



Berkshire Healthcare
NHS Foundation Trust

Quality Account 2025/26



www.berkshirehealthcare.nhs.uk



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

What is a Quality Account?

A Quality Account is an annual report about the quality of services provided by an NHS healthcare organisation. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS. Our Quality Account looks back on how well we have done in the past year at achieving our goals. It also looks forward to the year ahead and defines what our priorities for quality improvements will be and how we expect to achieve and monitor them.

About the Trust

Our vision is to be a great place to get care, a great place to give care.

We're an NHS Community and Mental Health trust, providing a wide range of services to people of all ages living in Berkshire. And to do this, we employ approximately 5,000 staff who operate from over 60 sites across Berkshire, as well as out in people's homes and in various community settings.

We deliver joined up physical and mental health services, helping people to remain independent at home for as long as possible and providing the care and support that best meets the needs of our patients, in the most suitable location. From early years to end of life, we offer a wide range of services to keep you and your family well. We also run several specialist clinics and services aimed at young people, adults and older people to support and treat mental health, physical health and sexual health conditions.

We work in partnership with many other organisations to deliver our services. We are a part of the local Integrated care systems (ICSs) that cover Berkshire. These systems bring together organisations (such as the NHS, local authorities, voluntary organisations, social enterprise sector and residents) to deliver joined up health and wellbeing services. We work in partnership with Berkshire's two acute hospital trusts, Royal Berkshire Hospital NHS Foundation Trust and Frimley Health NHS Foundation Trust. We also work closely with Berkshire's six local authorities and a diverse range of community and charitable organisations.

The Care Quality Commission (CQC) oversee patient quality and safety. We're a CQC Outstanding trust and a leading provider of mental and physical health services. With a focus on safe, high quality patient care, supported by continuous improvement and excellent teamwork, we'll deliver our vision to provide great care for all patients. We have also been ranked as the third best non-acute Trust in the new NHS League Table. As a Foundation Trust we are accountable to the community we support. NHS England regulates our financial stability and have given us a financial sustainability risk rating of 4, which is the best rating we could have.

As a Global Digital Exemplar (GDE) trust, we're using new and innovative technology to empower our staff and patients, so we can continue to provide outstanding care.

Quality Account Summary and Highlights 2025/26	4
Part 1. Statement on Quality by the Chief Executive of Berkshire Healthcare NHS Foundation Trust.....	6
Part 2. Priorities for Improvement and Statements of Assurance from the Board	7
2.1. Achievement of priorities for improvement for 2025/26.....	7
2.1.1. Good Patient Experience	7
2.1.2. Harm-Free Care	17
2.1.3. Clinical Effectiveness.....	37
2.1.4. Supporting our People	41
2.1.5. Other Service Improvement Highlights in 2025/26	52
2.1.6. Improvements in Community Physical Health Services for Adults.....	52
2.1.7. Improvements in GP Out-of-hours and Phlebotomy Services	54
2.1.8. Improvements Children, Family and All Age Services (CFAA)	55
2.1.9. Improvements in Mental Health Services for Adults	59
2.2. Setting Priorities for Improvement for 2026/2027	63
2.3. Statements of Assurance from the Board.....	64
2.3.1. Clinical Audit.....	65
2.3.2. Research and Development	67
2.3.3. CQUIN Framework	69
2.3.4. Care Quality Commission (CQC).....	70
2.3.5. Data Quality and Information Governance.....	71
2.3.6. Learning from Deaths	72
2.4. Reporting against core indicators	74
Part 3. Review of Quality Performance in 2025/26	78
Statement of Directors' responsibilities in respect of the Quality Report	82
Appendix A- Annual Plan on a Page	83
Annual Plan on a Page- 2025-26	83
Annual Plan on a Page- 2026-27	84
Appendix B- National Clinical Audits- Actions to Improve Quality	85
Appendix C- Local Clinical Audits- Actions to Improve Quality	91
Appendix D- CQUIN 2025/26	100
Appendix E- CQUIN 2026/27 and Appendix F- Statements from Stakeholders	100
Appendix G- Map of Berkshire Localities	109
Glossary of acronyms used in this report.	110

Quality Account Summary and Highlights 2025/26

Indicator (Click on links to access the related main sections of the report)	2025/26 Target	Results	
		2024/25	2025/26
Patient Experience- I Want Great Care- % Response Rate	10%	5.7%	8.3%
Meet all Mandated Waiting Time Access Targets	All 6 targets met	All 6 targets met	All 6 targets met
Self-harm incidents by mental health inpatients	≤125 per month	N/A- lower target set in 24/25	Target met in 4/12 months
Unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital that were deemed to be a governance cause for concern (avoidability score of 1, 2 or 3).	0	0	0
Compliance with NICE Technology Appraisal Guidance within required timescale	100%	100%	100%
Staff engagement score (from National NHS Staff Survey)	7.5	7.5	7.48
Staff Turnover Rate (%)	≤10% at end of March 2026	11.1% at the end of March 2025	10.05% at the end of March 2026

The figure below gives an overview of highlights for this year. We strive to provide a positive experience for all our patients and staff and, where this is not the case, will continue to learn from these to make improvements.

Patient Experience Priorities

- We continue implementing our Health Inequalities Strategy and have included patients, carers and partners as we make changes to our services.
- We have offered advice to patients throughout the year on changes that will improve their health outcomes.
- Our response rate for the I Want Great Care patient experience tool in 2025/26 was 8.3%. This was lower than our target of 10% but an improvement on the rate we achieved in 2024/25 (5.7%). Services are working hard to increase response rates

Patient Safety Priorities

We have performed as follows in 2025/26:

- Met all six of our mandated access targets. Many projects are being undertaken across our services to improve flow and reduce waiting times.
- Projects are being undertaken across our inpatient services to reduce Length of Stay and avoidable admissions.
- ≤125 self-harm incidents per month on mental health wards- met in 4 out of 12 months. This area remains a priority, and actions are being undertaken to address this
- 0 Unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital that were deemed to be a governance cause for concern, for 2025/26.

Clinical Effectiveness Priorities

- We have participated in all applicable national clinical audits.
- We operate a robust system for reviewing NICE guidance and have implemented 100% of technology appraisal guidance that is relevant to us within the required timescale.
- We continue reviewing, reporting and learning from deaths in line with national guidance.

Supporting our People Priorities

- We continue to implement our new People and Culture Strategy.
- We achieved a score of 7.48 for staff engagement in the latest NHS Staff Survey- the highest score in our group of trusts.
- Our staff turnover rate was 10.05% at the end of March 2026, against a target of 10%.

Care Quality Commission (CQC) Rating

We are rated as "Outstanding" overall by the CQC and all our services are individually rated as either "Outstanding" or "Good".

2026/27 Trust Priorities

Harm-Free Care Priorities. We will:

- Improve flow through all our services to reduce risk of harm from waiting times.
- Reduce self-harm and suicide across all services.
- Recognise and respond promptly to physical health deterioration on all wards.
- Encourage and support staff and patients to raise safety concerns and ensure learning from incidents.
- Reduce avoidable admissions and hospital length of stay.

Great Patient Experience Priorities. We will:

- Target and reduce health inequalities in access, experience and outcomes at service level.
- Include patients, carers and partners as we make changes to services.
- Engage patients in their healthcare via digital tools.
- Achieve a patient feedback positivity rating of 95% in each service and demonstrate service improvements based on feedback
- Review key drivers affecting staff and patient experience of care.

Clinical Effectiveness Priorities. We will:

- Participate in applicable national clinical audits and operate a robust system for reviewing NICE guidance to ensure that best practice is met.
- Review, report, and learn from deaths in line with national guidance.

Supporting our People Priorities. We will:

- Nurture a culture of wellbeing, respect, compassion, and inclusivity
- Act to reduce incidents of abuse of any kind
- Deliver our unity against racism action, removing barriers to equity and improving diversity in leadership.
- Ensure high quality appraisal and career conversations to support staff progression, retaining skills and experience.
- Reduce sickness absence, improving staff experience and service capacity

We will work with our health social care and voluntary sector partners to develop proactive integrated healthcare focused on the needs of patients, communities and populations we serve

Part 1. Statement on Quality by the Chief Executive of Berkshire Healthcare NHS Foundation Trust

This Quality Account details our achievements against our key quality priorities for 2025/26. It details performance against our quality objectives and provides an overview of improvements that we have made to services to make them better. It also details our main quality objectives for 2026/27.

Our Trust mission is to maximise independence and quality of life for the population we serve, and we have an overall vision to be 'a great place to get care, a great place to give care'. Throughout this Quality Account you will see examples of where we have striven to meet this mission and vision for both our patients and staff.

We are delighted to have been ranked as the third best non-acute Trust in the new NHS League Table. We are also one of only eight Trusts selected for assessment under the new Advanced Foundation Trust Programme. This programme is being promoted as a new mark of excellence, and passing the assessment will give us greater autonomy and financial freedom.

Our services and teams have also been highly rated during the year. For example, our Heart Function team was "Highly Commended" at the most recent Health Service Journal Partnership Awards. Other examples are included in the main body of this report.

We continue striving for equity for our patients and staff. Examples of work in this area this year have included a multi-faith project and the development of our Equity Partnership Group.

We are also very grateful to all of our volunteers who have continued giving us their

valuable time to improve our services and estate.

We remain committed to delivering safe, high quality patient care, supported by continuous improvement and excellent teamwork. We have comprehensive governance, patient experience, patient safety, clinical effectiveness and staff support structures in place, and these areas are reported on at length in this Quality Account. We also detail information on many of the other, smaller-scale quality improvement projects that help us progress year-on-year.

We also acknowledge that not all of our patients experience the best possible care, and not all our colleagues have the best possible experience at work. We have robust systems in place to help identify and address this, including our 'I Want Great Care' patient experience tool and our 'Freedom to Speak Up' Guardian for staff. Importantly, when things do go wrong, we are committed to investigating why, and to doing better in the future.

We continue to be rated as 'outstanding' by the Care Quality Commission (CQC), and we are very proud of this achievement.

The information provided in this report is, to the best of my knowledge, accurate and gives a fair representation of the current services provided.



Julian Emms OBE, CEO

Part 2. Priorities for Improvement and Statements of Assurance from the Board

2.1. Achievement of priorities for improvement for 2025/26

i This section details what we have done this year to address our 2025/26 quality account priorities. These priorities were identified, agreed, and published in our 2024/25 quality account.

Our quality account priorities support the goals detailed in our 2025/26 Trust Annual Plan on a Page (see Appendix A). Our Annual Plan on a Page takes account of a wide range of priorities, including the system and Joint Forward Plan goals we share with our partners. Our Quality Strategy also supports this through the following six elements:

- **Patient experience and involvement** – for patients to have a positive experience of our services and receive respectful, responsive personal care.
- **Harm-Free Care** – to avoid harm from care that is intended to help.
- **Clinical Effectiveness** – providing services based on best practice.
- **Organisational culture** – patients to be satisfied and staff to be motivated.
- **Efficiency** – to provide care at the right time, way, and place.
- **Equity** – to provide equal care regardless of personal characteristics, gender, ethnicity, location, and socio-economic status.

Although the areas of efficiency and equity do not have their own sub sections in this report, please note that they are covered in other sections of the report where it is relevant to do so.

2.1.1. Good Patient Experience

i One of our priorities is to ensure that patients have a positive experience of our services and receive respectful, responsive personal care. This sub-section details what we have done to address this priority in 2025/26.

Our 2025/26 Patient Experience Priorities:

Improving outcomes

1. We will target and reduce health inequalities in access, experience and outcomes at service level
2. We will always include patients, carers and partners as we make changes to services
3. We will offer advice to patients on changes that will improve health outcomes
4. We will gain feedback from at least 10% of patients in each service and demonstrate service improvements based on the feedback.

Our performance in relation to complaints, compliments, the National Community Mental Health Survey and many aspects of the Experience of Care Framework are also detailed in this section.

Targeting and reducing health inequalities in access, experience and outcomes at service level

i Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. They are the result of a complex combination of environmental and social factors that affect the population of a local place or area. These include the accessibility and quality of health and care services, individual behaviours and, most importantly, wider determinants such as housing and income. This complexity gives rise to several lenses through which we may view health inequalities. Inequalities can arise through the gap in health status and in access to health services between different groups, for example, those with different socioeconomic status or different ethnicity or populations in different geographical areas. From a provider of community and mental health services, inequalities can manifest in various ways, such as uneven access to services, unequal availability of services and inconsistent experiences with services. All of these can lead to inequalities in outcomes. Looking more holistically at health inequalities, differences in health reflect the differing social, environmental and economic conditions of local communities.

The Trust has coproduced a new five-year Health Inequalities Strategy with the local community and Voluntary, Community and Social Enterprise Sector (VCSE). Delivery of the Strategy is overseen by the Health Inequalities Oversight Group chaired by our Deputy CEO. This group reports into the Equity Partnership Group. We have been partners in the Buckinghamshire, Oxfordshire and Berkshire (BOB) Integrated Care Board (ICB) Prevention, Population Health and Reducing Health Inequalities Group and Frimley Integrated Care System (ICS) Living Well Board. We will continue to engage in the Thames Valley forum.

We have taken a systematic approach to looking at and profiling our service data through a health inequalities lens of access, outcomes and experience and have agreed the top ten areas of focus for reducing inequalities in our services (see Figure 1 below). We have built an understanding across the Trust on health inequalities and how we can tackle them and our teams include actions to address health inequalities in their annual team Plan on a Page.

We continue making a positive difference for Black people who have been detained under the Mental Health Act, and/or are at risk of their mental health deteriorating to the point that detention becomes a real risk. At the start of this programme of work Black people in

Berkshire were 4.5 times more likely to be detained under the Mental Health Act as white people. With our partners we have reduced this to 2.69 times across Berkshire (on average), but there is still work to do as we transition this work to the Mental Health division to be embedded.

Data collected during the Mental Health detention project also showed that Black people do not access Mental Health services at the same rate as white people (per population). To help address this, we hosted a partnership conference with the NHS Race Health Observatory and Thames Valley Police in April 2025 and launched our implementation plan to address this area. Since April 2025 we have:

- Increased Engagement: There has been a notable increase in engagement from Black communities through outreach work, workshops and feedback.
- Improved Pathways: Standard Operating Procedures and referral pathways are being updated to reflect Equality & Quality Impact Assessment (EQIA) findings, making services more accessible and equitable.
- Community Collaboration: There are stronger links with voluntary sector partners Reading Alliance for Cohesion and Racial Equality (ACRE), Slough Council of Voluntary Services (CVS) and CommUNITY Forum.

- Co-production of Advance Choice Documents: This received positive input and active engagement from Black people with lived experience of living with mental health conditions and from carers who have supported their loved ones who have been detained.
- Enhanced Staff Awareness: Continuous engagement with our staff to raise awareness and link the impact of the project in fostering positive behavioural changes.

We have continued to build our Quality Improvement approach to tackling health inequalities within our services. For example, we are delivering improvements in cancer mortality for people with serious mental illness in Reading. This has been achieved by focussing on significantly raising awareness of cancer in the community and building connections with external stakeholders. We will continue to work with them for the continued benefit of people and communities living with Severe Mental Illness.

Another of our quality improvement projects aimed to reduce the inequality in access to the Nutrition and Dietetics service, with 30% of Asian / Asian British patients being discharged unseen, twice the percentage of white patients. Through improved communications, the team have reduced the percentage of Slough residents who have been discharged from the service due to not responding to 'opt-in' letters from 32% to 24%. This has been achieved by working with communities to better understand how messages about our services can be shared. The service will continue to review countermeasures to reduce the percentage further and will share learning from their changes with other services.

As a Mental Health Trust, we have a duty to ensure that we are compliant with the Patient and Carer Race Equality Framework (PCREF). We wanted to be more ambitious than the statutory minimum and set ourselves the ambition of establishing an approach to patient and carer feedback across all our services. We have established an Equity Partnership Group that brings together health inequalities, EDI and community engagement

work. As part of our ambition, we have developed a Co-Production Framework for staff to help them understand how and when to include patient and carer voices in the review and design of services. We plan to scale this up across all services.

We use the Marmot principle to frame our social value approach and have mapped the contribution the Trust can make for each principle. We are actively promoting careers at Berkshire Healthcare in schools in Berkshire's most deprived areas. Alongside the health inequalities strategy, we are designing and delivering neighbourhood health services which will strengthen the role and impact of prevention as a central element. We will also explore the potential to become a Marmot Trust and what this would mean for the Berkshire population.

We have worked with the VCSE sector across Berkshire to understand what the community identified as priorities for addressing health inequalities. Additionally, in Reading and Slough we have worked with Reading ACRE, Slough CVS and Slough Public Health colleagues to build two additional health inequalities initiatives in these two most deprived areas in Berkshire.

The first focuses on men's mental health in Reading, responding to consistently raised community concerns and supported by data showing poorer mental health indicators, access gaps, and long waits for psychological therapies among young men, particularly those from Black/ Black British and Asian/ Asian British backgrounds. Building on existing bi-weekly men's mental health forums facilitated with Cognitive Behavioural Therapy (CBT) input, the project will be delivered alongside the Improving outcomes for 16–25-year-olds accessing mental health services in Berkshire.

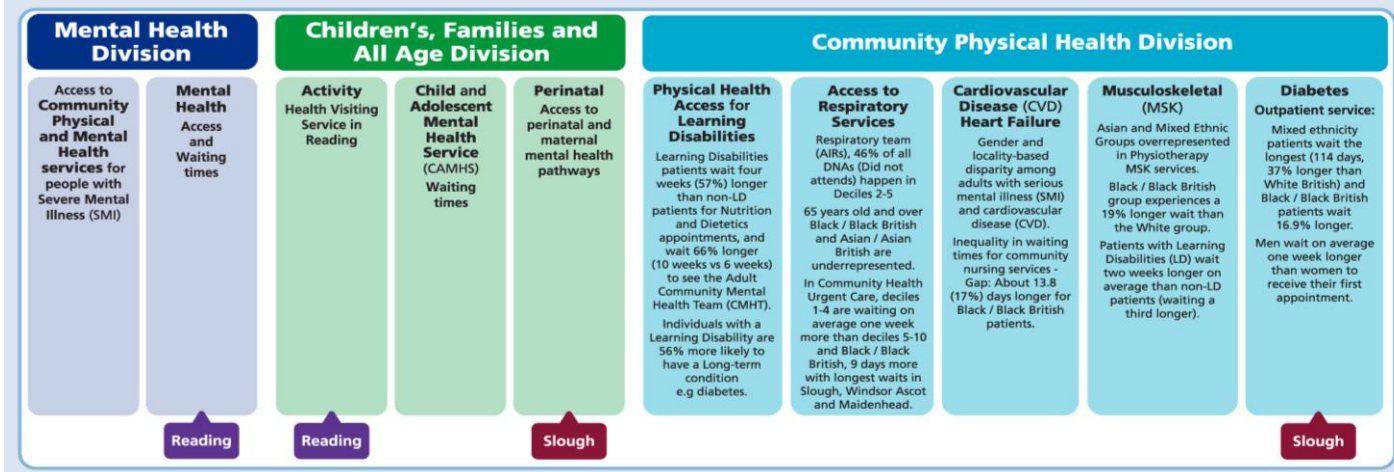
The second initiative focuses on women's mental health in Slough, where both community feedback and internal perinatal data show underrepresentation of Asian/ Asian British and Black/ Black British women in services relative to local population need. Delivered collaboratively with Slough CVS and

our perinatal/ maternal Mental Health teams, the project will aim to improve awareness, access and early support through targeted outreach and strengthened health literacy approaches in partnership with local groups.

