Council of Governors
Formal Meeting

Date	**Wednesday 10th June 2026**
Time	**10:30am**
Format	Online only via Microsoft Teams
Teams Link	**Join the meeting now**

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

AGENDA:

Item:	Time	Topic	Presenter(s)	Paper or Verbal Update
1.	10:30	**Welcome and Introductions**	Frances West, Chair	Verbal
2.	10:33	**Apologies for Absence:**	Julie Hill, Company Secretary	Verbal
3.	10:35	**a) Declarations of Interest** **b) Annual Review of Governors Register of Interests**	All Julie Hill, Company Secretary	Verbal Paper
4.	10:38	**Minutes of the Last Formal Meeting held on 11th March 2026**	Frances West, Chair	Paper
5.	10:40	**Staff Survey Results**	Jane Nicholson, People Director	Verbal
6.	11:10	**Committee/Steering Groups:** 1. Membership & Public Engagement & Terms of reference for approval 2. Quality Assurance Group & Terms of reference for approval 3. Living Life to the Full – (ToR to come to next Formal meeting)	Committee Group Chairs and Members	Paper(s)
7.	11:20	**Executive Reports from the Trust**	Elizabeth Chapman,	

		1. Patient Experience Quarterly Report (Enclosure) 2. Performance Report (Enclosure)	Head of Service Engagement and Experience Alex Gild, Deputy Chief Executive	Paper(s)
8.	12:00	**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
9.	12:10	**Thank you to Outgoing Governors**	Frances West, Chair	Verbal
10.	12:15	**Any Other Business**	Frances West, Chair	Verbal
11.	12:20	**Dates of Next meetings:** **Informal:** 15th July 2026 There will be an extraordinary formal council meeting to appoint the new NED before the July joint meeting. **Formal:** 23rd September 2026	Frances West, Chair	Verbal

GOVERNOR DECLARATIONS as of March 2026

Berkshire Healthcare NHS Foundation Trust

NAME	CONSTITUENCY	INTERESTS DECLARED
BEDI, Puja	LA Appointed – Slough Borough Council	Deputy Leader – Slough Borough Council
BRIDGMAN, Graham	Public Governor - West Berkshire Council	• Director - Quintet Events Limited • Director - Red Sky Festival Limited • Director – Mortimer Music Live CIC • Chairman and Elected Member - Stratfield Mortimer Parish Council • Member, Law Society • Member, Conservative Party
BROWNE, Marcella	Staff – Clinical	None
CLARK, Patrick	LA Appointed – West Berkshire Council	None
COLLIN, Sarah	Partnership – Achieving for Children – Family Hub Service	• Manager for Young Carers, delivered by Achieving for Children in Windsor and Maidenhead • Member of the National Young Carers Alliance • Member of RBWM Early Help Governance Board • Member of Children and Young People's Strategic Partnership • Member of RBWM SPA/MASH (Children's Safeguarding) Board • Former chair of RBWM Carers of All Ages Steering Group, 2020-2024
CROWDER, Ros	Public - West Berkshire	• I am a Trustee of a charity Sport in Mind • I am a member of The Royal Berkshire NHS FT • I am a member of and South-Central Ambulance Service NHS FT
CROXFORD, Sarah	Public - WAM	• Trustee for Parenting Special Children • Former Account Manager at Microsoft for Berkshire Health between 2019 and 2020) • Certified ADHD coach
CUGGY, James	Public - Reading	None
DAKIN, Guy	Staff - non-clinical	• Member of South-Central Ambulance NHS Foundation Trust • Member of Royal Berkshire NHS Foundation Trust
DIVER, Madeline	Public - Bracknell	• Member of Voice Community • Trustee of the French Protestant Industrial Mission (British Committee) • Member of South-Central Ambulance NHS Foundation Trust • Member of Royal Berkshire NHS Foundation Trust • Member of NHS Frimley Health Foundation Trust

NAME	CONSTITUENCY	INTERESTS DECLARED
		• Member of Abri's Residents Scrutiny Panel
DOYLE, Hilary	Public – Bracknell	None
FEATHERSTONE, John	Public – Rest of England	• United Reformed Church member • Christian Runners member • Christian Medical Fellowship ex-member • Parkrun member • Born, trained and worked in 3rd world for 40 years.
GERMER, Ian	Public - West Berkshire	• Volunteer patient insight partner for Arthritis UK • Volunteer Engineer for Remap.
GRIFFITHS, Alun	Staff - non-clinical	None
JUMBA, Anne	Staff - Clinical	None
LANZONI, Jacopo	LA Appointed - Reading	None
LEVELL, Richard	Appointed Reading University	None
MATHEW, George	Public – Reading	• CEO, Reading ACRE There is an agreement between the Alliance for Cohesion and Racial Equality (ACRE) and BHFT to develop BHFT's Anti Racism framework for the year 2025. • Member of the Labour Party
MONTGOMERY, Jordan	LA Appointed - Wokingham	• Member of the Liberal Democrats • Member of Wokingham Borough Council, representing Wokingham without Ward
NETTO BARBOSA BOUCAS JEFFREY, Sofia	Public - Wokingham	
O'REILLY, Sharon	Public – Slough	Member of the Reform Party
OLIVER, Nigel	Public - Slough	None
PRICE, Fiona	Appointed Age UK Berkshire	• CEO of Age UK Berkshire (Charity 1146462) • Trustee The Polehampton Charity (CIO 194604) • Trustee Age Concern Windsor (**Charity No.1177688)**
SHAW, George	Appointed - WAM	• Profession - Scientist working for Reading Scientific Services Ltd. • Office - Councillor at RBWM • Vocation - Member of Liberal Democrat Party • Land - 16b Norden Rd, Maidenhead

NAME	CONSTITUENCY	INTERESTS DECLARED
SIAN, Baldev	Public - Wokingham	• Trustee of a CIO Charity RSR 1197912 that will replace entirely (Charity No 277041 RSR - to be closed soon) leading on constitutional matters, Organisational structures, safety, safeguarding, large projects and general adviser to management. • I am a Veterans Ambassador for Transport for London, Member and Remembrance Day Marcher for London Transport Old Comrades Association • I am also a senior lead in Reading for the above charity's outreach deliverables, often in partnership with others and have been supporting projects in Royal Berks for the last 5 years in various areas. Outreach also includes feeding about 100 homeless (includes some refugees) twice a week in Reading for the last 4 years
TYLER, Debra Allcock	Public - Wokingham	• Trustee and Governance Lead, Berkshire Community Foundation • Trustee, In Kind Direct • Ambassador, Africa Advocacy Foundation • Co-Chair of Judges, Soldiering on Awards
WADSWORTH, Cara	Public - WAM	• Ex - chief marketing officer for a global market research company • Non-Executive Director with Purpl Discounts - a discounts platform for people in the Uk who are disabled or have long term health conditions
WELLUM, Jon	Public - Reading	None
WRIGHT, Megan	Appointed – Bracknell Forest Borough Council	• I am a Bracknell Forest Councillor and Cabinet Member for Health and Adult Services. • I am a member of the Labour Party • I am a member of Unison
WILSON, Brian	Public - Bracknell	• Member of the Labour Party (Non-active) • Volunteer Driver for Sandhurst Voluntary Care - providing transport to local/elderly people needing to attend medical or other appointments. I also Chair the Charity and will be leading its formal registration with the Charity Commission • Committee Member of Sandhurst Residents Association (SRA), with responsibility for the recycling portfolio as Recycling Officer and magazine Copy Editor • Trustee of the registered Charity Sandhurst Day Centre Association • Member of Frimley Healthcare NHS Foundation Trust • Member of SCAS NHS Foundation Trust • Member of Bracknell Forest Older People's Consortium Disability on behalf of Sandhurst Voluntary Care

Berkshire Healthcare
NHS Foundation Trust

Minutes of the Council of Governors Meeting held on

Wednesday 11th March 2026 at 10.30am

(Conducted via MS Teams)

	Present:	Frances West, Chair
	Public Governors:	James Cuggy Madeline Diver Ian Germer Sharon O'Reilly Debra Allcock Tyler Graham Bridgman Sarah Croxford Brian Wilson George Mathew John Featherstone
	Staff Governors:	Guy Dakin Marcella Browne
	Appointed Governors:	Cllr Megan Wright Fiona Price Richard Levell
	In attendance:	Julian Emms, Chief Executive Alex Gild, Deputy Chief Executive Sally Glen, Non-Executive Director Sonya Batchelor, Non-Executive Director Rajiv Gatha, Non-Executive Director Mark Day, Non-Executive Director Julie Hill, Company Secretary Cheryl Gardner, Deputy Executive Office Manager & Assistant Company Secretary Jennifer Knowles, Executive Office Manager & Assistant Company Secretary Linda Jacobs, Executive Business Assistant
	Guests:	Joanne Ramsay, Fundraising Manager Georgia Marcham, Communications & Engagement Manager Cathy Saunders, Director of Marketing & Communications Trevor Lyalle, Patient Advice and Liaison Service Manager
1.	**Welcome and Introductions**	
	Frances West, Chair opened the meeting and welcomed attendees.	
2.	**Code of Conduct Reminder**	
	The Chair members of the Code of Conduct and the expectation of respectful, inclusive discussion. The EDI Training on 11th February was very informative.	

3.	**Apologies for Absence**
	Baldev Sian, Ros Crowder, Elizabeth Chapman, Deborah Fulton, Cara Wadsworth.
4.	**Declarations of Interest**
	The Chair noted that no declarations of interest were submitted for this meeting.
5	**Minutes of Last Formal Public Meeting of the Council of Governors and Minutes of the Private Meeting held on 3rd December 2025.**
	The minutes of the Formal Public Meeting of the Council of Governors held on 3rd December 2025, together with the minutes of the Private Meeting of the Council of Governors, also held on 3rd December 2025, were approved as a correct record.
6.	**Service Presentation: BHFT Charity**
	The Chair welcomed Joanne Ramsay, Fundraising Manager and Georgia Marcham, Communications & Engagement Manager to the meeting. The Council received a presentation from the Berkshire Healthcare Charity outlining its purpose, recent achievements, and future plans. The Charity reported significant growth in fundraising, supporting over 80 projects focused on patient experience, Staff Wellbeing and reducing Health Inequalities. Key initiatives included grants for clinical teams, Sensory Spaces, Palliative Care Support, Community Projects, and a newly funded Nature Trail at Prospect Park Hospital. Governors were invited to support the Charity through advocacy, fundraising and participation in challenge events, with confirmation that Governors are eligible for discounted entry to fundraising activities. Mark Day reflected that, prior to the appointment of the Charity Manager, the Charity had been largely reactive but noted a significant shift over the past two to three years. He praised the energy, leadership and commitment brought by the Charity Manager and team, highlighting the strong foundations now in place and expressing confidence in the Charity's future growth and impact. The Chair expressed strong support for the Charity's direction and impact and noted being impressed by its ambition and progress. She endorsed the positive foundations now in place and confirmed her intention to include regular Charity updates on future Council Agendas. The Chair asked whether Governors could access the same discounted entry to Charity challenge events as staff, which was confirmed.
7.	**Changes to the role of the ICB**
	The Chair welcomed Alex Gild, Deputy Chief Executive to the meeting. Alex Gild provided an update on forthcoming changes to the role of Integrated Care Boards, including the establishment of the Thames Valley ICB from 1 April 2026. He explained that the ICB will operate with a significantly reduced workforce and running costs and will refocus on its role as a strategic commissioner, with less involvement in provider performance management and service transformation. Some functions will transfer to providers, with national performance oversight moving to regional teams. The scale of organisational change and its impact on staff were acknowledged, alongside the expectation of strengthened local partnership working. The Chair thanked Alex for his update and welcomed questions from Governors. Megan Wright asked whether the proposed 50% reduction in ICB staffing was already underway or would occur as a significant change from April and sought clarity on the timing and impact of the reductions.

