

Council of Governors

Formal Meeting

Date	23rd September 2026
Time	10:30am
Format	Online only via Microsoft Teams
Teams Link	Meeting Link

Governor Pre Meet	There will be a online governor pre-meeting at 9.45am which is open to all governors
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AGENDA:

Item Num:	Time	Topic	Presenter(s)	Paper or Verbal Update
1.	10:30	Welcome and Introductions	Frances West, Chair	Verbal
2.	10:35	Apologies for Absence	Cheryl Gardner, Assistant Company Secretary	Verbal
3.	10:40	Declarations of Interest	All	Verbal
4.	10:45	Minutes of the Last Formal Meeting held on 10 th June 2026	Frances West, Chair	Paper
5.	10:50	Public Governor Election Results	Cheryl Gardner, Assistant Company Secretary	Paper
6.	10:55	External Auditors Report to the Council of Governors	E&Y External Auditors - Ben Lazarus and Alison Kennett	Paper
7.	11:05	Trust Annual Report and Accounts 2025-26 (Presentation)	Julian Emms, Chief Executive and Paul Gray, Chief Financial Officer	Verbal
8.	11:35	Committee/Steering Groups: - Membership & Public Engagement - Quality Assurance Group - Living Life to the Full and terms of reference	Committee Group Chairs and Members	Paper(s)

9.	11:45	Executive Reports from the Trust 1. Patient Experience Quarterly Report (Enclosure) 2. Performance Report (Enclosure)	Elizabeth Chapman, Head of Service Engagement and Experience Julian Emms, Chief Executive	Paper(s)
10.	12:15	Appointment of Lead Governor	Cheryl Gardner, Assistant Company Secretary	Verbal
11.	12:20	Governor Feedback Session This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended	Frances West, Chair	Verbal
12.	12:25	Any Other Business	Frances West, Chair	Verbal
13.		Dates of Next meetings: Informal: 11 th November 2026 at South Hill Park, Bracknell Formal: 2 nd December 2026 Via Teams	Frances West, Chair	Verbal

Minutes of the Council of Governors Meeting held on

Wednesday 10th June 2026 at 10.30am

(Conducted via MS Teams)

	Present: Frances West, Chair Public Governors: James Cuggy Madeline Diver Sharon O'Reilly Graham Bridgman Brian Wilson George Mathew Ros Crowder Baldev Sian Staff Governors: Guy Dakin Appointed Governors: Fiona Price Cllr Puja Bedi Cllr Patrick Clark Cllr Mike Smith In attendance: Alex Gild, Deputy Chief Executive Mark Day, Non-Executive Director Julie Hill, Company Secretary Jennifer Knowles, Executive Office Manager & Assistant Company Secretary Linda Jacobs, Executive Business Assistant Guests: Jane Nicholson, Director of People Trevor Lyalle, Patient Advice and Liaison Service Manager
1.	Welcome and Introductions
	Frances West, Chair, opened the meeting by welcoming attendees. The Chair introduced the newly appointed Governor for Wokingham Borough Council, Cllr Mike Smith.
2.	Apologies for Absence
	Julian Emms, Cheryl Gardner, Cllr Megan Wright, Sarah Croxford, Alun Griffiths, Debra Allcock Tyler.
3a.	Declarations of Interest
	The Chair noted that no declarations of interest were submitted for this meeting.
3b.	Annual Review of Governors Register of Interests
	Julie Hill outlined the annual review of Governors Register of Interests and asked Governors to share any changes with Cheryl Gardner, so the register can be updated.
4.	Minutes of the Last Formal Meeting held on 11th March 2026
	The minutes of the Formal Public Meeting of the Council of Governors held on 11 th March 2026, were approved as a correct record. Sharon O'Reilly abstained from commenting due to absence at the last meeting.
5.	Staff Survey Results

	Jane Nicholson, Director of People, presented the 2025 National Staff Survey results, highlighting that the Trust had achieved exceptional performance across all nine People Promise themes and continued to report one of the highest staff engagement scores nationally, ranking first among comparator trusts for the second consecutive year. The results demonstrated strong and stable performance, with statistically significant improvements in three areas and no areas of decline, alongside a high response rate of approximately 62% (over 3,300 staff), providing confidence in the reliability of the findings. This was set against a national backdrop of declining staff engagement, with the Trust noted as performing positively in comparison. While overall results reflected a positive culture where staff feel valued and able to deliver high-quality patient care, the presentation also highlighted areas requiring continued focus, particularly around workforce safety and inclusion. Reports of violence and incidents of unwanted sexual behaviour were noted, with survey data indicating higher reporting than captured through formal systems, suggesting underreporting. In addition, disparities in experience were identified for disabled staff and some minority groups, alongside emerging insights relating to socioeconomic background and staff experience. Cllr Mike Smith queried the context of the violence data, asking if the report indicated that 90 members of staff experienced physical violence, or 90% of all staff experienced physical violence. Jane Nicholson confirmed she would provide further clarification following the meeting. Cllr Puja Bedi asked what the outcomes were for the sexual safety incidents that were reported and whether there were any incident reports of staff feeling unsafe in changing room areas. Jane Nicholson confirmed there have been no reports on staff feeling unsafe in changing room areas, and that the outcomes of the reported incidents are recorded. Sharon O'Reilly outlined the changes in behaviour for individuals with Dementia and queried if they are taken into consideration when reviewing the abuse incidents. Jane Nicholson confirmed that it is reviewed whether the patient had capacity at the time of the incident. Alex Gild, Deputy Chief Executive, highlighted the importance of caring for staff when they are involved in incidents and working to mitigating issues when a patient does not have capacity. Guy Dakin shared his opinion that Although it is useful to compare the Trust's survey results with those of other trusts, it is more beneficial to undertake further internal analysis and focus actions that support staff. Frances West agreed with Guys point and hoped that Jane's update provided this assurance. The Chair noted Jane Nicholson's IT issues during the meeting that meant she was unable to hear all participants. Fiona Price queried whether there is a survey that is dedicated solely to volunteers, similar to how the staff survey is dedicated to staff-only. The Chair confirmed that there is no national survey for volunteers. Alex Gild noted that this will be taken away from the meeting and reviewed.
6.	Committee/Steering Groups Reports
	1. Membership & Public Engagement - Chair: Brian Wilson The report was taken as read. Brian Wilson advised that there were no substantive updates to add. The Chair asked whether there were any amendments to the Terms of Reference; none were raised, and the Terms of Reference were approved.

	2. Quality Assurance Group - Graham Bridgman on behalf of Sarah Croxford The report was taken as read. Graham Bridgman noted errors in the Terms of Reference. The Chair agreed to circulate the revised Terms of Reference outside of the meeting for the Group to approve. 3. Living Life to the Full - Chair: Madeline Diver The report was taken as read. Madeline Diver advised that there were no substantive updates to add. The Chair confirmed that the Terms of Reference would be submitted and reviewed at the next meeting. The Chair thanked the Sub-Committee Chairs for their time.
7.	Executive Reports from the Trust 1. Patient Experience Quarterly Report The paper was taken as read. Trevor Lyalle, Patient Advice and Liaison Service Manager, advised that the report was taken as read and noted apologies from the report author, and confirmed that follow-up responses would be provided if required. The Chair asked Trevor Lyalle if there were any points from the report that needed to be highlighted to the governors. Trevor noted the increase in complaints, especially in CMHT, over the last quarter and confirmed that the Patient Experience team will investigate this further to identify key themes in the rise in complaints. The Chair thanked Trevor Lyalle, Patient Advice and Liaison Service Manager, for the report and invited questions from governors. Guy Dakin noted that a third of complaints related to continuity of care and asked what the Trust was doing to address this, particularly as the One Team initiative had been introduced partly to respond to these issues. Trevor Lyalle advised that a recent patient engagement event had taken place at Reading University, where feedback was received, and confirmed that the project group is progressing this work. Cllr Mike Smith raised concerns regarding the children's physical health complaints on the Wheelchair service and noted there were fewer complaints than anticipated, following a recent Ofsted report. Trevor Lyalle explained that the Trust provides the Wheelchair service in East Berkshire only, and the Ofsted report was regarding Berkshire West, but noted that he would raise with colleagues. Alex Gild provided further clarity in explaining that the Wheelchair service in Berkshire West was transferred from Royal Berkshire NHS Foundation Trust to another provider. However, the ICB are working with the new provider to improve their performance, which would form part of the overall Ofsted inspection outcomes. Fiona Price highlighted that the large number of complaints received by the Immunisation Team may skew reporting for the CFAA directorate and questioned if there are plans to separate this service from the directorate for future reporting. Trevor Lyalle thanked Fiona for the feedback and confirmed that he would share this with the team. Ros Crowder queried the role of Patient Safety Partners and whether they are included within the Patient Experience reporting, or elsewhere in the Trust. Trevor Lyalle confirmed that he would raise this feedback, for answers to be brought back in a future meeting. Cllr Mike Smith asked for clarity regarding the grey sections on the bar graphs. Trevor

Lyalle noted that as he is not the author of the report, he will take the question back for clarification.

Fiona Price highlighted the low number of complaints received from elderly patients and queried if accessible formats are being provided to this cohort of patients. Trevor Lyalle noted the query raised.

Cllr Mike Smith questioned whether individuals who have been referred to the Trust but are on a waiting list, thus technically not yet a patient, are included in the reporting process. Trevor Lyalle acknowledged the potential gap in feedback and noted that the team will review reporting processes.

The Chair thanked Trevor Lyalle for joining the meeting and noted how beneficial it was to receive a verbal highlight from Trevor at the beginning of the agenda item.

2. Performance Report

The report was taken as read.

Alex Gild, Deputy Chief Executive, presented the Performance Report, summarising key organisational metrics including restrictive interventions, patient experience, length of stay, incidents of violence and assaults, workforce turnover, and financial position. He advised that overall performance remained broadly stable, noting that a number of measures rated as “red” reflected internally set improvement targets rather than deterioration.

The Chair thanked Alex Gild for his report and invited questions from governors.

Cllr Mike Smith queried the purpose of the Trust having a surplus on the budget. Alex Gild explained that by having a surplus, it provides greater freedoms to develop Services and further invest in capital developments. If the Trust were to be in a deficit position, it would mean there is increased scrutiny and reduces the ability to reinvest the money into services and how the Trust operates. Alex Gild noted that this is an important performance indicator and shows strength as an organisation.

Guy Dakin noted the increase in length of stay for inpatients and those who are clinically ready for discharge and queried what the sprint cycle entailed and how effective it was. Alex Gild explained that it was an intense programme of work with clear focus on the visibility of patients ready to be discharged. The learning that came from the intense process allows for the creation of models to improve patient flow and length of stay on a sustainable basis.

Sharon O'Reilly highlighted the impact of delays in discharging inpatients, with concern on the knock-on effects on patient flow, service pressures and overall performance. In response, Alex Gild acknowledged the points raised and explained that areas such as discharge delays and their impacts were being reviewed as part of sprint cycle work.

George Matthew reflected on the incidents of physical violence and asked what happens to a patient following such incidents and how the Trust responds operationally once an assault has occurred.

Alex Gild emphasised that incidents of abuse should not be normalised and where patients have capacity must lead to clear action, appropriate reporting, and proportionate consequences, supported by the Police as criminal matters. Alex Gild highlighted the need to encourage staff to report incidents despite cultural and psychological barriers, noting this helps protect both individuals and teams. He also outlined plans for clearer thresholds, stronger communication with patients, and an upcoming anti-abuse campaign to reinforce expectations and support staff.

	Fiona Price asked whether increasing lengths of stay, particularly for older adults and acute mental health patients, could be partly driven by ICB funding pressures, specifically delays in Continuing Healthcare (CHC) payments impacting discharge pathways. In response, Alex Gild advised that this had not been identified as a primary driver but agreed it was worth exploring further. He explained that longer stays are often influenced by patient complexity and clinical decision-making, alongside wider system delays beyond the hospital. Cllr Mike Smith asked whether the reported assaults on Snowdrop Ward reflected multiple incidents caused by a single patient or whether they involved multiple individuals, which might indicate a broader issue within the ward environment. In response, Alex Gild agreed this was an important distinction, noting that assaults are often driven by a single individual, but acknowledged that this level of detail was not currently included in the report. The Chair thanked Alex Gild for the report, as well as the Governors for their insightful feedback.
8.	Governor Feedback Session
	No feedback was provided.
9.	Thank you to Outgoing Governors
	The Chair introduced the agenda item as an opportunity to formally thank and say goodbye to Governors whose terms had ended, recognising the significant voluntary contributions made by public, staff, and partner Governors. The Chair expressed gratitude to Graham Bridgman, Alun Griffiths, Anne Jumba and Nigel Oliver for their service and the diversity of perspectives they brought to discussions. The Chair noted that three Governors (Ian Germer, Jon Wellum and James Caggy) were standing for re-election, with voting closing soon and results expected shortly. The Chair also highlighted arrangements for the induction of new Governors, encouraging both new and existing members to attend sessions in early July 2026 to strengthen understanding of the role, and emphasised the importance of ongoing engagement.
10.	Any Other Business
	No items raised.
11.	Dates of Next Meetings
	15th July 2026 - Notice of an Extraordinary meeting. This will be followed by the Joint Non-Executive Directors and Council of Governors meeting - In person/Hybrid meeting. 23rd September 2026 - Formal Council Meeting - MS Teams 11th November 2026 - Joint Trust Board and Council of Governors Meeting - In person / Hybrid meeting 2nd December 2026 - Formal Council Meeting - MS Teams

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 10 JUNE 2026

CONTEST: Public: Reading

RESULT		2 to elect
LOBO, Sunila	41	ELECTED
CUGGY, James	32	ELECTED
WELLUM, Jon	20	
EMMETT, Raymond	16	
NEUPANE, Krishna	9	

Number of eligible voters		1702
Votes cast by post:	22	
Votes cast online:	47	
Total number of votes cast:		69
Turnout:		4.1%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		67

CONTEST: Public: West Berkshire

RESULT		2 to elect
GONCALVES, Virginia	31	ELECTED
GERMER, Ian	21	ELECTED
NG, Jeffrey	15	

Number of eligible voters		723
Votes cast by post:	19	
Votes cast online:	23	
Total number of votes cast:		42
Turnout:		5.8%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		42

CONTEST: Staff: Clinical

RESULT		1 to elect
AJAGBE, Jemima	58	ELECTED
RIZVI-JONES, Saniya	53	
HAYFORD, Patrick	49	
FINNIE, Sally	49	
OKEKE, Mercy Chinyere	48	
UBANI, Chukwubueze	15	
AJAGBE, Jemima	58	

Number of eligible voters		3955
Votes cast online:	272	
Total number of votes cast:		272
Turnout:		6.9%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		272

CONTEST: Staff: Non-Clinical

RESULT		1 to elect
SPIRES, Katie	87	ELECTED
BROOKS, Jane	57	
ALI, Sabeen	37	
SHARMA, Parth	28	
ASIAMAH, Diana	25	
AL-MAZRUI, Ulfat	14	

Number of eligible voters		1309
Votes cast online:	248	
Total number of votes cast:		248
Turnout:		18.9%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		248

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

- a) was sent the details of the election and
- b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.