Alongside the community engagement we have also completed a deep dive into our

service data to understand the main areas of variation in access, waiting times and/or experience. Figure 1 below shows the top ten areas to focus attention on over the immediate years:

Figure 1- Reducing health inequalities- top ten areas of focus



Our approach to health inequalities data includes:

- Understanding the Berkshire population health need by drawing on information from a variety of sources including the Office for National Statistics, the local Joint Strategic Needs Assessment, Health and Wellbeing Strategies and Connected Care data,
- Disaggregating data by deprivation, ethnicity, age, and sex and analysing performance data and local service insight to identify unwarranted variation in access

and outcomes across population groups and geographies, this has informed the top ten areas illustrated above.

- Reviewing the many dashboards and tableau reports and producing a programme of work focussing on improving data quality, collection and analysis
- Using data on health inequalities to inform changes to our service delivery, targeted at improving access, outcomes and experience

Including patients, carers and partners as we make changes to services.

i Co- Co-production is a way of working where people who use our services, and members of the community, have the same say in designing and improving services as everyone else involved. It is based on the principle that people who have used services or looked after someone who has, can know a lot about what is helpful and what needs to change.

We view co-production as an achievable aspiration, and we work with our teams to understand that other forms of consultation, involvement or collaboration with communities and people who use our services can be meaningful, if it is done thoughtfully and with consideration.

In 2025/2026, our Co-production Working Group have collaborated with Lived-Experience colleagues and others to develop our Co-production Framework and toolkit to help colleagues build skills and confidence in this area. The quality improvement team (QI) have also continued supporting colleagues to engage with service users and carers to

participate in QI projects, and to ensure that all changes are made in response to insights of people who use services.

We have seen, and shared, increasing examples of patient involvement in making improvements, and will continue our support to do so in line with our plan-on-a-page commitment. Two examples of co-production projects undertaken this year are detailed below.

A project is underway within the Mental Health Division to develop an Assertive Outreach / Intensive Case Management approach within adult community mental health services. The aim is to deliver intensive, flexible and proactive support for people with severe mental illness who experience difficulties engaging with traditional services. Co production is central to the project. A key challenge is how to meaningfully engage Assertive Outreach clients themselves in shaping the service, recognising that this cohort is often among the most underserved and least likely to engage. Drawing on NHS England lived experience research and internal learning, engagement will be proportionate, flexible and trauma informed-pitched at the right level, in the right places and at the right times, including through trusted intermediaries.

To help achieve this, the team is working alongside a lived experience colleague and have proactively engaged families and carers to shape the service offer. Engagement activity has included carer forums across five localities and a survey to widen participation. Carer interviews have provided rich qualitative insight. Collaborator mapping and a targeted

engagement and communications plan will support this work, with equal value placed on small scale qualitative insight as on quantitative data. Co-production will remain central to this work as the project and service offer continue to evolve over the next 12 months.

In Children's and Young People services, the Immunisation Team is undertaking improvement work to increase uptake of the Human papillomavirus (HPV) vaccine. To meaningfully engage with parents and schools, the lead for this work attended two parents' evenings to speak directly with parents about the HPV vaccination programme. Two representatives from the Immunisation Team were also present, alongside a doctor who spoke multiple languages to support inclusive communication.

This face-to-face engagement within the school setting provided an opportunity to discuss the importance of the HPV vaccine, address questions and concerns, and encourage informed consent. The conversations highlighted some common misconceptions regarding who the vaccine is intended for, which the team is now using to inform the development of targeted countermeasures.

This collaborative and proactive approach has provided valuable insight into parent perspectives and barriers to uptake. The learning from this engagement will support the team to further develop their service offer and inform future work aimed at increasing HPV vaccination uptake.

Offering advice to patients on changes that will improve health outcomes.

Our services have taken the opportunity throughout the year to offer advice to patients on changes that will help improve their health.

Examples of these are included in the "Other Service Improvement Highlights" section later in this report (sections 2.1.5 to 2.1.9).

Using patient and carer feedback to deliver improvements in our services.

We use patient and carer feedback to drive improvements in our services. We use several methods to achieve this, including the "I Want Great Care" patient experience measurement

tool, learning from complaints and the national community mental health survey. The sections below detail how we have performed during the year in this area.

I Want Great Care (iWGC)

i The 'I Want Great Care' patient experience tool is our primary patient survey programme and is used to hear the patient voice and support areas for improvement. It is available to patients in a variety of ways including online SMS, paper, and electronic tablet. It is also available in a variety of languages and in easy read format. It includes the Friends and Family Test (FFT) questions.

The iWGC tool uses a 5-star scoring system (with 5 being the best score) which is comparable across all services within the organisation. Questions are asked about experience, facilities, staff, ease, safety, information, involvement and whether the person felt listened to. Respondents are also invited to use free text to comment on their experience and to suggest improvements. Not all questions are relevant to every patient. For example, only patients seen in a building, on a ward or at an outpatient appointment will be asked facilities-related questions.

Response Rate

One of our priorities for 2025/26 is to gain feedback from at least 10% of our patients in each service. This response rate is calculated using the number of unique/distinct clients rather than the total number of contacts. Figure 2 below demonstrates our overall response rate for 2025/26 was 8.3%. This was lower than our target of 10% but an improvement on the rate we achieved in 2024/25 (5.7%). Services are working hard to increase response rates by looking at the methodology they are using and learning from others. Whilst services are working to increase response rates, we also encourage them to spend time looking at what the feedback is telling them, and to use this to drive improvements and share best practice.

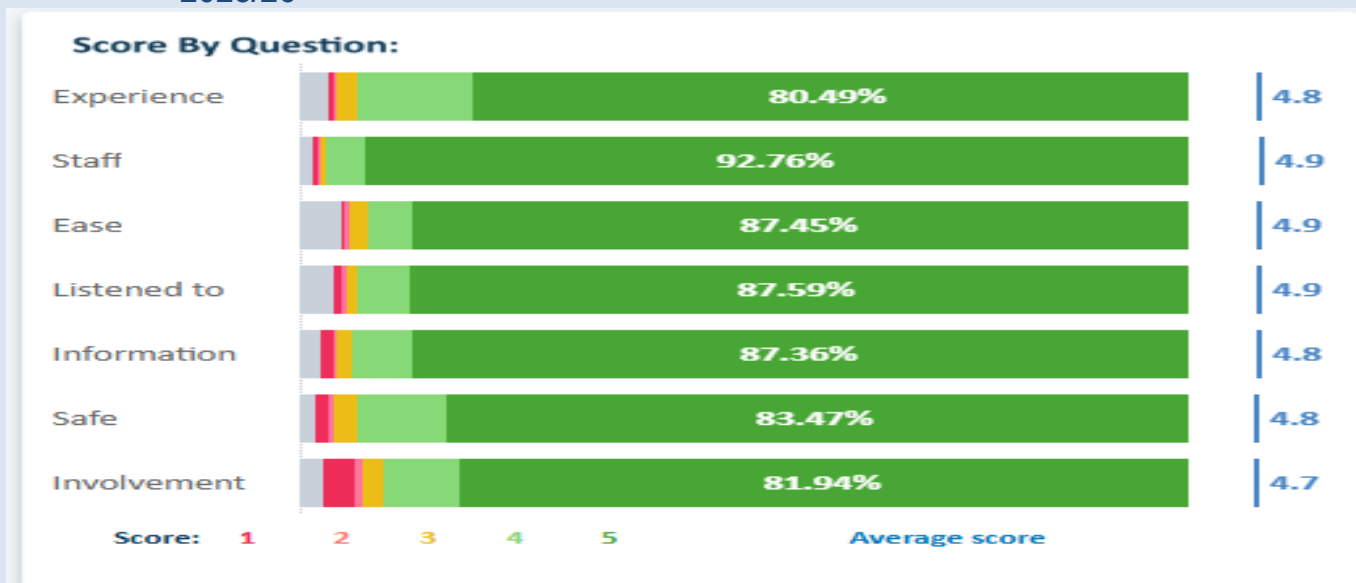
Satisfaction Rate

Figure 3 demonstrates how patients rated their experience overall (the top bar) and then broken down into themes. A 92.95% positive experience score was achieved for 2025/26 with an average 4.8-star rating.

Figure 2- I Want Great Care- Overall Response Rate- Target 10%

	2025/26	Q1	Q2	Q3	Q4	2025/26
% Response Rate		8.4%	7.6%	9.1%	8.0%	8.3%

Figure 3- I Want Great Care- How respondents from all trust services rated their experience of our services on a scale of 1 to 5 (5 being the best score)- 2025/26



Source: Trust Patient Experience Team

Friends, Family and Carer Feedback

① We recognise the valuable role unpaid carers have in supporting our patients/ service users. We have established a bespoke process to gather unpaid carer feedback to help us learn from their experiences and promote improvements.

We have triangulated carer-related information we received from our bespoke carer feedback process, our I Want Great Care (iWGC) patient experience tool and from complaints. Carer data from these three sources was reviewed, resulting in 797 responses in total. Excluding complaints data, respondents indicated a positive overall experience, with 94.5% of them having a very good or good experience. Poor experiences cited concerns regarding care and treatment, communication and risk. A small number of respondents (<10) also cited lack of awareness re: cultural needs and/or willingness to make reasonable adjustments. Complaints data consistently highlights lack of communication, particularly regarding discharge, risks and quality of care/ treatments including wait times/access to services.

Between April 2025 and March 2026, the following themes have been identified:

- Concerns regarding lack of communication and/or interpersonal skills
- Feelings of being dismissed and not listened to
- Dissatisfaction with not being included as part of discharge planning
- Challenges regarding accessing services and/or the care provided

In line with our carers strategy, we will continue to work with teams to develop a culture of working in partnership with friends, family and carers and review practice and processes to address these themes. Examples of on-going workstreams include:

- A review of discharge processes and resources to increase carer involvement,
- Bespoke carer champion training for inpatient teams at Prospect Park Hospital
- An extension of the Concerns About Safety pilot to provide carers with a platform to raise any concerns regarding risk and
- Raising awareness and developing actions linked to the Patient and Carer Race Equality Framework (PCREF)

In addition, our Friends, Family and Carer e-learning is being updated, and we will continue to work with the Nurse Consultants and Clinical Practice Educator teams to develop ways to support staff to improve engagement with friends, family and carers.

Priorities for 2026/27 will also include working with teams to promote a culture of including friends, family and carers within coproduction activities.

Complaints and Compliments

We continue to respond to and learn from complaints and compliments. Figures 4 and 5

below show the monthly number of complaints and compliments received by the Trust.

Figure 4- Complaints received- excluding secondary complaints.

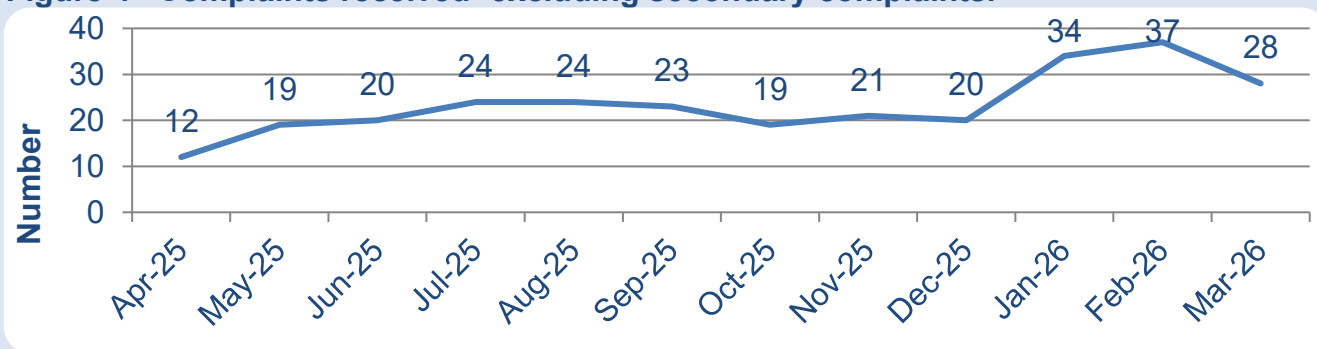
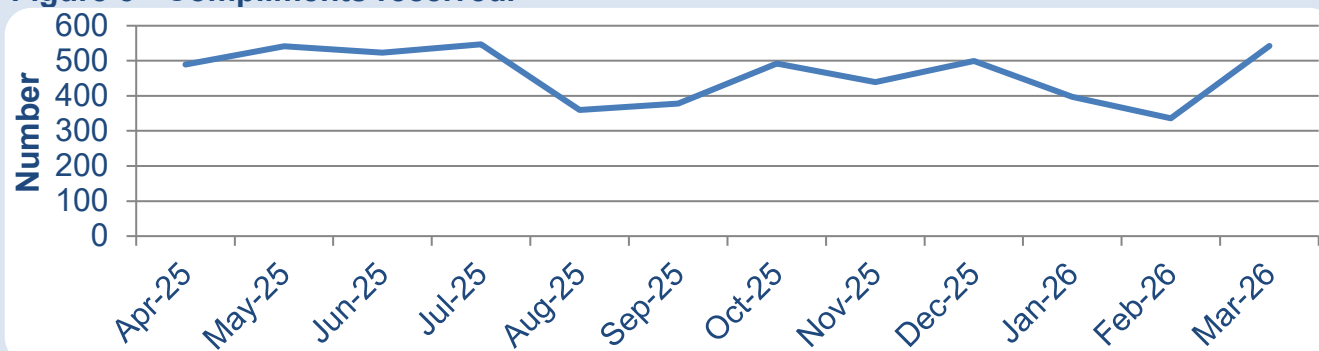


Figure 5- Compliments received.



Source: Trust Complaints and Compliments Reports- based on compliments being submitted voluntarily by service. We also receive compliments through the IWGC patient experience tool, but these are not included in the figure above.

Figure 6 below details complaints received by each service.

Figure 6- Formal complaints received by service.

Service	2024-25	2025-26				Total
	Total	Q1	Q2	Q3	Q4	
Community Mental Health Teams (CMHT) /Care Pathways	41	10	10	10	18	48
Acute Inpatient Admissions – Prospect Park Hospital	27	8	6	8	10	32
Crisis Resolution & Home Treatment Team (CRHTT)	18	3	9	8	8	28
Child & Adolescent Mental Health Services (CAMHS)	31	8	4	8	7	27
Community Hospital Inpatient	13	1	5	1	2	9
Community Nursing	11	1	3	1	4	9
Out of Hours GP Services	12	2	0	2	4	8
Common Point of Entry (CPE)	6	0	1	4	2	7
Older Adults CMHT	2	0	1	0	1	2
Psychiatric Intensive Care Unit (PICU)	4	0	1	0	0	1
Urgent Treatment Centre	1	0	0	0	0	0
Other services	64	18	18	18	43	97
Grand Total	230	51	58	60	99	268

Source: Trust Complaints and Compliments Reports

Making improvements to services based on the feedback

Each service takes patient feedback seriously and staff directly involved in complaints are asked to reflect on the issues raised and consider how they will change practice. Many teams are using our feedback tools to make improvements to their services, and some

examples of these improvements are detailed below in a ‘you said, we did’ format. Further examples are included in the ‘Other Service Improvements’ sections (parts 2.1.5- 2.1.9) of this report.

Service	You said	We did
Child and Adolescent Mental Health Services (CAMHS) Children in Care	Concerns regarding young people's transition into adulthood and their access to information about adult mental health services.	The team is developing a concise information pack to effectively provide care leavers with the necessary guidance. An information leaflet will also be created about the team for young people.

Service	You said	We did
CAMHS getting Help Mental Health Support Teams	Young people would like to see what their practitioner looks like ahead of meeting with them	Staff posters have been produced to display in waiting areas used for clinical work. Photos are now also used in the 'meet the Practitioner, and 'Your first appointment' leaflets that are sent to young people ahead of the appointment
Immunisation	'I don't want the vaccines to hurt'	The service promotes different options for reducing pain and fear surrounding vaccinations prior to vaccination
Community Paediatrics	More detailed information for autism assessments is needed - Pre, during and post	A Specialist Nurse Practitioner has been recruited to provide care, support and advice for children waiting for an assessment and post-assessment including diagnosis. Our leaflets and website have also been updated with more detailed information
Health Visiting	It was not clear what the Health Visiting antenatal offer was	The antenatal welcome letter has been redesigned so that important information and signposting is clear
Family Safeguarding	Clients wanted to learn from previous group members about their experiences of the group.	We invited service-users who have 'graduated' from previous groups to return to support new group members with the meet and greet process. We are planning for how to integrate this into next term's groups.
School Nursing	Young people wanted to know about school nursing and how the services can be accessed	A termly newsletter is now being shared with young people through schools.
Weight Off Your Mind – Dietetics	Lots of content delivered very quickly- can be bit overwhelming.	Have introduced breaks in between topics to promote questions and answers and reflection time.
Audiology	Tinnitus information hard to digest (long information sheet).	Tinnitus information sheet redrafted following comments to make information more accessible.
MSK Physiotherapy	Long wait for appointments.	Implemented Saturday clinics, Blitz clinics, Activity Driver metric A3, Recruitment underway and waiting list initiative.
Urgent Care	Signage at Reading Primary Care Centre (RPCC) based at the Royal Berkshire Hospital (RBH) site was poor.	We worked with RBH Facilities to review and improve signage for clearer navigation.
Assessment and Reablement Clinic (ARC)	The Comprehensive Geriatric Assessment we use are quite lengthy for some of our patients	We are trialling a different model, whereby the nurse and Dr see the patient together, and see the Physio on a separate occasion.
Community Based Neuro Rehabilitation Team (CBNRT)	Returning to driving post-stroke is confusing for staff and patients.	Developing a professional pathway for returning to driving post stroke and developing resources for patients to know their legal obligations

Service	You said	We did
Donnington and Highclere Wards	We would like more choices about meals.	We re-introduced self-completion menu cards.
Oakwood Ward	More information to be given to patients about what the planned treatment is and the goals of the treatment.	To communicate patients' expectations on admissions, therapy goals and treatment. The Therapy Team devised a therapy information leaflet.
Talking Therapies	Sessions too short at Step 2.	We have developed session plans for each intervention at Step 2, detailing routine areas to cover in each session. In addition, we have provided detailed guidance on session focus.
Orchid Ward, Prospect Park Hospital (PPH)	We would like more activities	We have recruited an Activity Coordinator to assist with this
Bluebell Ward PPH	Would like more information about section 17 Mental Health Act leave	Information is shared with patients on this topic twice a week

National NHS Community Mental Health Survey

i The National Community Mental Health Survey is undertaken annually to better understand the experiences of people that receive specialist care or treatment for a mental health condition. Feedback from people about their experiences of these services is crucial in highlighting good care and in identifying risks to service quality.

