working including digital enablers. Prioritised projects have been selected to support efficiency and savings including activity recording, patient emgagement portal and ambient voice recording technology.

Service engagement is embedded within Divisional digital groups to promote collaboration, support engagement, prioritisation of projects and understanding of digital offerings to support care delivery. Regular engagement with staff groups across the organisation includes digital clinical leadership group, digital drop-in sessions and clinical systems superusers. Online resources have been developed to promote awareness and overview of digital tools.

Current main risks to delivery...

Berkshire Healthcare NHS Foundation Trust

Programme Milestone	Description & Mitigations
Community nurse scheduling	Updated investment case went to TBG and has been deferred due to the size of investment, concerns around different ways of working potentially affecting the adoption of change and a positive financial return on the investment. We are actively working with our EPR provider to explore the development of a new rostering and scheduling tool. CHS Division do not expect to deploy a digital scheduling solution before 2029.
Medications Management infrastructure replacement	Upgrade successful with move to AWS in March 2025. Market engagement process has informed a business case which went to TBG in July 2025 and has been deferred to future years due to the cost of change verses cash-releasing benefits. Existing contract will be extended for another year from sept 2026. Smaller business case to provide digital prescribing to community pharmacies was discussed by TBG in June 2026, investment case was not agreed due to concerns over benefits ROI. Further work may also be required to replace the Pharmacy dispensing robot as it has passed its end-of-life as well as re-examining the replacement of the EMIS Pharmacy solution. Expressions of interest for funding have been submitted to NHSE for frontline digitisation in March 2026.
New national digital staff record solutions	First Trusts will not now go-live with a new solution before 2027 and final tranche will not complete until 2032. Confirmation that we are not in the early adopters group was received just before Christmas 2025. The national programme has yet to publish a deployment schedule beyond the selected early adopters.

Note: Full risk registers are governed through each individual project board

Current main risks to delivery...

NHS Berkshire Healthcare NHS Foundation Trust

Programme Milestone	Progress
Single sign-on	A number of systems already have SSO. High-use systems implementation started. Small number of systems such e-expenses do not support SSO which will mean a change of system if we wish to move to SSO for those functions. National authentication plans (CIS2) continue to run behind schedule necessitating sub-optimal local workarounds such as the use of virtual/physical smartcards to access national applications.
Population health interventions	Developing provider collaboratives and internal projects to support providing insight about patient / population cohorts and targeted interventions. Pan-ICS discussions on hosting and resource pooling are hindered by ICB re-organisation timetable and ICS financial position. We have progressed the project to include patient segmentation to identify Patient Needs Group (PNG) within our EPR. Phase 1 is complete with data into our data warehouse for analysis and Phase 2 to include the PNG in the Rio record is underway as of Q1-26/27.
Transformed Clinical Delivery	Key elements of the digital strategy are designed to support new ways of delivering our care services. Expanded use of on-line therapy, population health based proactive/social/behaviour changing care will require a definitive clinical strategy and medium to long-term vision for how services in BHFT should be delivered in future. The first wider engagement event on developing the Trusts Strategy took place on the 22nd September 2025. Wider engagement sessions commenced in March 2026. MSK is now the vanguard service for this transformation and there is another Trust-wide strategy day planned for the end of June 2026.
Secure data environment for research (SDE)	This programme is led by OUH and OU. OUH have now gone live with connections to the TVS shared care record. We are now working with the SDE to understand the costs of populating BHFT patient data into the environment. Once we have this a business case will go to TBG for the investment.
Use of Artificial Intelligence ambient voice technology (AVT)	Trials are complete for 3 products and still underway for 1. progress has been slower than planned. Evaluation report for 3 products (Anathem, Co-Pilot, T-Pro) on benefits and application within BHFT was published in May 2026. The fourth product (Rio Smart Notes) has been tested and went live with pilot staff in March 2026. There is a procurement imminent to select product(s) with wide deployment not expected to start before Q1 2027. NHS E have decided to prioritise funding in this area to Acute Trusts and GPs.

Note: Full risk registers are governed through each individual project board

National & Regional changes …

Berkshire Healthcare NHS Foundation Trust

There are also a number of national and regional digital initiatives in progress, which impact BHFT…

- Regional **Secure Data Environment for research data** is in progress.
- National **Cyber Security Strategy** published, ICS strategy published in Feb 2025.
- UK Government **AI Safety Institute** created November 2023 and **MHRA AI guidelines** published in June 2024.
- New **ePMA National Data Set** implemented from January 2025.
- New **Mental Health national data set** implemented from April 2026.
- Implementation and scaling of **AI in health and social care** published by the Kings Fund in October 2025.
- **Medium Term Planning** Framework 2026-29 published by NHS E, October 2025.
- NHS **Digital Maturity Assessments** published in April 2026.
- **MHRA framework for the regulation of AI** expected mid 2026.
- National Digital Assessment Criteria for digital healthcare systems v.2.0 published March 2026
- National **Single Patient Record**, CEO and CIO along with TVS shared care record colleagues working with the national team on design solution proposals for this national project.
- National Front-Line Digital Productivity funding bids, expressions of interest submitted in April 2026, waiting for NHS E to confirm where we are successful.

… we are also well engaged at ICB, region and national levels in the digital agendas, actively networking and supporting others to improve their digital maturity.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 July 2026
Title	**Green Plan update**
	For Assurance
Reason for the Report going to the Trust Board	To provide an update on the implementation of the Green Plan
Business Area	Estates and Facilities / Compliance and Risk Team
Author	Paul Gray, Chief Financial Officer
Relevant Strategic Objectives	**Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value Sustainability is linked directly to our ambition of using our resources efficiently and focusing on investment to increase long-terms value. Through the net zero target, the Trust will reduce our demand for energy and natural resources, creating a more efficient, higher quality, lower carbon healthcare system. The Green Plan, newly published in May 2025, sets out a number of targets and actions to enable us to be a holistically sustainable healthcare trust.