CONFIDENTIAL

Yours sincerely

Julia Marques-Pike

Returning Officer

On behalf of Berkshire Healthcare NHS Foundation Trust

BERKSHIRE NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF NOMINATIONS: 5PM ON 29TH APRIL 2026

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

PUBLIC: WINDSOR AND MAIDENHEAD 1 TO ELECT
The following candidate/s is/are elected unopposed: Sarah Croxford
<i>0 vacancies remain</i>

PUBLIC: SLOUGH 2 TO ELECT
No valid nominations were received
<i>2 vacancies remain</i>

RO
Returning Officer
On behalf of Berkshire NHS Foundation Trust

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Opinion

We have audited the financial statements of Berkshire NHS Foundation Trust for the year ended 31 March 2026 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and the related notes 1 to 23, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted International Financial Reporting Standards as interpreted and adapted by the HM Treasury's Financial Reporting Manual: 2025-26 as contained in the Department of Health and Social Care Group Accounting Manual 2025 to 2026 and the Accounts Direction issued by NHS England with the approval of the Secretary of State as relevant to the National Health Service in England.

In our opinion the financial statements:

- give a true and fair view of the financial position of Berkshire Healthcare NHS Foundation Trust as at 31 March 2026 and of Foundation Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2025 to 2026; and
- have been properly prepared in accordance with the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the Foundation Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Foundation Trust's ability to continue as a going concern for a period of 12 months to 30 June 2027, from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Foundation Trust's ability to continue as a going concern.

In evaluating the Accounting Officer's conclusions, we have considered the requirement of the DHSC Group Accounting Manual for entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services they provide will continue into the future, and had regard to the guidance provided in Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2024) regarding the application of ISA (UK) 570 Going Concern to public sector entities.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accounting Officer is responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- other information published together with the audited financial statements is consistent with the financial statements; and
- the parts of the Remuneration Report and Staff Report identified as subject to audit have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2025/26.

Matters on which we are required to report by exception

The Code of Audit Practice requires us to report to you if:

- We issue a report in the public interest under schedule 10(3) of the National Health Service Act 2006;
- We refer the matter to the regulator under schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the Foundation Trust, or a director or officer of the Foundation Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency;
- We are not satisfied that the Foundation Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources;
- We have been unable to satisfy ourselves that the Annual Governance Statement, and other information published with the financial statements meets the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2025/26 and is not misleading or inconsistent with other information forthcoming from the audit; or
- We have been unable to satisfy ourselves that proper practices have been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

Responsibilities of the Accounting Officer

As explained more fully in the 'Statement of the chief executive's responsibilities as the accounting officer of Berkshire Healthcare NHS Foundation Trust' the Chief Executive is the accounting officer of Berkshire Healthcare NHS Foundation Trust. The accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the Foundation Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Council of Governors intend to cease operations of the Foundation Trust, or have no realistic alternative but to do so.

As explained in the Governance Statement, the accounting officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the Foundation Trust's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant are the National Health Service Act 2006, the Health and Social Care Act 2012 and the Health and Care Act 2022, as well as relevant employment laws of the United Kingdom. In addition, the Foundation Trust has to comply with laws and regulations in the areas of anti-bribery and corruption, data protection and health & safety.
- We understood how Berkshire Healthcare NHS Foundation Trust is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. We corroborated this through our review of the Foundation Trust's board minutes, through enquiry of employees to verify Foundation Trust policies, and through the inspection of employee handbooks and other information. Based on this understanding we designed our audit procedures to identify non-compliance with such laws and regulations. Our procedures had a focus on compliance with the accounting framework through obtaining sufficient audit evidence in line with the level of risk identified and with relevant legislation.
- We assessed the susceptibility of the Foundation Trust's financial statements to material misstatement, including how fraud might occur by understanding the potential incentives and pressures for management to manipulate the financial statements, and performed procedures to understand the areas in which this would most likely arise. Based on our risk assessment procedures, we identified manipulation of reported financial performance (through improper recognition of revenue and/or expenditure) and management override of controls to be our fraud risks.
- To address our fraud risk around the manipulation of reported financial performance through improper recognition of revenue, we reviewed and sample tested the Foundation Trust's manual year end income and expenditure accruals, challenging assumptions and corroborating the income and expenditure to appropriate evidence.

- To address the presumed fraud risk of management override of controls, we implemented a journal entry testing strategy, assessed accounting estimates for evidence of management bias and evaluated the business rationale for significant unusual transactions. This included testing specific journal entries identified by applying risk criteria to the entire population of journals. For each journal selected, we tested specific transactions back to source documentation to confirm that the journals were authorised and accounted for appropriately.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at <https://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice **2024**, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in March 2026, as to whether the Foundation Trust had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Foundation Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March **2026**.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Foundation Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under schedule 10(1)(d) of the National Health Service Act 2006 to be satisfied that the Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Under the Code of Audit Practice, we are required to report to you if the Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Foundation Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until the NAO, as group auditor, has confirmed that no further assurances will be required from us as component auditors of Berkshire Healthcare NHS Foundation Trust.

Use of our report

This report is made solely to the Council of Governors of Berkshire Healthcare NHS Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006 and for no other purpose.

Our audit work has been undertaken so that we might state to the Council of Governors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors, for our audit work, for this report, or for the opinions we have formed.

Ben Lazarus
Ernst & Young LLP

Ben Lazarus (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
London
18 June 2026

GOVERNORS' MEMBERSHIP & PUBLIC ENGAGEMENT SUBGROUP REPORT – Sept.2026

The M&PE Governors Subgroup was held online on 30th June with 12 attendees, including 8 Governors. My thanks to Julie Hill for managing the latter half of the meeting as I was called away to a family matter. The Action Log for the 28th April Meeting will be carried forward for review with the Action Log from 30th June to the next meeting on 20th October.

We were particularly pleased to welcome Louise White, Advanced Mental Health Practitioner, CAMHS Berkshire Link Team, supporting young people with complex needs who struggle to engage with traditional services. Many of these young patients have overlapping health, social and environmental needs, sometimes with a history of unsuccessful access to a range of services, with health, social care and education services working in disjointed ways.

Key issues were identified and a Core Model and Principles and a four-level Service Model devised. The distinctive features of this approach were a Youth Worker Model. Family and network support, System Leadership Role, Trauma Informed approach and open access and referral models. Referrals are accepted from professionals, families, the voluntary (VCFSE) sector and other sources.

A fully detailed summary of the presentation can be found in the Minutes of the 30th June meeting.

Membership Newsletter: another excellent edition was published in July. We had hoped to include a short article from the Director of the Thames valley VCSE Alliance, but nothing was received by the copy deadline.

Membership Scope of Work: this has now been finalised and a copy is appended to this report for reference.

Membership Report: no significant changes in the membership data were reported. The “numbers” again proving rather stable, quarter by quarter. Marcomms also explained that their focus will be shifting to areas with lower membership engagement. We look forward to hearing about that at the October meeting together with further developments on “considering forming a group to develop a more formalised approach to patient and public engagement, potentially involving workshops and input from Governors and stakeholders”.

Looking to the future: in addition to the above, I will be asking all Governors, not just those who usually attend the M&PE Subgroup to look at further ways we can actually conduct the “engagement” part of our roles. Notwithstanding how the future will unfold through the new legislation, being more effective at gaining insight into patient/family/carers experience and hearing more of the patient voice will seriously increase in importance.

Remember, all Governors are encouraged to go on service visits and the other types of visit to experience the frontline of the Trust's health provision. The best engagement is achieved by being there!

Brian Wilson, M&PE Co-Chair

Governor Quality Assurance Group update from 7th September

Sarah Croxford

We were very pleased to welcome Zena Pike, Lived Experience Workforce Programme Manager, and Ashley Gale, Peer Educator and Coordinator, to the September Governor Quality Assurance Group. Their presentation gave Governors a clear view of how the Lived Experience workforce has developed across Berkshire Healthcare, and how these roles are now contributing across a range of services.

Lived experience workforce

The presentation gave Governors a helpful overview of how the Lived Experience workforce has developed across Berkshire Healthcare. The key point was simple: lived experience is a form of expertise which can sit alongside clinical knowledge and give services a clearer understanding of how care is experienced by patients.

The workforce has grown from a small staff group into twenty-eight staff working across eleven services. Governors heard examples of the contribution these roles make through direct support for patients, group work, recruitment, co-production, training and service improvement. The discussion was useful because it moved quickly from describing the role to testing how it works in practice.

What was particularly useful was hearing lived experience described not as an “add-on”, but as something that changes the quality of the conversation around care. The examples shared showed how these roles can help services understand what support feels like from the patient’s side, not just how it is designed or delivered by the organisation. That feels especially important where services are under pressure, because it keeps the focus on the person receiving care rather than only the process around them.

Core themes from the meeting

Patient experience and satisfaction: The Patient Experience report raised questions about what could be understood from the Quarter 1 data and where previous trends may still be relevant. The increase in MP enquiries relating to ADHD, autism and speech and language therapy waiting times was notable, as was the question of why complaint numbers and satisfaction scores did not always appear to tell the same story.

Complaints and access to voice: The discussion on complaints highlighted both the practical pressure on teams and the importance of keeping the process accessible. AI-generated complaints are making some correspondence longer and harder to interpret, creating additional work before the substance of the concern can be investigated. At the same time, the discussion recognised that AI may help some people explain concerns they would otherwise struggle to set out.

Waiting lists and service pressure: Waiting list data raised some of the most important questions. The areas discussed included rising waits and unseen referrals in the Integrated Pain and Spinal Service, ongoing pressure in Children and Young People's ADHD and neurodevelopmental pathways, and increased waits in Adult Community Mental Health services in Windsor and Maidenhead. The issue is not only the numbers themselves, but what they suggest about demand, complexity, capacity and risk.

Service visits and estates: The service visit reports added useful context to the written papers. The Individual Placement and Support Service visit showed positive work supporting people with serious mental health conditions into employment, while the High-Tech Care, Bracknell Health Space and Church Hill House reports raised wider points about accommodation, privacy, estates constraints, dual diagnosis and how services are configured around patient need. Governors also recommended further visits to Children and Young People's ADHD and neurodevelopmental services, the Integrated Pain and Spinal Service, and the Crisis Resolution and Home Treatment Team, as these areas had come up repeatedly through the agenda in relation to demand, waiting lists, patient experience and the need to understand what service pressure looks like in practice.

Summary

The meeting also showed the importance of Governors being able to review and question what is being reported, particularly where they can bring constituency knowledge, local context, professional experience or insight from service visits. That outside perspective can help test whether the assurance in the papers reflects what people using services may be experiencing in practice.

This was particularly clear in the discussion on waiting lists, patient satisfaction, complaints and service visits. The questions were not about stepping into operational detail, but about understanding what sits behind the data: whether access pressures are being felt differently across services, whether estates issues are affecting privacy or dignity, and whether the same themes are appearing in more than one place.

Report to Council of Governors: Living Life to the full Meeting of 22nd July 2026

Topic: The ICS and its development.

Presenter: Fiona Price, CEO of Age UK, Berkshire and Chair of the Ageing Well Group

- The Thames Valley VCSE Alliance is the merger of BOB and Frimley Alliances to align with the integrated care system.
- To ensure the voluntary sector is represented under one umbrella
- can work more effectively with health and social care partners.

The Alliances vision is for VSOs to be valued and equal partners in the integrated care system aiming to improve: population health outcomes; tackle inequalities; enhance productivity and support broader social and economic development.

Fiona highlighted the Alliances partnership principles:- trust, purpose, community and inclusivity.

The ICB Memorandum of understanding is with over 300 member organisations encouraged to join regardless of size or scope.

Key personnel include Stephen Barnett (Alliance Director), William Butler (Alliance Chair), Lynne Regan (Berks Lead) and Kirsty Wright (Comms Lead) with a steering group comprising local infrastructure leads and group chairs overseeing 2 groups:

Mental Health and Ageing Well.

Thames Valley VCSE Alliance

Fiona Price- CEO of Age UK Berkshire and
Chair -Ageing Well Group

July 2026



Areas to cover:

- Thames Valley VCSE Alliance and What's happened so far
- Workstreams/ groups
- Membership scope and who's welcome
- Key insights into local VCSE
- Effects of the 10 year plan on the sector and Age UK Berkshire

Thames Valley VCSE Alliance

- Our vision is that the VCSE organisations are valued and equal partners in the Integrated Care System.

We believe that partnership working will enhance the health and well-being of the population of Thames Valley.

It will help work towards the goals of integrated care systems:

- Improve outcomes in population health
- Tackle inequalities in health outcomes, experience and patient access
- Enhance productivity and value for money
- Support broader social and economic development

Our partnership principles:

- Growing trust
- Being purposeful
- Fostering community
- Building inclusivity
- There is an MOU between the alliance on behalf of the voluntary sector and the ICB on behalf of the NHS.

We have over 300+ members from across the Thames Valley. All voluntary sector organisations are encouraged to become members.