	Alex Gild explained that the staffing reductions are currently subject to consultation, with material changes expected from 1st April and into the early months of the new financial year, including voluntary redundancies and organisational redesign. Debra Allcock Tyler questioned whether the proposed 50% reduction in ICB staffing had been strategically planned and expressed concern about the potential impact on capacity and the ICB's ability to deliver its future role. Alex Gild confirmed that the changes are being implemented against a nationally defined ICB operating model, with non-core functions transferring to providers, and acknowledged the scale of change while emphasising the need for close partnership working to deliver strategic commissioning and population health priorities. Guy Dakin asked whether the changes to the ICB's role could create risks for patients, particularly in relation to care pathways and the flow of care between health and social care. Alex Gild advised that the changes do not create new risks to patient care, emphasising that the ICB will retain strategic oversight informed by population data, with providers and partners responsible for managing and escalating risks through strengthened local health and care partnerships. Sarah Croxford asked whether the new Thames Valley ICB commissioning budget represented an increase or decrease overall, and whether there would be significant regional variation in funding across the system. Alex Gild explained that the new Thames Valley ICB faces an overall funding gap against population need, with historic variation across areas, and that strategic commissioning will seek to reduce unwarranted variation and standardise effective care models across the system.
8.	**Committee/Steering Groups Reports**
	a) Membership & Public Engagement - Chair: Brian Wilson The report was taken as read. Brian Wilson advised that there were no substantive updates to add, noting that the Committee is focusing on increased governor engagement, particularly through Service Visits, over the coming year. **b) Quality Assurance Group - Chair: Sarah Croxford** The report was taken as read. Sarah Croxford highlighted recent Quality Assurance Group discussions, noting a stronger focus on understanding underlying issues beyond performance data, particularly around Patient Experience, Waiting Lists and CAMHS Pathways. She also welcomed the use of lived-experience insight and thanked members for their ongoing contribution. **c) Living Life to the Full - Chair: Madeline Diver** The report was taken as read. Madeline Diver highlighted recent and planned presentations focused on community-based services and patient and carer engagement, reflected on lessons learned from meeting structure, and encouraged Governors to become involved in related Committees and activities. The Chair thanked the Sub-Committee Chairs for their leadership and contributions, emphasised the value of the Committees' work in supporting scrutiny and engagement across the Trust, and expressed appreciation for the informed Governor input they provide.
9.	**Executive Reports from the Trust**
	1.Patient Experience Quarterly Report The paper was taken as read.

Trevor Lyalle advised that the report was taken as read, noting apologies from the report author, and confirmed that follow-up responses would be provided if required.

The Chair thanked Trevor Lyalle, Patient Advise and Liaison Service Manager for the report and invited questions from Governors.

Graham Bridgman raised concern that identifiable patient information, including a patient's forename, remained in the Patient Experience Report and requested that this be redacted.

2.Performance Report
The report was taken as read.

Julian Emms advised that overall performance remained broadly stable, explained that several "red" measures reflected internally set improvement targets, and outlined ongoing work to address areas such as violence, rapid tranquillisation and racism, noting active monitoring and actions to support staff and improve outcomes.

The Chair thanked Julian Emms, Chief Executive Officer for his report and invited questions from Governors.

Megan Wright asked whether trends in rapid tranquillisation and physical assaults could be compared with previous years, sought assurance on whether current actions were effective, and queried how the Trust was evaluating and responding to incidents of racism against staff.
Julian Emms explained that the issues raised were driven by a small number of complex cases, noted that trends had remained broadly stable over time, and outlined ongoing monitoring, targeted interventions, and actions to address violence, rapid tranquillisation and racism, including staff support and partnership working.

Megan Wright asked how performance targets are set, including whether they are based on national standards, benchmarks, or locally determined measures.
Julian Emms explained that performance targets are drawn from a mix of national standards where available, benchmarking, and historical trends, with some locally set improvement targets where no national comparator exists.

George Matthew commented on the wider societal context of increasing racism, noting concerns about the rising experience of racism faced by NHS staff, particularly Black and Asian colleagues, and emphasised the importance of a strong organisational anti-racism stance and continued action to address health inequalities.
Julian Emms acknowledged the wider societal context and seriousness of racism, confirmed the Trust has a clear anti-racism stance, outlined active work with the police and partners to address racist incidents, and noted that staff survey results indicate positive progress compared with national benchmarks.

3. Annual Plan on a Page
The paper was taken as read.

Julian Emms explained that the Plan on a Page provides clear organisational priorities, aligning Trust Strategy to team and individual objectives through appraisal, and supports consistent focus on harm-free care, staff wellbeing, patient experience, and efficient use of resources.

Guy Dakin (Staff Governor) confirmed that the Plan on a Page is used within his team to set clear objectives aligned to Trust priorities, which then feed through into team goals and individual appraisals, supporting consistent focus on efficient use of resources.

Marcella Browne (Staff Governor) Marcella Browne welcomed the inclusion of partners, patients, and carers within the Plan on a Page, noting it was encouraging and well aligned to current priorities around co-production and patient experience.

10.	Governor Feedback Session
	The Chair asked Governors to share their experiences on visits and events attended. Brian Wilson advised that he, Sarah Croxford and John Featherstone would be undertaking a site visit to St Mark's Hospital to review progress on the relocation of Jubilee Ward, hosted by Estates and Facilities colleagues. Ian Germer shared positive feedback from recent visits to West Berkshire Community Hospital, highlighting efficient Services, friendly staff, and good patient experience, while noting that signage for some contracted services could be improved. The Chair noted the feedback on signage at West Berkshire Community Hospital and advised that this would be looked into. Megan Wright reported positively on a visit with Madeline Diver the Dental Service, Bracknell and the team's commitment and patient-centred approach but raised concerns about wider system issues, including commissioning incentives, variation between hospital sites, IT system incompatibility and resulting inefficiencies affecting service delivery for vulnerable patients. Julian Emms acknowledged the disparities raised, noting challenges arising from national dental commissioning arrangements, variation in hospital capacity and systems, and competing priorities, particularly affecting access for vulnerable patients. John Featherstone reported on visits to the Place of Safety at Prospect Park Hospital, noting improved understanding of its purpose and functions and welcoming the new, purpose-built facility and environment. George Matthew thanked Brian Wilson for visiting his organisation, noting the value of the engagement, the discussion on neighbourhood-level health and wellbeing, and the opportunity to highlight challenges associated with the organisation's premises. Brian Wilson suggested that Berkshire Healthcare Charity could explore whether it may be able to support issues relating to the Battle Hospital premises, subject to the Charity's remit and rules. Alex Gild confirmed that the Charity would explore the request further, noting that any support would be subject to the Charity's rules and eligibility criteria. The Chair thanked Governors for their visits and feedback, noting it was helpful and informative and recognising the value of Governors undertaking site visits to understand Services and facilities.
11.	**Any Other Business**
	• The Chair advised that a revised Code of Conduct is being updated, will be circulated for comment, and noted that guidance is awaited on the future arrangements for Councils of Governors. • Megan Wright queried the future role and arrangements for Councils of Governors, referencing recent Govern Well Guidance and seeking clarity on potential changes, including implications for elections and associated costs. • The Chair responded that Guidance had been requested from NHS Providers and was awaited. Julie Hill advised that Guidance from NHS Providers is expected shortly and will be circulated to Governors once received.
12.	**Dates of Next Meetings**
	• 6th May 2026 - Joint Trust Board and Council of Governors (Hybrid) • 10th June 2026 - Formal Council of Governors (Microsoft Teams)

GOVERNORS' MEMBERSHIP & PUBLIC ENGAGEMENT SUBGROUP REPORT
28th May 2026, for June CoGs

The last meeting of the M&PE Subgroup was held online on 28th April and we were delighted to welcome our new Chair, Frances West to the meeting. The meeting was better attended than some past meetings and the depth and range of discussion content definitely benefited.

The Members' Newsletter continues to be of very attractive layout and content and the next edition is due out about 19th June. Governors were sked to submit any "Governor content" to Marcomms by June 5th. Standing Agenda items such as the Membership Newsletter and Membership Report were discussed, full details of the discussion are in the meeting minutes, along with the finalised Membership Communications – Scope of Work.

Through the M&PE meeting all Governors have been encouraged further to go on service visits and experience the frontline of the Trust's health provision. Marcomms have undertaken to provide us with promotional materials for public use, for example the Membership Booklet and are looking into a short PowerPoint presentation which can be used externally to present to groups and meetings where Governors have the opportunity to cover the Trust and membership opportunities and benefits.

Another opportunity to encourage more visits will arise in June/July when we undertake the induction of our new Governors. Two online meetings are scheduled for early July which will be led by the Chair and Lead Governor.

The Governors' Induction programme has been refreshed and remodelled. Following research amongst current BHFT Governors about their impressions of their own inductions, some way back, and contributions from a number of other Lead Governors near us in the South East, we are seriously grateful for the work done by Cheryl Gardner on pulling all the learning together and creating a first class programme to follow. Thank you also to all Governors who contributed.

Changes to the VCSE Alliances (sometime called VCFSE, the "F" being Faith) (Voluntary Community and Social Enterprise sector):
Before the recent changes to the ICBs, there were two VCSE Alliances, BOB VCSE Alliance covering Buckinghamshire, Oxfordshire and West Berkshire; and Frimley VCSE Alliance covering east Berkshire and other areas.

With the ICB changes, there is now the one, Thames Valley VCSE Health Alliance. My actual membership is on behalf of three charities in Sandhurst which I serve in various capacities. However, I have made the point that being a Bracknell Governor and Lead Governor should also be of mutual value to the Alliance and to the Trust. I have a one-to-one meeting with the TV Alliance Director on 4th June.

The reason I report this here is that being involved with the TV Alliance is in itself a form of M&PE outreach, albeit a little more indirectly. As the NHS 10 Year Plan becomes

more understood and actually tangible, the community-based and neighbourhood plans will need to also draw on the available resources and committed delivery of that wider third sector to optimise successful outcomes for patients families and carers.

Brian Wilson, M&PE Co-Chair and Lead Governor

Berkshire Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS
MEMBERSHIP AND PUBLIC ENGAGEMENT GROUP
TERMS OF REFERENCE

Authority

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

Summary Purpose

The purpose of the group is to work with officers of the Trust and Governors to maintain and support Trust membership, to support Governor engagement with members and public and to offer support to the Trust in its public engagement. The group aims at the recruitment and maintenance of a representative Trust membership exceeding required numbers and the establishment of effective communication between the Council of Governors and the Trust membership, also between Governors and wider public where appropriate. The group will undertake specific scrutiny on relevant issues remitted to it by Council or by the Trust Board/Executive.

Membership

Membership of the group is open to all Governors. The number of members is not specified but the group will seek to have a membership that ensures good representation of Trust membership constituencies without being too large to exercise its function. The quorum shall be 3 governors.

To enable the group to work effectively the Trust company secretary or their nominated representative should attend when matters related to Governors' engagement are tabled and the head of the Marketing and Communications group or their nominated representative should attend when matters related to membership recruitment or communication with members are tabled. Other officers of the Trust may be invited as appropriate.

Responsibilities

1. Working with officers of the Trust, to develop, review, make recommendations and evolve the Trust's membership strategy.

2. To offer support to officers of the Trust in developing and reviewing the Trust's communications and engagement strategies.

3. To support the recruitment of members according to the Trust's membership strategy.

4. To support Governors in communicating and engaging with Trust members and the public.

5. In these activities to target the reduction of discrimination and health inequalities and to work towards parity of esteem for mental and physical health care.