Summary	This presentation will give the board an update on progress against the Green Plan, setting out contextual information on legislation and mandatory drivers, and then focussing in on progress at a BHFT level. With updates to carbon footprint 25/26, the presentation will give a summary of key highlights over the last 6 months, upcoming risks and key recommendations.

NHS
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Sustainability update

for greening Berkshire Healthcare

Kate Townsend, Sustainability Lead Manager
Compliance & Risk

Current Context

Berkshire Healthcare NHS

A volatile climate year

- A “super” El Niño* event has been predicted for 2026, and already we have seen two extreme heat events in May and June already this year.
- Early 2026 also brought extreme wet-weather whiplash: Northern Ireland recorded its wettest January in 149 years.
- 59 Datix reports for temperature related incidents for May and June alone this year. In the same months last year there was 4 reports (1375% increase)

UK CCC: NHS resilience under scrutiny

- The UK’s Climate Change Committee's May 2026 ‘A Well-Adapted UK’ report names **hospitals and care homes explicitly for not being resilient enough to extreme weather events.**
- The CCC recommends to the Government that upgrades to estate infrastructure are required, and cooling will be needed in hospitals. It has also been recommended that the Government set maximum temperature regulations in the workplace.

Legal & FOI exposure

- Government has now lost three High Court challenges since 2022 over inadequate climate plans, with campaign groups (ClientEarth, Friends of the Earth, Good Law Project). A weak or stalled Green Plan increases our own reputational and FOI/legal risk profile.
- NHS Trusts have seen an increase in FOI requests for their Green Plans and carbon footprint data

Mandatory TCFD reporting

- TCFD-aligned disclosure is now built into the NHS Foundation Trust Annual Reporting Manual on a phased basis, completing in 2025/26.
- This is a public report on how Climate Change will impact our business processes, and how we are mitigating against any risk. We will need to undertake a Climate Change Risk Assessment

*El Niño declared for 2026 as Pacific warms - Met Office

Key Highlights for last 6 months…

Berkshire Healthcare NHS Foundation Trust

External Funding

Berkshire Healthcare NHS Foundation Trust

- Successfully bid into national and external sustainability funding streams to accelerate decarbonisation and biodiversity.
- Funding included:
  - £184,000 to replace 45% of lights at WBCH to LED lights
  - £135,000 for a new nature trail/wellbeing garden at Prospect Park Hospital
  - £94,000 towards EV infrastructure upgrades (phase 1 and 2)
  - £60,000 to install submetering at WBCH
- A pipeline of further bids is in development for 2026/27. 1 bid has already been submitted, and £73k for rooftop solar at 25 Erleigh Road).
- Preparation for end of year funding to begin, particularly with PFI hospitals.

Funding secured:

£474,000 across 4 different external funding streams

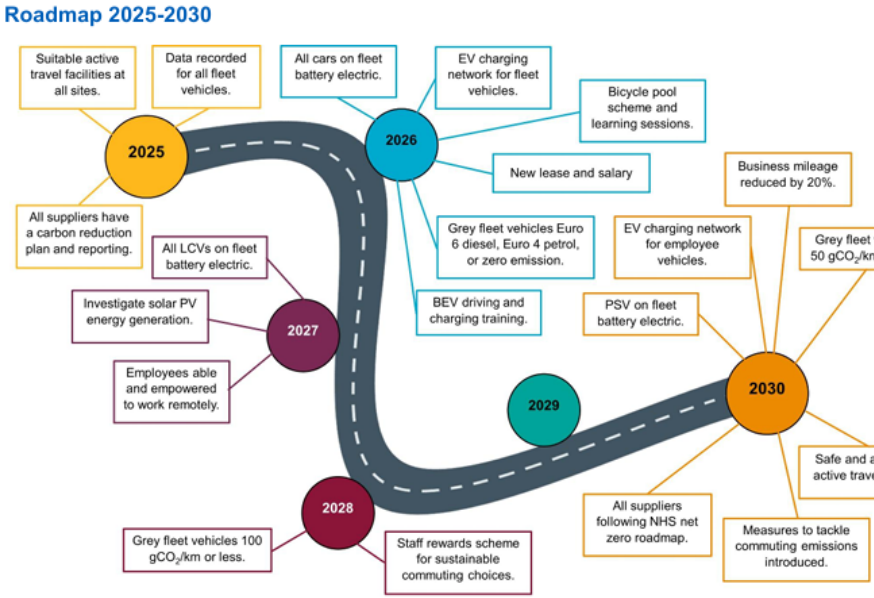
Pipeline bids:

£78,000 across 2 different external funding streams

Travel and Transport Strategy

Berkshire Healthcare NHS Foundation Trust

- Refreshed Trust Travel & Transport Strategy approved, setting out our approach to staff, patient and fleet travel through to 2030.
- Emissions from travel and transport create around 889 tonnes of CO_2e each year- equivalent to 500 cars on the road annually. This is our second biggest hot spot as a Trust
- Targets include expanding active travel facilities (cycle storage, showers) and continued roll-out of EV charging points for staff and fleet.
- Progress on fleet transition toward lower- and zero-emission vehicles, prioritised by usage and route.
- Continued engagement with local transport authorities on public transport links and park & ride options to reduce single-occupancy car travel.



Engagement:

Berkshire Healthcare NHS Foundation Trust

Travel Events:

- 5 Travel Events completed at WBCH, Wokingham, Upton Hospital, Prospect Park Hospital and St Mark's Hospital.
- Hundreds of staff talked to about their travel choices and about sustainability in general.
- People are overall pleased the hospital is doing things on sustainability and some people said they were going to start cycling as a result of the events!