Thames Valley VCSE Alliance

- The funding for the VCSE alliance comes from the ICB and the main positions in the alliance are hosted by Community Impact Buckinghamshire
- Key personnel- Stephen Barnett- Alliance Director and William Butler- Alliance Chair
- Lynne Regan- Berkshire lead
- Kirsty Wright -Comms Lead
- Steering group- CVS infrastructure leads and Chairs of groups
- 2 groups- Mental Health and Ageing Well
- 6 monthly VCSE Assemblies

[Thames Valley VCSE Alliance – Voluntary, Community and Social Enterprise](#)

Last assembly covered:

- Sam Burrows Chief system development and engagement officer, NHS TV ICB- overview of the emerging mission, priorities and approach to partnership working
- Professor Tony Chapman Durham University- Third sector trends survey overview and contribution of the VCSE sector across the Thames Valley

Last group meetings covered:

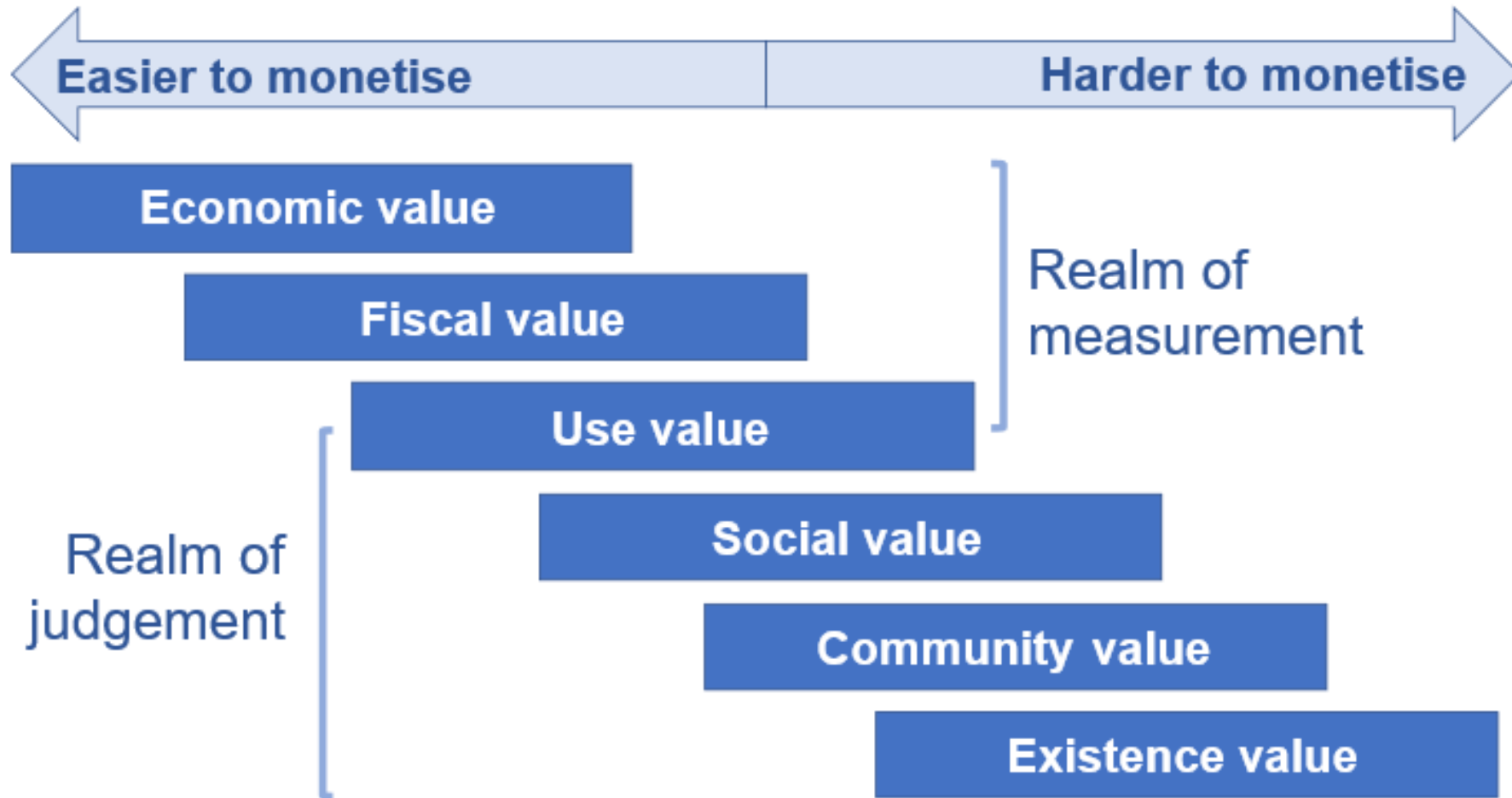
- Thames Valley Innovation Fund review: Rob Bowen, ICB Director of Strategy and Innovation.
- Updates on neighbourhood health coordination in place based areas

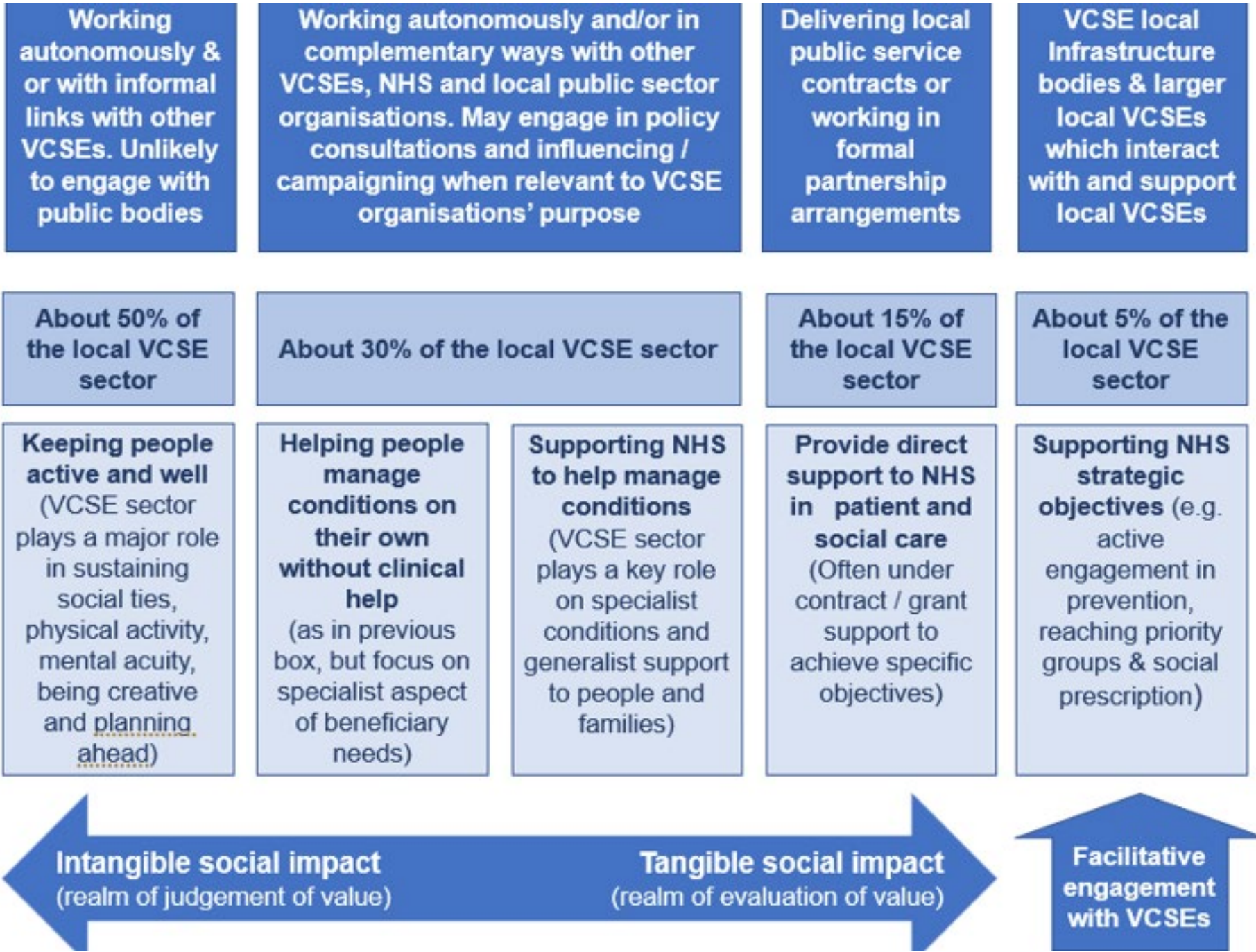
The VCSE sector in Thames Valley is large, productive, impactful, confident and resilient

- ~9,430 registered organisations. Sector income is around £2.65bn.
- Thames Valley VCSE sector produces £4.5bn in added fiscal, economic and use value. When sector energy and intangible value is added, it comes to about £10.3bn.
- ~49,450 VCSE sector employees in the area – signs of marginal increase rather than decline – but issues with recruitment and retention.
- ~188,340 regular volunteers deliver 13.6m hours work. Their proxy replacement value is £166m-£258m. 32% of orgs still not recovered volunteer numbers fully from pandemic (38% nationally).
- Most VCSE organisations' leaders are confident about their future finances and exhibit real 'vitality' in their outlook.

The VCSE sector produces value in many ways

- some are measurable, some are not





Much of the value the VCSE produces on public health and wellbeing issues sit ‘below the radar’



Thames Valley

THAMES VALLEY
VCSE ALLIANCE



Partnership development

Build capacity of all ICB Directorates to work with VCSE organisations.

Build capacity of VCSE providers to work with ICB commissioners.

Work towards presence of VCSE voices in ICB system and place governance

Seek to address unwarranted variation in VCSE engagement across places and service areas.

Recognise and align the complementary roles of Healthwatch or its successors and of the Research Engagement Network.

NHS 10 Year Plan

- Muddled to date- no clear vision
- Priority is on neighbourhood health- all areas across Thames Valley at different stages with this.
- Berkshire not joined up yet
- For example as we work pan Berkshire it still means working with 6 local authorities to shape these plans to place level
- Culture Change
- General understanding of the sector, its value for money- still seen as an afterthought
- Opportunity for utilising sectors links to people and community e.g. AUKB 18,000 a year.

Any Questions?

COUNCIL OF GOVERNORS LIVING LIFE TO THE FULL GROUP

TERMS OF REFERENCE

Aim

This group aims to increase governors understanding of what makes it hard for patients of Berkshire Healthcare to live life to the full, particularly factors within the organisation and presentation of health and public services and third sector services, as well as what is supportive, and to report to Council, passing on that understanding to the wider direction of the trust.

Background

Berkshire Healthcare works with patients through community and mental health care to allow them to live fuller and sometimes longer lives. Other organisations are engaged in this endeavor – charities and voluntary bodies (the 3rd sector), local authorities, other parts of the NHS. The welfare of patients depends on common working and cooperation.

The group will look at this joint work, seeking to understand the views and experiences of patients and carers as their lives are touched by multiple organisations including Berkshire Healthcare. Understanding so gained can assist governors in holding the non-executive directors of the trust to account as they engage with the wider partnership of the Thames Valley ICS Structure, of which Berkshire Healthcare forms part.

Membership

The group is open to all Governors and any Non-Executive Directors who have an interest.

Trust staff will be welcome to attend meetings in which they have a particular interest where that is an appropriate use of their time.

The aim is to have a diverse membership with Public Governors from all localities, plus Appointed and Partnership Governors, in order to provide input and feedback from all areas within which the Trust operates.

All Governors are welcome to attend individual meetings to hear specific presentations at the group's meetings.

Responsibilities

The Living Life to the Full Group will be responsible for the following:

1. Encouraging understanding, collaboration, and innovation across the boundaries of the Trust in the areas of patient well-being and autonomy by increasing knowledge and understanding.
2. Helping to facilitate working with partner organisations including statutory bodies, the voluntary sector and user groups including by inviting them to give presentations at the quarterly meetings of the group.
3. Ensuring that a “Living Life to the Full” perspective informs the Council of Governors’ input to discussions of Trust Policy and Strategic Objectives.
4. Setting out and bi-annually reviewing its terms of reference.

Operation of the Group

The group will meet four times in the year.

The group should elect a chair or co-chairs.

The group should identify a work programme for a set period, usually between of 1 to 3 years, to look at defined areas as set by the group, which will help act as a focal point to promote a greater general understanding of all aspects of helping patients live a full life.

Authority

The Group is established and authorised by the Council of Governors who are also responsible for approving these terms of reference and any amendments thereto.

Approved by Council:

Review Due: July 2028

Patient Experience Report Quarter One 2026/27

Introduction

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

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

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

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

Table 1

Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Year end
Distinct patient numbers (inc patient discharges)	Number	159,505				
Number of iWGC responses received	Number	12,814				
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.03%				
iWGC 5-star score	Number	4.79				
iWGC Experience score – FFT	%	95.72%				
Compliments received directly by services	Number	1484				
Formal Complaints Rec**	Number	81				
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	19				
Formal Complaints Closed**	Number	85				
Formal complaints responded to within agreed timescale	%	100%				
Formal Complaints Upheld/Partially Upheld	%	58.8%				
Local resolution concerns/ informal complaints Rec	Number	20				
MP Enquiries Rec	Number	16				
Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	3				

** There were 5 formal complaints received that were not attached to a clinical service/Division, and they cover Information Governance, Records Access and the Complaints Department. There was one formal complaint closed that was for the Complaints Office so not included in a Divisional breakdown.

During Quarter 1, the Trust received 81 complaints, representing a 18.2% reduction compared to Quarter 4, when 99 complaints were received. Complaint closure activity also reduced slightly, with 81 complaints closed during Quarter 1 compared with 90 closures in Quarter 4.

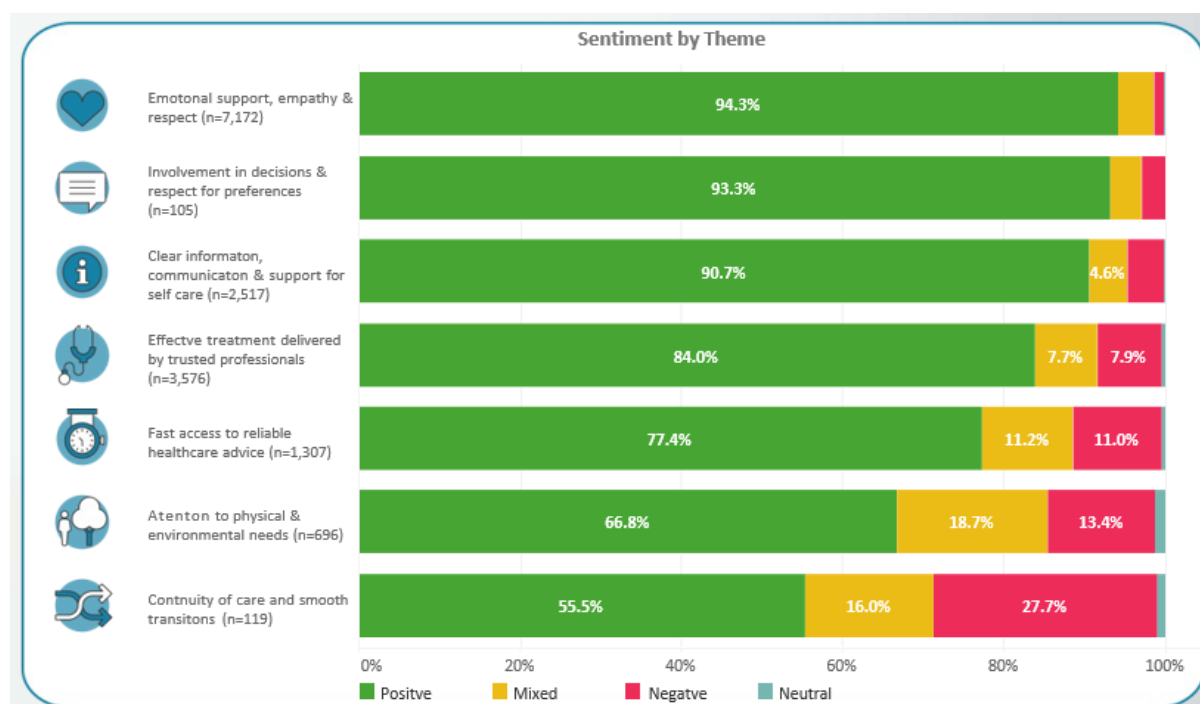
A total of 18 complaints (22.2%) received during the quarter were re-opened complaints, indicating that a proportion of complainants remained dissatisfied with their original response and sought a further review.