The survey sample.

People aged 16 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face to face at the trust, via video conference or telephone between 1 April 2025 and 31 May 2025. For our Trust, responses were received from 180 (15%) respondents, compared to a national response rate of 19%. The Trust response rate was lower than the previous year (21%).

About the survey and how it is scored.

The survey contained several questions organised across 12 sections. Responses to each question and section were converted into scores from 0 to 10 (10 representing the best

response). Each score was then benchmarked against other English providers of NHS mental health services, resulting in the Trust being given a rating for each question and section on a five-point scale ranging from “much better” to “much worse” than expected.

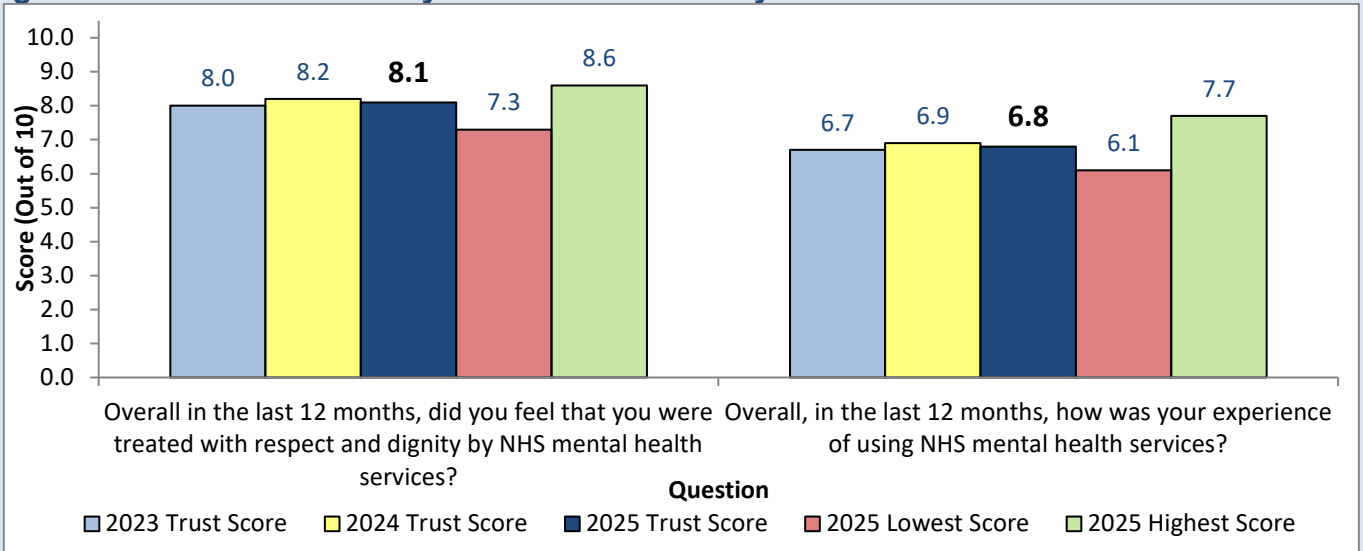
Summary of Trust results.

In the 2025 survey, the Trust was rated “better than expected” for one question, and “about the same” as other Trusts in the remaining 33 questions.

Respondents’ overall view of care and experience.

Figure 7 below gives an overview of Trust scores for overall experience. The 2025 Trust scores (shown by the dark blue bar in the middle of each question) are compared with the highest and lowest scores achieved by all Trusts (the red and green bars to the right of the dark blue bar), and with the Trust scores in 2023 and 2024 (the light blue and yellow bars to the left). These survey results have been shared with clinical leads to share with their teams and to identify any further actions that would have a positive impact.

Figure 7- National Community Mental Health Survey- Overall view of care and services



Source: Data from National Community Mental Health Survey Report

2.1.2. Harm-Free Care

① We aim to prevent errors in healthcare that can cause harm to patients. These errors are rarely the fault of individuals, but are usually the result of problems with the systems staff work in. Regardless, NHS patients should be treated in a safe environment and be protected from avoidable harm.

Our 2025/26 Harm-Free Care Priorities:

Providing safe services

1. We will improve flow through all our services to reduce risk of harm resulting from waiting times.
2. We will reduce self-harm and suicide across all services.
3. We will recognise and respond promptly to physical health deterioration on all wards.
4. We will encourage and support staff and patients to raise safety concerns without fear, and ensure learning from incidents
5. We will reduce avoidable admissions and minimise length of stay.

Our aim throughout the year has been to continue to foster an environment that has the patient at the heart, where all staff take accountability for their actions, senior leaders are visible in clinical areas, challenge, role model and create safe environments for people to speak up about poor care and to learn when things go wrong. In support of an open culture there is a 'Freedom to Speak Up' policy which has been in place for several years, and this is described further in Section 2.1.4- Supporting our staff. There is also a Safety Culture Charter, and several initiatives are in place to help ensure that staff feel psychologically safe to raise concerns and learn from errors to provide safe care. The implementation of the national patient safety strategy alongside quality improvement supports this ambition to continuously improve patient safety by building on the foundations of a safer culture and safer systems. This enables learning from incidents, errors, and patient feedback. The Trust has also continued to engage with and contribute to cross organisational initiatives such as the regional patient safety collaboratives and national improvement programmes.

Improving flow through all our services to reduce risk of harm resulting from waiting times

i The term 'flow' refers to the efficient movement of patients from initial referral or admission to our services, through to discharge and onward referral if required. Improving flow helps to ensure that our patients receive timely and appropriate care leading to improved experience, reduction of harm and optimisation of outcomes. Better flow also results in shorter waiting times, better resource management and reduced staff pressure.

The table below details our performance against mandated access targets.

Figure 8- Overview of Trust performance against national mandated access targets for patients- March 2026

	Target wait time	Met by trust?
Community Consultant Paediatrics*	95% within 6 weeks	Yes
Outpatient Consultant Diabetes*	95% within 6 weeks	Yes
Audiology Diagnostics	95% within 6 weeks	Yes
Accident and Emergency (Minor Injuries Unit)	95% within 4 hours	Yes
Improving Access to Psychological Therapies (IAPT) IAPT Assessment	75% within 6 weeks	Yes
IAPT Treatment	95% within 18 weeks	Yes

* Relates to 'incomplete pathways'- those patients that are waiting for their treatment to begin

We have an assurance and support model in place to help us improve flow and reduce waiting times. This focuses on some of our services with the longest wait times and includes transformation programmes in:

- Our Mental Health Division- One Team
- Our Children, Family and All-Age (CFAA) Division- CAMHS and Learning Disability

- Our Community Health Services Division- Priority services have been identified. Meetings and metrics have been embedded to support the model and measure our progress.

The figure below summarises our achievement in these areas of focus and shows the average time for our patients between referral, first attendance and second appointment.

Figure 9: Wait Time in Days for the 12 Months up to 31st March 2026.

1. Days between referral date and 1st attendance (First Attended Appt Wait Caldays)
2. Days between 1st appointment to 2nd appointment (1st to 2nd Appt Days)
3. Days between referral date and 2nd appointment (Ref to 2nd Appt Days)

	CFAA		Community Health							Mental Health
	CAMHS	Learning Disability	Adult SLT	Audiology	CBNRT/ESD	Continence Advisory Servi..	Diabetes: Specialist Nur..	Physiotherapy: CSS	Physiotherapy: MSK	One Team
Avg. First Attended Appt Wait Caldays	37	81	64	48	80	67	43	36	54	24
Avg. 1st to 2nd Appt Days	28	65	35	166	9	42	30	52	28	25
Avg. Ref to 2nd Appt Days	64	145	99	214	88	110	73	88	81	49
Median First Attended Appt Wait Caldays	22	46	54	30	84	67	31	35	28	2
Median 1st to 2nd Appt Days	12	22	23	120	6	42	16	43	26	5
Median Ref to 2nd Appt Days	43	99	83	163	96	109	64	83	58	12

Source: Waiting Times Summary Report

Key: CFAA= Children's Families and All Age Services

CBNRT/ ESD= Community Based Neuro-Rehabilitation Team/ Early Supported Discharge

Physiotherapy: CSS= Community Specialist Service MSK= Musculoskeletal

SLT= Speech and Language Therapy

Please note that Audiology operates planned waits (watchful waiting and planned reviews) for many patients which increases the time from first appointment to second. For example, a child with satisfactory hearing, but bilateral middle ear effusion will be placed onto a review waiting list for a review in 6 months as part of their planned treatment. Tinnitus patients are often booked 3–6-month reviews to see how they have been managing with their treatment plans. The Audiology team are working to bring planned and actual review dates more in synchrony as actual reviews are being seen later than planned. Overall waiting lists have decreased significantly over the past year as part of work done for a Rapid Improvement Event project. All patients are aware of how to contact Audiology to bring planned reviews forward if there are concerns. The team consistently meet their 4-week (for newborn hearing follow up), 6-week diagnostic and 18-week treatment targets.

Further information on projects being undertaken is given below.

Community Mental Health Services

Mental health problems are the largest single cause of disability. They represent a quarter of the national burden of ill-health and are the leading cause of sickness absence in the UK. The 2024 National Community Mental Health Survey found that 4/10 respondents nationally waited too long for care.

Investment in effective treatment relieves the suffering of individuals and for many transforms their lives and the lives of their families and friends. Prevention and early intervention lead to fewer people being admitted to treatment in restrictive settings and against their wishes. Good and timely treatment also reduces the risk of suicide and self-harm.

Project One Team, launched in July 2024, is Berkshire's Mental Health offer in line with the NHS Long Term Plan. It has built upon the work already undertaken by the Community Mental Health Transformation Programmes to create a new model for Berkshire. The new model featured the operational, structural and process improvements required to help us deliver the collaborative, integrated and equitable services that the modern population of Berkshire need. This includes enhanced use of partners, Voluntary Community and Social Enterprise (VCSE) providers and other community services. The key aspects to help improve flow include:

- A 28-day referral to treatment target.
- 'Easy In' to services- Improving needs-led access, no duplication of assessment, a fully

integrated Multidisciplinary Team (MDT) and no 'bouncing around' or moving back.

- Eliminating unwarranted variation across Places (localities).
- Timely access to treatment
- Everyone receiving treatment will have a named worker
- 'Easy Out' of services- including clear step-up and step-down processes, and supportive end of treatment.

Before the 'One Team' project changes, only 2.5% of referrals had stopped the clock within the 28-day national target. A Countermeasure was put in place to streamline booking process. This resulted in:

- A reduction overall in patients that did not attend or cancelled appointments
- Adapting the RiO patient record, leading to the removal of all manual spreadsheets
- Improved compliance with the Stop the clock 28- day target to 18% for Feb-March 2026.

Further enhancements are in progress to support faster access to those patients who would benefit from short term intervention.

The quarterly National Mental Health Minimum Data Set (MHMDS) Indicators at Dec 2025 show that:

- The Trust were at the top for Adult Contacts delivered in month. We achieved 2.19 contacts per day, above the national mean of 1.14 and median of 0.8.
- Waits for first appointment (first contact) were low for our Trust at below 1 week , against a national mean of 11 weeks and a median of 4 weeks.

Community Physical Health Services

Our Community Physical Health Division have been working on reducing the number of patients waiting over 52 weeks. The Clinical Health Psychology Service (CHPS) was transferred over to the physical health division in October 2025. This is run as a joint service with the Royal Berkshire Hospital and has long patient waits, partly due to waiting times for surgery. The team have been working to understand how these patients can be managed better. There were 29 patients waiting over 52 weeks on 31st December 2025, of which 25 were for CHPS. By the 31st of March 2026 there were only 12 patients, of which 11 were CHPS and we hope they will all be cleared by the end of April 2026. We will continue to work so that no patients within Physical Health wait more than 52 weeks next year.

There was a reduction in the number of patients waiting over 18 weeks during January 2026, but unfortunately there has been an increase since that time. This is mainly due to an increase in referrals, despite work to try to manage the waiting lists. Business managers have been working with services to help improve flow, highlighting long waiters and acting as appropriate. Work has been focused on those waiting longer than 52 and 26 weeks, to prevent patients moving into the higher category. It is acknowledged that some of the waiting numbers are due to data quality issues, but this has been reduced.

Musculoskeletal (MSK) Physiotherapy services are receiving many more referrals than they have capacity for and therefore their waiting list is continuing to increase despite work on the pathway to ensure it is as efficient as possible. During 2025/26 they received 7200 more referrals than the target. They ran a number Community Assessment Days (CAD) in conjunction with colleagues to help control the increase, as well as other quality improvement measures.

All MSK Services are embarking on an exciting programme of service redesign to incorporate digital applications into all phases of the

patient pathway, leading the way for the Trust to look at service led digital innovation.

Children, Family and All-Age Services.

Learning Disability Services

Our Learning Disability Services for adults includes our Community Teams for People with a Learning Disability (CTPLD), our Intensive Support Team (IST) and Campion Ward. It is important that people with a learning disability are receiving the right care at the right time and in the right place. This helps to reduce health inequalities, improve quality of life and, where possible, supports people within their local communities thus avoiding unnecessary admissions.

During the past year we have been making progress with a large-scale transformation project to reimagine our Community Learning Disability Services. The service has been continuing to work to develop the new model and structure, while also undertaking smaller developments in preparation for the wider changes. This has included work with the RiO Transformation Team on referral management.

Since implementing the new virtual team in RiO (for overseeing the management of new referrals) we have been able to implement discipline specific waiting lists within each of the locality CTPLDs. Following the support to teams to adopt this approach, we have begun improving the data quality regarding the progress of patients through our services. This work to date is improving the transparency of progress with the referral process across our teams and is also supporting the monitoring and tracking of this flow. We are using this baseline and learning from the different processes across the current teams to help to inform our planning for when we expect to make changes to standardise processes.

We are beginning to explore with the RiO Transformation Team the development of the tools and processes to ensure we will be ready to implement our more streamlined and consistent referral process during 2026/27.

Children and Young People Integrated Therapies Team (CYPIT).

The CYPIT teams work closely with professionals and families, to support early identification of need and joint care planning. They also work to strengthen their universal offer, including through online resources and webinars. This enables education and early years staff to put support in place in a timely way, with the aim that only those children requiring specialist therapeutic input are referred to the service. This approach is aligned with national and local Special Educational Needs and Disabilities (SEND) strategies, and reduces unnecessary demand on the service, which in turn supports more timely access for those who need specialist assessment or intervention.

The key aims of CYPIT are to:

- Support timely care and reduce unnecessary waits.
- Identify children whose needs can be met through universal or targeted support without requiring specialist assessment.
- Improve patient safety through early identification and appropriate action, enabling families and professionals to use effective strategies.
- Prioritise based on actual need rather than perceived need.
- Strengthen local partnerships and enhance training to improve understanding of how to identify and support need.
- Promote co-production.
- Improve clinical recording and reporting to generate meaningful data for service planning.
- Enhance overall service user experience.

CYPIT Enquiries, Advice and Support (EAS) Service.

The new CYPIT EAS service for Occupational Therapy (OT) and Physiotherapy launched in the East of Berkshire in November 2025. This was followed by School Age Speech and Language Therapy (SLT) in January 2026. The EAS service includes an enquiries line which allows anyone concerned about a child to speak directly with a qualified therapist as the first point of contact, supporting early identification of need. Early data shows that

many children who would previously have joined long waiting lists now receive immediate advice and a co-produced therapy plan, thus reducing the demand for full assessments. Our Berkshire wide Early Years SLT line continues to receive positive feedback. CYPIT East now have no waits for an initial contact with a therapist. CYPIT aims to work with partners and commissioners to extend the all-age EAS model to the West of Berkshire to reduce waits and improve early access.

Special Educational Needs and Disabilities (SEND) and Education, Health and Care Needs Assessment (EHCNA) compliance.

This is a key driver for CYPIT as late submissions can result in a delay in decision-making by our Local Authority partners about Education, Health, and Care Plans (EHCPs).

The 6- week response target for submissions to the EHCNA process continues to be achieved consistently in the East of Berkshire, but remains a challenge in the West due to vacancies, competing priorities, increased requests for children not previously known to the service and rising complexity.

CYPIT attend all six Special Educational Needs panels across Berkshire to support consistent decision making. They provide key insights and information to better inform decision-making processes in relation to the 'decision to assess' and 'decision to issue' an Education, Health and Care Plan (EHCP).

CYPIT continues to work with partners to:

- Identify system-wide pressures, including high volumes of requests.
- Strengthen the graduated response and contribute to development of Ordinarily Available Provision guidance in the Local Authorities (LA).
- Agree a standard Health EHCNA template to streamline processes.
- Contribute to LA-led working groups to improve compliance with SEND requirements

Leadership

We have reviewed and amended our leadership structure to further strengthen local partnerships, including the introduction of

locality focused operational managers. This supports more effective use of the graduated response, enhancing joint working with Local Authority (LA) colleagues and ultimately improving outcomes for children and young people.

Challenges during 2025-26.

- Increasing complexity of children and young people seeking support from the service
- Recruitment challenges linked to the national therapist shortage continue to affect clinical and improvement capacity and waiting times.
- Wider system challenges created additional pressures on the clinical and leadership team.

CYPIT proactively escalates concerns to the Integrated Care Boards and via our internal Trust escalation routes, but this work inevitably impacted on overall service capacity for the physiotherapy team. CYPIT leads and advanced physiotherapists have been actively engaged in partnership work in the west of Berkshire with social care, the ICB and LAs to manage concerns about patient safety.