Travel Survey:

- Full analysis done of the survey.
- Received 629 responses in total (roughly 10% response rate).
- 85% of staff drive in a single occupancy vehicle (64% of overall respondents don't require their vehicle for usage in the workplace).
- Travel and Transport was considered the area most in need for the Trust to improve on.
- More incentives and better (trust and local) infrastructure were sighted as important to help people shift to more sustainable travel practices.

Travel Survey Feedback:

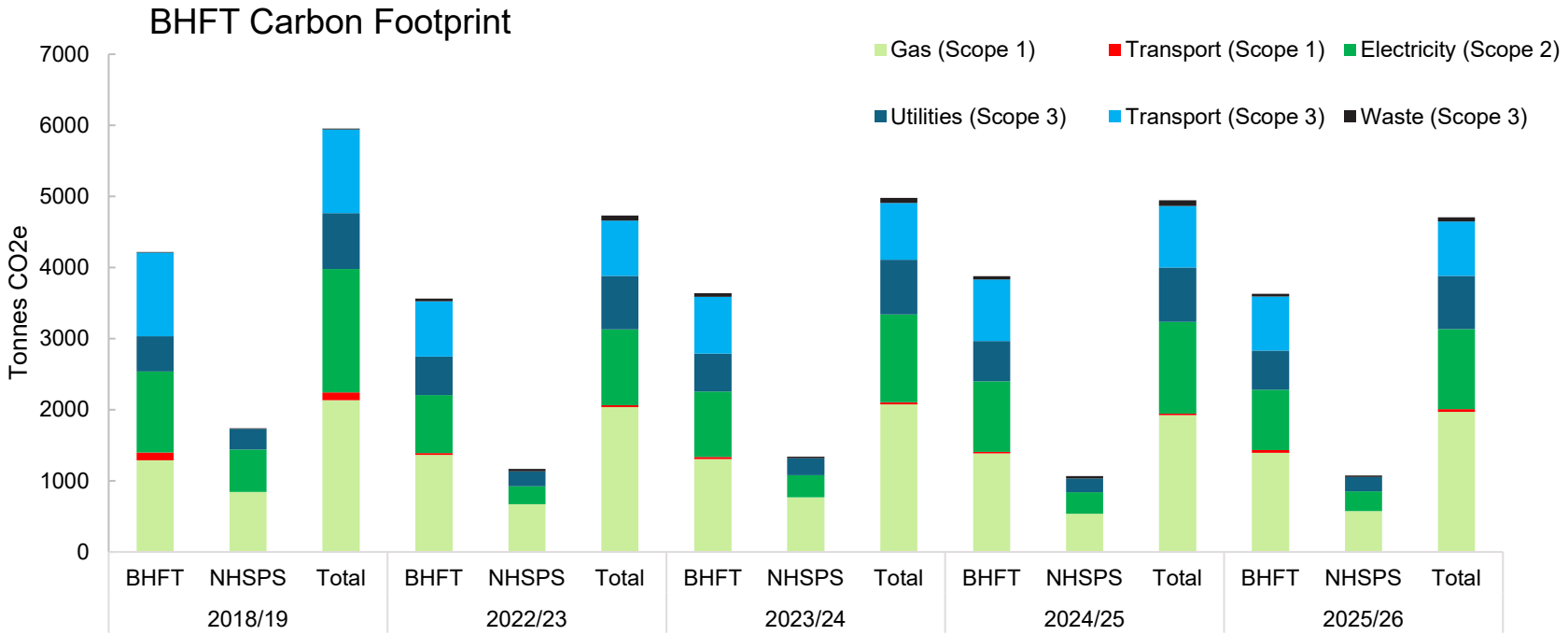
Berkshire Healthcare NHS Foundation Trust

- "Really pleased that PPH has secure access bike store with showers in the changing room! **5 stars for that alone**. Thank you"
- "**Very proactive Trust** and I have completed the e-learning module, which generated the thoughts about gloves and that they aren't biodegradable in some instances"
- "**Please set up initiatives to reward those that car share/ walk etc**. (A free cup of tea at the end of the week would be enough!) No limits on parking permits, students, temps etc, all get to bring a car, and it's a free for all. Gardening at PPH and composting?"
- "**Lack of parking** makes life very difficult and frustrating"
- "**The Trust promoting AI seems in opposition to the Net Zero pledge.** AI uses a lot of energy and water to be able to function and encouraging use for minor tasks seems irresponsible"
- "With reference to the cost of fuel the cost per mile needs to go up for community workers as this has not changed for many years however the **cost of fuel has gone up dramatically**."
- "The trust could send out **small tips for being more sustainable** or greener in the weekly or monthly brief."
- "I think all trusts need to do more around **plastic**."
- "**EV chargers** in more places around Trust and support from Trust to research our Service van to move to electric not diesel - not leaving this to service staff to do own research to replace it, as Service is stretched as is."
- "I think we should **charge for parking-** we are the target of free parking for the general public- ie Wokingham Hospital, the revenue could be used to improve services. There are very few places that do not charge for parking and a reduced rate for staff could be implemented. There will be little or no change in public transport use without a raft of changes."
- "very disappointed that **my choice of travel which is more sustainable, was not supported**. As i am using my car more, the cost of fuel at this time, is having a financial impact. However, as i was told my expenses will only be paid if i drive, i have no choice."
- "I think it is a brilliant idea to reduce the fossil fuels used in the future! **Happy I work for a green organisation**! "