The most common themes identified during the quarter were:

- Care and treatment, including concerns regarding clinical decision-making, assessments and ongoing support.
- Communication, particularly around information sharing, responsiveness and patient experience.
- Waiting times and access to services, including ADHD, CAMHS and specialist service pathways.
- Medical records and discharge arrangements, where complainants challenged the accuracy of records or decisions regarding discharge from services.

While these themes were seen across a number of services, no single emerging trend or systemic concern was identified. Complaints remained varied in nature and reflected the breadth of services provided across the Trust.

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



Appendices contain the PALS and Complaints information for Quarter 1.

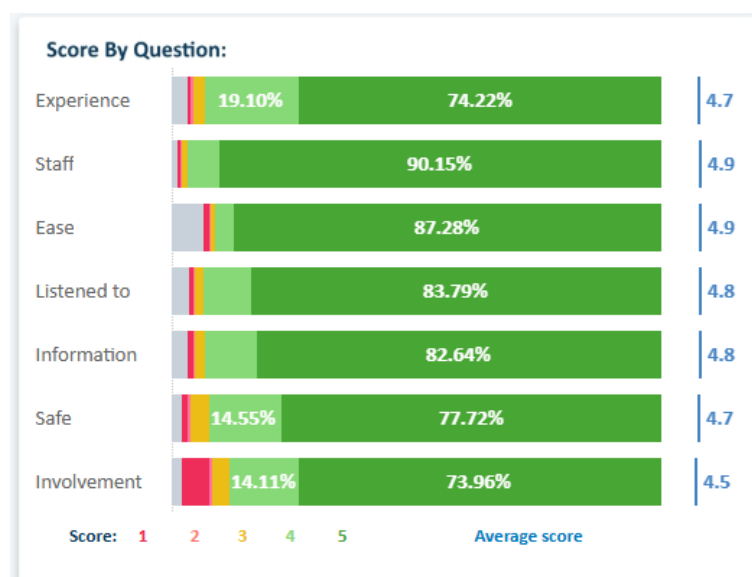
What the data is telling us

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

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

Table 2: Summary of patient experience data.

Patient Experience - Division CFAA and LD		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	4503			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	11.1%			
iWGC 5-star score	Number	4.89			
iWGC Experience score – FFT	%	96.2%			
Compliments received directly by services	Number	102			
Formal Complaints Rec	Number	17			
Formal Complaints Closed	Number	21			
Formal Complaints Upheld/Partially Upheld	%	57.1%			
Local resolution concerns/ informal complaints Rec	Number	5			
MP Enquiries Rec	Number	8			



Of the 4,503 responses, 4,362 responses related to the children's services within the division; these received, with positive comments about staff being helpful and kind and a few suggestions for further improvement, this included 3 reviews for Phoenix House. 118 of the

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

There were 17 formal complaints received across the Children, Young People & Families Division during Quarter 1. Of these, 9 related to Physical Health services and 8 related to Mental Health services. Complaints primarily concerned care and treatment, communication with families, access to services and waiting times, with concerns raised across a range of community, specialist and mental health services. No single dominant theme was identified, with complaints reflecting a broad range of service-specific issues.

During Quarter 1, eight MP enquiries were received relating to Children's Services. The majority concerned waiting times and access to services, particularly within ADHD, CAMHS and Speech and Language Therapy services.

Where complaints were upheld or partially upheld, learning commonly related to communication, coordination of care, clarity of information provided to families, and administrative processes.

Several investigations resulted in actions to improve how services communicate decisions, involve families in care planning, and ensure records and documentation accurately reflect clinical discussions and agreed actions. Reviews also highlighted opportunities to enhance consistency across care pathways and provide clearer information about assessments, referrals and ongoing support.

Children's Physical Health Services

There were nine formal complaints received for Children's Physical Health Services during Quarter 1.

Children's Occupational Therapy (CYPIT) received two complaints, with concerns relating to assessments, discharge decisions and whether appropriate support had been provided.

Children's Speech and Language Therapy (CYPIT) received three complaints, covering communication (1), care and treatment (1) and access to services (1). These complaints reflected concerns about communication with families, service provision and whether assessments and recommendations fully met the child's needs.

Health Visiting received three complaints, primarily concerning the level of support provided to families, communication and follow-up arrangements. Both the Community Paediatrics Service and Eating Disorders Service received one complaint each, relating to care and treatment.

Overall, the main themes were care and treatment, communication with families, and access to services, with concerns focusing on the delivery of care, assessment and treatment decisions, and ensuring parents and carers were appropriately supported and informed throughout the care pathway.

4036 of the 4503 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Immunisation and ADHD Team Children & Young People. ADHD Team Children & Young People services also receive very positive feedback with positivity score of 93.7%- and 5-star rating of 4.81.

Immunisation Service

The immunisation team has developed feedback stations for gathering feedback during school immunisation sessions with posters to promote, paper copies and pens, this is having a positive impact on responses received back to the team. The overall positivity score from the 3565 responses was 96.3% and a 5-star rating of 4.71. Feedback included that the injection was quick, and nurses were kind. "Very kind and helpful and made me feel safe." with the themes to improvements including make it less painful, wanted to be told before they were injected and would rather have the nose spray.

Child and Adolescent Mental Health Services (CAMHS)

There were four formal complaints received relating to CAMHS Services during Quarter 1. These were received across CAMHS General, CAMHS Getting Help and CAMHS Rapid Response.

The majority of complaints related to care and treatment, with concerns focusing on assessments, clinical decision-making, safeguarding, and whether appropriate support had been provided to young people. Complaints also highlighted concerns regarding communication with families and the timeliness of access to support.

There have been 306 responses for CAMHS services received through our patient survey for this Quarter. These include 194 received from those attending our neurodiversity services (positive score 95.31% and star rating of 4.84 with lots of positive comments about staff and the experience).

Adult ADHD Service

There was one formal complaint relating to Neurodevelopmental Services during this Quarter. The complaint concerned the management of a referral within the service, specifically relating to concerns that the patient had been discharged without notification and the accuracy of information held within records.

The Adult ADHD service received 30 responses with a 3.83 average 5-star score and a 56.7% positive score. Positive feedback included patients felt listened to and staff were kind. Less positive comments were around lack of communication and long wait time. Work is ongoing within the system to find local resolutions to this this national challenge that demand is significantly higher than capacity for neurodiversity assessment services.

Learning Disability

There was one formal complaint received relating to the Community Team for People with Learning Disabilities (CTPLD) concerning the adequacy of care planning, responsiveness of the service, communication with the family, and the management of risk for a patient with complex needs.

Overall, there were 118 responses for all Learning Disability services; responses were for the Community Teams for People with a Learning Disability and Learning Disability Intensive Support Team. These received a 92.4% positive score; feedback included that staff were helpful, *"Both [Name Removed] and her colleague did a great assessment for my aunty. They were very helpful, caring and listened to our concerns. Thank you to them both."* there were comments for improvements including staff need to listen, want longer appointments, service is slow and want to be treated in a calm way. The 7 responses that received with a score below 4 left comments including "Sometimes I feel like nothing gets done quickly and I get upset."

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

Eating disorders

There was one formal complaint received relating to the Eating Disorders Service. This related to concerns about the patient's care, whether reasonable adjustments had been appropriately considered, communication with the family, and the handling of safeguarding concerns.

Of the 33 feedback responses received, 31 scored a 5 with comments such as *"I had an assessment at the Erlegh House centre with [Name Removed]. [Name Removed] made me feel comfortable and welcome. I felt that she really listened to what i had to say and was easy to talk to. I didn't feel pressured into anything I wasn't ready to challenge and there was lots of time available to discuss everything without feeling rushed. Thank you!"* *"[Name Removed] was great she made me feel comfortable explaining what I have been experiencing and I felt listened too. Which after my session felt good to know I'm not alone and will get support to get better."* *"[Name Removed] is supportive, kind, a great listener and always goes over and above to help me on my journey even when I question the steps she'd like me to take. I would never have survived without her being there. She doesn't judge or criticise and most of all she believes in me. Thank you."* Areas for improvement included listen to patient instead of their patient and shorter wait times.

In addition, the Family Safeguarding Service have been continuing to improve the patient and family/carer experience by:

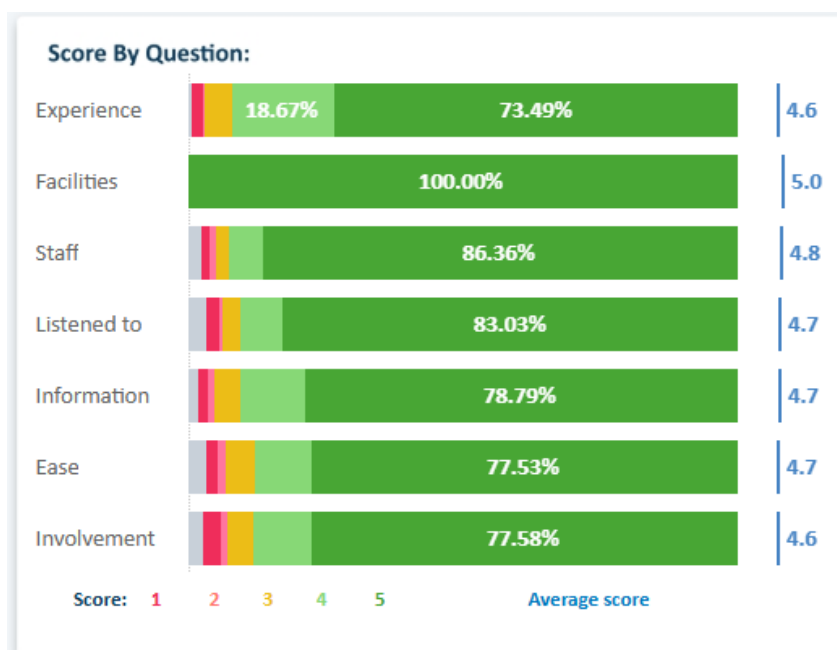
- Service-user led activities in the 'Together' Group, which is a co-delivery participation space where service-users suggest psycho-social activities (e.g. some 'summer of fun activities' for families open to children's social care, World Mental Health Day activities, 'couch to 5k'). This group originated from service-user feedback and is entirely co-produced. These are families who have children's social care involvement and have limited access to such groups and feel stigmatised and marginalised within 'universal access' (a recent quote from one service user: "these are the only groups I feel I can come too without feeling embarrassed about having a social worker. We all have *stuff* going on and we don't judge each other").
- The service is commencing a participation project (registered as a Trust service-evaluation on around understanding the barriers to our services for different community members. We are inviting those who have declined our service to share their experiences of being offered the service and rational for declining. This will help us to monitor who our service does not reach and potential access barriers.

Mental Health Division

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

Table 3: Summary of patient experience data.

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	332			
Response rate (calculated on number contacts)	%	3.72%			
iWGC 5-star score	Number	4.69			
iWGC Experience score – FFT	%	92.17%			
Compliments received directly by services	Number	393			
Formal Complaints Rec	Number	19			
Formal Complaints Closed	Number	22			
Formal Complaints Upheld/Partially Upheld	%	59%			
Local resolution concerns/ informal complaints Rec	Number	0			
MP Enquiries Rec	Number	2			



There were 19 formal complaints received across Mental Health East services during Quarter 1. Complaints were received across a range of community and specialist mental health services and predominantly related to care and treatment, communication, and access to services. Common concerns included clinical decision-making, continuity of care, discharge arrangements, responsiveness of services, and communication with patients and families. A smaller number of complaints related to medication management, confidentiality, waiting times and the accuracy of clinical records. Overall, no single theme predominated, with complaints reflecting a broad range of issues across the directorate.

Of the complaints closed within Mental Health East, a significant proportion were partially upheld or upheld, demonstrating that learning opportunities were identified across a number of services. The most common areas for learning related to communication, care coordination, service responsiveness and clinical documentation.

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

The services receiving the majority of iWGC responses were Crisis Response Home treatment Team (CRHTT) East with 55 responses, CMHT WAM with 44 responses and Memory Clinic Bracknell with 38 responses.

Across the CRHTT East survey, the average 5-star score was 4.52 with 87.3% positive feedback. 48 of the overall number of responses received (55) scored a 4 or 5-star rating with many comments about staff being supportive, listened, kind and helpful; *“Dr [Name Removed] listened to me and I feel his diagnosis was correct. I trust he will follow up on helping me to get the treatment I need to get well.”* *“The service wasn’t very good, it was excellent! Excellent! [Name Removed] was amazing, she helped me so much, she gave medicine. [Name Removed] was an inspiration - I want to be just like her. Excellent service. My whole family loves the Crisis Team. I’m feeling so much better now because of them.”*

This Quarter, questions relating to ease and feeling involved were least likely to be positive with areas for improvement and dissatisfaction with the service about not feeling listened to, better communication and follow up with patient as promised.

The Memory Clinic – Bracknell received 100% positive score (4.88-star rating) and received positive feedback about staff being professional, understanding, and listened. *“Made to feel*

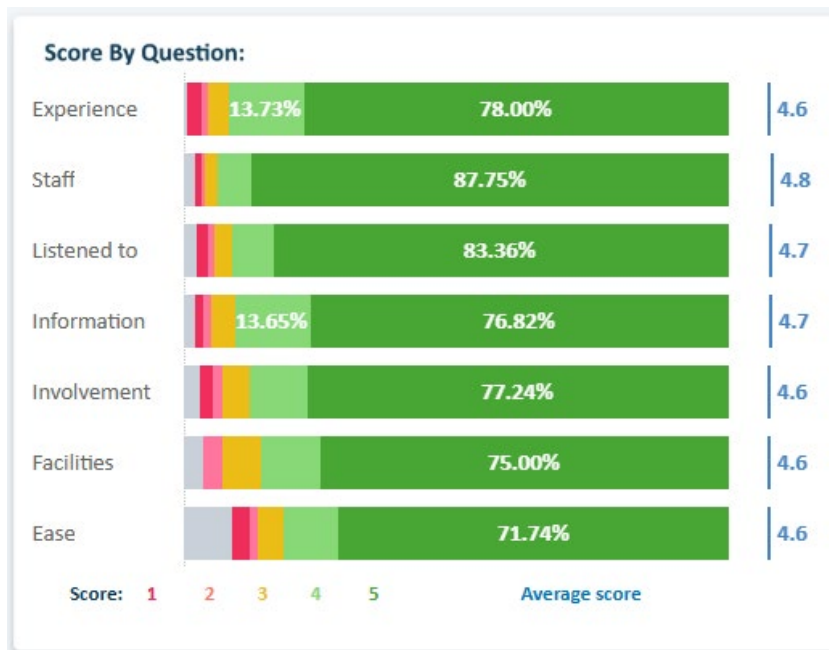
very relaxed and comfortable. Felt Dr listened and was very informative, pleasant and understanding.”