6. To meet at least four times a year and to report on its work at every ordinary meeting of the Council of Governors.

7. To review the Excluded Member Review Process

8. To undertake specific scrutiny on relevant issues remitted to it by Council or by the Trust Board/Executive.

9. To review these terms of reference on a two-yearly basis.

Agreed by Group: informally 27th January 2026

Approved by Council:

Review Due: January 2028

Governors Working Group- Quality Assurance Group

Key Highlights

The group welcomed **Frances West**, Chair, who joined the meeting as an observer. Her attendance was valuable in connecting governor assurance work more closely with wider Board oversight and enabled her to see first-hand the challenge offered by governors on service quality, patient experience and accountability.

Adult Mental Health Services

The main presentation was led by **Tracy Gilzene** and **Seb** on adult mental health services, following concerns raised at the February meeting about waiting times and workforce pressure. Their update set out the rationale for the **One Team** model, which was introduced to address long waits, confusing pathways and inconsistent provision across localities. They described a clearer model of entry, assessment, named-worker support and discharge, with the intention of making services easier to access, more consistent and safer at points of transfer.

Governors heard evidence of measurable improvement since implementation. Average waits for first contact have fallen, second appointment waits have continued to reduce, and national benchmarking suggests performance is now comparing more favourably than in earlier periods. The group also heard that access to psychological support has become more consistent, that waits for specialist assessment have come down significantly from historic levels, and that the number of patients waiting for early intervention in psychosis assessment has reduced sharply. Alongside these improvements, the discussion was candid about pressure points, particularly the rise in referral demand in some areas, including Reading, and the need to understand whether increased volume is beginning to offset progress.

Governors used the session to probe what happens to patients who wait longer, those with highly specialised needs, and those who do not attend appointments. The response gave assurance that patients are not simply left in a queue without oversight. Staff described multidisciplinary review arrangements, more proactive follow-up, revised DNA processes and a stronger emphasis on curiosity about disengagement rather than automatic discharge. The discussion also confirmed that service user involvement has been built into the redesign work, including the shaping of paperwork, pathway design and wider engagement on future models such as outreach.

Further Discussion and Assurance Themes

The group then turned to the Q4 Patient Experience and Complaints reports. Discussion centred on the marked increase in formal complaints during the quarter and the need to understand what sat behind that change, particularly as the volume appeared notably higher than in previous reporting periods. Governors also explored the quality of complaint handling itself, including whether partially upheld responses were always explained with sufficient clarity, whether correspondence felt professionally presented, and whether the level of detail provided to readers was always adequate to support confidence in the response.

A useful part of this discussion was the emphasis on how patient voice is carried into divisional quality processes. Members heard that patient feedback from sources such as I Want Great Care and wider co-production activity is routinely fed back through team and performance structures, with services expected to identify patterns, areas for improvement and wider learning.

Governors expressed interest in seeing co-production more directly in practice, reflecting a wider desire for closer visibility of how lived experience shapes service development rather than only hearing about it through reports.

The meeting also reflected on recent and upcoming service visit activity, including community dental services, adult talking therapies and the redevelopment at Jubilee Ward, St Mark's. These discussions reinforced the value of visits in helping governors understand services beyond the paper reports and raised the question of whether future visits should include less visible but operationally important functions such as pharmacy.

The group also reviewed its Terms of Reference, with discussion focusing on how clearly the document describes membership, chairing arrangements and the role of governors more broadly in relation to service visits and assurance activity.

The QAG Group would like to thank Heidi Ilsley and Jodie Holtham for their detailed knowledge and clarification on the areas around patient experience and satisfaction and Cherly Gardener for supporting the governors with the meeting and minutes..

Implications for Non-Executive Directors and the Board

Overall, the meeting provided reasonable assurance that key improvement activity in adult mental health services is moving in the right direction and that governors are continuing to exercise constructive scrutiny across patient experience, complaints, service quality and visit activity.

The main areas for continued Board attention are:

- sustained pressure from demand growth
- the causes of the recent increase in complaints
- the importance of maintaining high standards in communication
- responsiveness and patient-facing processes.

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Sarah Croxford

11th May 2025

GOVERNOR QUALITY ASSURANCE GROUP

TERMS OF REFERENCE

Authority

The Group is established and authorised by the Council of Governors, which is alsoresponsible for approving these terms of reference and any amendments thereto.

Summary Purpose

The purpose of this group is to consider and provide assurance to the Council of Governors on quality related matters and to undertake specific scrutiny on related issues remitted to it by Council or by the Trust Board/Executive.

Membership

The Group is open to all Governors who have an interest.

The Chair of the Trust and all Non-Executive Directors are invited as members of the Group.

Membership will be reviewed formally every three years to provide all Governors with the opportunity to seek membership and to achieve fair representation.

Members of the Group will elect their own Chair for the subcommittee.

The Group will meet a minimum of four times a year, and a report on its work will beprovided at each Council meeting.

To enable the Group to discharge its duties, the Director of Nursing & Therapies,or their nominated deputy, will attend Group meetings.

The Company Secretary or their nominated representative will provide secretariat support and appropriate governance advice and guidance.

Responsibilities

The Group's key responsibilities will be:

1. To consider service quality performance information to gain assurance that the Trust is achieving required standards and is meeting the terms of its authorisation and CQC registration and to provide periodic reports to Council to supplement theperformance information provided by the Trust. The nature of the information to be received and reviewed by the Group will be identified in discussion with relevant Trust officers and may be revised in the light of experience.

2. To review any quality matters remitted to it by the Council of Governors or Trust

Board/Executive and to produce a report of its findings.

3. To undertake visits in line with the agreed programme to assess the quality of Trust's services, including discussions with service users and staff.

4. To produce detailed reports on the findings from the assessments undertaken for submission to the Trust and submit summary reports for information to the Council of Governors.

5. To raise any matters viewed as urgent with relevant Trust officers.

6. To undertake revisits wherever necessary.

These terms of reference will be reviewed by the Group not less than every 2 years,and any agreed proposed amendments submitted to the Council of Governors for approval.

Revised: 27th May 2026

Approved by Council:

For review:

Report of Governors Living Life to the Full Committee 22nd April 2026

Speaker: Phillip Bell – CEO Involve Community Services Bracknell and Wokingham

An infra structure charity supporting the voluntary, community and social enterprise sector across Bracknell and Wokingham and in partnership with similar organisations across Berkshire.

The support offered contributes to helping residents live well.

This emphasises that statutory services cannot meet community need alone.

Community organisations are strengthened through governance, capacity building and direct collaboration among services.

For maximum impact services include: -

Green – Active Volunteering promotion; assistance with volunteer recruitment; fundraising; DIY and maintenance / conservation tasks.

The work of involve includes community navigation and signposting residents to the most appropriate service for their needs; training courses; trustee recruitment; governance enquiries and funding support.

Projects include the Cancer Support Network and Community Navigation for those with issues related to social isolation, caring responsibilities, low level mental health challenges, housing and debt issues.

Questions related to

1. How social prescribing fitted the Involve work.
2. Accessibility of the excellent courses provided for the community volunteers.
3. Training used as a preventative measure and the engagement of the harder to reach members of the community.
4. Support for out of area communities.

The slides would be made available to all governors and Phil Bell at Involve was willing to answer questions via email.

Presentation BHFT Phil PDF.pdf

Madeline Diver, Co-Chair

Patient Experience Quarterly Report

The attached report highlights key activity and feedback, including complaints, compliments and feedback through the iWGC feedback tool.

Presented by: Liz Chapman, Head of Service Engagement and Experience

Patient Experience Report Quarter Four 2025/26

Introduction

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

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

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

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

Table 1

Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Year end
Distinct patient numbers (inc patient discharges)	Number	162,555	146,499	229,798 148,362*	157,557	696,409
Number of iWGC responses received	Number	13,604	11,107	20,708	12,527	57,959
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.40%	7.60%	9.10%	8.00%	8.30%
iWGC 5-star score	Number	4.8	4.82	4.74	4.83	4.79
iWGC Experience score – FFT	%	94.67%	92.56%	88.35% (95.60% excluding imms)	96.32%	92.95% (96.31% excluding imms)
Compliments received directly by services	Number	1682	1285	1430	1275	5672
Formal Complaints Rec**	Number	51	58	60	99	268
Number of the total formal complaints that were secondary (not resolved with first response)	Number	12	11	17	22	62 (50 complainants)
Formal Complaints Closed**	Number	57	61 *	60	108	281
Formal complaints responded to within agreed timescale	%	100%	100%	100%	100%	100%
Formal Complaints Upheld/Partially Upheld	%	54%	62%	37%	60%	49.76%
Local resolution concerns/ informal complaints Rec	Number	46	71	43	57	217
MP Enquiries Rec	Number	12	14	16	14	56
Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	6	4	5	5	8

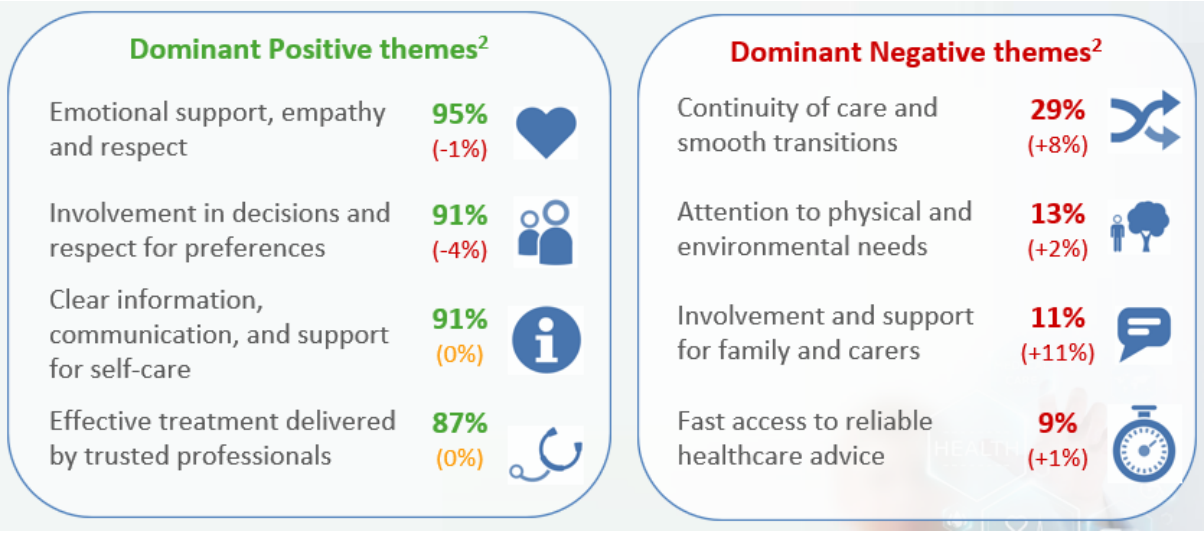
* The number of distinct patients not including the Immunisation Service.

*FFT shown with and without child immunisation feedback, with rationale for this is detailed within the report under the Children, families and all age section of the report.

** 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, these are not included in the divisional breakdown below. There was also one formal complaint closed that was for the Complaints Office so not included in a Divisional breakdown.

There are relatively small changes compared to previous quarters this year, except for formal complaints where we have seen over 60% increase, this increase was spread across a number of services and the divisions, with no particular reason identified.

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



The brackets () in the picture above shows the comparison to the report for Quarter 3. This is based on qualitative feedback. (+) means that there has been an increase since the last report, (-) means a decrease.

Appendices 1 and 2 contain our PALS and Complaints information for Quarter 4.