Our carbon footprint

21% reduction since baseline

Berkshire Healthcare NHS Foundation Trust

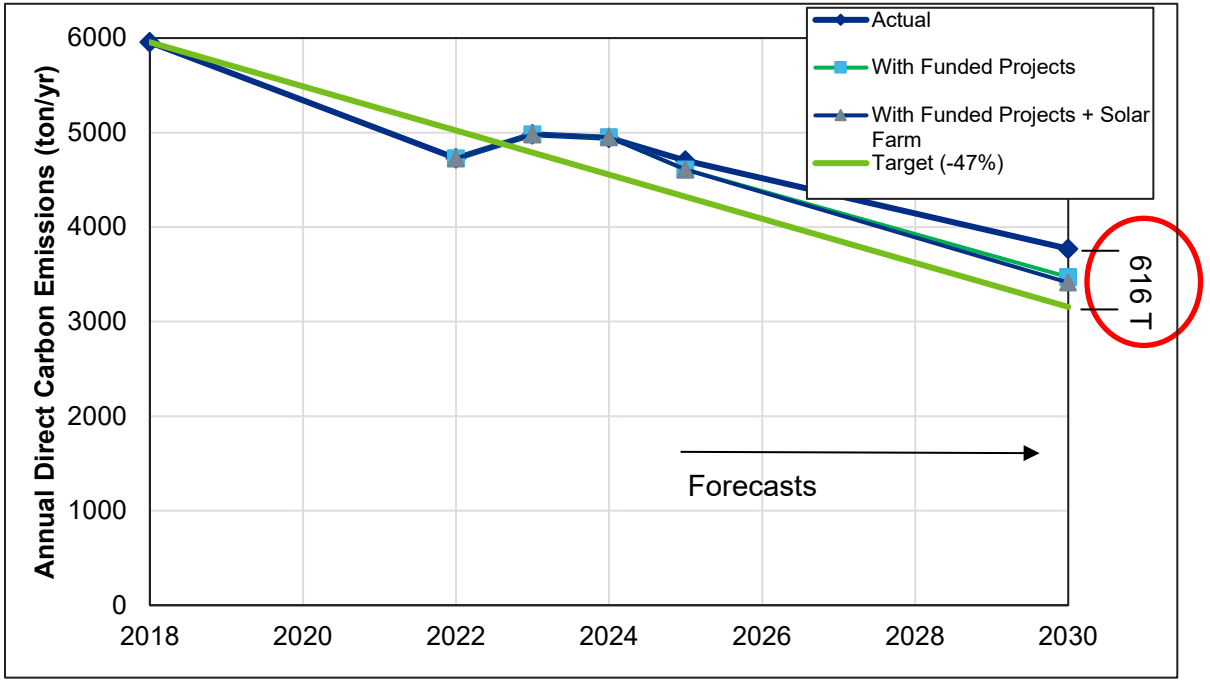


4.8% reduction on last year

Current projections

Berkshire Healthcare NHS Foundation Trust

- Current reduction targets of 7.2% a year will mean we are at risk of not achieving our mid-way target.
- Since last year, we reduced our carbon emissions by 4.8%
- Large and complex projects on our PFI and NHS PS estate mean that progress is slow.
- WBCH decarbonisation project had to be ‘abandoned’ and the solar farm project is proving more complex.
- **We need large and radical changes if we are to achieve this target.**



Recommendations

Berkshire Healthcare NHS Foundation Trust

- In order to achieve the mid-way targets large scale decarbonisation projects need to be prioritised. This includes:
  - Large-scale renewable energy projects such as the Solar Farm project at WBCH, Rooftop solar projects at PPH
  - Prioritisation of larger sites (PFI hospitals) for maximum impact
  - Removal of fossil-fuels at BHFT-owned sites

Our progress: Energy and our Estates

NHS Berkshire Healthcare

Our Green Plan Goals	What we've done
Install renewable energy technology	✓Solar panels installed at 3 sites - Erlegh House, Church Hill House and London House, saving over 362 mWh of electricity with an estimated cost saving of just under £143k over the lifespan of the solar ✓More feasibility studies undertaken for rooftop and car park canopies. GB Energy funding for 25 Erleigh Road rooftop solar submitted.
Decarbonise heating across all sites	✓Decarbonisation plans / energy audits completed at all major BHFT sites and are guiding net zero planning. ✓Request for Smart Meter installation at all remaining sites – to be installed in the next year.
Insulation installation	✓Insulation installed at Church Hill House building, and rooftops for Allenby Road and Abell Gardens which will result in an estimated reduction of 4 tonnes of CO2e per year.
Reduce overall utility consumption	✓Energy consumption intensity has fallen ✓LED lighting installed at all BHFT sites ✓Improve data and monitoring through submetering and SMART metering ✓Focus on necessary BMS upgrades and reduction in energy demand
Decarbonisation Funding	✓£245,000 awarded for LED lights and submetering at WBCH ✓More funding awards submitted and pipeline projects for more funding being prepared.
Nature and biodiversity	✓Awarded £135,000 for a new nature trail and wellbeing garden at PPH ✓Biodiversity enhancement assessments complete for WBCH.

Our progress: Travel and Transport

Berkshire Healthcare NHS Foundation Trust

Our Green Plan Goals	What we've done
Travel and Transport Strategy	✓ Travel and Transport Strategy now finalised and published on Nexus. Actions have been added to Green Plan Action Dashboard. ✓ JSCC consulted on upcoming targets and changes. From 01 Jan 2027, all salary sacrifice vehicles will move to Electric Vehicle only.
EV refresh programme	✓ Multi-year upgrade programme in place. AMP EV have been awarded the contract following a full procurement tender. ✓ 10 chargers will remain 7.2kWh (phase 1), 7 chargers being upgraded to 22kWh chargers, and 1 additional 50 kWh charger is being added. Money is being set aside for next 4 years to add additional chargers at new sites.
Business Miles	✓ New source of data for mileage has been identified for our own fleet (Allstars Fuel Card data). Despite this, we've seen a reduction in mileage by 339,000 miles since last year. That has resulted in a **reduction of 85 tonnes of CO2e**. ✓ With Grey Fleet – there's a decrease in Petrol (-7%) and Deisel (-13%) mileage. And an increase of Hybrid (+13%) and fully EV (+14%) since last year
Promote, develop and encourage active travel	✓ 5 Travel events conducted to raise awareness of Travel and Transport emissions and encourage active travel ✓ Membership of Modeshift to gain possible accreditation for active travel at 3 sites.