CMHT received 95 responses (Bracknell 38, Slough 24, and WAM 44) with 93.7% positive score and 4.68 star with 6 of the total responses scoring less than a rating of 4; comments included *“Receptionist was struggling. Dr [Name Removed] told me he’d call me yesterday and didn’t. I feel nobody is listening to me.”* And *“The consultant says little or nothing and doesn’t seem to have any great knowledge of bipolar disorder. He gives no opinion or advice I may as well been sitting in there on my own.”*. There were several positive comments that staff it was really good session. The Doctor was such great was listening to me very carefully and discussed what I needed. Can’t ask for more.”, *“Psychiatrist is fantastic Dr [Name Removed] is the best consultant I have ever had. He is kind caring and compassionate and makes sure I have understood everything that is going on. He involves me in my care, he is wonderful.”* And *“I saw [Name Removed] two times for initial assessment to see what kind of therapy I required. Both times I saw [Name Removed] she was very kind, professional and really listened.”* Some of the suggestions for improvement included long wait for appointment and various issues regarding prescriptions. Further work is being conducted with Mental Health services to improve uptake as part of the wider patient experience improvement plan.

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

Table 4: Summary of patient experience data.

Patient Experience - Division MHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	1209			
Response rate (calculated on number contacts)	%	5.89%			
iWGC 5-star score	Number	4.69			
iWGC Experience score – FFT	%	92.11%			
Compliments received directly by services	Number	56			
Formal Complaints Rec	Number	20			
Formal Complaints Closed	Number	16			
Formal Complaints Upheld/Partially Upheld	%	62.5%			
Local resolution concerns/ informal complaints Rec	Number	3			
MP Enquiries Rec	Number	1			



There were 20 formal complaints received across Mental Health West services during the quarter. Complaints were received from a range of services including CMHT/Care Pathways, Crisis Resolution and Home Treatment Teams, Talking Therapies, Psychological Medicine Services and Community Mental Health Services.

In terms of outcomes, a substantial proportion of complaints were partially upheld or upheld, with learning identified around communication, care coordination, discharge planning and documentation. Where complaints were upheld, actions included process reviews, staff reflection and training, improvements to communication practices, and strengthening care planning processes. Overall, the complaints highlighted opportunities to improve patient experience whilst also demonstrating that learning and service improvements were identified through the complaints process.

The Mental Health West division has a wide variety of services reporting into it, including the Talking Therapies service and Court Justice Liaison and Division service (CJLD), as well as secondary mental health services. The 3 services with the most feedback through the patient survey were Talking Therapies – Step 2 with 320 responses, Talking Therapies – Step 3 with 195 responses and CRHTT West with 88 responses.

Questions relating to facilities and ease have the least number of positive responses. Examples of feedback regarding facilities include patients having issues with parking when accessing Talking therapies, CMHPT and PMS West.

For CRHTT West there was an 81.8% positivity score and 4.40-star rating. There were lots of positive comments about staff listening, being helpful, and kind, “They were so gentle, listened well. Communication was clear. They showed empathy. CRHTT looked for many ways to support me. I felt genuine care. I was given time to explain myself. Everything was perfect!” Some of the areas for improvement included discharge was too fast, didn’t feel listened to and found it hard to understand information given. There were comments for improvement such as wanting to be given the medication they were prescribed, they felt rushed, some staff could be more sensitive and differing opinions felt confusing. For example, “*Some information was difficult to understand as it is a lot of information to take in when I was recovering from discharge from hospital admission.*”

The Older Adult Mental Health Service and Memory Clinic combined have received a 96.2% positivity rating (4.86-star rating) some of the feedback included “*The assessment was not rushed, undertaken with the greatest respect and empathy. My husband was completely at*

ease and quite enjoyed the attention. Everything that was necessary was explained carefully."

There were 40 responses received for West CMHT teams with 90.0% positivity score and 4.64-star rating, 36 of these were positive with comments received that staff listened and were supportive, there were 4 negative responses for Wokingham, comments included that patients did not feel listened to, follow up with patients including felt staff were rude, long wait to get an appointment, some staff members are difficult and the service needed better communication with patients.

Most comments were very positive about the staff, including that they were kind, caring and helpful. Several of the comments/areas for improvement were wait for appointment was too long and communication could be improved. For example, *"[Name Removed] is exceptionally good at putting you at ease. She is genuinely kind and cares about your mental health. She has given me some great advice and has made waiting for therapy easier to tolerate."*

For Talking Therapies, the overall scores were 92.58% positivity and 4.71-star rating with the Talking Therapies – step 2 pathway getting the highest scores. Many of the comments were positive about staff having listened, and that they were understanding and helpful.

Examples of positive feedback about Talking Therapies included, *"From the first call I felt comfortable with [Name Removed] and she really seemed to care about creating the best therapy and helping to get to the root cause of why I felt the way I did."* *"I was given the time, encouragement and safe space (my own home) to say what I needed to. I was encouraged to think of situations and reflect on past and future events and communication that will support my recovery and those that have brought me here. I was offered the appropriate support for my individual needs and recovery and tools to help me do this. Both the initial assessment and work related Talking therapy session very supportive and gave me pathway option to aid my recovery."* and *"My therapist, [Name Removed], was exceptionally kind, non-judgemental, really listened to me and I came away feeling optimistic about my sessions to come. The venue wasn't ideal for me, largely due to my agoraphobia and my having not been there before so I was stressed to start with but I was quite calm once we started. Also I was really pleased that she made a second appointment there and then for next week, so no hanging around waiting to hear via email etc."*

Op Courage

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

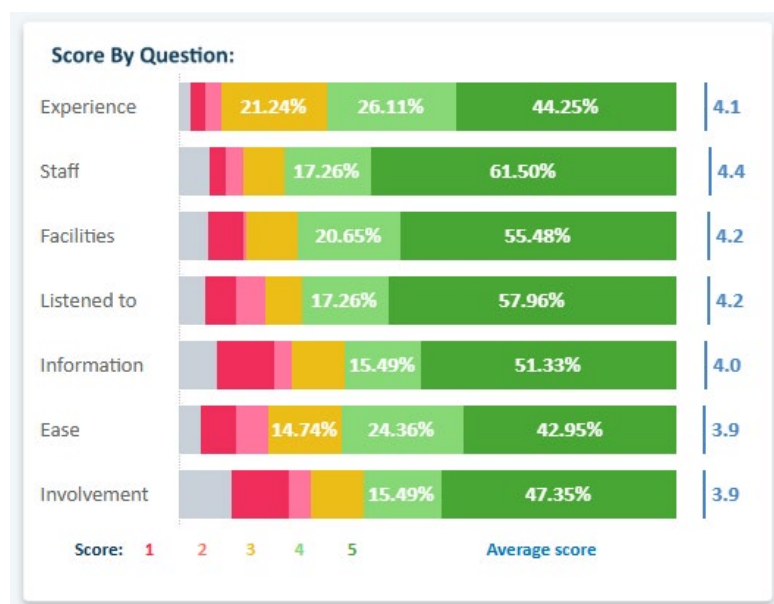
Op COURAGE received 40 responses during the Quarter, their patient survey responses gave a positivity score of 97.5% (4.84-star rating), 1 of the reviews scored less than 4 with the comment that advice was not helpful.

Mental Health Inpatient Division

Table 5: Summary of patient experience data.

Patient Experience - Division MH Inpatients (wards)		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received*	Number	226			
Response rate	%	115.3%			
iWGC 5-star score	Number	4.12			
iWGC Experience score – FFT	%	71.6%			
Compliments	Number	32			
Formal Complaints Rec	Number	10			
Formal Complaints Closed	Number	11			
Formal Complaints Upheld/Partially upheld	%	45.4%			
Local resolution concerns/ informal complaints Rec	Number	1			
MP Enquiries Rec	Number	0			

*This excludes the number of surveys completed for Place of Safety, as whilst we collect feedback on people's experience, it is not an inpatient ward. Place of safety received a positivity percentage of 90.5% and a five-star score of 4.50.



The majority of inpatient complaints related to care and treatment, including concerns regarding medication management, restraint, Mental Health Act processes, ward environments, clinical decision-making and the quality of care provided during admission. Other themes included communication, discharge arrangements, attitude of staff, and the accuracy of clinical records.

Common improvements identified included strengthening communication with patients and families, improving documentation, enhancing medication management processes, and ensuring clearer explanations of clinical decisions and care plans.

Several complaints also led to reviews of ward processes, staff practice and record keeping, with actions put in place to improve patient experience and safety.

The satisfaction rate was 71.6% with 62 of the 226 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to ease received the least positive scores with overall 5-star rating for this question being 3.9 and 22 of the 29 giving a score of 3 or less to this question. The ease question is "If applicable, was the place where you received your care, assessment and/or treatment suitable for your needs?"

Work has concluded on the culture of care programme; which focuses on safety and involvement of patients, the aim of the programme is to promote an environment where caring, empathy, and support are central to both service users and staff; there is also ongoing work in relation to improving communication and the involvement of patients making decisions about their care, particularly around managing risk. Internally the work will continue to be progressed and learning shared across wards, and the Lived Experience Workforce Team are supporting the hospital with introducing peer support roles to the wards.

The information question asks whether they felt the information they were given was easy to understand, comments relating to ease of also received lower scores with some comments relating to wanting more activities, did not feel listened to and food could be improved.

There were many positive comments received in the feedback including comments such as staff were friendly, helpful, kind, and supportive. There were some comments for improvement about some staff being rude, more staff and wanting more gym time. Examples of the feedback left are *"I stayed in sorrel ward, this was my second admission, the staff on the ward are nothing short of fantastic, always ready to offer support or provide a sympathetic ear thanks. Your sorrel ward staff and people in general. Thoroughly recommend."* *"The staff and the colleagues at the hospital were very supportive of my mental health issues and provided the necessary medications for me to get better. Meals were given on time and the rooms were cleaned on a daily basis."*

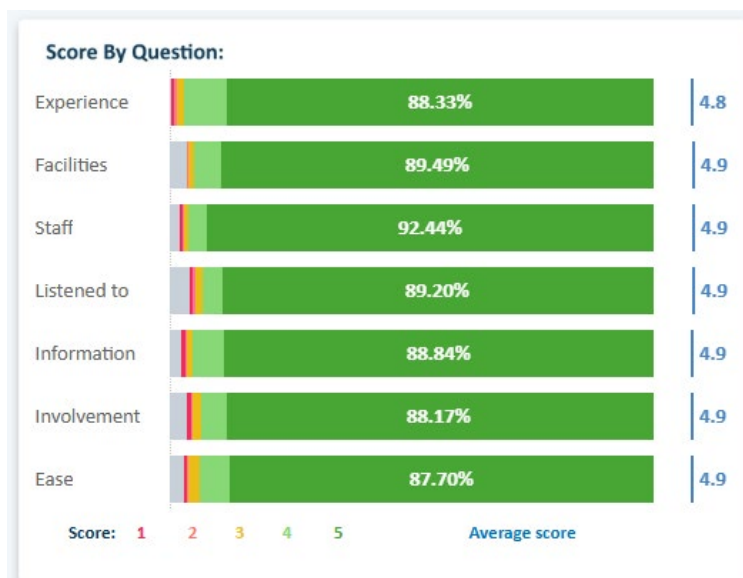
In addition to the feedback about the wards, there were 20 responses for a Place of Safety, and the average score was 4.58, with 2 reviews giving a score of less than 4/5. Some comments received were *"Highly professional staff all very friendly, helpful kind, efficient and caring."* *"Excellent staff who made me feel safe. Found common ground with people e.g. football which broke the ice in getting to know each other."*

Community Health Services Division

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

Table 6: Summary of patient experience data.

Patient Experience - Division CHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	2528			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.0%			
iWGC 5-star score	Number	4.87			
iWGC Experience score – FFT	%	97.2%			
Compliments received directly into the service	Number	299			
Formal Complaints Rec	Number	4			
Formal Complaints Closed	Number	3			
Formal Complaints Upheld/Partially Upheld	%	33.3%			
Local resolution concerns/ informal complaints Rec	Number	5			
MP Enquiries Rec	Number	1			



There were four formal complaints received across Physical Health East services during Quarter 1.

The Hearing and Balance Service received 191 responses to the patient experience survey with a 96.9% positive score and 4.85-star rating.

East Community Nursing/Community Matrons received 496 patient survey responses with a 98.8% positive scoring, many comments were about staff being kind and professional, for example *"The nurses are kind and quick with my injections as I do not like them. Get it over with quickly without showing me the needle, they listen and know."* *"They look after mum so well. They are kind and understanding. It's a hard job they do but they always take their time and are professional in what they do."* *"I was treated with kindness and respect at each visit. Nurses are all kind and professional and have nothing to complain about. I am happy that they are seeing me at home."* There were also some comments around wanting nurses to stay longer for example *"Nothing, maybe stayed longer and had a cup of tea."*

The wards received 80 feedback responses (42 responses for Jubilee ward 100% positive score and 38 responses for Henry Tudor ward with a 94.7% positive score). Positive comments were received in relation to staff being kind, helpful and friendly. Two of the responses scored less than 4, comments for improvement related to staff are always rushing, felt they were not listened to and staff need more training.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 96.1% (4.82-stars), comments were very complimentary about staff being professional and helpful, *"[Name Removed] was excellent. He listened carefully whilst I explained my condition. Very professional in manner and easy to talk to. I look forward to having the physio sessions that he has proposed."* The reoccurring improvement suggestion for this Quarter was for more parking.

Outpatient services within the locality received a positivity score of 96.83% with 4.87 stars from the 789 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"Your team have given the most amazing care to my mother. Dr [name removed] is fantastic, the time he spent with my mother and the phone calls to see how she got on at the hospital appointment amazed us. Thank you."*

The Diabetes Service received 244 feedback responses with 97.1% positivity and some lovely comments including *"The special diabetes nurse was very kind and professional. She was listening to my concerns and was trying to see what else she can improve with my treatment, although the numbers looks great. She was empathetic and didn't give any feeling I'm overreacting to what I'm going through."* Alongside some helpful suggestions for the

service to listen to patients more “*Given me more time & to be listened to more about what is going on in my body.*”

The Assessment and Rehabilitation Centre (ARC) also received positive feedback including “*My therapist, [Name Removed], was excellent. She was emphatic, intelligent and articulate. Her approach was collaborative and foreground my needs and integrated that with both abilities, capabilities, and limitations.*”

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

Examples of activities undertaken across the Physical Health Service Division include:

Hearing and Balance Patient focus group to explore departmental patient information, potential changes to follow up appointments.

Dietetics Patient focus groups were arranged to collect feedback with dietetic led Weight management led by an independent focus group moderator and Dietetic Learner programme. Development of new dietetic resources which are reviewed by patient reader (through RBH Patient Experience Team)

Sexual Health Patient focus groups developed for young people and for PrEP. Both going well and good feedback to influence improvements.

Wheelchair DNA reduction project linked to moving from post for appts letters to more digital solutions. Patient Focus Group opinions collected and taken into consideration.