Service monitoring and improvement

CYPIT continue to focus on the following key drivers and priorities for the service:

- Reduction of waiting times for an assessment for Occupational Therapy (OT)
- Reduction of waiting times for a Paediatric Physiotherapy assessment
- Reduction of waiting times for a Speech and Language Therapy (SLT) assessment with a particular focus on those waiting more than 52 weeks
- Improved compliance with the SEND EHCNA 6- week target.
- Identification of any “hidden” waits (e.g. post-assessment waits for intervention) and development of action plans where necessary.

Using QMIS tools to investigate and identify the key contributory factors/root causes affecting flow has enabled CYPIT to produce action plans and countermeasures to address these factors, which are reviewed and reported on monthly. Progress was particularly evident during Quarters 2-4, which saw a

reduction in long OT waits in East Berkshire, as the team transitioned from the historical ‘referral’ model to the EAS model. Focused work by the west CYPIT team during Quarters 3 and 4 has resulted in a dramatic reduction in the number of children and young people waiting more than 52 weeks for a speech and language therapy assessment, and the team are on track to have no one waiting over 52 weeks by the end of May 2026. Work is ongoing to continue to reduce waiting times for all therapies.

Identification of “hidden waits”

Alongside increasingly complex caseloads and high levels of demand, ongoing vacancies and recruitment difficulties have increased concerns about:

- Managing competing priorities
- Delays linked to specialist equipment procurement
- Staff wellbeing

As well as impacting on waiting times to access the service, these pressures have created internal waits for specialist provision, delivery of therapy plans, and timely communication (e.g. reports). CYPIT leads are working with teams to prioritise based on clinical risk, making best use of available resource to manage risk and deliver effective care.

CYPIT have worked with our Digital Transformation team to update our RIO reporting processes to ensure that no waits are ‘hidden’, to proactively track progress with reducing waits and to respond swiftly to any concerns. The CYPIT data dashboard has been developed to include key referral, waiting times and activity data. The dashboard informs regular service planning conversations, reviews of progress with action plans and improvement work.

Wider system work and partnership working

The CYPIT service has engaged actively with wider system work throughout 2025-26, including:

- Berkshire-wide Neurodiversity transformation work to support schools with early identification of needs and implementation of support plans in school.

- Contribution to multi-disciplinary audits and SEND Strategy with the 6 Local Authorities in Berkshire
- Partnership for Inclusion of Neurodiversity in Schools (PINS) – CYPIT service leads and therapists participated and took the lead in elements of the model design and implementation. This included multi-disciplinary learning walks in schools to identify whole school approaches and implement changes that will support neurodivergent young people in a sustainable way. Short films were produced in partnership with Local Authority colleagues to share strategies for supporting neurodivergent young people in schools
- Mobilisation of the CYPIT East contract, working collaboratively with commissioners, parent carers and schools.

CYPIT are committed to continuing their focused work to ensure that:

- The children and young people who need the CYPIT service have easy access to it
- Waiting times for both assessment and intervention by the service are reduced. This will help to facilitate flow through the service.

This will improve the patient journey and secure better outcomes for children and young people

Children, Young People and Adult Autism and Attention Deficit Hyperactivity Disorder (ADHD) services

Demand for autism and ADHD services remains exceptionally high nationally and continues to exceed available capacity. Waiting times can have a significant impact on individuals and families, making the improvement of flow across autism and ADHD services a key Trust priority.

During 2025–26, services focused on implementing sustained countermeasures across the pathway, recognising ongoing national pressures which included the impact of a prolonged period of ADHD medication supply challenges.

Improving Access and Flow

Children and Young People (CYP)

Key actions during 2025–26 included:

- increasing assessment capacity through third party providers
- updating referral pathways to support earlier access to help without waiting for diagnosis,
- strengthening triage and
- reducing inappropriate referrals.

Services eliminated the CYP triage backlog and introduced a new triage model to improve pathway flow. Online resources for families and schools were expanded, a new CYP ADHD medication initiation clinic model was introduced across Berkshire, and quality improvement (QI) projects were delivered to support staff wellbeing and retention.

Although CYP waiting times remain long, the number of children and young people waiting for autism assessment reduced during the year (22%), with a smaller reduction also seen for ADHD assessment waiting lists (5%). The ADHD service remains under high pressure, with caseload growth continuing to exceed discharge rates.

Adult Services

In adult autism and ADHD services, improvement work focused on:

- Reducing did not attend (DNA) rates
- Improving feedback completion
- Expanding the use of the adult autism workbook to support structured assessments and
- Increasing ADHD medication review capacity.

Focused work in adult ADHD triage helped reduce waits at this stage of the pathway, alongside reductions in waiting times for priority adult autism assessments. Enhanced dashboards improved the visibility and use of operational data.

Adult services generally saw stable waits, improved timeliness in opt-in processes and improved access to priority assessments and medication reviews. However, the adult ADHD service also remains under high pressure, with caseload growth continuing to exceed discharge rates

Patient Experience and Workforce

Over the year, autism and ADHD services received feedback from 1,163 service users, with consistently high satisfaction ratings averaging 97%. Feedback is reviewed monthly and directly informs service improvement.

Changes informed by feedback include:

- Enhancing waiting areas with neuro affirmative visual information
- Expanding break time activities for longer assessments
- Producing new website videos with input from children and young people and
- undertaking focus groups to better understand assessment experiences and barriers to engagement.

Workforce sustainability remains critical to service quality. Quality Improvement initiatives to support staff wellbeing and retention continued throughout 2025–26 and regular team huddles, supervision and protected improvement time continue to underpin a strong safety and learning culture.

Despite sustained pressures, improving access, experience and quality across neurodevelopmental services remains a core priority for the Trust, with continued focus on flow, workforce sustainability and compassionate, neuro affirmative care into 2026–27.

The Perinatal Mental Health Service

Since May 2025, a programme of transformation has been underway within the Perinatal Mental Health Service. A part-time Transformation Lead has been appointed to guide and support this work.

The key aims of the programme are to:

- Increase access to the service, working towards the national target of supporting at least 10% of the perinatal population with meaningful specialist contact
- Improve patient experience by reducing waiting times and enhancing patient flow through the service
- Reduce non-attendance rates, which were initially three times higher than the Trust average

- Extend the service offer to provide care for up to two years post-partum, in line with updated national guidance (currently one year)
- Establish a safe, sustainable service that delivers high-quality care in a timely way
- Develop a clear and effective line management structure to improve communication, reduce duplication, and support team stability

Progress to Date

The transformation programme has delivered several key improvements:

- Improved access and triage (“front door”)
- A redesigned intake process ensures patients are contacted on the same day as referral, with a stronger focus on triage rather than full initial assessment. This enables quicker signposting to appropriate support, either within the team or externally.
- A dedicated on-call function now manages urgent queries separately, creating clearer responsibilities and preventing delays in processing new referrals. When fully staffed, this model has demonstrated improvements in access and non-attendance rates.
- Enhanced patient communication. Patients are now informed on the day of referral about what to expect next, including details of their first appointment and how to access support in the meantime.
- Digital transformation. The implementation of the RiO electronic patient record system has enabled a fully digital clinical record and patient flow process. This has reduced administrative burden and minimised the risk of delays or missed steps in care pathways. In addition, the way in which we store, communicate and document clinical information has been transformed, and the team will now use the Adult Mental Health “One Team” framework for triage, assessment, history taking, risk assessment, and care planning. This replaces previously used locally designed templates and progress notes. The new approach improves internal communication, supports more consistent and effective care planning, and ensures that all key information is recorded in a single,

standardised system. This reduces the need for patients to repeat their history and ensures that, if they re-enter Adult Mental Health services in the future, their clinical information remains accessible and cannot be lost.

- Digital support tools. The team is working with SHaRON (a peer support platform) and SilverCloud (a digital therapeutic platform) to expand support options, particularly for patients waiting for interventions.
- Phased care model (in testing). A new phased care approach is being piloted to ensure that patients with the highest level of need receive timely, intensive support, while others continue to access appropriate care without delay. This model is designed to improve flow from referral through to recovery and discharge, reduce waiting lists, and lower non-attendance and disengagement rates.
- Strengthened leadership and management structure. A new, clearly defined line management structure will be implemented by the end of April 2026. Training has been arranged for all managers to support

improved communication, oversight, and coordination of care.

- Joint working framework. A framework to strengthen collaborative working across services for individuals experiencing perinatal mental health difficulties has been developed and is awaiting final approval.

Challenges and Next Steps

As with any large-scale change programme, there have been challenges over the past year, including resource pressures that have affected the pace of progress. These factors have impacted delivery against initial timelines. However, feedback from service users has remained positive.

The current focus is on embedding the changes already introduced, ensuring they are sustainable and consistently applied. Ongoing evaluation indicates that these improvements will support the service in achieving its long-term goals once fully established.

Delivering this transformation will require continued strong leadership, commitment, and sustained effort over time.

Reducing avoidable admissions and minimising length of stay (LOS)

ⓘ An avoidable admission occurs when a patient's admission to hospital could have been prevented by providing appropriate and effective care outside of the hospital setting. Preventing such admissions is important as it helps to manage resources and can lead to a better patient experience.

It is also important that patients do not stay on our wards for longer than they need to when they are fit for discharge. Minimising a patient's length of stay on a ward will help to prevent any risk of decline in their physical and mental wellbeing and will help to free up resources.

Mental Health Inpatient Wards

This year's objective for The Mental Health Urgent Care Pathway is to reduce the LOS across Adult acute wards to 40 days and Older Adult wards at Prospect Park Hospital to 80 days. There are several projects in place to support this objective.

Length of stay for adult mental health wards.

Workstreams to address LOS on these wards include:

- Ward Multi-Disciplinary Team (MDT) meetings

- Discharge meetings and patient escalation processes
- Named worker/ link worker in place
- Assessing length of stay for patients with psychosis.

All workstreams are currently in their planning and data collation stage. There is a 'Sprint Cycle' planned for the MDT Workstream across May and June 2026, to understand the current state better and identify specific countermeasures for focused improvement work.

A Multi-Agency Discharge Event (MADE) was undertaken in February 2026, which brought together health and social care staff. This helped speed up hospital patient discharges, clear bed blockages and improve patient flow in Prospect Park Hospital. The impact of the event was monitored across a four-week period, and a significant improvement, specifically in relation to patients who had a longer length of stay, was noted over this timeframe.

Length of Stay for Older Adult Mental Health wards.

There are three countermeasures in place for these wards:

- Increasing attendance at the weekly red to green meeting (see below).
- Multidisciplinary Team actions to be assigned to individual staff members and checked for completion by nursing staff.
- Carer's standard work to be followed.

A Red to Green programme has been introduced to support patient flow and reduce avoidable delays in inpatient care. The approach categorises each inpatient day as:

- Green day – progress is made that day that supports recovery and/or discharge (e.g. senior review, MDT decisions, treatment/therapy input, discharge planning actions completed).
- Red day – limited or no progress towards discharge due to avoidable internal or external delays (e.g., waiting for review, decisions, care coordination steps or arrangements).

Teams use this visual approach within regular reviews/board rounds to identify constraints and agree actions to convert Red days into Green days. Barriers that cannot be resolved at ward level are escalated.

Crisis Resolution and Home Treatment Team (CRHTT)- Reducing Readmissions.

It was identified that there are a number of patients with extremely high numbers of admissions comparatively. To address this, a countermeasure has been put in place where, for patients that have already had two admissions, Community Mental Health Team (CMHT) link workers will conduct desktop

reviews and monitor their progress in the community. This will help to ensure that care plans are robust and effective.

This work has been extended to include all patients who have had three or more admissions to hospital across a 12-month period. This will help us work proactively to reduce the winter issues experienced across the system.

Business as usual items to help patient flow and reduce LOS and readmissions.

- Daily bed flow meetings with community mental health teams, CRHTT and inpatient teams to support positive communication around patient flow.
- The Bed Prioritisation tool has been reviewed to support the Right Care Right Person principles and ensure that those patients in custody are prioritised for admission. The daily bed prioritisation meetings with our Bed Management team, CRHTT and Psychiatric Medicine Service (PMS) continue. These meetings are carried out to discuss bed requests, prioritise those most at risk, support services in positive risk taking and consider alternatives to admission. There have been 133 admissions avoided using this process between 1st April 2025 and 31st March 2026.
- Weekly meetings are carried out with service directors, both within our trust and with external partners, to discuss patients who have been declared medically fit for discharge. This meeting gives high level oversight of the issues causing delays and allows for improved communication and faster decision making to remove barriers to discharge.

Community Physical Health Inpatient Wards

Reducing the Length of stay (LOS) on our Community Health Inpatient Wards will help us increase productivity and improve the experience of patients and their families. To address this, we have set a breakthrough objective for 2025/26 to reduce the LOS to no more than 21 days for patients on our community inpatient wards.

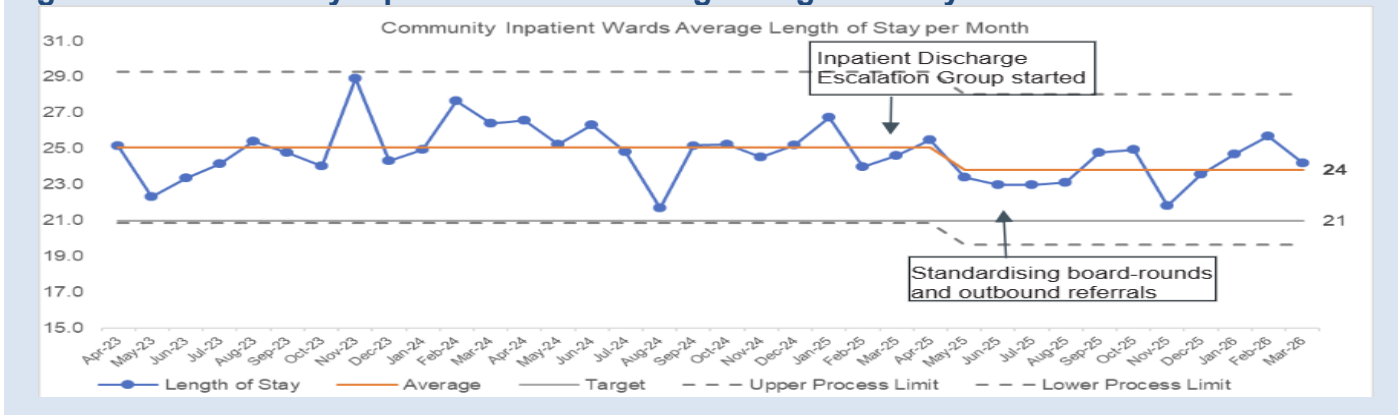
A focused piece work is being undertaken by the wards to achieve this, with the support of our Quality Improvement Team. This has included the following improvement work:

- Introduction of an Inpatient Discharge escalation group (IDEG) to support staff in managing complex discharges and resolving barriers.
- Nursing and therapy competencies were enhanced to include guidance on initiating difficult conversations.
- Board rounds were re-focused to prioritise value adding activities and ensure timely escalation of discharge related issues.
- Standard work was reviewed to reduce issues and bottlenecks in these processes.

- A digital patient 72- hour Intervention Chart was introduced to support decision making and discharge planning.
- Community meetings provided an opportunity for patients and next of kin to provide feedback in real time and participate in improvement work.

The figure below shows our monthly achievement against our 21-day LOS target. It shows that the average LOS in March 2026 was 24.5 days. These numbers exclude Neuro rehabilitation, non-weight bearing pathways and those receiving palliative care. Annually, the average LOS has reduced from 25 days in 2024/25 to 24 days in 2025/26. This is above our 21-day target, but lower than the 2024 national benchmark of 27.8 days.

Figure 10: Community Inpatient Wards Average Length of Stay Per Month



Reasons for a longer LOS are attributed to:

- Placement, with and without nursing.
- Social worker allocation.
- Live in carers and overnight sitters- this became more of a theme in Quarter 4.

Work in this area continues, with an additional focus on:

- Delayed discharges internally, with an increased focus addressing delays to external partners.
- Using Digitalisation Behaviour Intervention Charts to help manage requests from external partners
- Encouraging all professional groups to consistently document all interventions undertaken to help minimise delays.
- Management and escalation of delays in allocating social workers.

- Focus on our driver metric for 2026/2027 in relation to discharge delays, including involvement of local authorities. This will assist with our planned Quality Improvement work.

Learning Disability Services

The Intensive Support Team (IST) undertakes intensive work with people in the community who, because of their mental health needs or behaviour, are at risk of admission into our inpatient service. This work is important as it ensures that people with a learning disability are only admitted into inpatient services where this is clinically appropriate, and that admissions are for as short a period as possible. This is not only in the interests of the individual but also helps ensure that there is sufficient bed capacity when an admission is required.

Patients with a learning disability may be admitted into the specialist learning disability service provided by our Champion ward, or into another of the mental health wards at Prospect Park Hospital, depending on the needs of the individual requiring admission.

The Multidisciplinary Team undertake frequent and consistent review of admissions, plans for discharge and the impact of length of stay at an individual patient level. This is also overseen by the management team to help ensure that any barriers to discharge can be escalated efficiently.

We have been working with partners to support the use of the Dynamic Support Registers as a tool to enable early intervention to help to avoid admission, and to help to removal barriers to discharge.

The number of admissions and discharges within the service are relatively small, and therefore each individual admission/ discharge (and delay) impacts on apparent performance - during this year we have been successful in supporting the discharge of some people with complex needs that needed particularly robust community services, who had experienced longer stays while all the necessary housing and support requirements were being put into place.

Earlier in the year we participated in the accreditation process by the Royal College of Psychiatry - Quality Network of Inpatient Learning Disability Services (QNLD). Following the review visit to the service, we have provided additional information in support of our application for accreditation. We are currently awaiting a decision on the accreditation by the Royal College panel.

Reducing Self-Harm Incidents on Trust Mental Health Inpatient Wards

i Self-harm is when an individual intentionally injures themselves as a way of dealing with or expressing overwhelming emotional distress.

Reducing self-harm within inpatient settings remains a priority. The figure below shows that there has been a fall in the number of reported patient self-harm incidents on Trust mental health inpatient wards during Quarter 4 of 2025/26. During 2025/26, monthly totals increased from April to July 2025, before rising from mid-summer onwards, with a slight reduction in December 2025. This was followed by a sharp fall in January 2026 before a more stepwise reduction in February and March 2026. This represents a quarter-on-quarter decline since December 2025 and a month-on-month reduction for Quarter 4. This is being closely monitored through existing governance arrangements.

Actions being undertaken to address the increase in self-harm include:

- Individualised safety planning, particularly for patients whose self-harm is increasing, ensuring plans are personalised and responsive to changes in risk.
- Biweekly Community of Practice for Band 7 clinical leads at Prospect Park, led by Nurse Consultants, focusing on clinical skills and

quality of individualised risk/safety planning and care plans.