Our progress: Waste

Berkshire Healthcare NHS Foundation Trust

Our Green Plan Goals	What we've done
Promote circular and low impact procurement practices	✓ Uniform recycling project being wrapped up and evaluated. Thousands of uniforms avoided landfill. ✓ Sustainability and IPC group have collaborated to ensure IPC sustainability projects are measured, recorded and celebrated. ✓ 2 possible projects in the pipeline with IPC: Reusable sharps bins and washable curtains. Reusable sharps containers to be trialled at NHS PS sites to begin with.
Improve waste management to reduce associated costs and carbon	✓ 0 waste to landfill this year, avoiding approx. 18 tonnes of CO2e ✓ Waste tonnage has reduced by 22.42 since last year, resulting in **19 tonnes of CO2e reduction**. ✓ At BHFT sites we've seen an increase in recycling (+5%) tonnage as well as a decrease in general waste (-5%) tonnage ✓ New recycling legislation means an increase in food recycling
Clinical waste targets	✓ Target for Clinical waste = Offensive (60): Alternative (20): Incineration (20). We are achieving offensive (57): Alternative (26) and Incineration (17). ✓ BHFT clinical waste for 25/26 are Alternative (28): Incineration (28): Offensive (44). We need to increase offensive, whilst reducing our rates of alternative and incineration to meet this target.

Our progress: Communication and People

Berkshire Healthcare NHS Foundation Trust

Our Green Plan Goals	What we've done
Increase staff-led sustainability action by embedding it into everyday roles, decision-making, and workplace culture	✓ Developed and engaged the Net Zero Heroes group and reached out to do 1hour CPD workshops with clinical teams. ✓ Encouraged net zero heroes to embed sustainability into their appraisal process
Invest and maintain high quality internet / intranet information and guidance for staff and stakeholders	✓ Created a full and comprehensive comms plan for 2026, signed off by the Green Group ✓ Green newsletter sent quarterly, read by staff (59% open rate). ✓ Presentations completed to promote sustainability to E&F briefing and at Wellbeing events

What we need to do – Big Picture

Berkshire Healthcare NHS Foundation Trust

Strengthen Climate Resilience:

- **Conduct a Climate Change Risk Assessment** and ensure this is incorporated into the organisation's Risk Register

Focus on renewable energy generation and external funding grants:

- **Have more 'ready to go' projects for submission** to make the most of all external funding grants possible

Build a multi-year energy plan to move away from fossil fuels:

- **Reduce greenhouse gas emissions** by 47% by 2032 (from a 2019/2020 baseline)
- **Phase out fossil fuel heating** and replace them with less polluting alternatives

NHS Travel and Transport Strategy:

- From (end of) 2026, all **vehicles offered through the NHS salary sacrifice** will be zero emission
- From (end of) 2027, **all new vehicles** owned and leased by the NHS will be zero emission vehicles

What we are asking of the Board:

Berkshire Healthcare NHS Foundation Trust

- Note the heightened risks for 2026 with the “super” El Nino event, with a pledge to strengthen resilience for our staff and patients.
- Support the production of a climate change risk assessment which should be incorporated into the organisation’s risk register and reported on in the Annual Board report
- Continued endorsement of the Green Agenda, sustainability capital projects and sustainability engagement events
- Continued endorsement to say we will make a plan to move away from fossil fuels

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Thank you

questions…?

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Trust Board Paper

Board Meeting Date	14 July 2026
Title	**Board of Directors Declarations of Interest and Fit and Proper Persons Test Assurance Report**
	For Assurance
Reason for the Report going to the Trust Board	The Government introduced the Fit and Proper Person Test (FPPT) requirement via Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following a review of the FPPT by Tom Kark KC, NHS England published a new Fit and Proper Person Test Framework for Board Members in August 2023. The Framework does not change the existing legislation but aims to support NHS organisations compliance with the regulations and makes some changes to the checks and balances that are intended to ensure directors satisfy the regulatory requirements. The paper provides assurance that all Board members continue to meet the requirements of the Fit and Proper Persons Test.
Business Area	Corporate
Author	Julie Hill, Company Secretary
Relevant Strategic Objectives	Relevant to all Strategic Objectives as it relates to the Trust being well-led.

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

Section A

1. Declarations of Interests

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

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

Interests fall into the following categories:

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

2. Compliance with the Regulations

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

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

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

Section B

1. Fit and Proper Persons Test

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

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

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

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

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

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

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

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

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

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

Appraisee	Appraiser	Fit and Proper Person Test Assurance
Chair	Senior Independent Director	The Chair joined the Trust on 1 February 2026 and therefore it was too soon for the Senior Independent Director to conduct an appraisal of the Chair's performance. In consultation with the Council of Governors' Appointments and Remuneration Committee, the Chiar and the Senior Independent Director agreed the Chair's objectives for 2026-7. The Senior Independent Director confirmed

Appraisee	Appraiser	Fit and Proper Person Test Assurance
		that the Chair met the requirements of the Fit and Proper Persons Test.
Non-Executive Directors	Chair/Former Interim Chair	The Chair and the Vice Chair (former Interim Chair) jointly conducted appraisals with each of the Non-Executive Directors and confirmed that there were no Fit and Proper Person Test issues. The Chair and Vice Chair confirmed that all Non-Executive Directors met the requirements of the Fit and Proper Persons Test.
Chief Executive	Chair/Former Interim Chair	The Chair and Vice Chair (former Interim Chair) jointly conducted the Chief Executive's appraisal and confirmed that there were no Fit and Proper Person Test issues.
Executive Directors	Chief Executive	The Chief Executive conducted appraisals with each of the Executive Directors and has confirmed that there were no Fit and Proper Person Test issues.
Very Senior Managers		
a) Director of Finance	Chief Financial Officer	The Chief Financial Officer conducted the Director of Finance's appraisal and confirmed that there were no Fit and Proper Person Test issues.
b) Chief Information Officer	Deputy Chief Executive	The Deputy Chief Executive conducted the Chief Information Officer's appraisal and confirmed that were no Fit and Proper Person Test issues.
c) Director of People	Deputy Chief Executive	The Deputy Chief Executive conducted the Director of People's appraisal and confirmed that there were no Fit and Proper Person Test issues.