What the data is telling us

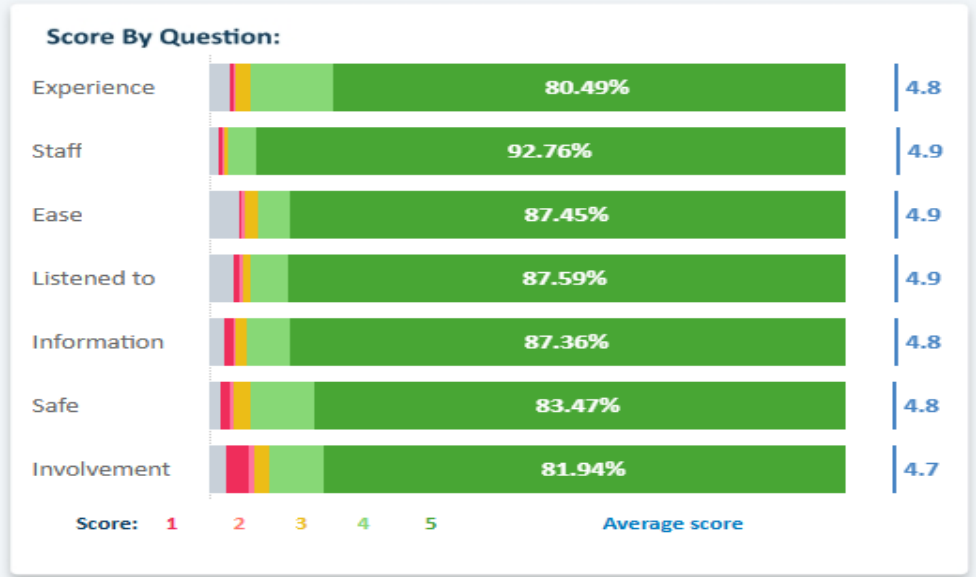
Below are a summary and triangulation of the patient feedback we have received for the divisions.

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	4956	3530	12,229	3,521
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	12.7%	7.7%	10.9%	7.8%
iWGC 5-star score	Number	4.78	4.82	4.69	4.81
iWGC Experience score – FFT	%	94.2%	86.4%	83.2%*	96.4%
Compliments received directly by services	Number	163	118	123	128
Formal Complaints Rec	Number	16	6	12	29
Formal Complaints Closed	Number	13	16	10	26
Formal Complaints Upheld/Partially Upheld	%	53.8%	62.5%	50%	60.8%
Local resolution concerns/ informal complaints Rec	Number	7	11	8	12
MP Enquiries Rec	Number	3	7	4	4

*97.6% excluding feedback from the young people's immunisation team which account for over 10,000 of the responses and received an 81.2% positive response. Much of the less positive qualitative feedback in the survey responses for the immunisation team was in relation to needing have an immunisation, not having biscuits, asks if it could be a slower process for more time out of the classroom and other similar related requests. Reasons given for the lower scores were not within the remit of the immunisation team.



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

Of the 3,521 responses, 3,320 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 11 reviews for Phoenix House. 116 of the responses related to learning disability services and 34 to eating disorder services.

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

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

Children's Physical Health Services
There were nine formal complaints for children's physical health services received this quarter. These related to Children's Occupational Therapy, Children's Speech and Language Therapy, Health Visiting and the Eating Disorder Service.

In the quarter Children's Occupational Therapy (CYPIT) received 2 complaints, both relating to care and treatment. Children's Speech and Language Therapy (CYPIT) accounted for 3 complaints, covering a range of issues including access to services (1), care and treatment (1) and communication (1), indicating concerns across the referral and delivery pathway. Health Visiting recorded 3 complaints with no themes identified specifically for Health visiting. Taken together, complaints across these services primarily focused on how care was delivered, how and when services were accessed, and communication with families.

2907 of the 3521 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; the Immunisation Team received 2379. ADHD Team Children & Young People services also receive very positive feedback with positivity score of 98.3%- and 5-star rating of 4.92.

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 2379 responses was 96.4% and a 5-star rating of 4.77. Feedback included that the injection was quick, and nurses were kind. "Super kind, friendly and supportive, very nice conversation so distracted me from the vaccine." with the themes to improvements including explain what the vaccine is for, provide snacks and would rather have the nose spray.

Child and Adolescent Mental Health Services (CAMHS)
For Child and Adolescent Mental Health Services there were 7 complaints received, of these 1 related to communication, 4 were about care and treatment but each was for a different CAMHS service and 2 were about discharge planning.

There have been 385 responses for CAMHS services received through our patient survey for this Quarter. These include 273 received from those attending our neurodiversity services (positive score 98.52% and star rating of 4.92 with lots of positive comments about staff and the experience).

Adult ADHD Service
There have been 3 complaints about neurodevelopmental services this quarter. 2 related to waiting times for treatment and one was about discharge planning.

Learning disability
There were two complaints received for the Community Team for People with a Learning Disability but there were none for the Learning Disability Intensive Support Team. The complaints for the Community Team for People with a Learning Disability were both about care and treatment but did were quite different in the content of what they were concerned about.

Overall, there were 120 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 93.3% positive score; feedback included that staff provided support, "*I got to see my therapist every week. It was good to have one person - the same person - to see and speak to. I enjoyed meeting my therapist. My therapist spoke to.me.in a gentle way, which was helpful. My therapist was kind."* there were comments for improvements including a review after a few months, offered service earlier, visits at home and more time to think. The 7 responses that received with a score below 4 left comments including "More groups. More time to think. More breaks"

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 1 complaint for the Eating Disorder Services which related to clinical care received and concerns about whether reasonable adjustments has been made to support the patients diagnosis.

Of the 34 feedback responses received, 29 scored a 5 with comments such as "*Every single member of staff showed compassion, understanding and patience. I was given amazing support through challenging times and always felt that nothing was ever too much trouble.*" *"The help and supported we have received from our team at BEDS has been amazing firstly for [Name removed] but also for us. We can't thank the team enough and [Name Removed] progress has been down to the understanding, knowledge and experience of the whole team." "All the staff involved in my recovery were caring, sympathetic and always ready to listen and give positive support when I was having a bad day or feeling overwhelmed by the recovery process."* Areas for improvement included booking appointment system could be improved and shorter wait times.

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").

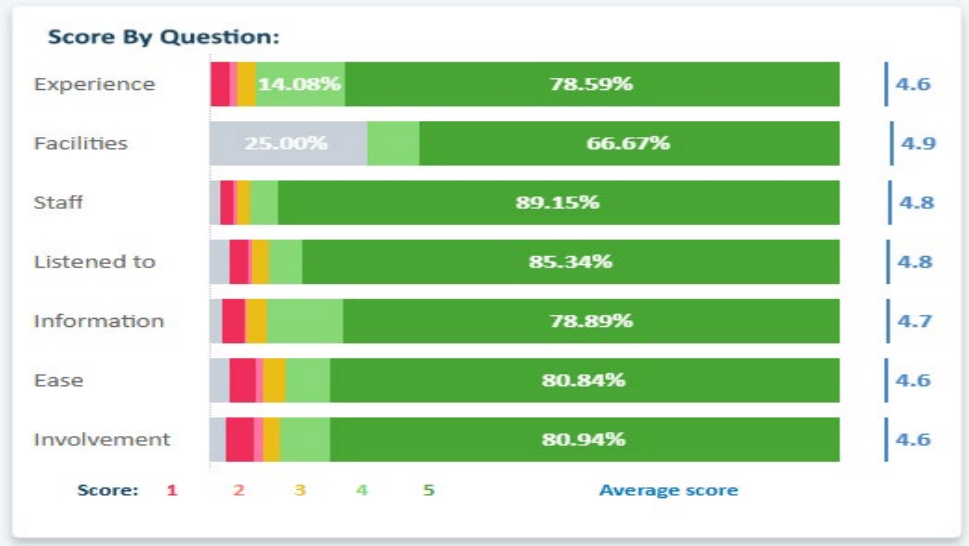
- The service are commencing a participation project (registered as a Trust service-evaluation on around understanding the barriers to our services for different community members. We are inviting those who have declined our service to share their experiences of being offered the service and rational 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**	315	332	366	341
Response rate (calculated on number contacts)	**%**	3.25%	3.37%	3.71%	3.53%
iWGC 5-star score	**Number**	4.64	4.65	4.55	4.69
iWGC Experience score – FFT	**%**	91.4%	90.7%	88.49%	92.67%
Compliments received directly by services	**Number**	159	50	249	376
Formal Complaints Rec	**Number**	5	14	16	22
Formal Complaints Closed	**Number**	12	7	15	18
Formal Complaints Upheld/Partially Upheld	**%**	58%	57%	26%	63%
Local resolution concerns/ informal complaints Rec	**Number**	2	8	4	3
MP Enquiries Rec	**Number**	2	1	2	2



22 Formal Complaints were received into the division; in addition, there were 3 informal/locally resolved complaints. 18 complaints were closed during the Quarter.

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 74 responses, CMHT Bracknell with 38 responses and Memory Clinic Bracknell with 37 responses.

Across the CRHTT East survey, the average 5-star score was 4.67 with 91.9% positive feedback, an increase in the 5-star score and an increase in the percentage positive feedback from last Quarter. 68 of the overall number of responses received (74) scored a 4 or 5-star rating with many comments about staff being supportive, listened, professional and helpful; "*They supported me very well. And if I didn't understand something I could call them up and they would help me. Crisis Team were very supportive." "[Name removed] and [Name removed] were amazing. They were so supportive, they listened to me. My concern was mental health services don't listen to me, never have - they reassured me that they will and they did. They even called me to let me know that they were on their way to me. They made me feel that I can reach out to the crisis team and I'll be supported and listened to."*

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 between services and not rearrange appointments.

The Memory Clinic – Bracknell received 100% positive score (4.93-star rating) and received positive feedback about staff being professional, understanding, and listened. "*Dr [Name removed] was excellent and was very professional and listened objectively with empathy and good feedback - is a credit to the profession."*

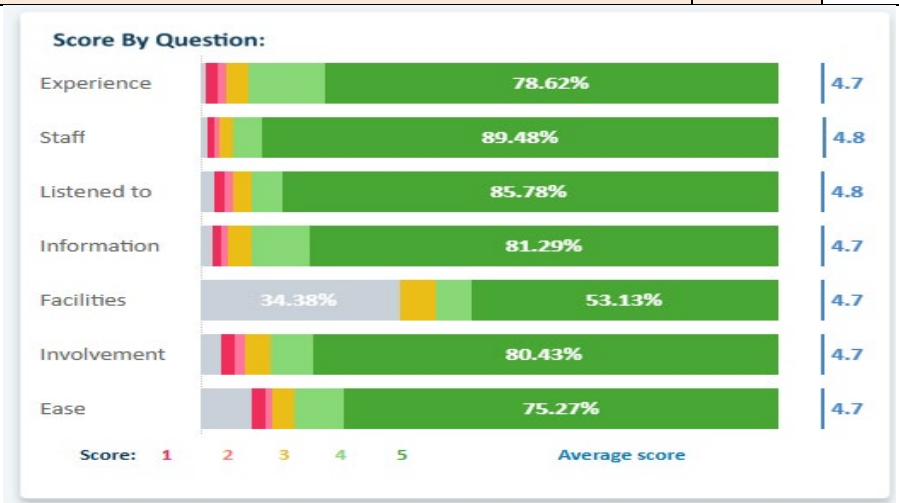
CMHT received 80 responses (Bracknell 38, Slough 19, and WAM 23) with 86.3% positive score and 4.58 star with 11 of the total responses scoring less than a rating of 4; comments included, *"Told in person will recommend to see psychiatrist. Called to tell me not seeing a psychiatrist and for doctor to issue tablets. Mind bending ".* There were several positive comments that staff listened, were professional, friendly, and understanding examples of comments are "*Everyone is kind and friendly at a time when I'm particularly anxious. The doctor gives me plenty of time and I always leave feeling I have had a choice in my care.*", "*Dr [Name Removed] had an excellent manner. He listened and was extremely understanding. Really appreciated this support." And "Everyone is friendly. The doctor I saw was very respectful and listened to me. Doctor provided a clear treatment plan. Really*

pleased with the service and treatment." Some of the suggestions for improvement included wanting longer appointments and listen to the patient. Further work is being conducted with Mental Health services to improve uptake as part of the wider patient experience improvement plan.