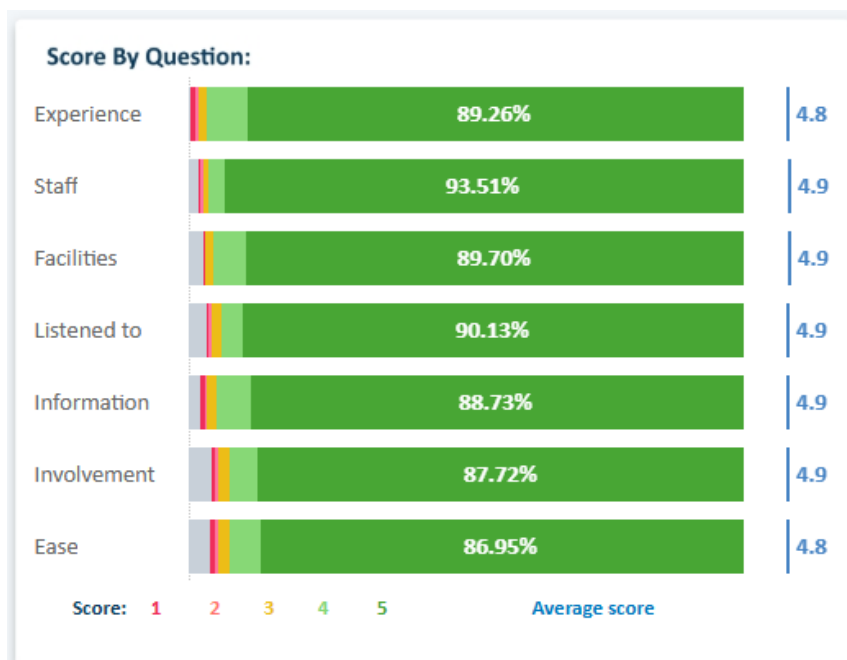
Integrated care the service continues to embed co-production and patient engagement in service development across inpatient and community settings. Feedback from patients and staff identified confusion around returning to driving post-stroke; work is underway to develop a clear professional pathway and patient information to support understanding of clinical and legal responsibilities.

On the inpatient wards, staff are expected to introduce themselves by name and role when entering a patient’s space and to wear visible ID badges, in response to patient feedback. Fortnightly community meetings involving patients and MDT staff continue on both wards, supporting open communication and “You said, we did” learning.

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

Table 7: Summary of patient experience data.

Patient Experience - Division CHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	3994			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	7.0%			
iWGC 5-star score	Number	4.87			
iWGC Experience score - FFT	%	97.0%			
Compliments (received directly into service)	Number	586			
Formal Complaints Rec	Number	9			
Formal Complaints Closed	Number	9			
Formal Complaints Upheld/Partially Upheld	%	66.6%			
Local resolution concerns/ informal complaints Rec	Number	8			
MP Enquiries Rec	Number	1			



The majority of the nine complaints received in Quarter 1 related to care and treatment, with concerns focusing on clinical assessments, treatment decisions, referral pathways, delays in care and ongoing management of health conditions. Other issues raised included communication, confidentiality, medication management, and access to appropriate services.

Where complaints were partially upheld, learning related primarily to communication, documentation and patient involvement in decision-making. Examples included improving communication regarding treatment decisions, ensuring patients are kept informed throughout referral pathways, strengthening risk assessment processes, and improving how concerns are discussed with patients and families.

For complaints that were not upheld, investigations found that clinical care and processes were generally appropriate; however, several investigations still identified opportunities to reinforce good practice around record keeping, communication and explaining clinical decisions more clearly.

There are a significant number of services within the division, and a generally high level of satisfaction received as detailed in the overall divisional scoring of 97.0% positive satisfaction and 4.87-star rating and the question on staff receiving a 96.5% positive scoring from the 3994 responses received.

The community hospital wards have received 163 responses through the patient survey receiving a 93.9% positive score and 4.76-star rating, (10 responses scored three and below) questions around feeling involved and ease receive the most results of three and below. Comments include *"Absolutely happy in this place. The staff are amazing the food is good, the room is very clean."*, *"The staff are amazing, very caring, helpful and efficient. Having MS, it is important when caring for me that you listen and understand due to my spasms which they always did. They were always there when I needed them."* *"I have no issue with most staff they are all brilliant particularly the tea lady. Absolutely brilliant. Student nurse she's kind and proactive and HCA who gave me shower this morning."* And *"I was taken very good care by everyone. Staff were friendly and helpful and do an amazing job. Thank you to everyone for helping me back on my feet, literally."* there were some individual comments bed and chair could be more comfortable, better communication with RBH regarding transfer, would like night lights and better Wi-Fi. Comments for reviews with responses that scored below 4 included food was poor, didn't communicate with patient, physios not friendly, would like more physio and did not feel listened to. There were 2

reviews which received a score of 1, 1 of the reviews left no comments and 1 said that staff are busy.

WestCall received 295 responses through the iWGC questionnaire this Quarter, a decrease from the previous quarter (92.2% positive score, 4.77-star rating, 23 scores received below 4. Positive comments included *"All staff I encountered were kind, caring and empathetic. The whole place was meticulously clean, and the doctor who treated me was knowledgeable, proficient and made me feel supported and looked after."* *"The reception staff were welcome, friendly and helpful. I was seen very quickly by Dr [Name Removed] who was professional, very thorough and kind to both myself and my baby daughter. He explained what he thought to be the reason behind her symptoms but also sought a second opinion from a paediatric doctor."* *"The reception staff and nurse who dealt with me were lovely and smiley and friendly. The doctor who saw me promptly at my appointment time and was thorough and explained everything clearly. I was treated in a very professional manner throughout. I cannot fault. Thank you."* Areas for improvement included never received call bac, waited a long time after booked appointment slot and better communication.

The Podiatry Service received 209 patient survey responses. Responses were very positive receiving five stars (overall 99% positivity 4.94-star rating) with examples including *"[Name Removed] was fantastic as a podiatrist. She was very friendly and helpful too. She provided a very good assessment of my condition and gave me some great exercises and advice to follow up on."* *"The professional I saw was kind, able to understand my needs, extremely helpful in terms of next steps. I was quite overwhelmed by the time given to me by this professional around my issue. A really positive experience, which I was a little apprehensive about when first hearing the idea of an appointment with the Podiatry team."* and *"The whole experience has been amazing since phoning up my GP surgery and within hours getting an appointment so quickly. [Name Removed] the podiatrist was so friendly and helpful and really went the extra mile thank you to everyone."*

To provide some context across our East and West District Nursing teams combined there were 14,118 unique patients this Quarter.

824 responses were received for Community nursing (99.2% positive score and 4.96/5 stars) Lots of comments included nurses were kind, friendly, and helpful, *"Excellent service, very kind and professional nurses. Very friendly made me feel at ease."* *"The district nurse took the time and trouble to look after me and i appreciate it. My arm is very comfortable and redressed. I would like to thank them for their help and looking out for me."* and *"To all you wonderful nurses, thank you to all that came to see my mum in the last days of her wonderful life, for all the exceptional care, dignity and compassion you showed her. You are truly special people doing incredibly difficult work. Thank you!"* There were several positive comments about nurses being caring and there were very few suggestions for improvement; sometimes visit feels rushed and would like to be given notice for when nurses will visit.

MSK Physio has received one Formal Complaint in the Quarter. The service has received 657 patient survey responses with a 98.6% positive score (4.89 -star rating), very few areas for improvement were included in the feedback there were a few suggestions including would like appointments to be longer, more appointments to choose from and wanted hands on treatment and the overall feedback was extremely positive with lots of comments about staff were friendly, professional, listened and helpful.

Bladder and Bowel (continence) services received 114 survey responses with 90.4% positivity and 4.74-star rating, with comments about staff listening and being helpful.

Demographic profile of people providing feedback.

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q1 attendances
Asian/Asian British	12.12%	8.36%	10.09%
Black/Black British	3.03%	2.67%	3.40%
Mixed	3.03%	2.62%	3.57%
Not stated	9.09%	25.17%	8.11%
Other Ethnic Group	2.02%	4.93%	2.21%
White	70.71%	56.24%	72.62%

The percentage of Asian/Asian British people raising a complaint was in line with the breakdown of attendance %, for Black/Black British people, the complaints were slightly lower than the attendance %. For White British people there is a slightly lower percentage of complaints compared to attendance. We also saw an increase in feedback through the survey from people who are of Mixed Race, who in previous quarters were less likely to provide feedback this way.

It is recognised that we have a high rate of patients who do not complete the ethnicity section of the feedback survey. Intelligence such as this feeds into our wider work to ensure that we capture the outcomes and experience of all people who use our services.

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

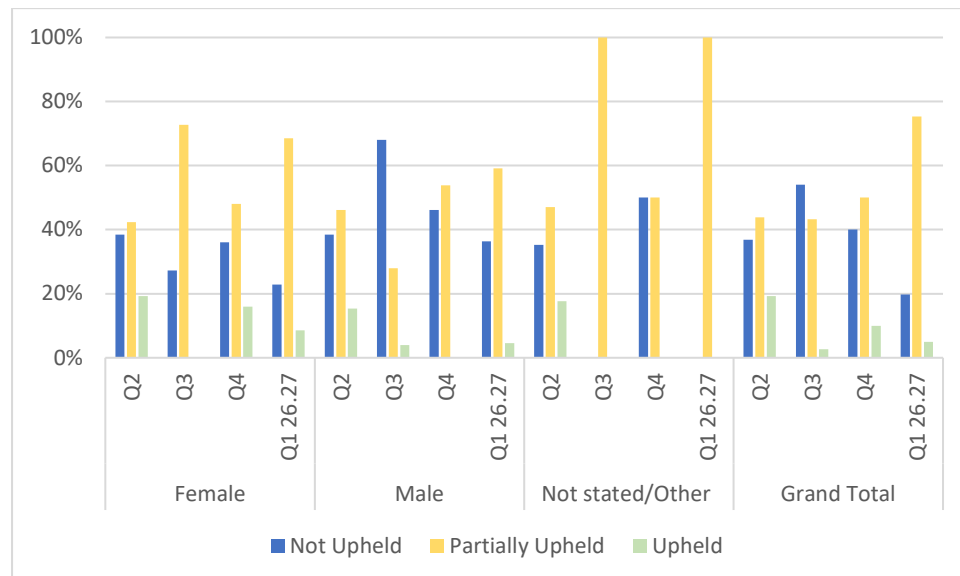
Table 9: Gender

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q1 attendances
Female	58.59%	36.18%	55.48%
Male	41.41%	29.09%	44.50%
Non-binary/ other	0%	2.98%	0%
Not stated	0%	31.74%	0.02%

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

We are interested to see if there are any themes or areas of note by looking at the outcome of complaints by characteristic and have looked at this information for complaints closed in the Quarter, by gender of the patient where known.

Table 9A: Gender by outcome code



Gender	Rolling Qtr	Not Upheld	Partially Upheld	Upheld
Female	Q2	38.46%	42.31%	19.23%
	Q3	27.27%	72.73%	0.00%
	Q4	36.00%	48.00%	16.00%
	Q1 26.27	22.86%	68.57%	8.57%
Male	Q2	38.46%	46.15%	15.38%
	Q3	68.00%	28.00%	4.00%
	Q4	46.15%	53.85%	0.00%
	Q1 26.27	36.36%	59.09%	4.55%
Not stated/Other	Q2	35.29%	47.06%	17.65%
	Q3	0.00%	100.00%	0.00%
	Q4	50.00%	50.00%	0.00%
	Q1 26.27	0.00%	100.00%	0.00%
Grand Total	Q2	36.84%	43.86%	19.30%
	Q3	54.05%	43.24%	2.70%
	Q4	40.00%	50.00%	10.00%
	Q1 26.27	19.75%	75.31%	4.94%

The above demonstrates that overall, for the four quarters there were more complaints not upheld from men and more partially upheld for women. It was fairly even across male and female for those found to be fully upheld.

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q1 attendances
0 to 4	1.01%	18.20%	6.46%
5 to 9	7.07%		2.64%
10 to 14	6.06%		4.60%
15 to 19	8.08%		5.70%
20 to 24	7.07%	3.46%	3.50%
25 to 29	1.01%		3.50%
30 to 34	7.07%	3.84%	3.64%
35 to 39	9.09%		3.70%
40 to 44	16.16%	5.74%	3.72%
45 to 49	1.01%		4.02%
50 to 54	9.09%	8.57%	3.92%
55 to 59	7.07%		4.45%
60 to 64	8.08%	11.13%	5.08%
65 to 69	1.01%		4.80%
70 to 74	4.04%	11.11%	5.48%
75 to 79	0.00%		8.27%
80 to 84	2.02%	10.43%	9.40%
85 +	4.04%		17.10%
Not known	1.01%	26.52%	0%

Comparatively, people over 60 years old continue to be more likely to give feedback via the patient survey and are less likely to make a formal complaint, this is a trend following previous reporting periods. Interestingly, we continue to see more patient feedback from people over 60 years old being received via paper, which could indicate more proactive staff promotion of the survey in this way. The Patient Experience Team supported the Immunisation service to collect paper feedback at the clinics they held in schools during the quarter, which resulted in a significant increase in school age patient survey feedback compared with previous years.

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

Lived Experience Workforce Programme

To highlight the activity this quarter:

- There are currently 28 substantive posts across the Trust.
- The Peer Educator Post is leading a national Peer Educator Network with a focus on collaboration, development, and co-production.
- Experience Exchanges continue to be well attended and are a great way to bring together learning and collaboration; the Head of Service Engagement and Experience is facilitating an introduction to QI and the Trust Strategy.
- We continue to support our workforce to attend a fully funded, accredited training programme for Lived Experience, as well as locally facilitated training and development at colleague and service level.

- The LX Development Day took place in April was well attended, with support from our Deputy Director of Nursing and Director of Nursing and Therapies.
- Work to roll out our Lived Experience Advisory Panels (LEAPS) is well underway with the launch planned for Quarter 2.
- Initial work is underway to introduce LX roles into Prospect Park Hospital.
- The Head of Service Engagement and Experience presented at the CBNRT away day, and initial conversations are planned to introduce peer volunteers to this pathway.

Understanding the experience of waiting

The NHS Medium Term Plan includes a requirement for NHS providers to capture the experience of people waiting for care where their waits are over 52 weeks. The aim of this is to support delivery teams to improve the patient experience of waiting and, where necessary, to re-prioritise patients who may need to be treated faster. We have reviewed all services where waits for care and treatment are over 18 weeks and undertaken an initial survey, we will continue to do this focusing to differing services through the year.

Ongoing improvement

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

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

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

There continues to be a number of engagement and co-production activities that take place within Divisions, an example is within the Perinatal Service which has led a service improvement project looking at implementing focus groups.