b) All Board members and staff appointed on Very Senior Manager contracts have made an annual (template attached at Appendix 3) to confirm that they continue to meet the requirements of the Fit and Proper Persons Test and do not meet any of the "unfit" criteria.

c) The Company Secretary has conducted the following on-going checks on each Board member and staff appointed on Very Senior Manager contracts:

i) Disclosure and Barring Service
ii) Individual Insolvency Register
iii) Insolvency Director Disqualification Register
iv) Bankruptcy or Debt Relief Restrictions Register
v) Company House Register of Disqualified Directors
vi) Company House Register of Directorships
vii) Charity Commission's Register of Removed Trustees
viii) Employment Tribunal Check
ix) Settlement Agreements Check
x) Social Media

The searches did not flag any issues of concern.

d) Members of the Trust Board (and staff on Very Senior Manager Contracts) are required to conduct themselves in accordance with the Directors' Code of Conduct (appendix 4).

e) The Chair is required to make an annual submission to NHS England's Regional Director to confirm that the Trust has conducted the required Fit and Proper Person Test requirements. The Trust's submission for 2025-26 was made on 18 May 2024 ahead of the June 2026 deadline.

Declarations of Director Interests 2026

Non-executive Directors

Date Appointed	Name	Position	Interest declared
01/02/26	Frances West	Chair	Brother is a fraud specialist with Kirontech Ltd
01/06/25	Sonya Batchelor	Non-Executive Director	Trustee and Interim CEO of One Can Trust
01/10/21	Rajiv Gatha	Non-Executive Director	None
01/11/19	Aileen Feeney	Non-Executive Director	Lay Person for NHS Blood & Transplant Service
			Partner works for Frimley Health NHS Foundation Trust as Chief Information Officer (CiO) for the Berkshire & Surrey Pathology Services
01/09/16	Mark Day	Non-Executive Director	• Director Chandlers Court (Southampton) Management Company Ltd • Director, Carpathia Drive RTM company limited • Director, White Star Place RTM company limited
01/06/22	Sally Glen	Non-Executive Director	Registrant Member of Nursing and Midwifery Council's Fitness to Practice Committee
			Deputy Chair Morningside Community Primary School, Hackney

Date Appointed	Name	Position	Interest declared
			Trustee of the Cassel Hospital (part of West London NHS Trust and is a Tier 4 Referral Centre for People with Personality Disorder or Complex Trauma)
			Chair of an educational institution called "Metanoia". Metanoia educates Psychotherapists and Counsellors and is based in West London

Executive Directors

Date	Name	Position	Interest declared
09/09/08	Julian Emms	Chief Executive	Brother is COO of Circassia pharmaceuticals PLC
01/12/18	Debbie Fulton	Director of Nursing and Therapies	Trustee of Priors Court which is a charity run school/residential placement for young people with ASD in Newbury
03/09/09	Alex Gild	Deputy Chief Executive	Provider Partner Member of Frimley Integrated Care Board (representing Community Services sector
			Chair of Finance and Performance Committee of Frimley Integrated Care Board
			NHS Supply Chain Regional Advisory Forum Chair and Member of the National Advisory Board
07/06/21	Paul Gray	Chief Financial Officer	Wife works for Nutricia UK
01/04/25	Theresa Wyles	Chief Operating Officer	Sister works for the Trust as an Administrator in the Perinatal Service
29 03 25	Dr Tolu Olusoga	Medical Director	Royal College of Psychiatrists College Assessor for Consultants Appointments Committee panels Section 12/Approved Clinician DoLs Mental Health Assessor Wife is Lead Pharmacist for Medicines Effectiveness and Safety (Guys and St. Thomas NHS Foundation Trust)

Appendix 2

Care Quality Commission's Fit and Proper Persons Test Requirements

Regulation 5 of the Regulated Activities Regulations states that the Trust must not appoint or have in place an individual as a director, or performing the functions of or equivalent or similar to the functions of, such a director, if they do not satisfy all the requirements set out in paragraph 3 of that Regulation.

The requirements of paragraph 3 of Regulation 5 of the Regulated Activities Regulations are that:

(a) the individual is of good character;

(b) The individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed;

(c) The individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed;

(d) The individual has not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity; and

(e) None of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

The grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations are:

(f) The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;

(g) The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;

(h) The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;

(i) The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;

(j) The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;

(k) The person is prohibited from holding the relevant office or position, or in the case of an individual carrying on the regulated activity, by or under any enactment.

Under Schedule 4, Part 2 a director will fail the ‘good character’ test, if they:

1.1. Have been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in an part of the Unity Kingdom, would constitute an offence;

1.2. Have been erased, removed or struck off a register of professionals maintained by a regulator of health or social care.

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Appendix 3 – Annual Self-Attestation Form

Fit and Proper Person Test annual/new starter self-attestation
Berkshire Healthcare NHS Foundation Trust

I declare that I am a fit and proper person to carry out my role. I:

am of good character

have the qualifications, competence, skills and experience which are necessary for me to carry out my duties

where applicable, have not been erased, removed or struck-off a register of professionals maintained by a regulator of healthcare or social work professionals

am capable by reason of health of properly performing tasks which are intrinsic to the position

am not prohibited from holding office (e.g. directors disqualification order)

within the last five years:

I have not been convicted of a criminal offence and sentenced to imprisonment of three months or more

been un-discharged bankrupt nor have been subject to bankruptcy restrictions, or have made arrangement/compositions with creditors and has not discharged

nor is on any 'barred' list.

have not been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.