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

Table 4: Summary of patient experience data.

Patient Experience - Division MHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	**Number**	1138	1087	825	1160
Response rate (calculated on number contacts)	**%**	4.78%	4.41%	3.42%	5.24%
iWGC 5-star score	**Number**	4.66	4.69	4.68	4.72
iWGC Experience score – FFT	**%**	90.25%	91.17%	90.38%	92.29%
Compliments received directly by services	**Number**	154	55	62	49
Formal Complaints Rec	**Number**	12	14	14	15
Formal Complaints Closed	**Number**	11	17	14	20
Formal Complaints Upheld/Partially Upheld	**%**	38.4%	53%	57%	60%
Local resolution concerns/ informal complaints Rec	**Number**	5	10	1	2
MP Enquiries Rec	**Number**	3	1	5	3



15 Formal Complaints were received into the division; in addition, there were 2 informal/locally resolved complaints. 20 complaints were closed during the Quarter.

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 237 responses, Talking Therapies – Step 3 with 173 responses and CRHTT West with 97 responses.

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

For CRHTT West there was a 78.4% positivity score and 4.45-star rating. There were lots of positive comments about staff listening, being helpful, and supportive, "*[Name removed] was very involved, kind to me and really seemed that she loves her job. She really helped me; I would give her a 10/10. CRHTT did not judge me, very supportive and kind people."* Some of the areas for improvement included communication needed improving, didn't feel listened to and calls were not returned. 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 some patients felt rushed to be discharged. For example, "*Communication could be better. I was discharged prematurely as I went to my sisters and wasn't made aware this would happen before I left*."

The Older Adult Mental Health Service and Memory Clinic combined have received a 99.3% positivity rating (4.93-star rating) some of the feedback included *"[Name removed] has been caring for my mother and has shown exceptional kindness, professionalism, and remarkable patience throughout. This care and compassion has also been extended to our whole family, which has meant a great deal to us. It is a huge comfort and reassurance to know that my precious mother is in such capable and caring hands."*

There were 32 responses received for West CMHT teams with 71.9% positivity score and 3.92-star rating, 23 of these were positive with comments received that staff were kind and supportive, there were 8 negative responses for Wokingham and 1 for Reading, comments included that patients did not feel listened to, follow up with patients including having regular appointments, felt no support was given, prescribed medications they didn't want and lacked empathy.

Most comments were very positive about the staff, including that they were professional, kind and listened. Several of the comments/areas for improvement were requesting more support and sometimes appointments were late. For example, very professional, empathy, listened to my needs and concerns and good guidance provided. Gave me the confidence to learn and grow and resolve matters on my own within structured framework. It enabled me to diagnose the causes of my stress, to come to terms with it, identify my triggers, and how to cope much better. This was my last session in the MH team and am being discharged. I feel I have the tools now to cope and am in a far better place now emotionally and mentally than I was a year ago, when the process at M H team care started. My calmer, better approach to matters, also has a huge positive knock-on effect on relationship with my wife and children. Thank you to all, for the wonderful support provided.*"*

For Talking Therapies, the overall scores were 94.40% positivity and 4.75-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, *"My therapy sessions with [name removed] were so helpful. She completely understood how I was feeling after my accident. She treated me with the upmost respect and very gently but with a very positive attitude helped me through my trauma and anxiety and gave me the coping mechanisms to give me the confidence to move forward. This has been a very positive experience for me. Don't be ashamed or afraid to ask for help it can be so beneficial. I would highly recommend Talking Therapies they were definitely there for me when I needed help."* "*Because [name removed] was very present and listened with compassion. She really understood how to help me approach my problems. She is a great therapist. Thank you [name removed]."* and *"[name removed] the lady I spoke to was amazing. [name removed] was kind, slow talking and listened to everything i said and made me feel at ease to talk freely. Being treated with such kindness makes a significant difference to how well the appointment goes."* Patients reported that they felt "*I felt more settled after my conversation with [Name removed], knowing I have a care plan in place to help with my mental health."*

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.

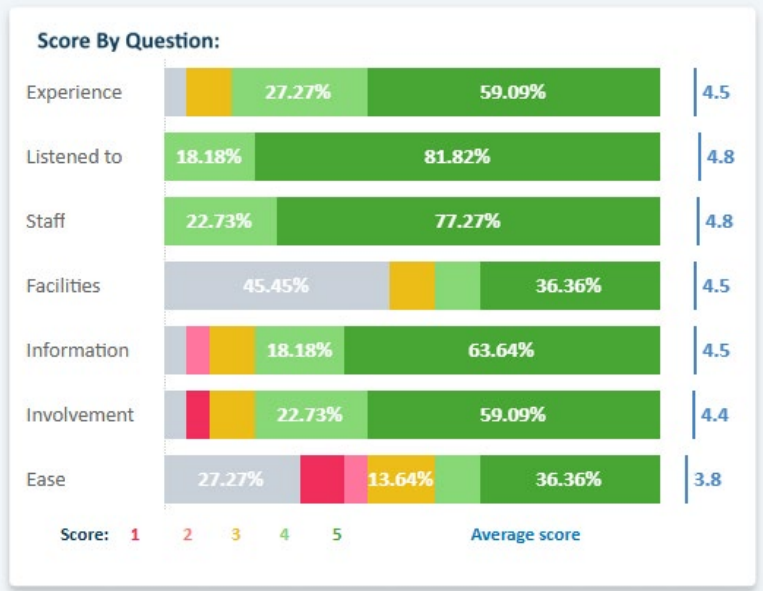
Op COURAGE received 80 responses during the Quarter, their patient survey responses gave a positivity score of 95.0% (4.85-star rating), 4 of the reviews scored less than 4 with comments such as no follow up as promised, want more assurance and would like an accurate assessment.

Mental Health Inpatient Division

Table 5: Summary of patient experience data.

Patient Experience - Division MH Inpatients (wards)		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received*	**Number**	289	*250	*219	212*
Response rate	**%**	133.8%	136.6%	135.2%	124.7%
iWGC 5-star score	**Number**	4.15	4.27	4.24	4.27
iWGC Experience score – FFT	**%**	74.4%	74.8%	76.74%	75.24%
Compliments	**Number**	18	19	10	23
Formal Complaints Rec	**Number**	9	8	12	15
Formal Complaints Closed	**Number**	10	7	10	19
Formal Complaints Upheld/Partially upheld	**%**	20%	28.5%	20%	57%
Local resolution concerns/ informal complaints Rec	**Number**	1	0	0	1
MP Enquiries Rec	**Number**	0	2	2	3

*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 satisfaction rate was 75.2% with 51 of the 212 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to ease and involvement received the least positive scores.

The national Culture of care programme has now concluded; this focused on safety and involvement of patients, the aim of the programme being 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.

There were 15 formal complaints received for mental health inpatient wards during the quarter across all wards expect Sorrell.

There were 14 formal complaints closed during the quarter, of which 8 were partially upheld or upheld. These related to Rose, Daisy, Bluebell and Orchid Ward.

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 "*All the staff on snowdrop ward are really kind and professional. They care about their services users. They get involved in activities such as, Music, karaoke. Staff really care about our mental health such as encouraging to eat, personal care, staying healthy. The ward is great and fantastic. Team snow drop!.*" "*The kind and caring attitude of all the senior staffs. The cleanliness and their attention to detail are very good. The dispensing of medicine by the nursing staff are excellent.*"

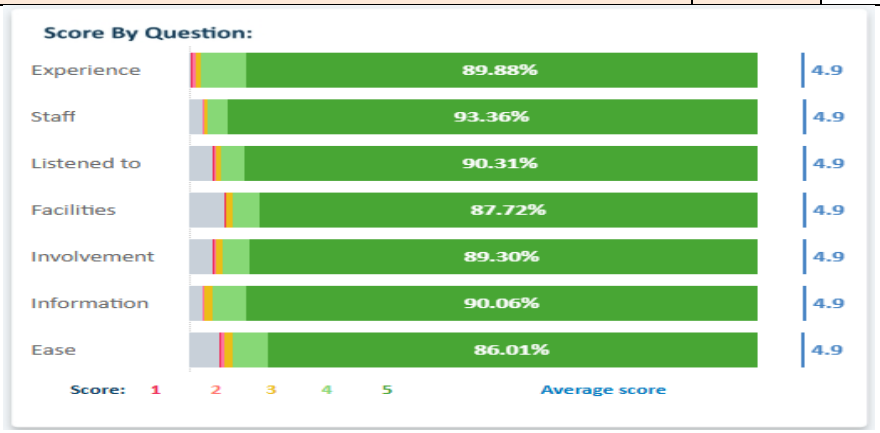
In addition to the feedback about the wards, there were 22 responses for a Place of Safety, and the average score was 4.50, with 2 reviews giving a score of less than 4/5. Some comments received were "*I gave these answers because i have been Treated with very Professional Care and Respect by the Psychiatrists and Doctors and All The Nurses; They have been Kind Respectful and always give good Advice and Care.*" "*Because the patient was listened to everyone; the patient spoke to helped the patient; and treated the patient with professional work and respected the patient; and all of, the nurses helped the patient and the doctors and consultants; helped the patient in the patient's care. Thank you all.*"

Community Health Services Division

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

Table 6: Summary of patient experience data.

Patient Experience - Division CHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	2676	2443	2600	2786
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.6%	8.1%	9.7%	11.3%
iWGC 5-star score	Number	4.91	4.90	4.88	4.90
iWGC Experience score – FFT	%	97.8%	98.04%	97.1%	98.1%
Compliments received directly into the service	Number	69	210	335	275
Formal Complaints Rec	Number	4	6	1	5
Formal Complaints Closed	Number	1	5	4	13
Formal Complaints Upheld/Partially Upheld	%	58.3%	40%	50%	69.2%
Local resolution concerns/ informal complaints Rec	Number	1	10	14	12
MP Enquiries Rec	Number	0	2	3	0



There were 5 Formal Complaints received this quarter: these related to care and treatment, access to services, communication and discrimination. Additionally, there were 14 matters resolved locally or informally, and five cases raised by MPs.

The Hearing and Balance Service received 172 responses to the patient experience survey with a 97.7% positive score and 4.91-star rating.