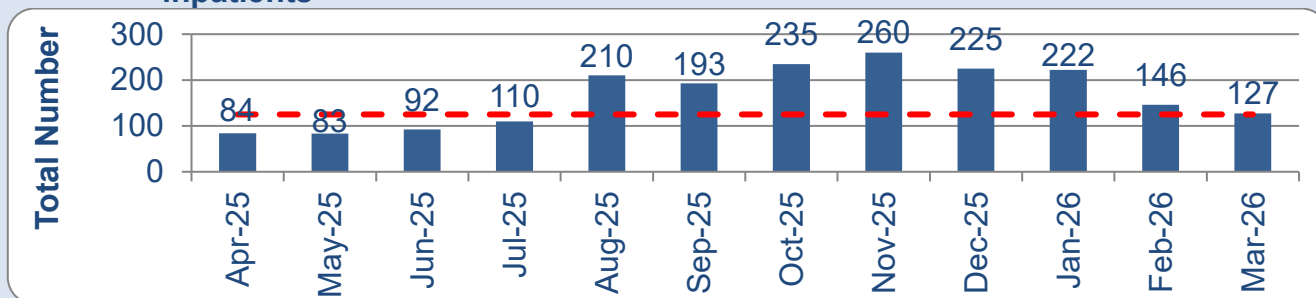
- The nurse consultants are reviewing the Enhanced Therapeutic Observations and Care policy to align with national guidance, with a shift from observation-focused practice to proactive, therapeutic engagement tailored to individual need. The work is in collaboration with Oxford health.
- A peer review by Oxford colleagues, providing external clinical challenge and assurance.
- Changes to individual patient care plans arising directly from this peer review.
- Continued delivery of the inpatient wards workstream, focusing on extended lengths of stay and repeat admissions, both of which are recognised to be associated with increased self-harm risk.
- Oversight through a dedicated governance group, with work underway to strengthen the quality and consistency of care planning.

Actions are targeted at patients and pathways with the highest levels of risk, rather than applying blanket measures across all wards.

Please also note that our target figure has increased since last year to ≤ 125 per month. This reflects a recalibration of expectations, informed by:

- improved understanding of inpatient acuity and complexity
- increased clinical contact and reporting
- learning from more recent trends rather than historic baselines.
- This revised target supports transparency and learning and avoids creating perverse incentives to under-report incidents.

Figure 11- Monthly instances of patient self-harm reported for Trust mental health inpatients



Source- Trust Tableau Dashboard

Suicide Prevention

🕒 We are focusing on suicide prevention by developing staff skill and knowledge, creating a no-blame culture, and supporting service users and their families through safety planning.

The figure below shows that, over the longer term, the rate of suicide among people under the Trust’s mental healthcare has remained relatively stable, despite year-to-year variation in the absolute number of deaths. While there was an increase in the number of suicides reported in 2022/23, this reduced in 2023/24, and the rate per 10,000 people remains within the range seen over the past decade and below earlier historic peaks.

During Quarter 4 of 2025/26, the Suicide Prevention Strategy Group has continued to oversee delivery of the 2025/26 suicide prevention plan. There have been no changes to the agreed priority areas, which were identified through learning from deaths locally and nationally.

Focus during Quarter 4 has been on embedding and strengthening delivery across the existing themes:

- Risk Assessment and Safety Planning – consistent risk assessment, personalised and updated safety plans, increased face-to-face contact when risk escalates, earlier

family involvement, prompt review of historic clinical information, and improved uptake of risk-related training.

- Partnership Working Across Agencies – clearer shared expectations of roles, timely sharing of risk information, joint safety planning, and clear escalation pathways.
- Care Coordination and Transitions – stronger joint working during transfers of care, aligned risk plans between teams, and timely communication of updated risk information.
- Dual Diagnosis and Substance Use – a Co-occurring Mental Health, Alcohol and Drugs (COMHAD) gap analysis has been completed and recommendations presented to our Mortality and Patient Safety (MAPS) Group. These focus on improving oversight through a coordinated hub-and-spoke model within our Trust, reducing siloed working, and refocusing existing roles on priority areas. System-wide collaboration is recommended, including a joint East–West Berkshire leadership role and aligned local plans consistent with the national Co-occurring

Substance Use and Mental health disorders (CoSUM) framework and Royal College guidance. The proposals are not yet operational and will be explored further at the April 2026 discursive meeting.

- A new NHS England commissioned Staying Safe from Suicide guidance (2025) online education package has been introduced on our Nexus intranet. This will form part of a new mandatory and essential training programme for clinical risk. The existing

skills-based training package is currently under review to improve accessibility and relevance across different care settings. Transition to the new skills-based training will begin in September 2026 and will be supported by the online education package.

- Engagement and Follow-Up – timely escalation where individuals disengage, consistent welfare checks, and proactive outreach when concerns are raised

Figure 12- Number of suicides and rate per 10,000 people under Berkshire Healthcare Trust Mental Healthcare



Recognising and responding promptly to physical health deterioration on in-patient wards

Our wards are required to recognise and respond promptly to physical health deterioration by following the National Early Warning Score (NEWS) Trust policy. All inpatient deaths, and deaths within seven days of transfer from our wards to an acute hospital are reviewed in line with the Trust Learning from Deaths policy.

Figure 13 below shows the number of unexpected inpatient deaths and deaths within 7 days of transfer from one of our inpatient wards to an acute hospital. The figure also shows the number of deaths that were judged to be definitely, strongly or probably (more than 50:50) avoidable.

Judging the level of the avoidability of a death is a complex assessment. An avoidability score is confirmed at our Trust Mortality Review Group for all deaths in physical health services where a second stage review is conducted. The following criteria is used:

- Score 1 Definitely avoidable.
- Score 2 Strong evidence of avoidability.
- Score 3 Probably avoidable (more than 50:50)
- Score 4 Possibly avoidable, but not very likely (less than 50:50)
- Score 5 Slight evidence of avoidability.
- Score 6 Definitely not avoidable.

The figure below shows that there were no governance causes for concern (avoidability score of 1,2 or 3) confirmed for Q1, Q2 or Q3 of 2025/26.

Figure 13- Unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital in 2025-26

Quarter	Q1	Q2	Q3	Q4	Annual Total
Total unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital reported during quarter	9	9	11	9	38
Total deaths with avoidability score of 1,2 or 3.	0	0	0	0	0

Source- Trust Learning from Deaths Reports

Encouraging and supporting staff and patients to raise safety concerns without fear and ensure learning from incidents.

Our safety culture steering group continues to oversee developments to further enhance the Trust safety culture. This has included actions to improve hearing the voice of our staff and patients and ensuring that concerns are acted upon alongside fostering compassionate leadership at every level.

This year we have taken forward multiple improvements that will continue to strengthen the safety culture within the trust. This includes:

- Introduced new incident reporter and handler training (promoting a culture of learning for all incidents, including near misses)
- Taken forward our Unity Against Racism Program which includes a workstream focused on incidents support and empowerment
- Introduced a question in appraisal paperwork to ask 'do you know how to speak up'
- Strengthened our Wellbeing team processes to ensure we are proactively reaching out to offer support to staff involved in incidents at work. Our wellbeing offer includes the use of a Professional Nurse Advocate, utilising a Restorative Supervision approach
- Engaged with NHS Professionals (NHSP) on several improvement projects with a focus on considering staff experience through the lens of an NHSP worker and

how this impacts their ability to deliver great care

- Introduced a range of improvements to our Incident Reporting System to make it easier and quicker for staff to report incidents
- Introduced Patient Safety Partners (PSP) to our Quality Assurance Committee and Quality Performance Executive Group as well as working with PSPs on a wide range of improvement activities
- Commenced automatic feedback to staff who have reported incidents so that they know what actions have been taken following their positive reporting
- Rolled out Patient Safety Incident Training for staff receiving very positive feedback
- Continued to embed the Patient Safety Incident Response Framework (PSIRF) and have seen a rise in the number of near miss incidents being reviewed for learning, indicating a positive shift in learning culture
- Our mental health wards have engaged in the NHS England led Culture of Care programme
- Introduced trust behavioural framework interview questions
- Continued to build on the positive work already progressing with the Patient and Carer Race Equality Framework (PCREF)
- Reviewed and enhanced induction for temporary workforces including raising awareness of Freedom to Speak Up for this cohort of staff

Never Events

ⓘ Never events are a sub-set of Serious Incidents and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.'

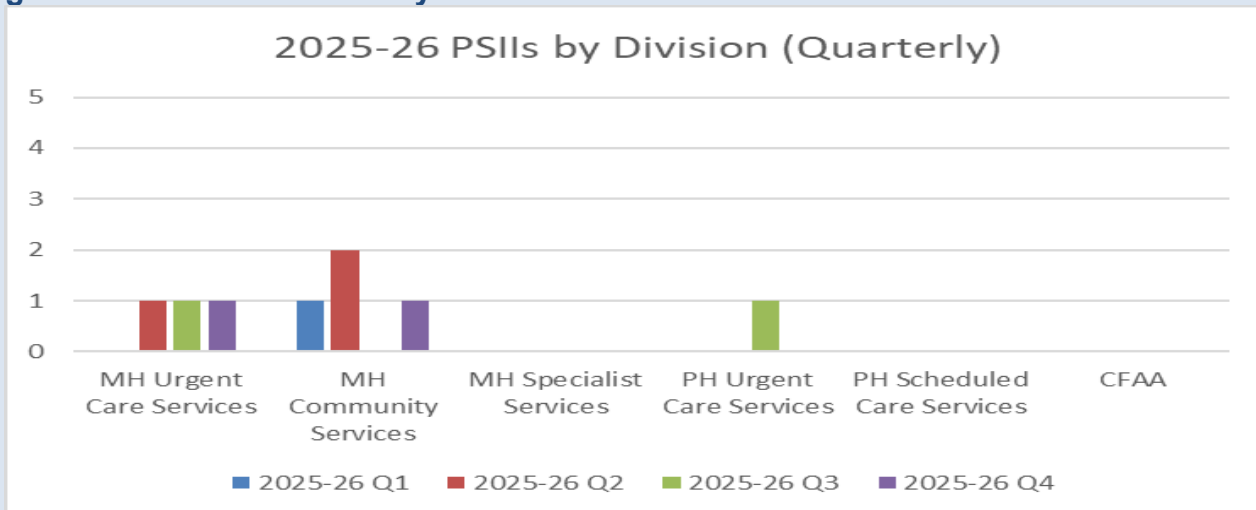
There were 0 never events to report for the Trust in 2025/26.

Patient Safety Incident Investigations (PSIIs)

There were 8 Patient Safety Incident Investigations (PSIIs) commenced in 2025/26. Figure 14 below details the number of PSIIs

reported quarterly by each Division/ Service, with Figure 15 detailing these by category.

Figure 14- Number of PSIIs by Division in 2025-26



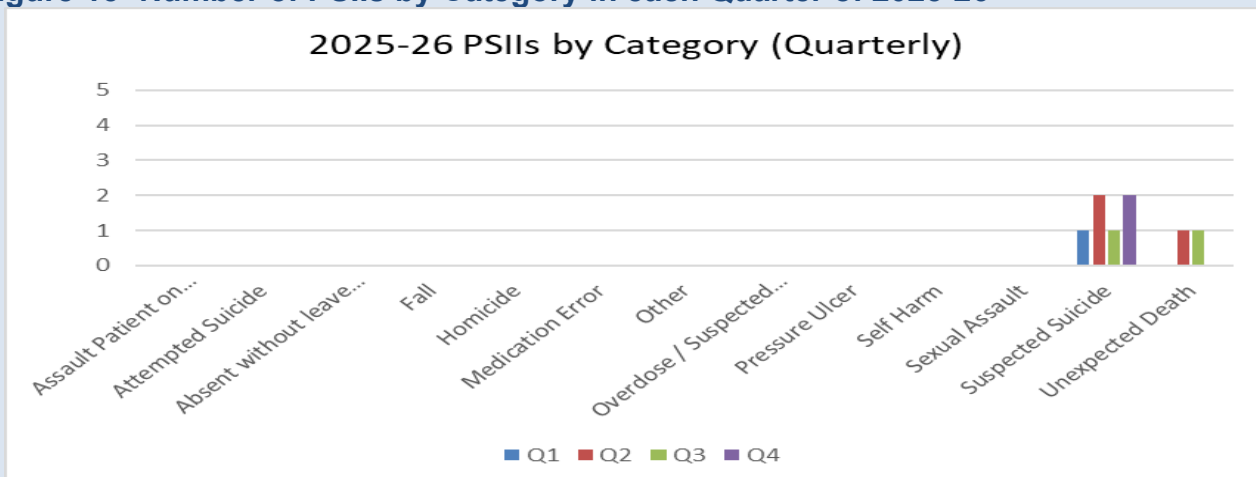
Source: Patient Safety and Learning Quarterly Reports

MH= Mental Health

PH= Physical Health

CFAA= Children, Families and All Age

Figure 15- Number of PSIIs by Category in each Quarter of 2025-26



Source- Trust Patient Safety and Learning Quarterly Reports

83 inquests took place in 2025/26. No Preventing Future Deaths reports were issued for 2025/26.

Significant patient safety activity has been undertaken across the Trust following reviews of incidents. These include:

National Patient Safety Strategy and Corporate Patient Safety Team Activity

- Revised Datix reporter and handler training commenced in Q4 last year. By the end of

Q4 this year (15 months of running the course), we have trained 457 members of staff on this course.

- Compliance with patient safety syllabus Level 1 remains consistently high at 98.89% across the Trust. 54 staff have also completed patient safety syllabus Level 2,
- 1643 staff have completed the Duty of Candour eLearning.
- An internal training package for Patient Safety Incident Response Framework (PSIRF) and learning responses has been

finalised by the Patient Safety Team and sessions will be offered from early Q1 2026-27.

- Patient and Family leaflets for understanding the process and engagement with PSIs and PSRs have now been finalised.
- The team have collaborated with Wellbeing Matters for staff support, with a leaflet designed to increase awareness.

Mental Health Division Activity

- A review of the 5-day risk training has been completed, and a 2-day programme will replace this from September 2026. This will be closely monitored.
- A co-occurring Mental Health, Alcohol and Drugs (COHMAD) gap analysis has been completed, and recommendations have been presented for improvements.
- Culture of Care – Embedding and Spread. This formal programme concluded in March 2026, with a focus on embedding and scaling key elements.
- Peer reviews are well underway, and we have seen improvement in named worker compliance across our Community Mental Health Teams (CMHTs).
- A Community of Practice is being established, led by Nurse Consultants, to strengthen clinical leadership and capability in managing complexity, improving care planning, and supporting Multi-disciplinary Team (MDT) coordination.
- We are progressing towards a more individualised, clinically informed approach to searching at Prospect Park Hospital, moving away from blanket practices while maintaining safety.

Physical Community Health Division Activity

- We have strengthened joint working between the patient safety team and services to improve governance of incidents relating to developed pressure ulcers in both community and inpatient settings,

where handlers have identified a lapse or gap in care.

- A group of clinical leads from across the division have developed an Informed Refusal Checklist, Form and Standard Operating Procedure to support both patients and staff where a patient chooses to refuse treatment.
- An MDT review of a developed pressure ulcer led to focused learning within the Wokingham District Nursing team around the importance of professional curiosity.
- Community Nursing are undertaking further work on how SWARMS are used across the service.
- Learning from several incidents has highlighted that triage is a safety-critical process. Guidance on quality assurance of triage has therefore been developed and shared with all services.
- Physical Health Learning Events will commence from April 2026 to support a more proactive and system-focused approach to patient safety, in line with PSIRF principles.

Children, Families and All-Age (CFAA) Services Division Activity

- Following the Phoenix round table review, the Trust policy on the Safe Collection, Handling and Transportation of Laboratory Specimens has been updated and ratified.
- Learning was shared with teams regarding correct processes for prescribing and monitoring equipment orders.
- Learning has been shared across all three divisions to encourage staff to 'Think Family' when working with patients. Changes such as illness, bereavement, and mental health difficulties can impact families and parenting, and early intervention and the right support can significantly improve outcomes.
- New guidelines will be available on our Nexus intranet soon, for staff working with vulnerable adults who are not brought to appointments or are not engaging with our services.

Quality Concerns

i The Trust Quality and Performance and Executive Group (QPEG) review and identify the top-quality concerns at each meeting. These are also reviewed at the Trust Quality Assurance Committee (QAC) to ensure that appropriate actions are in place to mitigate them. Quality concerns are identified through some of the information sources provided in this account, together with intelligence received from performance reports, our staff, and stakeholders.

Acute adult mental health inpatient bed occupancy continues to be consistently above 90% at Prospect Park Hospital. This means that patients might not receive a good experience all the time and that access to mental health beds can be challenging at times. There are programmes of work in place to support reduction in occupancy and out-of-area placements.

Increased demand on our community mental health services has a potential impact on the quality of patient care and experience and increases our costs. A programme of work to include revised pathways and models of care, informed by current national guidance has been undertaken with support for teams to embed these in place.

Wait times. Wait lists in some services are rising due to a combination of service capacity and increased demand. This increases risk to patients and means that we are not meeting national or local targets in all services. A long wait for an outpatient appointment does not provide a good experience for patients, families, and carers. A few services, particularly our neurodiversity services have had long waits for several years, and this is linked to limited funding from commissioners. Wait lists are monitored monthly at the Quality Performance and Experience meeting. Action plans and programmes of work are being taken forward with system partners to reduce some of these wait times.

Duty of Candour

i The Duty of Candour is a legal duty on hospital, community, and mental health Trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate and truthful information from health providers.

The Trust has an 'Open Communication (Being Open) a Duty to be Candid' policy that supports our culture of openness when things go wrong. Face-to-face training has been provided alongside a trust intranet page where staff can access information and advice. The Patient Safety Team monitors incidents to ensure that formal Duty of Candour is undertaken.

The Trust process for formal Duty of Candour includes meeting with patients and families, apologising for their experience, explaining the investigation process, inviting them to be involved in the investigation and then sharing the report and findings when the investigation is complete. We also ensure that support is offered to patients, family, and carers as appropriate. The Duty of Candour supports the Trust learning from deaths programme detailed later in this report.

The Figure below details the total number of incidents requiring formal duty of candour during the year. The Trust considers that the Duty of Candour was met in all cases.

Figure 16- Number of Incidents requiring formal Duty of Candour

Month (25/26)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	8	1	5	10	5	6	1	8	10	15	8	8

Source- Trust Patient Safety and Incident Response Framework (PSIRF) Reports

Infection Prevention and Control Board Assurance Framework

It is vitally important that our patients and staff are protected from harm, and we have an infection control Board Assurance Framework in place to help minimise this risk.