The legislation states: if you are required to hold a registration with a relevant professional body to carry out your role, you must hold such registration and must have the entitlement to use any professional titles associated with this registration. Where you no longer meet the requirement to hold the registration, and if you are a healthcare professional, social worker or other professional registered with a healthcare or social care regulator, you must inform the regulator in question.

Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above), I acknowledge that it is my duty to inform the chair.

Name and job title/role:	
Professional registrations held (ref no):	
Date of DBS check/re-check (ref no):	
Signature:	
Date of last appraisal, by whom:	

Signature of board member:	
Date of signature of board member:	
For chair to complete	
Signature of chair to confirm receipt:	
Date of signature of chair:	

Appendix 4

Berkshire Healthcare
NHS Foundation Trust

Board of Directors Code of Conduct

1. Introduction

High standards of corporate and personal conduct are an essential component of public service. The purpose of this Code is to provide clear guidance on the standards of conduct and behaviour expected of all directors.

This Code, with the Code of Conduct for governors and the NHS Constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviour within the Trust. The Code is intended to operate in conjunction with the Trust's Constitution, Standing Orders and Monitor's (now NHS Improvement) Code of Governance. The Code applies at all times when directors are carrying out the business of the Trust or representing the Trust.

2. Principles of public life

All directors are expected to abide by the Nolan principles of public life:

- **Selflessness -** Holders of public office should act solely in terms of the public interest: they should not do so in order to gain financial or other benefits for themselves, their family or their friends.

- **Integrity -** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

- **Objectivity -** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

- **Accountability -** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

- **Openness -** Holders of public office should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

- **Honesty -** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

- **Leadership -** Holders of public office should promote and support these principles by leadership and example.

3. General principles

Boards have a duty to conduct business with probity; to respond to staff, patients and suppliers impartially; to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.

The general duty of the Board, and of each director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public. The Board therefore undertakes to set an example in the conduct of its business and to promote the highest corporate standards of conduct and corporate governance.

4. Trust Vision and Values

Directors are also required to promote the Trust's Mission and Vision and to abide by the Trust's Values.

The Trust's Mission is to: Maximise Independence and Quality of Life.

The Trust's Vision is to be: A Great Place to Get Care, a Great Place to Give Care

The Trust's Values are:

- **Caring** for and about you is our top priority
- **Committed** to providing good quality, safe services
- **Working together** with you to provide innovative solutions

5. Confidentiality and Access to Information

Directors must comply with the Trust's confidentiality policies and procedures. Directors must not disclose any confidential information, except in specified lawful circumstances.

Information on decisions made by the Board and information supporting those decisions should be made available in a way that is understandable. Positive responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000 and other applicable legislation, and directors must not seek to prevent a person from gaining access to information to which they are legally entitled.

The Trust has adopted policies and procedures to protect confidentiality of personal information and to ensure compliance with the Data Protection Act, the Freedom of Information Act and other relevant legislation which will be followed at all times by the Board of directors.

6. Media, public speaking and use of social media

Care should be taken about any invitation to speak publicly about the Trust, including speaking to journalists. Particular care must also be taken in the publication of any articles or expression of views about the Trust on social media. In any such instance, the Chairman and/or the Chief Executive should be informed in good time before such an article is proposed to be submitted or views put forward on the Trust's behalf.

Speaking publicly on the Trust's behalf about the Trust's leadership, policy, performance and regulatory relationships is a matter generally reserved to the Chief Executive and Chairman, or as delegated by them. Appropriate training

should have been given to all individuals asked to speak to the media on the Trust's behalf. Speaking to, or providing written statements to the media about the Trust should be undertaken in liaison with the Trust's Marketing and Communications Team. In all cases views should not be expressed on the Trust's behalf that are at variance from agreed Trust policy.

7. Fit and proper person

All directors are required to comply with requirements of the Fit and Proper Person Test. Directors must certify on appointment and sign an annual declaration that they are/remain a fit and proper person. If circumstances change so that a director can no longer be regarded as a fit and proper person or if it comes to light that a director is not a fit and proper person, they are suspended from being a director with immediate effect pending confirmation and any appeal. Where it is confirmed that a director is no longer a fit and proper person, their Board membership is terminated.

8. Register of interests

Directors are required to register all relevant interests in accordance with the provisions of the Constitution. It is the responsibility of each director to provide an update to their register entry if their interests change. Failure to register a relevant interest in a timely manner may constitute a breach of this Code. The Board's register of interests is published on the Trust's website.

9. Conflicts of interest

Directors have a statutory duty to avoid a situation in which they have (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust. Directors have a further statutory duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.

If a director has, in any way, a direct or indirect interest in a proposed transaction or arrangement with the Trust, the director must declare the nature and extent of that interest to the other directors. If such a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. Any such declaration must be made at the earliest opportunity and before the Trust enters into the transaction or arrangement.

The Chair will advise directors in respect of any conflicts of interest that arise during Board meetings, including whether the interest is such that the director should withdraw from the meeting for the period of the discussion. In the event of disagreement, it is for the Board to decide whether a director must withdraw from the meeting. The Company Secretary will provide advice on any conflicts that arise between meetings.

10. Gifts and hospitality

The Board will set an example in the use of public funds and the need for good value when incurring public expenditure. The use of Trust funds for hospitality and entertainment, including hospitality at conferences or seminars, will be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector. The Board is conscious of the fact that expenditure on hospitality or entertainment is the responsibility of management and is open to be challenged by the internal and external auditors and that ill-considered actions can damage the reputation of the Trust in the eyes of the community.

Further information about gifts and hospitality is contained in the Trust's Standards of Business Conduct Policy. Directors must not accept gifts or hospitality other than in compliance with this policy.