East Community Nursing/Community Matrons received 476 patient survey responses with a 99.6% positive scoring, many comments were about staff being kind and professional, for example "*Very good experience so far, I was treated with kindness and respect, my wishes were respected and information given was easy to understand. Plan was explained to me." "They look after me well and get help from other professionals when required can not fault the care and empathy shown to me very professional."* "*I was always treated with kindness and respect, the information given was easy to understand and I am happy with the care received."* There were also some comments around wanting to know a time the nurses will visit for example *"If we can be told the visiting time."*

The wards received 98 feedback responses (67 responses for Jubilee ward 92.5% positive score and 31 responses for Henry Tudor ward with a 100% positive score). Positive comments were received in relation to staff being kind, helpful and caring. Four of the responses scored less than 4, comments for improvement related to needing more staff, more physio and would like to walk more.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 96.8% (4.88-stars), comments were very complimentary about staff being professional and helpful, *"[Name Removed] approach was professional, clear communication and she was patient. Her knowledge enable me to understand the connection between the exercise & my discomfort brilliant physiotherapist."* The reoccurring improvement suggestion for this Quarter was for more privacy in rooms

Outpatient services within the locality received a positivity score of 97.96% with 4.88 stars from the 730 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"The service was very good better than the hospital. You took care of me and most importantly listened to me."*

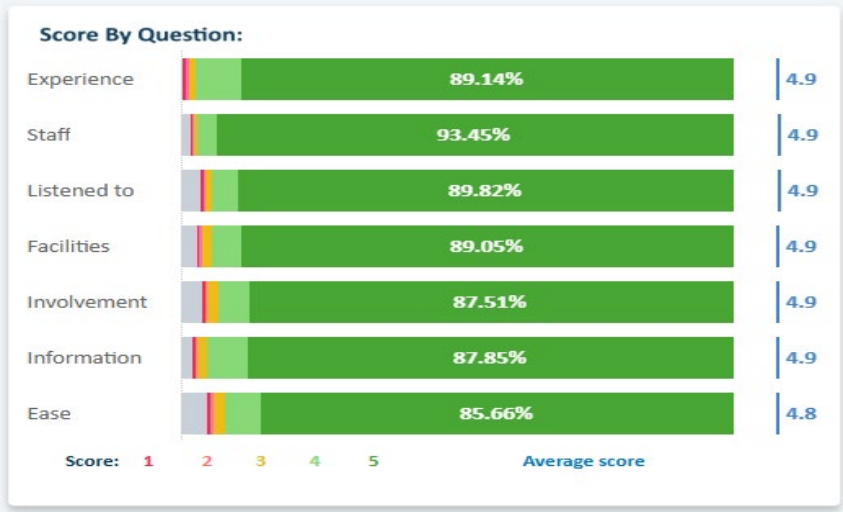
The Diabetes Service received 253 feedback responses with 98.8% positivity and some lovely comments including "*I found the staff all approachable helpful and listened to all my queries. There was obviously a lot of paperwork and mathematics to work out a new insulin pump for me but they did it all with professionalism. They were amazing. Thank you*" Alongside some helpful suggestions for the service to consider letting partners attend "*It would be useful if partners could attend this and the carb aware course."*

The Assessment and Rehabilitation Centre (ARC) also received positive feedback including "*Excellent care and treatment. Everyone we met was very polite, efficient and professional. My visit could not have gone better. Sincere thanks to all the staff at ARC they are a credit to the NHS.*''

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

Table 7: Summary of patient experience data.

Patient Experience - Division CHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	4168	3485	4463	4501
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	7.1%	6.3%	7.8%	8.2%
iWGC 5-star score	Number	4.85	4.86	4.85	4.87
iWGC Experience score - FFT	%	96.2%	96.8%	96.6%	97.5%
Compliments (received directly into service)	Number	132	399	291	400
Formal Complaints Rec	Number	5	9	7	9
Formal Complaints Closed	Number	10	10	7	0
Formal Complaints Upheld/Partially Upheld	%	36.3%	40%	14%	0
Local resolution concerns/ informal complaints Rec	Number	3	24	15	26
MP Enquiries Rec	Number	1	0	1	2



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 97.5% positive satisfaction and 4.87-star rating and the question on staff receiving a 97.5% positive scoring from the 4501 responses received.

There were 9 Formal Complaints received in Q4, the majority of these were received by two services as the Out of Hours GP Services received 4 and District Nursing receiving 3.

The community hospital wards have received 175 responses through the patient survey receiving an 94.3% positive score and 4.73-star rating, (7 responses scored three and below) questions around feeling involved and information receive the most results of three and below. Comments include *"To all the doctors, nurses, physio and OT. Thank you for all your hard work and care during my stay at Oakwood. I want you to know that my journey to recovery would have been incomplete without all your hard work and dedication, tireless efforts and incredible care you have all are a big difference in my recovery. I have appreciated everything you have all done for me. Love form [Name removed] and family.."* *"Continued caring attitude. Staff went the extra mile. Food was tempting and the choices were good. My family are also overwhelmed with the good service."* *"Staff are here when I needed. They are friendly, they don't make us feel inferior. I keep coming back here so maybe being here makes me happy."* And *"The place is actually excellent. The staff are wonderful. The food is great, and the cleanliness of the place is very, very good and I think I am very well looked after. Very good service. Staff are all very helpful."* there were some individual comments where patients were less satisfied with answer bell quicker, more staff, more physio and tv needs updating. Comments for reviews with responses that scored below 4 included took too long to answer call bell, nurses don't hear temporary call bell, more toilets and more responsibility for people. There were 3 reviews which received a score of 1m the patients reported that the ward was clean, staff were accommodating and people were nice.

There were four formal complaints for the Out of Hours GP service. These related to communication, waiting times and care and treatment.

WestCall received 329 responses through the iWGC questionnaire this Quarter, a decrease from the previous quarter (94.2% positive score a slight increase from last quarter, 4.77-star rating, 18 scores received below 4. Positive comments included "*Wonderful place. Very well organised. All the staff were kind and compassionate. The clinician I saw explained everything carefully and involved me in the decision making. I felt very well cared for. Overall I was very impressed. Thank you so much." "Doctor and nurses so nice and polite, told me everything they were doing and gave very good advice. Appointment was exactly on time and I was looked after very well. Cannot fault the service I was given, plus the West Berks hospital is nice and calm and very clean." "My visit was booked for a pre appointed time via*

111 with out of hours GP. Was seen shortly after I arrived by the GP who did full exam and then followed up with a call after the appointment. Great service!" Areas for improvement included better call back in slot given, wait times long and didn't feel listened too.

The Podiatry Service received 214 patient survey responses. Responses were very positive receiving five stars (overall 100% positivity 4.97-star rating) with examples including *"I was treated with care and consideration. After my treatment I felt confident that my condition should improve. I am also pleased to be given a follow on appointment*." *"The podiatrist and her assistant were friendly and helpful. The podiatrist treated my toenail with care and skill. Also, the advice provided was useful."* and *"The Podiatry staff explained the procedure and were very friendly and relaxed. They gave me the opportunity to ask questions. The treatment was professional and they ensured I was comfortable. Thanks to [Name removed] and [Name removed] in particular."*

To provide some context across our East and West District Nursing teams combined there were 14,819 unique patients this Quarter.

771 responses were received for Community nursing (99.1% positive score and 4.93/5 stars) Lots of comments included nurses were kind, friendly, and helpful, *"[name removed] is very professional and friendly. Makes everything feel perfect. Very kind and caring.," "Always feel comfortable. Nurse is lovely, very experienced in what she does. Very caring. [name removed] is lovely." and "The nurses in clinic always cheer me up, they are polite and helpful and nothing is too much."* There were several positive comments about nurses being caring and there were very few suggestions for improvement; update patient if the visit changes 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 834 patient survey responses with a 98.4% positive score (4.91 -star rating), very few areas for improvement were included in the feedback there were a few suggestions including rooms were too warm, waiting area was too small and would like guidance on how to do exercises and the overall feedback was extremely positive with lots of comments about staff were friendly, professional, kind and helpful.

Bladder and Bowel (continence) services received 151 survey responses with 92.1% positivity and 4.80-star rating, with comments about staff listening and being helpful.

Community Health services (East and West) 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, Fortnightly community meetings involving patients and MDT staff continue on both wards, supporting open communication and “You said, we did” learning.

Demographic profile of people providing feedback.

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
Asian/Asian British	9.76%	8.58%	9.89%
Black/Black British	6.50%	2.70%	3.39%
Mixed	3.25%	2.77%	3.59%
Not stated	7.32%	19.48%	8.17%
Other Ethnic Group	2.44%	4.89%	2.20%
White	70.73%	74.17%	61.58%

The table above shows that during this quarter there was a higher % of complaints received by Black/ Black British in relation to attendance percentage. For White British people there is a higher percentage of feedback in terms of both staff survey and complaints compared to attendance, and for ‘other ethnic group’ there is a higher number of surveys completed than attendance , for all remaining ethnicity grouping the complaints and survey completions are in line with attendance percentages.

It is recognised that we have a high rate of patients who do not complete the ethnicity section of the feedback survey although we have seen an increase in the number of people who complete the demographic questions in the patient survey (a decrease in over 25% last quarter). The survey includes narrative explaining why we value completion of the demographic data.

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.

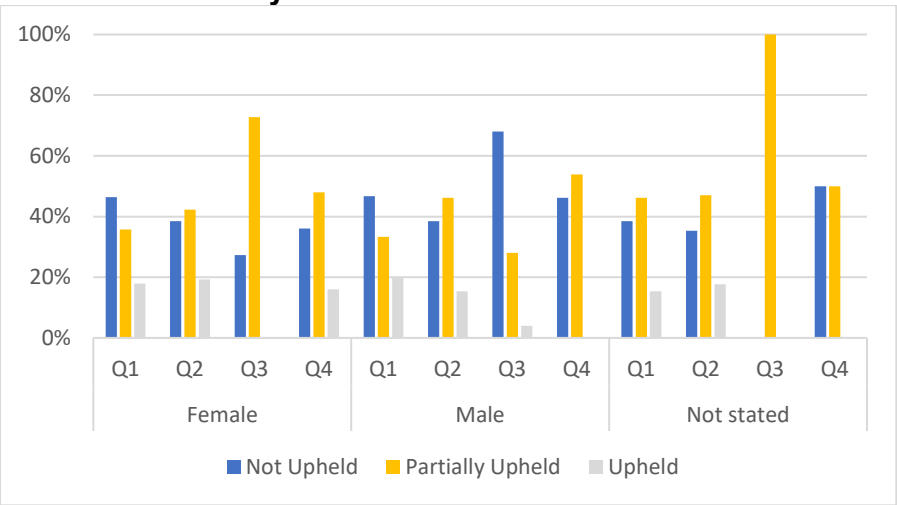
Table 9: Gender

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q4 attendances
Female	53.66%	38.54%	55.40%
Male	46.34%	31.03%	44.58%
Non-binary/ other	0%	0.86%	0%
Not stated	0%	27.14%	0.02%

In terms of gender, over 25% patients do not complete the demographic question within the patient survey, however the data available would indicate that gender does not impact on whether we received feedback from complaints or the patient survey.

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

Table 9A: Gender by outcome code



Gender	Qtr	Not Upheld	Partially Upheld	Upheld
Female	Q1	46.43%	35.71%	17.86%
	Q2	38.46%	42.31%	19.23%
	Q3	27.27%	72.73%	0.00%
	Q4	36.00%	48.00%	16.00%
Male	Q1	46.67%	33.33%	20.00%
	Q2	38.46%	46.15%	15.38%
	Q3	68.00%	28.00%	4.00%
	Q4	46.15%	53.85%	0.00%
Not stated	Q1	38.46%	46.15%	15.38%
	Q2	35.29%	47.06%	17.65%
	Q3	0.00%	100.00%	0.00%
	Q4	50.00%	50.00%	0.00%
Grand Total	Q1	44.64%	37.50%	17.86%
	Q2	36.84%	43.86%	19.30%
	Q3	54.05%	43.24%	2.70%
	Q4	40.00%	50.00%	10.00%

The above demonstrates that overall, for the 4 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 Q4 attendances
0 to 4	3.25%	16.25%	6.47%
5 to 9	6.50%		2.56%
10 to 14	8.13%		4.42%
15 to 19	8.94%		5.51%
20 to 24	4.88%	3.58%	3.44%
25 to 29	5.69%		3.35%
30 to 34	2.44%	5.00%	3.54%
35 to 39	12.20%		4.05%
40 to 44	8.94%	6.44%	3.84%
45 to 49	4.07%		3.94%
50 to 54	8.94%	9.75%	3.98%
55 to 59	4.88%		4.71%
60 to 64	5.69%	12.34%	5.05%
65 to 69	4.07%		4.75%
70 to 74	4.88%	13.69%	5.57%
75 to 79	1.63%		8.48%
80 to 84	0.81%	11.80%	9.33%
85 +	3.25%		17.02%
Not known	0.81%	21.15%	100%

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

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.
- Following feedback on our workforce Training Needs Analysis, a new Career Development Subgroup is underway, along with a specific workstream on measuring the impact of lived experience roles in services.
- A specific channel has been created to collate, co-ordinate and share opportunities for LX Involvement in projects.
- Experience Exchanges continue to be well attended and are a great way to bring together learning and collaboration.