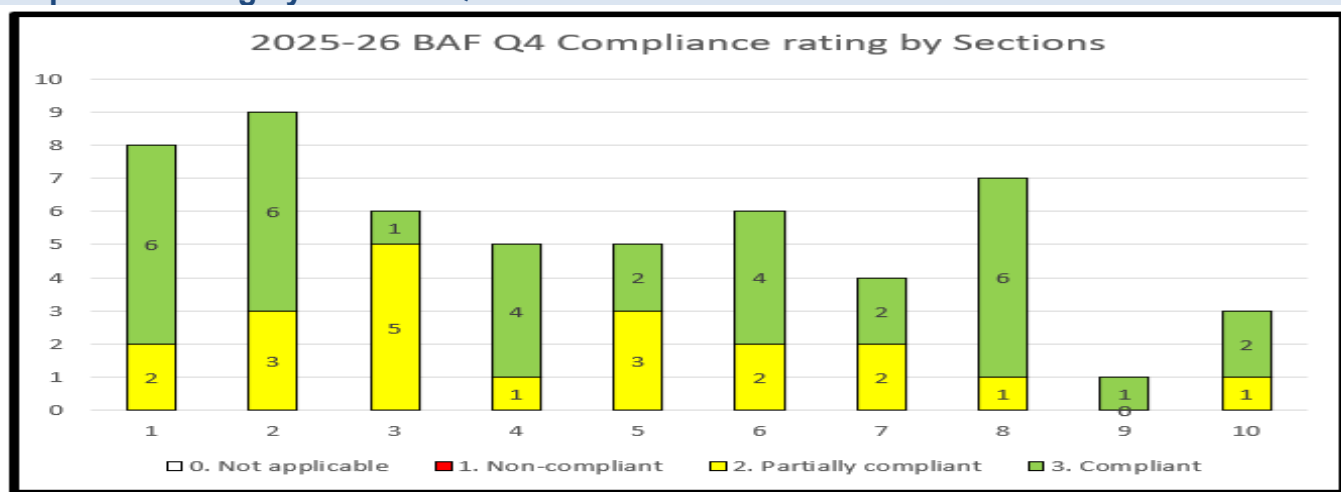
Infection Prevention and Control (IPC) is a high priority for all NHS Trusts. A UK 5-year national action plan for antimicrobial resistance (2024 to 2029) has been produced. This supports the UK 20-year vision for antimicrobial resistance (AMR).

The 2024 to 2029 5-year national action plan has 9 strategic outcomes organised under 4 themes. Action will be taken across all sectors

(human health, animal health, agriculture and the environment).

Our compliance with this national action plan is monitored through our IPC Board Assurance Framework (BAF) and IPC programmes. This is reviewed on a quarterly basis at IPC Steering Group and other relevant Trust meetings. The figure below shows our achievement to date with our IPC BAF.

Figure 17- Infection Prevention and Control Board Assurance Framework (BAF)- Compliance rating by section- Q4 2025/26



Source- Infection Prevention and Control Monthly Reports

Key to sections (x-axis)

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Systems to manage and monitor the prevention and control of infection. 2. Providing and maintaining a clean and appropriate environment. 3. Ensuring appropriate antimicrobial stewardship. 4. Providing suitable accurate information on infections to patients/ service users, visitors/carers and any others concerned in a timely fashion. 5. Ensuring early identification of individuals who have or are at high risk of developing an infection so that they receive timely treatment and reduce risk to others. | <ol style="list-style-type: none"> 6. Systems to ensure that all care workers are aware of and discharge their responsibilities for preventing and controlling infection. 7. Providing or securing adequate isolation precautions and facilities. 8. Providing secure and adequate access to laboratory/ diagnostic support as appropriate. 9. Having and adhering to policies designed for the individuals care and help to prevent and control infections. 10. A system to manage the occupational health needs and obligations of staff in relation to infection. |
|--|---|

We have made progress with our IPC BAF throughout 2025-26, with no non-compliant criteria being identified. During the year, two

criteria have moved from partially compliant to compliant, and two from compliant to partially compliant. These relate to:

- Section 3.3, where additional elements are required as part of our Antimicrobial Stewardship (AMS) action plan, and
- Section 8.5 where shared learning was identified in relation to specimen processes. Focus on these areas will continue in the 2026-27 IPC programmes.

Updates to the BAF criteria during 2025-26 have included:

- A review of IPC training resources and development of scenario-based training.
- A review of Aseptic Non-Touch Technique (ANTT) competency training, with a training module produced. ANTT resources have also been updated and a workstream put in place to move towards essential training. A requirement for ANTT competency has been included in all trust individual clinical procedure competency documents. The updated National ANTT tool has been added to competency hub.
- Our IPC Team have given input into national forums for review of training packages. eLearning for Health (eLFH) level 1 & 2 has been agreed.
- The staff level and frequency of IPC mandatory training have been finalised based on national update.
- A waste audit action plan is ongoing. Review of waste training for staff.
- An external Central Services Sterile Department (CSSD) has been implemented in one dental service and is being considered for all dental services.
- Ongoing monitoring of actions resulting from a Dental Decontamination audit. Dental Team training completed in 2025.
- Monitoring of dental services completed as part of IPC annual monitoring programme.
- IPC building works checklist and risk assessment for dust generating building works/environmental projects produced and implemented.
- An Urgent Community Response (UCR) annual antimicrobial prescribing audit and Dental antimicrobial prescribing audit were undertaken.
- An inpatient antimicrobial prescribing audit was undertaken by pharmacy.
- A community inpatient Point Prevalence Study was undertaken in June 2025, with a

report and action plan disseminated. This was repeated in Quarter 4.

- Antimicrobial resistance: call to action for NHS leaders. Three actions were required, with a Board presentation given in March 2026.
- Work is underway to signpost antimicrobial Practice Group Directive (PGD) users to target Royal College of General Practitioners/ NICE Clinical Knowledge Summaries and pharmacy first educational resources. This will optimise learning on antimicrobial use.
- Participation in the NHS England Antimicrobial Stewardship (AMS) governance in Community Health, Mental Health and Health and Justice settings.
- AMS resource has been developed for the Berkshire Healthcare public IPC website. An AMS leaflet has been approved and is available on Nexus intranet and external website.
- "Skip the Dip" resources were disseminated to reduce inappropriate use of urinary dipsticks to diagnose urinary tract infection in the over 65 age group.
- Assurance continues to be requested around records of staff immunity status to communicable disease, based on incidents of exposure
- An IPC Winter Preparedness checklist was disseminated to services in Nov 2025.
- Decisions on the implementation of routine use of facemasks are regularly monitored using relevant decision tools and policies.
- All IPC leaflets were updated and uploaded to Nexus intranet/ Public webpage.
- Trust-wide communication via Team Brief reminded staff of the requirement to undertake FFP3 respirator fit testing.
- Campaigns run by IPCT staff during the year included promotion of hydration in reduction of Urinary Tract Infection (UTI) and other infection, and World Health Organisation Hand Hygiene Week
- Updates and additional resources were disseminated and added to IPC page on Nexus intranet.
- Ongoing IPC initiatives to support sustainability

- International IPC Week was held between 19 – 25 October 2025. This year's theme invited everyone to 'Stand UPPP for Infection Prevention'. UPPP stands for Unite, Protect, Prevent, Prevail- four pillars that reflect what it takes to stop the spread of infection and ensure safer spaces for all. In addition to the IPC annual study event, twice daily expert led webinars were

provided jointly by South-East and South-West regional IPC teams for staff to access. Messages for patients and public were also provided.

- The IPC annual Winter Newsletter was disseminated in December 2025. IPC initiatives are ongoing to support sustainability.

2.1.3. Clinical Effectiveness

① Clinical effectiveness aims to ensure that each patient receives the right treatment in the right place at the right time. Achieving this requires the application of the best knowledge (derived from research, clinical experience, and patient preferences) to achieve optimum processes and outcomes of care for patients.

Our 2025/26 Clinical Effectiveness Priorities:

1. We will demonstrate our delivery of evidence-based services by reporting on the implementation of NICE guidance.
2. We will continue to review, report, and learn from deaths in line with national guidance. Please note that this priority is detailed in section 2.3 of this report as it is also a required statement of assurance from the Board.

This section also includes a statement on rota gaps for NHS Doctors in Training, and the plan for improvement to reduce such gaps. Trust performance against the Learning Disability Improvement Standards is also included in this section

Implementing National Institute for Health and Care Excellence (NICE) Guidance and Guidelines

① NICE provides the NHS, and those who rely on it for their care, with an increasing range of advice on effective healthcare. NICE guidelines, technology appraisals and quality standards provide valuable evidence-based information on clinically effective and cost-effective services.

We have produced a policy that describes how we identify, assess, implement and monitor implementation of NICE Guidance.

Implementation of NICE Guidance and Guidelines.

1. NICE Technology Appraisals (TA)

NICE Technology Appraisals provide recommendations on the use of new and existing health technologies within the NHS.

Each TA focuses on a particular technology, which may be a medicine, medical device, diagnostic technique, surgical procedure, or other intervention. When NICE recommends a treatment 'as an option', the NHS must ensure it is available within 3 months of publication of the TA (unless otherwise stated).

We have implemented 100% of the NICE TAs that are relevant to us. Detailed below are the NICE TAs that we have implemented this year.

Molnupiravir for treating COVID-19 (TA1056). This is recommended as an option for treating mild to moderate COVID 19 in adults who have a positive SARS CoV 2 test and meet certain other requirements. We have made this available on our Community Health Inpatient wards.

Cabotegravir for preventing HIV-1 in adults and young people (TA1106). This guidance recommends Cabotegravir as an option for pre-exposure prophylaxis (PrEP) if certain conditions are met, including that the patient cannot have oral PrEP. This is relevant to The Garden Clinic, our Sexual Health Service in East Berkshire, and they are meeting this guidance.

Hybrid closed loop (HCL) systems for managing blood glucose levels in type 1 diabetes (TA943). This is year 2 of a national 5-year rollout of this technology. Our diabetes service in east Berkshire is progressing well, with around 85 new starts on this technology during this year.

2. Other NICE Guidance and Guidelines.

The paragraphs below detail some of the other NICE guidance and guidelines that we have progressed during this financial year:

Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years (NG247). Our Children and Young Peoples services are meeting all the recommendations in this Guideline.

Hearing loss in adults: assessment and management (NG98). Our Hearing and Balance Service is meeting all but one of the recommendations in this Guideline. The unmet recommendation relates to having a recall system in place for regular reassessment of people with hearing devices. The service cannot implement a system to recall all people with hearing devices due to their capacity. A 3-year recall system has been implemented for those at higher risk of hearing loss to help mitigate this risk. This includes patients who are registered blind, have dementia, receive war pensions for deafness, and those with syndromes associated with deteriorating hearing.

Promoting Physical Activity in the Workplace (PH13). We are meeting all three of the recommendations in this guideline that are relevant to us.

Falls: assessment and prevention in older people and in people 50 and over at higher risk (NG249). A Baseline assessment of this guideline has been completed, and an action plan implemented to address partially met recommendations.

Head injury: assessment and early management (NG232). The recommendations in this guideline that are relevant to us relate to pre-hospital assessment, advice and referral to hospital. A Baseline assessment of this guideline has been completed, and we are now meeting all relevant recommendations.

Overweight and obesity management (NG246). This guideline is relevant to our Dietetics, Physiotherapy, Podiatry, Diabetes, Health Visiting and School Nursing services. A baseline assessment was completed showing we are meeting a very high proportion of the recommendations that we are commissioned to provide.

Slide sheets for moving or repositioning a person: late-stage assessment (HTE23). This evaluation states that there is not enough evidence to determine whether price variations between different slide sheets are justified. Therefore, clinicians should take several factors into consideration when choosing a slide sheet. The evaluation has been shared with relevant leads.

Topical antimicrobial dressings for locally infected leg ulcers: late-stage assessment (HTE27). This evaluation states that there is not enough evidence to determine whether price variations are justified between different antimicrobial agents in topical antimicrobial dressings for locally infected leg ulcers. Therefore, Trusts should provide a range of these dressings to meet the needs of the individual patients. The evaluation has been shared with our Tissue Viability Service.

Intermittent urethral catheters for chronic incomplete bladder emptying in adults: late-stage assessment (HTE28) and One-piece closed bags for colostomies: late-stage assessment (HTE29). These

evaluations found that there is not enough evidence to determine whether price variation is justified between different catheters for chronic incomplete bladder emptying in adults or different one-piece closed bags for colostomies. Service providers should provide access to a range of catheters, and each patient and healthcare professional should decide together which to use. These evaluations were shared with relevant teams including our Bladder and Bowel service, Community Nursing, Community Inpatients, and Urgent Community Response.

Compression products for treating venous leg ulcers: late-stage assessment (HTE32).

This evaluation found that price variation for compression hosiery over compression bandaging is justified, provided that the hosiery is clinically appropriate and meets the

needs of the patient. Price variation for compression wraps over other compression products is not justified unless a compression wrap is the only suitable option. This assessment has been shared with our Tissue Viability, Community Nursing and Research teams.

Digital technologies for managing mild to moderate symptoms of hip or knee osteoarthritis: early value assessment (HTG766).

This guidance recommends that eight digital technologies can be used in the NHS during the evidence generation period as options to manage mild to moderate symptoms of hip or knee osteoarthritis in adults. Our Physiotherapy service uses one of these recommended technologies called 'getUBetter'.

NHS Doctors in Training- Rota Gaps and Plans for Improvement

📌 The Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 requires NHS Trusts to make a statement in their Quality Report on rota gaps for NHS Doctors in Training, and the plan for improvement to reduce such gaps.

Our Guardian of Safe Working continues their duty to advocate for safe working hours for resident doctors and to hold the Board to account for ensuring this. As part of this duty, they report quarterly to the Board on activity relating to Resident Doctor working hours and rota gaps.

The Figure below details the Psychiatry rota gaps for NHS Doctors in training in the Trust for 2025/26. Our system of cover continues to work as normal, and gaps are generally covered quickly. We have a reliable bank of doctors who can cover many of the gaps. To mitigate patient safety risks resulting from rota

gaps, we will contact a range of professionals working before, during and after these gaps to make them aware so that they can offer support as and when required. The range of professionals contacted includes consultants on call, higher trainee doctors on call, general managers on call and the resident doctor working in the opposite wing. If a resident doctor is working alone because of a rota gap, then they will be given the contact numbers of the professionals detailed above should they need advice or help. Consultants on call will also check in with the resident doctor at the start and end of their shift to give help and reassurance.

Figure 18- Rota Gaps for NHS Doctors in Training – Psychiatry- 1st April 2025- 31st March 2026

Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
		Bank	Trainee	Agency			Bank	Trainee	Agency
236	202	105	97	0	2326	2012	1107.5	904.5	0

Source- Trust Medical Staffing Team

The Learning Disability Improvement Standard

① The Learning Disability Improvement Standards have been developed to help NHS trusts measure the quality of care they provide to people with learning disabilities, autism, or both. They contain several measurable outcomes which clearly state what is expected from the NHS in this area.

We continue to participate in the Learning Disability Improvement Standards. We recently submitted the latest return for 2025/26 submission, which is undergoing validation. As a result of the outcome from year 6 of the Standards, we are:

- Continuing to focus on our wider project of "Reimagining our specialist community learning disability services". One of the aims of this work is to improve the flow of patients through the service and we are working to improve the process and experience of patients from referral, through to treatment, and then any further signposting and discharge following relevant interventions. We anticipate that through streamlining and enhancing this approach, we will further reduce the risk of harm that can be caused due to waiting for a service. Using the information available to us now, because of changes we introduced to our RiO patient system along with a more detailed process, has enabled us to understand more clearly the flow of

patients through our services and establish a baseline from which we will be able to measure further improvements.

- We continue to work on tackling the health inequalities that people with a learning disability more frequently experience. We are progressing our new project working with mental health services to increase awareness, confidence and skills in working with people with a learning disability. This aims to support access to mainstream mental health services and has begun as a pilot in Bracknell. It has involved staff from both learning disability and mental health services completing a survey from the Green Light Toolkit. We are currently planning our first Mental Health and Learning Disability Integrated Forum, which will bring staff together to focus on shared learning, networking and relationship building. We hope this may offer learning and potentially a model for wider implementation in other localities.

2.1.4. Supporting our People

i We are committed to acting in line with our values, with a strong focus on delivering services which provide good outcomes for patients and their families. We will listen and respond to our staff and provide opportunities for training and development.

Our 2025/26 Supporting our People Priorities:

1. We will drive a culture of wellbeing, respect, compassion and inclusivity acting against any form of abuse
2. We will deliver our unity against racism action, removing barriers to equity and improving diversity in leadership
3. We will support opportunities for career development, professional growth and impact

Details on Freedom to Speak Up are also included in this section.

We have a new Culture, Inclusion and Equity framework in place. Our new People and Culture Strategy is a key part of this framework, as illustrated in the diagram below.



The following measures will be used to help determine the success of the People and Culture Strategy which implements the new Culture, Inclusion and Equity framework for our workforce:

- | | |
|------------------------------|--|
| Turnover- | Target 10%. We continue to focus on turnover to understand our staff experience. |
| Engagement- | Maintain a National Staff Survey Score of 7.5 or better |
| Race Disparity Ratio- | Reduce the probability score to 1, indicating equity with white colleagues. |

Our new People and Culture Strategy has been developed and aligned with the NHS People Promise. This strategy, along with the Culture Framework aims to make the Trust Outstanding for Everyone. The strategy will continue to frame a programme of work to address our workforce challenges and deliver continued improvements to our staff experience.

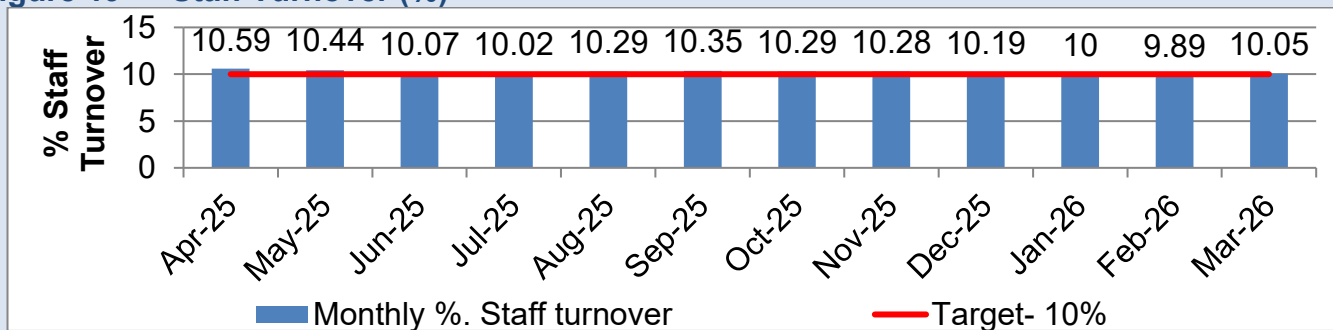
Within the People and Culture Strategy, we have identified four significant workforce risks (shown on the left of the following diagram below) that we need to address, building on the achievements and lessons from the previous strategy. We have translated these into the four key areas of focus, as shown on the right in the diagram.