Based on feedback to the Immunisation Team, the following information has been shared:

Additional Interventions to support anxious CYP

Support Type	Description
EMLA Cream	Topical anaesthetic cream to be applied by parents in advance .
Freeze Spray	Quick-acting cold spray to numb the injection site.
Buzzy Bee	A vibration device that helps reduce pain and anxiety during injection.
Fidget Toys	Sensory tools to help with distraction and calming.
Longer Appointments	Available for children who need extra time or reassurance .
Sensory Room	Use of a calm, low-stimulation space for children with sensory needs.
Therapy Dog Clinics	Sessions supported by trained therapy dogs to reduce anxiety.
ANDY Pathway	A CBT and desensitisation research project with Reading University.
VR Pathway	A virtual reality-based desensitisation project with Oxford University.



Information for
parents and carers



NHS
Berkshire Healthcare
NHS Foundation Trust

Is your child anxious about having vaccinations?

We are here to support you!

- We can now offer immunisation clinics in various locations.
- We can offer dog therapy clinics and also 1-1 sessions with a vaccinator.
- Home Visits are considered.
- We have experienced vaccinators who can address barriers like fear and pain.
- We use fidget tools, distraction techniques, buzzy bee devices, and freeze spray.
- We also consider environmental factors and sensory issues within clinic areas.

If you have any questions, please do not hesitate to contact us.



Scan me

NHSimmunisations-reading@berkshire.nhs.uk

0300 365 0077 (Mon to Fri 9am – 4pm)

Scan QR code to book a clinic appointment

Co-production continues to develop across the Physical Health Services division, although maturity varies between services. Several services are involving patients, carers and communities in improvement work; however, much activity remains focused on engagement, consultation and feedback rather than full co-production.

Good practice is emerging in CBNRT, Community Dental, Wheelchair Services, Specialist Services and MSK, with opportunities to embed co-production more consistently across all service areas.

Examples include:

- CBNRT progressing a formal co-production programme and developing patient recruitment processes.
- Development of a Neurodiverse Passport in partnership with user groups and system partners.
- Wheelchair Services working alongside patients and carers to develop a Wheelchair Skills Programme.
- Bladder & Bowel Services co-producing a dementia and continence leaflet with dementia groups.
- MSK services involving patients in pathway redesign and service improvement initiatives.
- Diabetes and Nutrition & Dietetics using patient feedback to shape patient information resources.
- Work to develop culturally appropriate patient information resources and leaflet translation projects.
- Patient forum – Friends of Talking Therapies– meets over Teams quarterly to discuss service improvements, innovations and to gather feedback. This quarter they discussed the introduction of smart referrals and Step 3 group courses.
- Talking Therapies Thames Valley Network – monthly meetings with patients from Berkshire, Bucks and Oxford to gather feedback on projects being carried out across Thames Valley.

Services plan to build on existing engagement through outreach, patient forums, co-production programmes and lived experience involvement.

Areas of focus include:

- Launching formal CBNRT co-production activity.
- Developing MSK pathway redesign and Community Assessment Days.
- Continuing Wheelchair Service Patient Focus Groups.
- Progressing Diabetes UK, World Continence Week and Health Bus engagement.
- Expanding Sexual Health outreach with underserved communities.

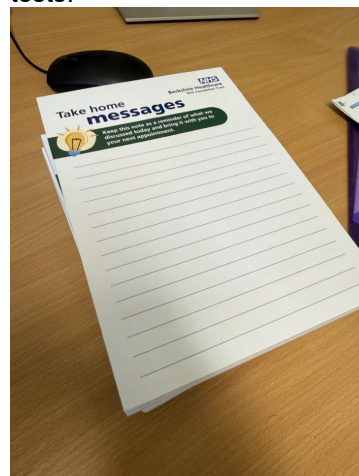
Some examples of services changes and improvements are detailed below. The Head of Service Engagement and Experience is attending the Senior Leadership Team meetings for both Prospect Park Hospital and Community Mental Health Services to support their collection and reporting of patient experience activities.

Service	You said	We did
Audiology	Improve phone access	Improved call answering and response times.
Community Dental	Reception support required	Recruited additional receptionist/admin support.
Diabetes & Nutrition, Dietetics	Delays getting through by telephone	Introduced a dedicated telephone rota.
Sexual Health	Lack of PrEP appointments	Additional clinics introduced to increase capacity.
Integrated Services East	Progression within exercise classes requested	Reviewed exercises and added progression across programmes.
	Would prefer to see the same therapist	Caseload models are being introduced to improve consistency.
Intermediate Care	Need a clearer understanding of the support provided	All clinicians now provide an explanation of service provision during assessment visits.

CBNRT	Patients wanted to know when ward appointments would take place	Working with nursing teams to improve appointment scheduling and timetabling.
IPASS	Further information regarding triage decisions	Patients are contacted directly to discuss referrals and gather additional information where appropriate.
MSK Services	Signage at clinic locations unclear	Additional signs installed and check-in information improved.
	Concerns regarding space, noise and privacy	Ongoing review of clinical environments and use of alternative spaces.
	Waiting times and delays	Community Assessment Days, waiting list initiatives and recruitment activity undertaken.
	Need clearer information about parking	Parking information reinforced within appointment communications.
	Need better communication regarding treatment	Ongoing shared decision-making and staff development activity.
	Unclear administration processes	Work underway to improve system integration and automation.
Community Nursing (West Berkshire)	You do not know who to contact	Developed a 'Who to Call When' leaflet.
Community Nursing (Reading)	Patients unaware when visits move	Patients are now contacted when visits are rescheduled.
OOH Community Nursing	Request for notification of arrival times	Staff contact patients where there is a clear need to support access arrangements.
Wokingham Inpatients	Bathrooms are not user friendly	Bathrooms reviewed and improvements underway, including additional mirrors.
	Unable to access hairdresser facilities	Mobile sinks purchased and introduced.
	Gym too hot to use	Activities moved and equipment relocated to cooler areas.
Oakwood	Communication and staff interactions	Feedback shared with staff and compassionate communication reinforced.
	Special diet meals arriving late	Patients requiring special diets are now prioritised for meal provision.
Bladder & Bowel Service	Continence products not always suitable	Samples are now provided before main orders are processed.
CARSS Cardiac Rehabilitation	Drinking water requested at sessions	Bottled water made available at venues.
WestCall	Long callback times	Callback processes reviewed and prioritisation strengthened.
	Waiting times on site	Communication regarding delays improved.
UCR / Virtual Ward	Communication and advice not always clear	Shared decision-making and communication standards reinforced.
	Difficult navigation to clinics	Directions, pathways and signage improved.
	Unclear visit schedules	Communication regarding timing of visits strengthened.
	Need clearer care plans and explanations	Improved communication with patients and families.
Phlebotomy	Appointments running late.	Better communication regarding delays introduced.

Talking Therapies Step 2	Technology and system issues such as bad connection, calls dropping and video link not working were a moderate theme.	We have updated our patient communications to let patients know if the link doesn't work the therapist would instead telephone the patient.
	Waiting time and access delays are a strong theme.	NHSP hours being offered to PWP's to support an increase in wellbeing assessments, S3 clinicians offering wellbeing assessments and recruitment is underway.
	Lack of clarity around next steps.	We have updated our patient communications to give patients a clearer understanding of what being placed on a waitlist means and what happens next.
	Tick box perception of wellbeing assessments.	Working alongside Thames Valley Network to share best practice around how to support wellbeing assessments to feel less like a tick box exercise.
Talking Therapies Step 3	Waiting time for S3 treatment was identified as a strong theme.	We continue to offer and review our new shortest wait offer. Clients are placed on the shortest waitlist while ensuring they are getting the treatment indicated by nice guidelines.
	Wider work is under way to address capacity and flow in the service. Including improving guidance around stepped care principles and widening our offer of workshops, groups and digital interventions where appropriate.	
Adult Eating Disorder service	Client expressed verbally that chairs were uncomfortable during a group session.	The chairs were switched for the next session and the client confirmed in their feedback that the improvement was beneficial.
	Service users raised concerns about receiving quicker responses and ample notice for their appointments.	The Service is transitioning at the end of July to using Portasana to make the process of booking and re-scheduling appointments more efficient.
	Service users expressed their discomfort due to the heat.	The service has decided to rent AC units to accommodate the hot weather.
	The clinical spaces are not soundproof and therefore were hindering therapy and confidentiality.	Sound-proofing work commenced – acoustic panels put in place and further improvements being discussed.
CYP Eating Disorder service	You are not always able to attend the parent psycho-education group.	The team is looking at developing a more accessible way to deliver this including video seminars to be viewed at a time more convenient to parents.
	The journey of what treatment may look like is not always clear from the outset.	Guide for families about the journey and what it may look like is in the process of being developed.
	You wanted connection with young people who have progressed through recovery.	'From me to you' letter written by previous service-user available to encourage and support those starting treatment.
CAMHS Anxiety Disorder treatment Team	More Wipe board pens are required in the waiting room.	Placed new pens in the area on the same day as the feedback was received.

	That you would like to know about your next steps after group.	We have introduced a review appointment at the end of each group.
CAMHS Common Point of Entry	The clock is too loud.	We have replaced it with a quieter clock.
	The Coping Guide that you sent out was out of date	Links have been replaced and QR codes updated.
CAMHS Getting Help West	The handout layouts were confusing at times.	We have edited the Worry Management booklet to make it easier to understand/follow
CAMHS Getting Help East	Room 19 is outdated and unwelcoming.	We have painted the room, deep cleaned the floors, fitted a smaller desk and have put up vibrant posters.
	The referral form isn't user friendly for people with dyslexia.	We have created a more accessible form.
CAMHS Specialist Community teams	The waiting room is too hot.	We contacted estates to turn off the heating.
0-19 Services	It would be useful to have fun facts/useful information on the walls at baby clinic.	This is currently being actioned by the service.
Autism Assessment Team (AAT) and ADHD teams	The clinic environment is not always comfortable.	We have created a poster which is now displayed in all clinic rooms used by AAT and ADHD, letting children, young people and their families know that they can request various adjustments to help them feel more comfortable during appointments, e.g. the lights on/off, the window open/closed, a drink of water, a movement break, fidget toys etc.
	AAT: Families fed back that they have not been receiving their reports in a timely manner.	We have now set targets for staff to work towards so that we can be clearer with them about the expected timescales for receiving reports. We also have a PSDA huddle ticket in progress looking at how we can use Co-pilot to make the process of clinical report writing more efficient and consistent between clinicians.
Immunisation	'Let us know the day before'.	We reviewed the communications currently shared with parents and schools. Following this review, we updated the Lead Nurse email to remind parents, on the day of vaccination, to ensure their child has eaten breakfast and has access to snacks. We also reinforced with schools the importance of providing pupils with water and biscuits following vaccination to support their wellbeing and minimise the risk of fainting or feeling unwell.
	'Make it hurt less'. 'I felt scared/tell me it would hurt'.	We provide and promote a range of different options for reducing pain and fear surrounding vaccinations displayed on posters shared in settings and services.

		Staff reminded not to say injections do not hurt.
	Slough schools requested increased engagement with parents and young people.	The immunisation team designed produced and delivered; • A Webinar • Attended Assemblies and PSHE • A poster for year 11 students
Community Paediatrics	Improve reception/ check-in process.	Implemented a structured front-desk protocol with clear accountability, real-time tracking and staff training to prevent patients being overlooked at reception.
	Participation 'Take home message' Pad.	The 'Take-home Message' pads were launched on 18 June 2026 and have proved to be a valuable resource across a range of clinics. They have facilitated the sharing of important information with patients, including contact details for CYPIT therapy services, which some families have accessed before receiving their clinic report. Informal feedback from families has also been very positive, with many reporting that the 'Take-home Message' sheet, served as a useful reminder of the agreed management plan, particularly as they had previously found it difficult to recall all the information discussed once they had left the consultation. An added benefit is the QR code at the back of the A5 sheet that takes the patient and their family directly to our Community Paediatric webpage, where they have easy access to our relevant resources and websites, including the link for booking blood tests. 

15 Steps

There have been eight '15 Steps' visits during Quarter One. We are receiving consistently positive feedback about the visits, with services relaying how helpful they are. More information is attached as an appendix.

Summary

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

Further, targeted work continues to improve the recording of patient demographics in relation to complaints so that we can identify and address any issues that are affecting people and as a result of their personal characteristics (such as information being available in alternative language/font). This will enable us to more accurately analyse data in terms of any differential experience.

Report to Council of Governors For Quarter 1 2026/7

September 2026

Julian Emms



Chief Executive Highlights Update

Local:

- **New Five-Year Strategy:** BHFT has launched its new five-year strategy, setting out how the Trust will improve care, reduce health inequalities and support people to live healthier, more independent lives. The strategy focuses on people, productivity and partnership, including integrated neighbourhood teams, proactive care models and stronger community engagement.
- **Operation Cavell** – protecting staff: BHFT has launched a new partnership with Thames Valley Police to strengthen the Trust's response to violence, aggression and abuse towards staff. This aligns well with the existing performance focus on physical assaults on staff and staff safety.
- **All Star Awards:** Colleagues, teams and volunteers from across the Trust have been recognised through BHFT's annual All Star Awards, celebrating the difference they make for patients, families and local communities
- **Carer Engagement:** Work is progressing on carer engagement, including increased carer e-learning uptake, collaboration with local councils, outreach events, improved carer data recording and participation in a 12-month national pilot linked to the Patient Race Equality Framework through Triangle of Care and Carers Trust.

Local ctd:



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- **Research Strategy 2026-2030:** BHFT's new Research Strategy sets out how research will help improve care, reduce health inequalities and support the communities we serve, with a stronger focus on prevention, community-based care and innovation. The strategy outlines six key objectives to strengthen research capacity, increase staff involvement, embed co-production and inclusion, and grow partnerships that enhance local impact and improve outcomes for patients and communities.
- **Early Intervention in Psychosis (EIP) Psychology Team Recognised as a Top-Performing Service:** The team have been nationally recognised for the delivery of Cognitive Behavioural Therapy for Psychosis (CBTp), with 65% of audited patients receiving more than two therapy sessions. This represents a significant improvement from 33% in 2024 and reflects the team's success in increasing access to psychological therapies, reducing assessment waiting times, and improving timely access to evidence-based care.
- **Outstanding Contribution to Dementia Care Recognition:** Dr Jacqui Hussey, Consultant Psychiatrist in Wokingham Older People's Mental Health, received the Outstanding Contribution to Dementia Award in recognition of her nearly 40 years of dedication to improving the lives of people living with dementia and their families. Her innovative, person-centred work, including co-founding a charity for younger people with dementia, has transformed support services and helped shape future models of dementia care.