- 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.
- A Best Practice Guide for services is being co-produced.
- An LX Development Day is planned for April 2026.

Understanding the experience of waiting

The NHS Medium Term Plan includes a requirement for NHS providers to complete at least one full survey cycle to capture the experience of people waiting for care. 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.

In the quarter 3 report, we indicated that we would commence a waiters survey, focusing on the experience for those waiting over 18 weeks, in the first round of this survey we sent out the questionnaires via SMS to patients in scheduled community services. (Physio services , Bladder and Bowel service and Diabetes Education) 670 surveys were sent out and 163 responses we received (24%). The responses have been provided to the relevant services for review and agreement of any actions. Common themes from respondents included lack of communication, and advice whilst waiting although this was not universal even within a service with others reporting timely updates and clear communication. The majority of respondents had not had an appointment cancelled/ rescheduled.

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 have been a number of engagement events, including the Immunisation Team attending:

- a PSHE lesson in a Slough school and a parents evening in Slough to promote the service and the HPV vaccine
- 2 community forums in Slough and a Headteachers forum
- a Family Forum in Reading and a Family Hub

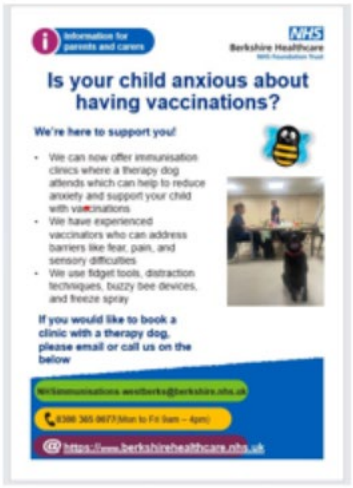
Across services within our Scheduled Care (Physical Health Division), specific patient engagement activity is planned, including patient forums, focus groups and co-production work. This includes involving patients in the MSK Physiotherapy digital project, running patient forums for hearing services and young people, collecting feedback linked to general anaesthetic pathways and dietetic support, and co-producing elements such as wheelchair skills training. Community services will strengthen day-to-day engagement by introducing nursing teams to patients, working more closely with care homes, promoting self-care with patients and families, and using inequality data to shape targeted improvement work.

Some examples of services changes and improvements are detailed below.

Service	You said	We did
CAMHS Rapid Response team	Young people and families shared that “It can feel invalidating when asked to give feedback whilst in crisis”	We have introduced administration ringing the family and young person a few days after leaving their final appointment with RRT to get their feedback instead or physically getting it from them in the waiting room whilst awaiting a follow-up.
CAMHS Early Intervention in Psychosis	During a quality improvement project on Care Plan Approach (CPAs), themes from Young People were that that the process was lengthy and boring and didn't feel meaningful.	We put in place using the DIALOG (patient centred outcome measure) to inform the CPA meetings, completing them beforehand with the Young Person and then using is as a framework for the CPA. Feedback was they felt more relevant and personalised.
CAMHS Specialist Community Teams [East]	Add clinician biographies into initial appointment/assessment letters to help to ease anxieties of a first appointment.	We have also displayed the biographies in the waiting rooms in Fir Tree House and Wokingham Hospital. The

SEND Project		Wokingham Hospital and Fir Tree House Walkthrough videos are on the new Trust website.
	Feedback about the waiting rooms and accessibility.	A list of items to improve the waiting rooms, including having dimmer switches for the lights in clinic rooms at Wokingham Hospital, has been made and is in the process of being purchased. Some of the clinic rooms at Fir Tree House have also been repainted.
	DBT group: would have found it helpful to have had more ice-breaker type activities.	Working together to trial different activities, with implementation of the ones they found most helpful in future groups.
0-19 Services	Requests for tables to be longer at baby weigh clinics.	In addition to the tables, we are looking into some raised surfaces to support parents / carers that are not able to comfortably change babies on floor mats.
Family Safeguarding Model	Whether crayons could be made available for mindful colouring exercises for the PACEs group, when the group is run online, for those who don't have access to these at home.	When the group is delivered in person, colouring materials are available in the therapy room. This is something that we will look into before the next online delivery of this group.
	The perinatal steering group where a gap was identified with regards to emotion regulation interventions.	We have developed a new collaboration in provision of psychological therapy across perinatal Mental Health services and Family Safeguarding with regard to emotion regulation DBT skills groupwork. This therapy group is nearing the end of its first delivery, and more detailed feedback will be available after the final session. Indications so far are that this has met the need that resulted in this new initiative being developed.

	A need for a psycho-social group to support parents who have had their children removed.	Some of the Family Safeguarding team In Bracknell are contributing to the delivery of an MDT group called 'Stronger'. This is a pilot initiative and aims to support parents who struggle with guilt, shame and heightened threat systems, to feel more resilient and more self-compassion in their parenting of subsequent children.
Community Children's Nursing	'We would like more stickers'.	We are obtaining more stickers for the Community Children's Nursing and Specialist School Nursing Service.
Immunisation Service	The flu invite letter was not clear, parents and carers were not completing it fully. How do we remove our child from the flu programme and communication?	The service offered drop-in sessions and early morning appointments from 7.30am to increase access. The flu letter was reworded to request a response and reflect the three choices on offer; consent to an injection for flu immunisation, consent to nasal flu vaccine, decline the vaccine. As a result, consent returns have increased in 2025 compared to 2024.
	Home educated pupils and young people not attending education were not aware of clinic appointments to access vaccination sessions.	We worked closely with Home Education Leads to shared Clinic posters and redesigned the flu letter informing on vaccine sessions to include home educated families and those not in education.
	'The injection hurt despite being informed it wouldn't.' We sent an email to inform all staff to ask them not to say that vaccines don't hurt and to remind them to offer techniques to reduce pain; distraction, freeze spray, Buzzy Bee device and fidget tools. Posters were printed, shared and displayed promoting clinics to support anxious young people with outstanding vaccinations.	

	   	
	Better signage at Slough clinic so rooms are easy to find.	We reviewed the signage and have prepared new posters and banners to make the clinic room easier to locate.
During the Meningitis B outbreak in March/April 2026 we received an influx of calls and emails from parents.	Requesting to know their young person's vaccination status. Requesting information about how to get their young person vaccinated.	We developed an email response to inform parents of the information they requested. In addition: • We prioritised answering the phones to answer queries. • We designed posters to display advice. • We ordered additional vaccines. • We put on additional clinics and offered more slots to accommodate requests. • We communicated with NHSE and Public Health Leads to coordinate our response.
Talking Therapies	Wait times are too long.	We have changed the way we allocate to therapist to ensure clients are given the shortest wait time possible. Group therapy is now being introduced at Step 3 which not only allows more people to be seen but simultaneously allows patients to learn relational skills in talking to peers to help increase mood.

	Not enough face-to-face sessions offered.	We have changed the way we allocate to therapist to ensure clients are given the shortest wait time possible. Group therapy is now being introduced at Step 3 which not only allows more people to be seen but simultaneously allows patients to learn relational skills in talking to peers to help increase mood.
	Clients did not always feel they received the form of therapy they were expecting.	In Step 3 assessments, the therapist will describe the type of therapy and requirements to ensure client's understanding and readiness
	Clients reported issues with technology impacting on their sessions.	Reminder to teams regarding how to go ahead with appointments where there are technology issues
	Client shared that sessions felt robotic	Psychological Wellbeing Practitioner (PWP) development sessions are being designed to focus on rapport building.
	Therapy was interrupted by therapist sickness.	A process has begun to improve our sickness procedures to support both therapists and clients to reduce the impact.
IPASS	Unclear on the process when being asked to attend A+E for urgent medical review and do not know who will provide follow up.	Patient information leaflet developed and ratified to explain the process for attending A+E and the following up procedure after.
Adult Speech and Language Therapy (ASLT)	More water dispensers in the clinic.	Most sites have water dispensers in the waiting rooms. However, we have since included a note on our appointment letters stating patients to bring a drink, for swallow assessments or voice work.
	Appointment reminders.	ASLT should start work to move to the new patient portal in 2026, with an aim to be set up and have an ability to send text reminders by the end of the year.
Audiology	Tinnitus information hard to digest (long information sheet).	Tinnitus information sheet redrafted following comments to make information more accessible.
Community Dental Service	Struggle to contact the clinic with queries.	Updated voicemail advising when someone will be in clinic to take your call and offered alternative contact numbers for emergencies.

Diabetes and Nutrition and Dietetics	CHOICE: Expand Access to Educational Resources: Offer more accessible education for patients at different stages of their diabetes journey, including those newly diagnosed or needing a refresher course.	Offered 2 pilot ½-day online Carb Refresher courses (January 2026) with included CGM education/data interpretation. Feedback excellent.
	Dietetic Weight Management Group (WOYM). 'I had a hard time focusing at the beginning of the session. More focus on how to stop the bad food habits when you know you shouldn't be doing them but cannot help yourself'.	Start of session 'check in' is used to focus and engage patients. Focussed on mental health support.
Sexual Health	Increase PrEP (pre-exposure prophylaxis) appointments.	Current offer reviewed to streamline virtual and Face to face PrEP. Increased capacity by training junior nurses for F2F care and pharmacists for virtual PrEP.
Wheelchair Service	Transport issues.	Service works with EMED directly now to resolve ongoing issues and meet with them bi-weekly and monthly for KPI reviews. Patients are placed on special list for transport for 6 weeks if at risk of missed appt.
West Berkshire District Nursing	'Stop moving my visit'.	We have reduced this significantly, by better caseload management.
Wokingham District Nursing	'Things get missed during my visit'.	Changed the way we plan patients with multiple nursing needs to ensure no tasks are missed.
Slough District Nursing	'Staff don't always have everything they need with them'.	Reiterated to staff about correct stocking of red bags to ensure they have what is needed at all times.
Bladded and Bowel Service	Patients want to know when they are on the waiting list.	Bladder and Bowel service now provide a waiting list letter at the point of triage.
Lower Limb Service	Concerns re wait times for new assessments.	Waiting list letter sent to both GP Practices and patients.
CARSS	Patients found parking at Coley clinic difficult due to space, and found the wheelchair image for patient parking confusing, thinking they needed a blue badge.	Staff now park in the 'patient' space, covering the wheelchair image. Patients have a clearer view of available parking and access is easier.

15 Steps

There have been six ‘15 Steps’ visits during Quarter four. We are receiving consistently positive feedback about the visits, with services relaying how helpful they are. See appendix 3.

Annual CMHT Survey 2025

Each year the Trust participates in the annual CMHT Survey. The results of the survey are benchmarked against organisations from across the country by the CQC. The results of the survey carried out in 2025 were published at the end of quarter 4 and are attached as appendix 4.

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.