We continue looking at how we attract and retain our people. Our monthly turnover rate is detailed in the figure below. We have set ourselves a turnover target of 10% which is the NHS England recommended target. Traditionally, turnover in the South- East has

been higher than that. Our turnover target has now been achieved and continues to remain stable at around 10%, reflecting ongoing improvements in staff retention and experience.

Figure 19- Staff Turnover (%)



The remainder of this section focuses on how we retain and develop our people in line with our 2025/26 Plan-on-a-Page objectives.

Workforce Planning and Temporary Staffing

Workforce Planning.

Over the course of the year, workforce planning activity has continued to mature, with a shift towards more proactive, data led approaches to understanding workforce gaps, risks and sustainability. Improving workforce data completeness and quality has remained a priority, strengthening our ability to better

understand our workforce, forecast supply and demand and underpinning longer term service and financial planning.

Significant progress has been made in assessing and quantifying workforce risk and opportunities. The introduction of five-year workforce projections, alongside in year

modelling capability, has enabled more targeted and informed conversations with operational leaders. These insights have supported earlier identification of pressures, clearer prioritisation, and a better understanding of where alternative approaches to workforce supply may be beneficial.

A major focus this year has been mental health inpatient workforce planning. A structured approach has been delivered to define the ideal workforce, model future demand and supply, and identify vacancy gaps at ward level. Reusable modelling tools have been developed, incorporating factors such as confirmed leavers, maternity leave, new starter timelines, apprenticeship completions, and placement student recruitment. These tools are now supporting operational teams to plan mitigation earlier and manage their supply chain more effectively.

The use of workforce dashboards is becoming embedded in business-as-usual practice. Rostering, sickness, and staff availability insights have strengthened operational grip, supported compliance with attendance policies and improved planning of annual leave. Automation within the rostering system has further supported timely management action.

Temporary Staffing.

Throughout the year, we have maintained a holistic approach to workforce resourcing, recognising the essential role of temporary staffing in sustaining safe services. Agenda for Change bank fill rates have consistently remained among the highest in the region, averaging around or above 90% across the year. Combined with reduced demand, this performance has met and exceeded NHS England expectations, enabling significant reductions in spend and the elimination of Agenda for Change agency price cap breaches.

While overall agency spend reduction targets have been achieved, progress within medical staffing has been slower due to the highly competitive and more complex nature of this staff group and the ongoing national supply constraints. Despite this, improvements have been delivered through strengthened governance and a full review of the medical agency supply list, with clearer controls now in place. Collaborative working across the Southeast has been particularly important for this staff group, enabling the Trust to operate without issue during periods of industrial action, and ensuring activity remains within agreed regional rate ceilings. Further improvements are anticipated as this work continues and refreshed governance is embedded.

Retain

① We will sustain a positive and supportive working culture that values staff wellbeing and inclusion and fosters a culture where people want to work and stay. We will address disparities in career progression and offer fair and equitable career pathways that support all our staff to progress in their careers with us. We will listen to our staff and always respect their voice in the organisation.

Any kind of bullying, discrimination, harassment, racism or acts of indignity at work are deemed as unacceptable and will be fully investigated in accordance with the Trust's Performance Management and Disciplinary Policy.

We value the work that is carried out by each and every member of our staff and recognise that we can help them by supporting their wellbeing and developing them professionally.

Driving a culture of wellbeing, respect, compassion and inclusivity acting against any form of abuse

A Safe Working Environment

We conducted a Trust-wide Training Needs Analysis (TNA) informed by risk assessments that were carried out by every service. We presented the report and recommendations to service leads and various Trust forums to take the recommendations forward. An implementation plan has been developed which will see recommendations delivered.

We built training requirements into job descriptions, job adverts and contracts of employment to ensure candidates are aware and can undertake and complete Prevention and Management of Violence and Aggression (PMVA) training.

Achieving Training Centre Status has enabled us to deliver Royal Society for Public Health Violence Prevention and Reduction (VPR) Level 3 and 4 qualifications for operational leads and those working in high-risk environments. We piloted our first cohort of managers in September 2025, and a second cohort commenced in March 2026.

We have focused on preventing and managing abuse to our staff from the public. This has involved engagement with our Trust Leaders Forum, a Rapid Improvement Event at one of our main hospitals, and an engagement event as part of our Black History Month. Following our annual anonymous abuse survey, we implemented a 'you said, we did' approach. This year, participation doubled compared to last year, with 390 colleagues responding. Actions have focused on; simplifying reporting, transparent feedback, training, clear accountability and standardising wellbeing.

Lastly, we are starting a new joint initiative with Thames Valley Police, called Operation Cavell which aims to address the low level of assaults that end up in any judicial disposal,

Addressing Bullying and Harassment

We have strengthened our approach to bullying and harassment by embedding clear definitions in policies, improving reporting mechanisms, and increasing awareness across the Trust. Recent staff surveys highlight ongoing challenges but also demonstrate progress in raising awareness and supporting staff to speak up. We remain committed to fostering a respectful workplace culture and will continue to monitor outcomes and take targeted action where needed.

Behaviours, and Resolution pathway

We continue embedding our behaviour framework throughout the organisation and clarifying expected standards and we are currently aligning recruitment questions with our behaviours.

Our Resolution Pathway and internal mediation scheme continues, with a structured programme of Continuing Professional Development and supervision for our mediators throughout the year. We have also been able to offer our mediation services to system partners. We've seen an increase in requests for mediation and facilitated conversations as the year has gone on.

We continue to promote being signatories of the Employers Initiative Domestic Abuse (EIDA), as well as the NHS Sexual Safety Charter, and delivering work associated with that in terms of raising awareness and education by promoting webinars and learning sessions. We also continue to promote our Sexual Safety learning package. We benchmark well against current NHS England guidance and have strengthened areas that the guidance highlighted. For example, we updated our Chaperone policy, our Sexual safety policy, and are being much more explicit about involving police.

Figure 20- Incidents of violence against staff 2024-25 and 2025-26

Incidents by Sub-Category	2025/26					2024/25
	Q1	Q2	Q3	Q4	2025/26 total to date	Total
Alleged Sexual Assault	4	2	0	0	6	18
Attitude	0	0	0	0	0	0
Dirty Protest	0	2	0	1	3	1
Patient refusing treatment	1	3	2	0	6	1
Damaging Property/Criminal Damage	1	4	2	2	9	5
Physical Assault by Patient	244	237	219	167	867	641
Physical Assault by Staff	2	1	1	4	8	5
Abuse by Patient	311	334	254	184	1083	875
Physical Assault by Other	1	0	2	2	5	10
Abuse by Staff	8	3	5	2	18	29
Abuse by Other	30	23	14	17	84	68
Total	602	609	499	379	2,089	1,653

Supporting attendance (sickness absence management).

Sickness absence at Berkshire Healthcare NHS Foundation Trust remains consistently better than the national NHS average, with the Trust currently ranked in the top ten of 61 mental health and community trusts for sickness absence in the new NHS workforce league tables. Monthly absence levels over the past year have typically ranged between 3.75% and 5%, reflecting the impact of sustained investment in staff health, wellbeing and proactive attendance management.

Mental health remains the most common reason for absence, in line with national trends, and is being addressed through targeted interventions including our dedicated Wellbeing Matters service, post-incident clinical support, early Occupational Health referrals and the Inclusion Passport.

A revised sickness absence approach introduced last year, alongside strengthened manager capability and compassionate leadership practice, has contributed to improved consistency in sickness management, with evidence of reduced absence in some teams.

Further improvement work is planned through a quality improvement project to support delivery of the Trust’s long term sickness absence targets of:

- 4.1% by March 2027
- 3.7% by March 2028
- 3.5% by March 2029

Supporting staff wellbeing.

This year we have strengthened our support to colleagues with a range of additional offers alongside our regular wellbeing provision. Our STEPtember challenge engaged 932 staff (almost one in five colleagues), who logged over 220 million steps and raised £1,000+ for charity, with participants reporting very positive impacts on activity and wellbeing and 100% of respondents wanting to take part again.

We have also seen continued growth in Wellbeing Matters, with rising demand for psychological support and an expanding offer, including new and developing support such as Compassionate Mind Training (CMT), Acceptance and Commitment Therapy (ACT)-based skills training, and support linked to investigations and court processes.

In addition, our Wellbeing at Work sessions have remained popular, delivering 23 sessions across 19 topics and reaching over 2,500 attendees, with high satisfaction. We have also introduced regular mindfulness sessions so more staff can access practical tools and advice in ways that fit around service demands.

We have also ensured that we have a broad financial support offer available to staff who are facing very difficult situations. Staff have access to Salary Finance for advances, loans, savings, and education. We also offer 1-1 meetings for advice on financial support, food bank vouchers, and salary advances.

National Staff Survey Trust Results.

The NHS National Staff Survey 2025 results were published in March 2026 and provide a robust and comprehensive insight into staff experience at Berkshire Healthcare NHS Foundation Trust.

Survey participation

The 2025 survey was conducted online and was open to more than 4,000 Trust employees. A total of 3,350 staff responded. This is the highest number of responses we have received ever and represents a response rate of 62%. The Trust's response rate remains significantly higher than the median for comparable trusts (52%), providing strong confidence in the representativeness of the results.

Overall results and staff experience

The results demonstrate that a majority of staff continue to view Berkshire Healthcare as a great place to give care in line with the ambitions in our strategy. For the second consecutive year, the Trust recorded the highest staff engagement score within its national comparator group, achieving a score of 7.48. This reflects sustained strengths in staff motivation, advocacy and involvement, and is an important indicator of organisational culture, leadership and staff experience.

We were top in 5 of the 9 people promise themes, as demonstrated in the figure below, with exceptional scores in all nine themes.

Compared with other organisations in our comparator group of 49 trusts, Berkshire Healthcare achieved the highest score in 39 individual survey questions, placing it among the strongest performing organisations nationally on multiple measures of staff experience.

We saw a statistically significant improvement in three questions, with no questions showing statistically significant declines.

We were the top scoring trust amongst our comparator group for the questions "Would recommend organisation as place to work" and "Care of patients/service users is organisation's top priority"

Improvements were also seen in areas such as appraisals, feedback from managers, feeling supported and feeling valued by teams. These gains align with Trust-wide work undertaken prior to the survey to strengthen appraisal practice, promote regular feedback and reinforce People Promise behaviours.

Composite staff experience measure

In addition to standard national reporting, a new composite staff experience measure was introduced locally in 2025. This measure calculates a single headline score by averaging responses across all positively scored questions in the survey, providing an overall assessment of staff experience that complements the established engagement metric.

Using this composite measure, Berkshire Healthcare ranked first nationally across all NHS trusts. This provides further assurance that the Trust's strong results are not confined to individual themes or questions but reflect consistently positive experiences across the breadth of the survey.

Areas for improvement

While overall results remain strong, the survey continues to highlight areas where improvement is required and where experiences are not always consistent for all staff. These include:

- The experience of disabled staff, LGBTQ+ colleagues and some ethnically diverse staff
- Experiences of harassment, discrimination, exhaustion and pressure at work
- Worsening scores relating to staff reporting being the target of unwanted sexual behaviour

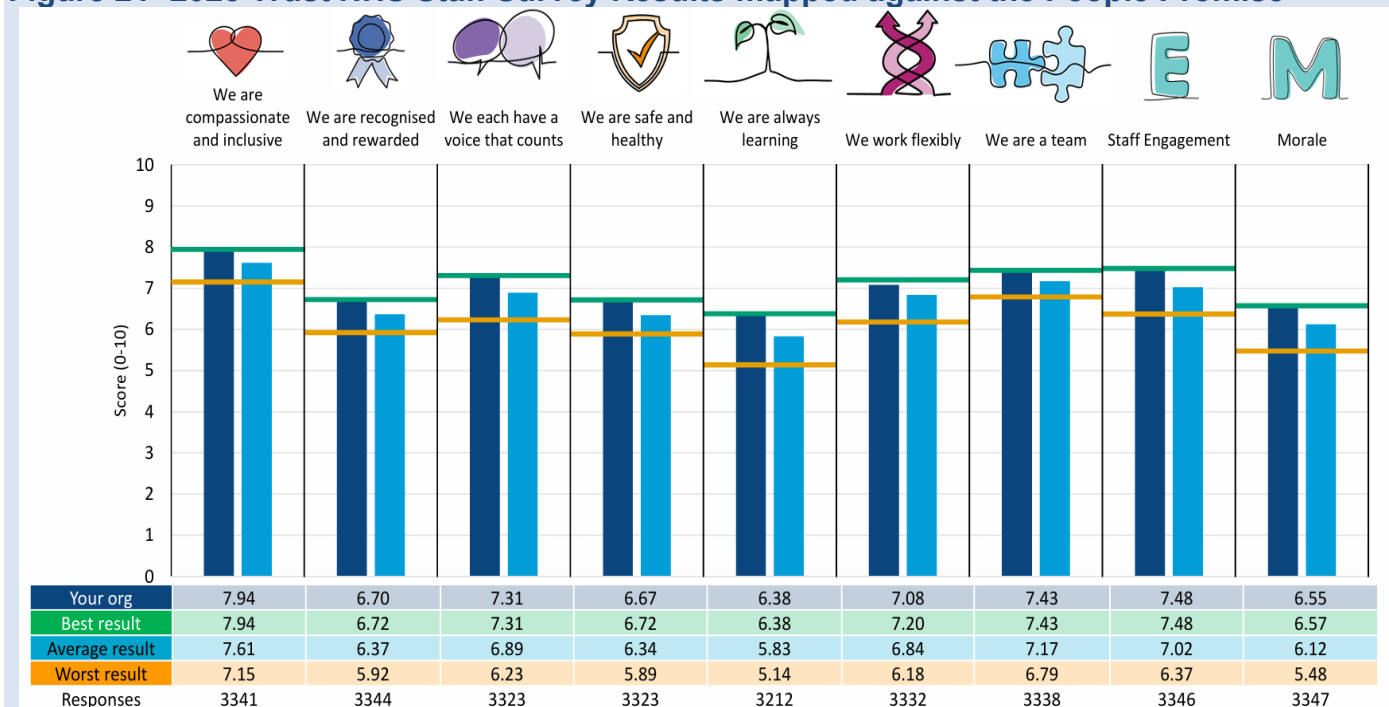
- Ongoing challenges relating to workload, flexible working and career development for some groups

These findings are taken seriously, and strong overall performance does not diminish the importance of addressing areas where staff experience is less positive.

Next steps

Survey results have been shared with teams across the organisation to support local reflection and action planning. This work is being supported by Trust wide programmes focused on tackling bullying and harassment, improving equality, diversity and inclusion, and strengthening health and wellbeing support. Progress against these priorities will continue to be monitored through local action plans, staff feedback and future staff survey results.

Figure 21- 2025 Trust NHS Staff Survey Results mapped against the People Promise



Source- 2025 NHS Staff Survey- Trust Benchmark Report

Delivering our unity against racism action, removing barriers to equity and improving diversity in leadership

Berkshire Healthcare is committed to becoming an anti-racist organisation, embedding purposeful action within its strategy and leadership.

- Launching advance interview questions to promote fairness, and
- Establishing our Equity Partnership Group for independent oversight.

Over the past year, we have strengthened our focus on racial equity through initiatives such as:

- Celebrating the second anniversary of the Anti-Racism in Healthcare CommUNITY Forum, involving our communities
- Rewriting nursing job descriptions with an Equality, Diversity and Inclusion (EDI) lens

We celebrated Black History Month with events for over 700 staff and launched new resources including the Skin Tone Bias Assessment Tool. These actions have led to more equitable recruitment and clinical practice, enhanced support for ethnically diverse staff, and tangible improvements in workplace culture and patient care .

The Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES)

The Workforce Race Equality Standard (WRES) is a requirement for all NHS organisations, mandated by the NHS Standard Contract in 2015. It is a mirror that allows NHS Trusts to visualise workplace inequalities through 9 measures (metrics) that compare the working and career experiences of Ethnically diverse and white staff in the NHS.

The Workforce Disability Equality Standard (WDES) is a requirement for all NHS organisations and was mandated by the NHS Standard Contract in 2018. It comprises 10 measures (metrics) that compare the working and career experiences of Disabled and Non-Disabled staff in the NHS. The 10 metrics cover the workforce profile, recruitment and capability processes, experiences of disabled staff, board make up, and the opportunity that disabled staff have to voice and air their concerns and to be heard. It seeks to help unmask barriers that have a negative impact on the experiences of disabled staff.

Currently, we have some WRES and WDES data available from the 2025 National staff

survey, with further analysis and comprehensive results due following year-end.

WRES

The Table below shows the difference in percentage points between scores received by our ethnically diverse workforce and our white workforce in latest National Staff Survey.

We are now focusing on the equity gaps in experience between White and ethnically diverse colleagues. This highlights where disparities persist and where progress is being made.

Some gaps are narrowing, particularly around harassment from staff and perceptions of equal opportunities, while others have widened, especially in experiences of discrimination and abuse from the public.

Closing these gaps remains a key priority in our People Strategy and is central to our anti-racism and recruitment improvement work.

Figure 22- WRES- difference in percentage points between scores received by our ethnically diverse workforce and our white workforce in latest National Staff Survey

Metric	2023 Gap	2024 Gap	2025 Gap	Direction of Travel
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the general public in the last 12 months	9.6%	10.6%	13.7%	Widening
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	6.7%	6.2%	4.6%	Improving
Percentage believing that the trust provides equal opportunities for career progression or promotion	15.1%	12.2%	5.4%	Improving
In the last 12 months, have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	8.3%	5.6%	5.9%	Widening

WDES







The Table below shows the difference in percentage points between scores received by our disabled workforce and our non-disabled workforce in latest National Staff Survey.

Overall, we are seeing progress in reducing disability-related equity gaps. Three indicators show meaningful improvement over the last three years, with three areas showing a widening or slight deterioration.

Triangulating this with wider workforce data, including lower recruitment success rates for disabled applicants, highlights that while progress is being made, inequalities remain.