National:



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- **NHS Digital Transformation:** NHS England has announced an accelerated rollout of artificial intelligence (AI) tools to help reduce waiting times and improve productivity. This includes the introduction of an AI-enabled triage service within the NHS App and wider deployment of AI-supported clinical documentation technology to reduce administrative burden and increase time spent on patient care.
- **NHS Workforce:** Latest NHS workforce statistics continue to show growth in the NHS workforce, supporting delivery of the NHS Medium Term Planning Framework and the ambitions set out in the NHS 10-Year Health Plan
- **Mental Health Services:** An updated national Adult Mental Health and Wellbeing Profile has been published, providing new data on referrals, contacts and inpatient activity. The publication supports local planning and benchmarking of mental health services across England
- **Government and NHS Reform:** Following recent changes within Government, Rt Hon Yvette Cooper MP has been appointed as the new Secretary of State for Health and Social Care. The change in ministerial leadership has resulted in some delays to national policy announcements, however the Government has confirmed its continued commitment to delivering the NHS 10-Year Health Plan and progressing the NHS Modernisation Bill, which includes reforms to NHS governance and accountability arrangements

National continued:



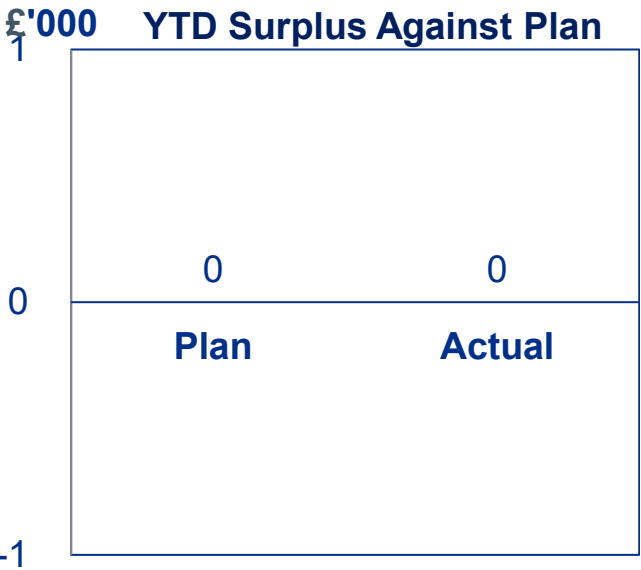
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- **Major Expansion of Community Mental Health Services:** The Government announced a £343 million programme to open 159 new NHS mental health facilities, including 100 community mental health centres and 59 dedicated mental health emergency departments. The aim is to provide earlier intervention, reduce pressure on A&E departments, and improve access to support closer to home.
- **NHS England Publishes New Personalised Care Framework:** NHS England published a new Mental Health Personalised Care Framework, replacing elements of the traditional Care Programme Approach. The guidance places greater emphasis on personalised, strengths-based care and ensuring services focus on "what matters" to individuals with severe mental illness
- **NHS Oversight Framework:** In the 2026/27 quarter 1 published data - The Trust is now ranked 3rd amongst Community and Mental Health providers and is in Segment 1.

Financial Summary – 30th June 2026



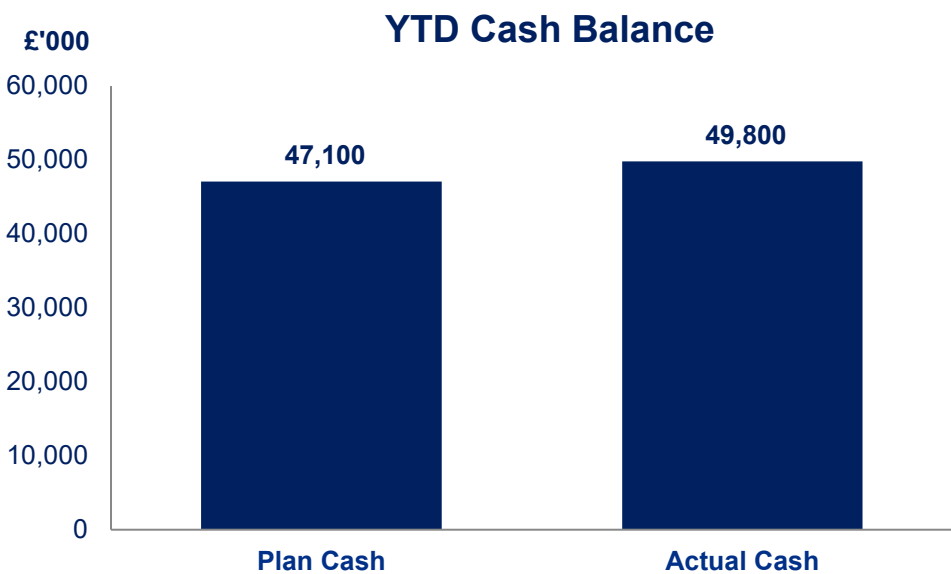
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Year to Date

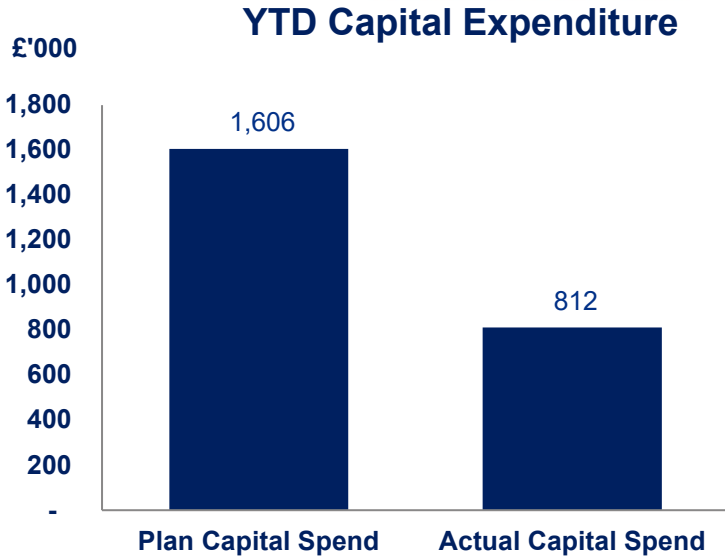
The Trust has reported a breakeven position against a breakeven plan.

The efficiency program has delivered efficiencies of £3.8m against a YTD plan of £3.8m



Cash

Our cash balance at the end of Q1 is £2.7m better than plan linked to phasing of large projects.



Capital Spend

The capital plan is £0.8m behind Capital Departmental Expenditure Limit control total and £0.8m behind plan including all spend. This relates to ongoing delays of the estates programme and profiling of IM&T spend.

True North Performance Scorecard Driver Metrics

September 2026



Driver Metrics



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			Jul-25	Aug-25	Sept-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
Breakthrough Rapid Tranquilization (Intra-Muscular)	39	Internal	33	88	45	49	49	56	51	10	18	23	37	22
Good Patient Experience														
Positive Patient Experience Score %	95% compliance	External	86.09%	80.90%	89.70%	94.69%	96.20%	96.5%	96.29%	96.29%	95.09%	95.89%	95.79%	
Number of Children on community waiting lists over 52 weeks (Exclude Neurodiversity) (NOF Scoring)	0	External	123	99	91	93	103	75	72	82	58	61	86	85
Mental Health Services Waiting over 52 weeks-Children	0	External				7	3	7	7	7	4	8	3	0
Breakthrough Mental Health: Acute Average Length of Stay	<42 April 26	External	45.25	41.22	39.10	47.14	48.80	55.11	43.98	69.35	73.98	59.30	50.02	50.53
Breakthrough Mental Health: Older Adult Average Length of Stay (NOF Scoring)	<80	External	81.86	73.33	109.60	99.00	92.57	119.50	75.50	128.94	113.45	95.58	104.56	66.08

Driver Metrics



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Supporting our Staff														
Metric	Threshol..	External/I..	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26
Breakthrough Physical Assaults on Staff	36 per month	Internal												
			93	93	73	70	104	57	58	59	69	99	92	68
Sickness Rate: % (NOF Scoring)	<3.5%,4.1% April 26	External												
			4.56%	4.39%	4.66%	5.25%	5.12%	5.14%	5.12%	4.66%	4.32%	4.13%	4.08%	4.37%
Efficient Use of Resources														
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	Q4-1 ,New target 26/27:0	External												
			0	0	0	3	4	6	8	1	1	0	4	3

Breakthrough Driver metrics



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Rapid Tranquilisation - June had 212 instances of Intra-Muscular (IM) rapid tranquilisation. 15 instances less compared to last month. This remains below the threshold of 39 instances per calendar month for 5 months and depicts a positive reduction trend in use of Intra-Muscular Rapid Tranquilisation. Bluebell remains the highest contributor with 16 of the instances between three patients, and a split of 9:6:1 for each of the 3 patients. Rapid Tranquilisation is used following attempts of other less restrictive interventions. Support is being targeted at Bluebell to increase the routine completion of their Rapid Tranquilisation audit in view of low percentage compliance.

Overall, post-Rapid Tranquilisation physical health monitoring has maintained improvement with good evidence of patients being offered and physical health checks being completed post-Rapid Tranquilisation, where patients consent across the other wards.

Physical Assaults on Staff - Staff assaults have reduced for June 2026. The total is 68 which is above the target of 36. The wards continue to face challenges with capacity to own and track countermeasures as they are implemented which correlate to the reduction to specific interventions. Bluebell and Rose ward are the 2 top contributors in June 2026.

The plan going forward is use the renewed improvement huddle focus from the Sprint weeks in combination with Senior Leadership Team presence at huddles to encourage submission and generation of improvement ideas at the huddle. These can often be actioned and trialled more quickly and with less time commitment and therefore a good option to capture action for further reduction in staff assaults.

Length of Stay Adult Acute – data now includes Poppy Ward - Length of Stay for the acute ward for the month remained the same as the previous month – 50.5 days. The biggest contributors for the month is Daisy with 60.6 days and Poppy at 78 days.

Length of Stay Older Adults A significant decrease in Length of Stay in June to 66.1 days compared to 104.6 days in May 2026. Rowan ward is the highest contributor with 96.6 days down the previous month which was 112 days. Orchid ward with a record decrease to 41.5 days from 103 days the previous month.

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. A review has taken place to adopt or adapt previous counter measures these included:-

- Length of stay escalation process.
- Use of red to green process for allocating discharge readiness of patient.
- Updated Multi Disciplinary Standard Work and improve action recording.
- Promotion of NICE Guidance when 2 x antipsychotics have been tried to offer Clozapine. Clozapine lead consultant appointed.

Patient Experience Positive Score – this has replaced the response rate as a driver metric and has been green for 7 months. Response rate was 8.1%.

Many of the teams using the feedback and improvement suggestions received through the iWantGreatCare tool, services like wards and outpatient departments are also starting to display these for services users and their loved ones to see. Also there continues to be co-production and engagement with service users and family below are some examples such as those from the Immunisation team

- Topical anaesthetic cream to be applied by parents in advance.
- Fidget toys – sensory tools to help with distraction and calming.
- Freeze spray to numb the injection site
- Buzzy Bee vibration device to help reduce anxiety during injection.

52 Week Waits – For Community Children’s Services – these waits are largely in the Children’s Therapy Services, particularly Occupational Therapies services in the West. A targeted action plan has meant a reduction to 9 waiters at the end of August 2026. Some children waiting need to be assessed in schools.

52 week waits – For Children and Young Persons’ Mental Health Services – This was zero at the end of June 2026.

Inappropriate Out of Area Placements – there are continued pressures on our Inpatient beds which is reflected in the number of patients that have to be placed in an out of area bed.

Sickness – The NHS has a target to reduce sickness to 4.10% in 2026/27. At 4.37% was above target – the top contributing reason was again anxiety, stress and depression. The Trust well being services offer a wide range of support.

Year to date variance to control total was achieved.

Board Assurance Framework 2026-27 – Risk Descriptions



Berkshire Healthcare
NHS Foundation Trust

Strategic Ambition	Risk Description
Workforce We will make the Trust a great place to work for everyone Patient Safety We will reduce waiting times and harm risk for our patients	Risk 1 – Workforce Due to national workforce shortage in key hard to recruit clinical roles and increasing scarce supply there is a risk of failure to recruit and retain staff in these areas which could impact on our ability to meet our commitment to providing safe, compassionate, high-quality care and a good patient experience for our service users.
Patient Safety We will reduce waiting times and harm risk for our patients Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value	Risk 2 - Demand and Capacity There is a risk that the Trust will fail to transform services and that some services, even after making internal efficiencies and productivity gains will be unable to keep up with increased demand leading to increased waiting times thus increasing the risk of harm to patients.
Patient Experience and Voice We will leverage our patient experience and voice to inform improvement	Risk 3 – Patient Voice There is a risk that that the Trust will fail to “hear the patient voice” and take account of patient experience when shaping, adapting, and designing services leading to services which do not meet the needs of all groups of patients and their families leading to inequality of access and poorer health outcomes.

Board Assurance Framework Continued

Strategic Ambition	Risk Description
Health Inequalities We will reduce health inequalities for our most vulnerable patients and communities	Risk 4 – System Working There is a risk of perpetuating uncertainty and loss of strategic impact for patients due to changing government priorities, such as new legislation and directives to reorganise NHS structures, integrate NHSE with DHSC, or alter the roles of Integrated Care Boards. Uncertainty in national strategic direction may distract from core priorities due to ongoing structural changes and may hinder the Trust's ability to deliver long-term improvements for patients and communities.
Health Inequalities We will reduce health inequalities for our most vulnerable patients and communities	Risk 5 – Health Inequalities Given the complexity of the determinants of health including non-health related factors, there are risks around delivering an ambitious programme of work aimed at reducing health inequalities given the long lead in time to see any improvements and outcomes impacted by factors outside of health and social care.
Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value	Risk 6 – Finance There is a risk that the Trust fails to deliver the break-even position in the medium term caused by factors including failure to develop and deliver robust financial plans based on delivery of operational, transformation and efficiency plans resulting in a reduction in our financial sustainability and delivery of our statutory duties.

Board Assurance Framework Continued

Strategic Ambition	Risk Description
Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value Patient Safety We will reduce waiting times and harm risk for our patients	Risk 7– Digital Risk • There is a risk that the Trust fails to detect and respond to cyber incidents which could compromise systems leading to unavailability of clinical systems which could impact on patient safety, loss of data, ransom demands for data and mass disruption • There is a risk that using unapproved software (including AI solutions) could put patients at risk of potential misdiagnoses or other harmful outcomes. • There is a risk of staff, patients and the public using accessible AI tools which enable individuals to easily draft and submit lengthy and complex complaints, SARs, claims and employment tribunal submissions etc which divert resources towards reviewing inflated submissions and verifying erroneous facts leading to increased Trust costs and individuals not receiving resolution for their concerns. • There is a risk of staff the public and their agents using accessible AI tools to submit high volumes of job applications specifically tailored and making erroneous job history statements to make an application short-list of candidates. Furthermore, devising responses to published interview questions and where interviews are held on-line using AI live to provide responses to questions.
Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value	Risk 8 – Sustainability There is a risk that the Trust's will not be able to deliver its Green Plan due to a lack of resources including access to capital funding and a focus on short rather than long term initiatives.