NHS
Berkshire Healthcare
NHS Foundation Trust

Report to Council of Governors

For Quarter 4 2025/6

June 2026

Julian Emms

Chief Executive Highlights Update

Berkshire Healthcare NHS Foundation Trust

Local:

- **Advanced Foundation Trust:** Announcement has been delayed by the resignation of the Health Secretary.
- **Staff Engagement (NHS Staff Survey):** The Trust reported that for the second year running it achieved the highest staff engagement score in its comparison group.
- **Mental Health & Social Care Service Model Change:** In Windsor and Maidenhead, adult services moved from one integrated team to two services from 1 April 2026. BHFT retain responsibility for mental health services whilst the RBWM care team responsible for social care services.
- **Public Health Outreach:** Our Health Bus has been offering free health checks and wellbeing conversations in partnership with Royal Berkshire Hospital.
- **Stonewall:** The Trust achieved 'Leader' status in Stonewall's Proud Employers Accreditation.
- **Clinical Recognition:** Dr Liam Myles (Clinical Psychologist, Newbury Community Mental Health Team) received a national British Psychological Society award recognising his doctoral research.
- **Member/community engagement:** A free Members' Health Talk event, "Behind 'I'm fine' – understanding men's mental health", is scheduled for the 16th June 2026

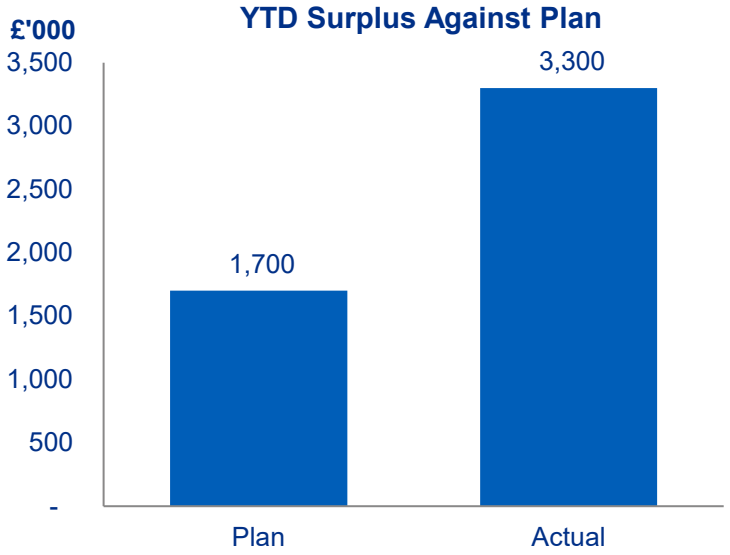
National:

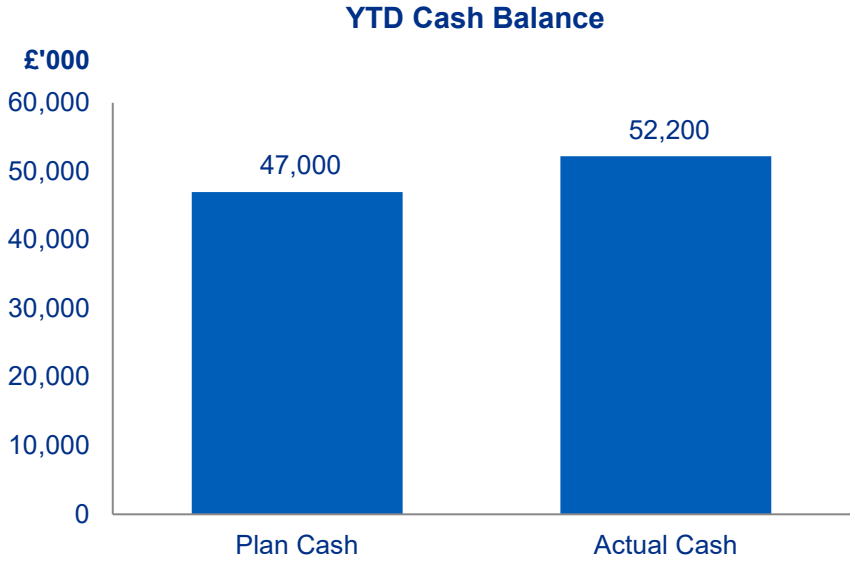
Berkshire Healthcare NHS Foundation Trust

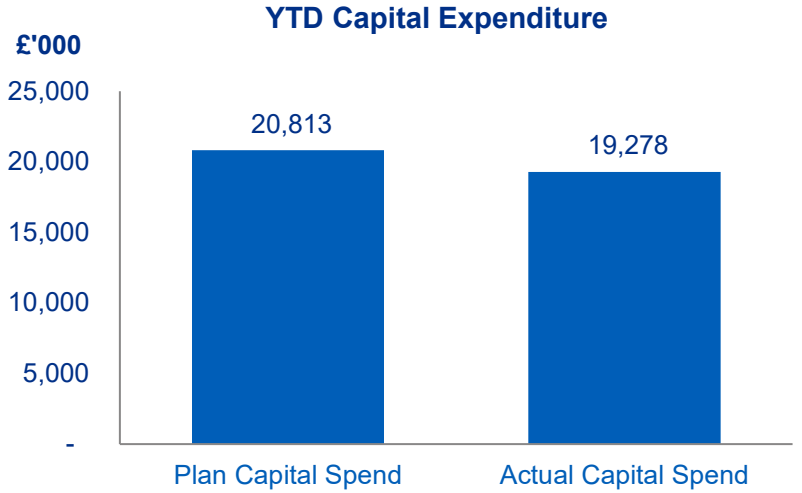
- **New Health Secretary:** James Murray has been named as the new Health and Social Care Secretary following the resignation of Wes Streeting.
- **Mental Health Private Provision:** NHS England is exploring an NHS takeover of services at St Andrew's Hospital in Northampton, after serious care failures and a police investigation led to the private provider being barred from new admissions; Northamptonshire Healthcare NHS Foundation Trust is conducting due diligence on a proposal that would allow the most complex secure mental health patients to remain on site, with services delivered by an NHS provider to ensure continuity of care and patient safety while longer-term transfers continue.
- **Oxford Health Foundation Trust:** Oxford Health NHS Foundation Trust has appointed Dr Michael Holland as its next Chief Executive, replacing Grant Macdonald on his retirement in September 2026; Dr Holland joins from the now-dissolved Tavistock and Portman FT, where he led the organisation through major governance, safety and cultural challenges and its subsequent merger with North London FT.
- **Mental Health Workers (10 Year Health plan):** The government announced on 30 April 2026 that the NHS has recruited 8,500 additional mental health workers three years ahead of schedule, expanding community and crisis services with more therapists, psychiatrists and mental health nurses, supporting faster access to care closer to home, alongside increased mental health funding and capital investment as part of the NHS 10-Year Health Plan

Financial Summary – 31st March 2026

Berkshire Healthcare NHS Foundation Trust







Year to Date

The Trust has delivered a surplus of £3.3m against a planned surplus of £1.7m following notification of additional funding of £16m from NHSE linked to allocation of spare national Deficit Support Fund

The efficiency program has delivered efficiencies of £17.5m against a YTD plan of £17.5m

Cash

Our cash balance at the end of Q4 is £9.8m better than plan linked to phasing of large projects.

Capital Spend

The capital plan is £1.5m behind CDEL control total and £1.2m behind plan including all spend. This relates to ongoing delays in lease commencements..

NHS
Berkshire Healthcare
NHS Foundation Trust

True North Performance Scorecard Driver Metrics

June 2026

Driver Metrics

Berkshire Healthcare NHS Foundation Trust

			May-25	Jun-25	Jul-25	Aug-25	Sept-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Breakthrough Rapid Tranquilization (Intra-Muscular)	39	Internal	62	43	33	88	46	49	49	56	49	10	13
Good Patient Experience													
Positive Patient Experience Score %	95% compliance	External	94.52%	94.71%	94.79%	96%	95.03%	86.09%	80.90%	89.70%	94.69%	96.20%	96.5%	96.29%
Patient Experience Compliance Rate %	10% compliance	External	8.5%	7.79%	8.69%	8.90%	8.40%	5.80%	8.79%	8.40%	10%	7.29%	7.90%	8.79%
			May25	Jun25	Jul25	Aug25	Sept25	Oct25	Nov25	Dec25	Jan26	Feb26	Mar26
Breakthrough Mental Health: Acute Average Length of Stay (b..	<42	External	32.84	55.28	49.85	42.96	38.78	47.15	46.41	54.04	41.56	73.34	80.91
			May25	Jun25	Jul25	Aug25	Sept25	Oct25	Nov25	Dec25	Jan26	Feb26	Mar26
Breakthrough Mental Health: Older Adult Avera..	<80	External	109.82	81.82	81.86	73.33	109.60	99.00	92.57	119.50	75.50	128.94	113.45
			May25	Jun25	Jul25	Aug25	Sept25	Oct25	Nov25	Dec25	Jan26	Feb26	Mar26
Breakthrough Community Inpatient Average..	<21	External	23.71	23.95	22.35	23.12	25.34	25.61	22.35	23.17	24.35	27.09	24.77

Driver Metrics

Berkshire Healthcare NHS Foundation Trust

Supporting Our People

Metric	Target/Th..	External/..	May25	Jun25	Jul25	Aug25	Sept25	Oct25	Nov25	Dec25	Jan26	Feb26	Mar26
Breakthrough Physical Assault on Staff	36 per month	Internal	57	102	93	92	70	69	101	56	53	58	55

			May 25	Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Staff turnover (excluding fixed term posts)	10%	External	10.44%	10.07%	10.02%	10.29%	10.35%	10.29%	10.28%	10.19%	10%	9.910%	10.05%

Efficient Use of Resources

			May 25	Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
YTD variance from control total (£'k) (NOF Scoring)	0	External	0	0	0	0	0	0	0	0	0	0	0

			May 25	Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Active Inappropriate OAPS at end of month (NOF Non Scoring)	New target (25/26) : Q1 - 3, Q2 - 3, Q3- 3, Q4 - 1 per month	Exter..	0	0	0	0	0	3	4	6	8	1	1

Driver metrics

Berkshire Healthcare NHS Foundation Trust

Restrictive Interventions – Reduced from 56 in December 2025 to 13 in March 2026.Top Contributor in March 2026 was Rowan ward with 5 incidents, followed by Rose Ward with 4. A planned review took place with the Nurse Consultants to look at top contributors. A specific counter measure has been agreed "Who is caring for me today" with 3 "touch points" throughout the day for a specific cohort of patients. This remains a Breakthrough objective in 2026/27.

Mental Health Acute Length of Stay – The average length of stay increased due to an increase in the number of patients staying 60 days or longer, though there has been a reduction in those staying over 90 days. There was also an increase in the number of lost bed days for those clinically ready to be discharged increased to 576 days (36 patients) with Reading being the top contributor with 210 lost bed days (10 patients). Counter Measures: Medication - Clozapine and long-acting depot workstreams are due to start in May 2026. A sprint cycle is due to take place from week commencing 18th May 2026.

Older Adult Length of Stay – 8 of the 11 discharges from the ward stayed longer than 90 days. Work looking at the physical health needs of this cohort of patients began in April 2026. There remain issues with Unitary Authorities placements and funding. This and Adult Acute Length of stay remain as Breakthrough objectives in 2026/27.

Driver metrics Continued

Berkshire Healthcare NHS Foundation Trust

Community Length of Stay – Despite being above target at 24.5 days this figure is below the national benchmark of 27 days. Quality Improvement work has included the refocus of board rounds on the wards to prioritise value adding activities and ensure timely discharge of patients. A Discharge Escalation Group has been established during 2025 to support to staff including how to mange complex discharges and resolve barriers and help staff initiate difficult conversations. 50.7% of patients discharge was delayed with Lost Bed Days increasing to 968, the top contributor was Reading Unitary Authority and the most common reason was awaiting packages of care.

Physical Assaults on Staff – this reduced to 55 in March 2026. Snowdrop ward was the top contributor with 15 assaults. Rose ward identified as having good practice by responding to patient requests promptly and reducing agitation. This remains a driver metric in 2026/27

Inappropriate Out of Area placements – there was 1 active inappropriate Out of Area placement (due to unavailability of bed) at the end of March 2026.

Driver metrics continued

Berkshire Healthcare NHS Foundation Trust

iWantGreatCare. The Positive Experience score will be a driver metric in 2026/27. The response rate will continue to be monitored internally. For 2025/26 there were a total of 57,959 responses were received representing 8.3% of contacts and inpatient discharges. The overall positive experience score for 2025/26 was 92.95% or 96.31% excluding Immunisations service.

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

Berkshire Healthcare NHS Foundation Trust

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

Berkshire Healthcare NHS Foundation Trust

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 using unapproved software (including AI solutions) could put patients at risk of potential misdiagnoses or other harmful outcomes. There is also a risk of cyber-attack 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
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.