11. Personal conduct

Directors are expected to conduct themselves in a manner that reflects positively on the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute.

Specifically, directors must:

- act in the best interests of the Trust and adhere to its values and this Code of conduct;
- respect others and treat them with dignity and fairness;
- seek to ensure that no one is unlawfully discriminated against and promote equal opportunities and social inclusion;
- be honest and act with integrity and probity;
- contribute to the workings of the Board in order for it to fulfill its role and functions;
- recognise that the Board is collectively responsible for the exercise of its powers and the performance of the Trust;
- raise concerns and provide appropriate challenge regarding the running of the Trust or a proposed action where appropriate;
- recognise the differing roles of the Chair, Senior Independent Director, Chief Executive, executive directors and Non-Executive directors;
- make every effort to attend meetings where practicable;
- adhere to good practice in respect of the conduct of meetings and respect the views of others;
- take and consider advice on issues where appropriate;
- Be mindful of the environmental impact of Trust Board decisions;
- acknowledge the responsibility of the council of governors to hold the Non-Executive directors individually and collectively to account for the performance of the Board; represent the interests of the Trust's members, public and partner organisations in the governance and performance of the Trust; and to have regard to the views of the council of governors;
- not use their position for personal advantage or seek to gain preferential treatment; nor seek improperly to confer an advantage or disadvantage on any other person;
- accept responsibility for their performance, learning and development.

12. Compliance

The members of the Board will satisfy themselves that the actions of the Board and directors in conducting business fully reflect the values, general principles and provisions in this Code and, as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon. All directors, on appointment, will be required to give an undertaking to abide by the provisions of this Code.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 July 2026
Title	**Appointment of a New Senior Independent Director**
	Item for Decision
Reason for the Report going to the Board	The Trust Board is responsible for appointing one of the Non-Executive Directors as the Trust's Senior Independent Director in consultation with the Council of Governors. The extraordinary meeting of the Council of Governors on 15 July 2026 will be consulted on the Board's preferred candidate for the role. The Trust's current Senior Independent Director is Aileen Feeney. The Appointments and Remuneration Committee is recommending that Aileen Feeney be appointed as the Trust's Vice Chair following the departure of Mark Day *(appointing the Vice Chair is the responsibility of the Council of Governors).* It is proposed that Sonya Batchelor be appointed as the new Senior Independent Director. The Senior Independent Director Role Profile is attached at appendix 1. The Board is requested to approve the appointment of Sonya Batchelor as the Trust's Senior Independent Director subject to the views of the Council of Governors.
Business Area	Corporate Governance
Author	Julie Hill, Company Secretary
Relevant Strategic Objectives	This relates to Good Governance.

Berkshire Healthcare
NHS Foundation Trust

SENIOR INDEPENDENT DIRECTOR ROLE DESCRIPTION

In consultation with the council of governors, the board should appoint one of the independent non-executive directors to be the senior independent director to serve as an intermediary for the other directors when necessary.

The senior independent director should be available to governors if they have concerns that contact through the normal channels of chair, chief executive, deputy chief executive, or company secretary has failed to resolve, or for which such contact is inappropriate. The senior independent director could also be the vice chair.

Led by the senior independent director, the non-executive directors should meet without the chair present, at least annually, to appraise the chair's performance, and on other such occasions as are deemed appropriate.

Where directors have concerns that cannot be resolved about the running of the trust or a proposed action, they should ensure that their concerns are recorded in the board minutes. On resignation, a director should provide a written statement to the chair for circulation to the board, if they have any such concerns.

In addition to the duties described here the senior independent director has the same duties as the other non-executive directors.

THE SENIOR INDEPENDENT DIRECTOR, THE CHAIR AND NON-EXECUTIVE DIRECTORS

The senior independent director should hold a meeting with the other non-executive directors in the absence of the chair at least annually as part of the appraisal process.

There may be other circumstances where such meetings are appropriate. Examples might include the appointment or re-appointment process for the chair, where governors have expressed concern regarding the chair or when the board is experiencing a period of stress as described below.

THE SENIOR INDEPENDENT DIRECTOR AND THE COUNCIL OF GOVERNORS

While the council of governors determines the process for the annual appraisal of the chair, the senior independent director is responsible for carrying out the appraisal of the chair on their behalf as set out as best practice in the code of governance.

As part of the chair's appraisal process, the senior independent director will seek feedback on the chair's performance from the governors. The senior independent director will attend a meeting of the Council of Governors' Appointments and Remuneration Committee to present the outcome of the chair's appraisal process.

The senior independent director might also take responsibility for an orderly succession process for the chair role where a reappointment or a new appointment is necessary.

The senior independent director should also be available to governors as a source of advice and guidance in circumstances where it would not be appropriate to involve the chair; chair's appraisal or setting the chair's objectives for example.

In rare cases where there are concerns about the performance of the chair, the senior independent director should provide support and guidance to the council of governors in seeking to resolve concerns or, in the absence of a resolution, in taking formal action. Where the trust has appointed a lead governor the senior independent director should liaise with the lead governor in such circumstances.

THE SENIOR INDEPENDENT DIRECTOR AND THE BOARD

In circumstances where the board is undergoing a period of stress the senior independent director has a vital role in intervening to resolve issues of concern. These might include unresolved concerns on the part of the council of governors regarding the chair's performance; where the relationship between the chair and chief executive is either too close or not sufficiently harmonious; where the trust's strategy is not supported by the whole board; where key decisions are being made without reference to the board or where succession planning is being ignored. In the circumstances outlined above the senior independent director will work with the chair, other directors and/or governors, to resolve significant issues.

Boards of directors and councils of governors need to have a clear understanding of the circumstances when the senior independent director might intervene so that the senior independent director's intervention is not sought in respect of trivial or inappropriate matters.