Our work on neurodiversity, reasonable adjustments and inclusive recruitment continues to be essential.

Figure 23- WDES- difference in percentage points between scores received by our disabled workforce and our non-disabled workforce in latest National Staff Survey

Metric	23/24 Gap	24/25 Gap	25/26 Gap	Direction of Travel
Experienced harassment, bullying or abuse from patients, managers or colleagues in the last 12 months	11.9%	10.3%	12.4%	Widening 
Reporting harassment, bullying or abuse after last incident	-2.9%	1.2%	-3.9%	Widening 
Percentage believing that the trust provides equal opportunities for career progression or promotion	-8.2%	-6.8%	-7.9%	Widening 
Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	8%	10%	3.2%	Improving 
Percentage of staff satisfied with the extent to which their organisation values their work	-10.5%	-9.6%	-8.6%	Improving 
Employer has made reasonable adjustment(s) to enable them to carry out their work	81%	81.9%	82.1%	Improving 

Develop

Supporting opportunities for career development, professional growth and impact

① We will support the growth and development of our staff so that we have a workforce with the skills, confidence, knowledge and competencies to deliver professional excellence and high-quality care in their roles. We will develop staff that can promote our culture and values and learn from and share good practice.

Talent, Leadership, and Management Development

Talent pools have launched and now offer targeted development for leaders aspiring to progress into more senior roles. Ongoing work focuses on strengthening the quality and impact of appraisal conversations, ensuring development needs are clearly identified and

addressed. This reflects a continued commitment to understanding and supporting individual growth and capability across the workforce.

We ran two large scale compassionate leadership development events to continue to strengthen our compassionate culture across the trust and upskill our managers in leading

teams to ensure the highest levels of care for our patients whilst creating a positive employee experience for our staff.

Working closely with our Medical Director, we are continuing to ensure our medics have opportunity to develop their careers and leadership skills with our trust. We have designed and implemented a 12-month leadership development programme, specifically for Medics.

South- East Board Succession planning

We have submitted our anonymised data to the South- East talent team to support regional succession planning and have also taken part in the testing of the new software.

Clinical Education

In 2025/26, the Clinical Education team supported productivity, staff engagement, transparency, and governance through innovation and technology. Our key programmes and contributions are summarised below.

In 2025/26, we strengthened the Trust's workforce pipeline by supporting 635 pre-registration trainees across non-medical professions, including 288 final-year students, creating a strong recruitment pool. We continued to support international and alternative pathways to Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC) registration. This included supporting a small number of people to complete the Return to Practice (RTP) programme and to gain NMC registration through our PIM programme. We continue to

provide academic and pastoral support to two candidates on the Trust-funded University Sponsorship Programmes.

Apprenticeships and Widening Participation

42 apprentices completed programmes in 2025. Functional Skills supported 46 staff to achieve Maths and English qualifications, enabling progression to higher training. School engagement expanded in deprived areas, including launch of the School Engagement Programme.

Clinical Staff Training and Development

6,637 learners accessed training in 2025/26 (up from 3,998 in 2024/25). Six new e-learning programmes reduced travel burden. Digital learning platforms recorded 5,824 accesses. Over 1,300 staff engaged through conferences, webinars and Health Bus activity. Director-led panels now oversee Continuing Professional Development (CPD) and apprenticeship investment to ensure alignment with workforce need.

Learner Feedback

95% of students would recommend our placements. 98% of 788 training evaluations rated programmes as clinically relevant. The CPD survey (522 responses) showed 65% satisfaction and CPD process improvements and automation are underway.

Library and Knowledge Services (LKS)

Our evidence search service released 2,670 clinician hours. 15,574 unique accesses of LKS were recorded. Service enhancements included improved study space, postal loans, and redesigned training offers.

Freedom to Speak Up

i Following a review by Sir Robert Francis in 2015, a national standard 'Freedom to Speak Up' policy was published by NHS England. This policy has the aim of developing a more open and supportive culture for staff to raise any issues of patient care, quality, or safety. We have subsequently adopted this standard policy in our own policy.

Our policy and procedure in relation to this area is contained within ORG013- Freedom to Speak Up: Raising Concerns (Whistleblowing). This policy emphasises the importance of staff being able to speak up about any concern to ensure the safety and effectiveness of our services. Under the policy, Trust staff members are encouraged to raise concerns (confidentially, unless required to disclose by law) about risk, malpractice, or wrongdoing that they may think is harming the services the Trust delivers. Such examples may include, amongst others, unsafe patient care, unsafe working conditions, inadequate training, or a culture of bullying.

How does the Trust ensure that staff do not suffer detriment from speaking up?

If a member of staff raises a genuine concern, then they will not be at risk of losing their job or suffering from any form of reprisal as a result. The Trust will not tolerate any harassment or victimisation of anyone raising a concern. In addition, providing that the staff member is acting honestly, it will not matter if the staff member is mistaken or if there is an innocent explanation for the concern.

How can staff speak up?

Staff are encouraged to raise concerns in several ways:

1. By raising the concern with their line manager, lead clinician or tutor (for students). This may be raised orally or in writing and advice can be sought from a trade union if the employee is a member.
2. If the member of staff does not feel they can raise the issue with their line manager, or they feel the line manager has not

addressed their concerns, then it can be raised with any of the following: their Divisional Service Director, Clinical Director or Corporate Services Director, The Trust Freedom to Speak up Guardian, The Trust Executive Director with Responsibility for Whistleblowing (Currently the Director of Nursing and Therapies); through a dedicated confidential external telephone line or e-mail service, or through the local Counter Fraud Specialist.

3. If the above channels have been followed, and the member of staff still has concerns, then the Trust Chief Executive or nominated Non-Executive Director can be contacted via e-mail or by letter about the concern.
4. Alternatively, concerns can be raised formally with external bodies such as National Guardian's Office, relevant Registration bodies or Trade Unions, Health and Safety Executive, NHS Improvement, the Care Quality Commission and NHS England.

How is feedback given to staff raising a concern?

Feedback is given as appropriate to each case and would depend on the concern raised and if the information is confidential or not. The aim is to share learning from concerns raised.

The role of the Freedom to Speak Up Guardian. The Trust's Freedom to Speak Up Guardian helps to protect patient safety and the quality of care, improve the experience of workers, and promote learning and improvement. This is achieved by ensuring that: workers are supported in speaking up, barriers to speaking up are addressed, a positive culture of speaking up is fostered and issues raised are used as opportunities for learning and improvement. This role is fully embedded in the Trust and awareness of this facility is very well publicised Trust-wide. In 2025/26, 111 cases were brought to the Trust's Freedom to Speak up Guardian. 71% of the cases raised contained an element of either inappropriate behaviour or allegations of bullying

2.1.5. Other Service Improvement Highlights in 2025/26

i In addition to improvements resulting from the priorities detailed above, services have undertaken additional initiatives to improve the quality, safety and experience of care provided to patients. Details of some of these improvements are detailed below.

2.1.6. Improvements in Community Physical Health Services for Adults

The Diabetes Service have made several improvements during the year:

- Reduced overdue follow up appointments:
 - Consultant appointments
From 35 to 28 weeks.
 - Diabetes Specialist Nurses
From 22 to 7 weeks.
 - Diabetes Specialist Dietitians
From 33 to 12 weeks.
- Changed the workflow of the service to improve patient waits and make more efficient use of time and resources.
- Implemented a pathway and structured appointments for 100 patients per year for 5 years to start Hybrid Closed Loop Insulin Pump Therapy (following recommendations in NICE Technology Appraisal 151)
- Consultant clinic letters are sent more quickly to the GP and patient (2 days).

The Urgent Community Response (UCR) and Virtual Frailty Ward (VFW) have implemented several improvements this year:

- A Teams Pharmacy Chat has been introduced to provide clinicians with pharmacy support for prescribing and medication-related queries.
- Aadastra patient management prescribing is fully embedded for all prescribing clinicians.
- The UCR service undertook a pilot allowing Band 4 support workers to undertake urethral catheterisation for blocked catheters and acute urinary retention.
- A head injury pathway for frail older adults across Berkshire West was developed in collaboration with the Royal Berkshire Hospital and The South-Central Ambulance Service (SCAS). This pathway aligns with the latest NICE recommendations and is demonstrating a positive impact on patient care and outcomes. It is currently being implemented in East Berkshire.

- A Fosfomycin patient information leaflet has been developed for patients with suspected or confirmed lower urinary tract infections.
- Several initiatives have been undertaken to promote staff morale and wellbeing. These include restorative supervision sessions and establishing a wellbeing board.

The Hearing and Balance Services Department has been accredited by the United Kingdom Accreditation Service as part of the Improving Quality in Physiological Services scheme. This was a significant accreditation to regain, and the inspectors noted significant improvements.

The Department have also undertaken a quality improvement rapid improvement event (RIE) which focused on reducing waiting times for review patients. This led to a reduction of over 750 patients on the adult review list and over 350 on the paediatric review list.

The Musculoskeletal (MSK) Physiotherapy Service continued aligning their services between the east and west of Berkshire. They completed a Community Appointment Day (CAD) alongside Community Rehab/ the Assessment and Rehab Centre (ARC). This involved them going into the Slough community to offer a range of assessment, treatment, health and voluntary support and advice to patients. This helped to address some of the health inequalities in Slough, with similar days in Reading and Wokingham planned.

The Adult Speech and Language Therapy (ASLT) team has improved the flow of patients through the service, leading to reductions in the number of patients waiting and their waiting time.

The Integrated Care Service have implemented a locality-based structure that allows for more flexibility between different pathways, and better integration with neighbourhood working.

A clear, standardised escalation process has also been established, ensuring all staff can safely manage deteriorating patients.

They have also reviewed and upgraded their website to better facilitate self- management and signposting.

In the west of Berkshire competency paperwork has been standardised to support training needs and patient management.

In East Berkshire, a rapid improvement event was held to implement changes to the clinic structure, appointment offer and service delivery model of for the Assessment and Rehab Centre (ARC).

The Community Based Neuro Rehabilitation Team (CBNRT) have developed a Professional Driving post-stroke pathway. A hybrid delivery model is being developed and data from the Stroke Sentinel National Audit Programme (SSNAP) is being used to aid service evaluation and development. The Speech and Language Therapy team presented a recovery story at the British Aphasia National Conference, alongside one of their patients. A 'Comms Card' is also being developed to support patients with mental health struggles.

The East Berkshire Community Heart Function Team have set up a support group for patients that do not have such a group available to them. They have produced a quarterly heart function newsletter and have used the health bus in slough to help reduce inequalities. Lastly, they received two awards in 2025; the Health Service Journal high commendation award for virtual monitoring; and the Berkshire Healthcare NHS Foundation Trust Excellence in practice award.

The Cardiac and Respiratory Specialist Services (CARRS) in the West of Berkshire support patients in heart function, cardiac rehabilitation and respiratory support.

The Heart Function team have started using the Kardia mobile Electrocardiogram (ECG) app. This gives them a quick and easy way to identify if a patient has a cardiac arrhythmia and indicates whether a more comprehensive test needs to be completed.

The Cardiac Rehabilitation team have started using the "Beat Better" app as part of a Buckinghamshire, Oxfordshire and Berkshire Integrated Care System (BOB ICS) wide initiative to align how patients view education during the Cardiac Rehab programme. The service also achieved accreditation and met all 7 standardised domains in the National Audit of Cardiac Rehabilitation (NACR).

The Respiratory team undertake pulmonary rehabilitation and have renewed their accreditation with the Pulmonary Rehabilitation Service Accreditation Scheme. They have also streamlined the process for the Home Oxygen Review Service.

The Care Home Support Team have completed training to be able to offer "Namaste" and "Positive Approaches to Care". This will help them to improve the quality of care they provide for residents of care homes. The team offer the "Six Steps" end of life programme to all Berkshire care homes, as well as the "Action for Falls" programme. The team has also supported care homes with a variety of challenges

Community Nursing Teams

Community Matrons are now fully integrated into Community Nursing, delivering a 7-day service for enhanced patient care.

Hospital Engagement. Ongoing work is being undertaken to strengthen patient safety, improve referral quality, and build stronger hospital-community relationships.

Patient Self-Management Training is scheduled to commence in January 2026, empowering patients to manage their health effectively.

Standardised Triage processes have been implemented, and an Intelligent Automation

(IA) Robot is assisting with triage in West Berkshire, Wokingham and Reading.

Core Pathways have been reviewed and updated to ensure consistency and best practice across all teams.

Diabetes Specialist Collaboration. Community Nursing is working with the Diabetes team to review caseloads and reduce pressure on services.

Evening services have been consolidated into one Out-of-Hours service, standardising processes across Berkshire for improved efficiency.

The East Berkshire Specialist Wheelchair Service have made several improvements:

- Upgrading website content to make information clearer and more accessible
- Strengthening liaison and training with Occupational Therapists (OTs).
- Expanding training and engagement with Care Homes to raise wheelchair standards
- Reorganising appointment slots to increase overall patient access and reduce delays.

- Developing a full suite of patient letters to standardise and speed up communication and user-friendly appointment letters.
- Adding new wheelchair models to the range to better meet individual clinical needs.
- Introducing food-waste caddies to support environmental sustainability.

The Nutrition and Dietetic Service. Have created an enhanced training package for care home staff.

The Integrated Hub have undertaken several initiatives during the year, including:

- Improving integrated partnership working by addressing inappropriate calls coming into the hub for one locality. The team are currently working on a project to further reduce inappropriate calls.
- Staff engagement. Initiatives in this area include a monthly review of admin errors to help train and support staff and a reflective tool to highlight good practice.
- Triage nurses provide a brief teaching session during staff focus group sessions to help the admin team prioritise referrals and know when to ask for clinical support.

2.1.7. Improvements in GP Out-of-hours and Phlebotomy Services

The WestCall GP Out of Hours Service

The Westcall service have implemented several key initiatives to help improve service productivity, clinical insight and patient experience. Some examples of these are detailed below:

Clinical Guardian Software- Clinician Performance Analysis. This software provides senior management with analysis of clinician productivity and quality of case management. The data produced is objective and helps the team with capacity Planning, staffing and clinical governance.

Digital ReSPECT Forms (Recommended Summary Plan for Emergency Care and Treatment). These forms are now accessible on the team's Aadastra clinical record system and provide clinicians with read-only access to advanced care plans completed by GP

practices across Buckinghamshire, Oxfordshire and Berkshire Integrated Care System (BOB ICS). These digital records help guide our clinicians when assessing patients in out-of-hours settings as to what the ceiling of care is.

Patient Feedback. En-Route Updates.

Using patient feedback from the "I Want Great Care" initiative, the service has worked to increase its visibility and transparency for patients awaiting home visits. Drivers or clinicians will proactively call patients when they are on their way to provide them with an estimated time of arrival. This also allows clinicians to get a "head start" on understanding a patient's condition before arrival.

Other improvement work undertaken includes:

- Redesigning the triage rota to ensure service capacity more closely aligns with current demand.

- Review and reinforcement of flu management processes to ensure timely and effective support for care homes during flu outbreaks. This enhanced approach has been positively recognised.
- Introduction of a Patient Flow Co-ordinator role to enhance the efficiency, quality, and safety of our clinic in Reading. This role plays a key role in streamlining patient flow through the service, helping to reduce waiting times and minimise delays. In addition, the role supports clinicians during consultations and manages onward referrals to specialist services when required.

The Phlebotomy Team

The Phlebotomy team has continued to overachieve against Centre for Disease

Control performance metrics and are delivering timely appointments. Routine waiting times have consistently remained below two weeks, while urgent appointments are being accommodated within 24 hours, through a more robust approach to time planning within the team.

Children's appointments are now operational with a dedicated full clinic day every Friday, further enhancing access and continuity of care for paediatric patients aged over 5yrs.

A larger monitor is being arranged and repositioned to improve visibility for patients, enabling them to clearly see which room to attend when they are called for their appointment.

2.1.8. Improvements Children, Family and All Age Services (CFAA)

The Children, Family and All Age Services division includes children's community and mental health services, learning disabilities, perinatal mental health, family safeguarding and all age services for eating disorders and neurodiversity.

Improvements made in these services is detailed below

Community Children's Services

The Children in Care (CiC) Team. Service user engagement has been a key priority for this team, and a range of initiatives have been undertaken to ensure that the service is shaped by the views and experiences of children and young people. This has included collaborative work with children in care across Berkshire to develop a new review health assessment that better reflects their needs and priorities.

The Children and Young People's Integrated Therapies (CYPIT) Service have made several improvements during the year, and these are included in the Improving flow and waiting times section earlier in this report (section 2.1.2)

Public health nursing services (Health Visiting (HV) and School Nursing (SN)) have made several improvements during the year, including the following:

- HV teams have redesigned the introduction antenatal welcome letter in collaboration with Local Authority commissioners and service users. All four health visiting teams have been working to improve their delivery of the new birth visit by 10-14 days and on reducing the "Did Not Attend" (DNA) rates at appointments. This work has resulted in an overall increase in the visit compliance across all areas. Quality Improvement (QI) work is also underway to improve uptake of the 2-year development review.
- The SN team have been promoting their service with young people in schools, including the use of Health Chat.
- 0-19 years teams have worked jointly in taking the health bus to new Gypsy, Roma, Traveller sites in both Wokingham and West Berkshire. These visits have been well received.

Specialist Children's Services Nursing

Children's Community Nursing (CCN), have made the following improvements:

- CCNs continue to develop End of Life care provision and have supported increasing numbers of families in this area. They work in partnership with the local Hospices and have attended and participated in joint study days, increasing knowledge and understanding in this area.
- Verification of expected death. The Trust policy in this area has been updated to include children and young people. Some CCNs and Managers have been trained and are competent to verify the death of a child or young person, where this person was supported by the CCN team, and where their death was both expected and occurred at home. This means that there will not be a delay in the verification of death process so that the family can have their wishes met in terms of care of the body. The service has also employed a Palliative Care Consultant using funding from the local Hospice.
- Work is being undertaken to actively develop and improve transition services across our Trust. The CCN team are developing a transition checklist.
- The Paediatric Early Warning Score has been implemented to assess children and young people and identify deterioration promptly. A new deteriorating child standard operating procedure has been developed to support this.

Special School Nursing (SSN) Teams have been working on:

- Reviewing their roles and dependency across the Special Educational Needs (SEN) schools to ensure appropriate cover
- Reassessing SSN clinical competencies, with new competences developed.
- Improving and increasing training provision.
- Developing a health needs checklist for all new children in SEN schools.
- Creating innovative ways to obtain feedback from children and young people with disabilities.

- Increasing health promotion within special schools in the East of Berkshire.

The Specialist Dietetic Team have made the following improvements:

- The service has maintained clinical support to their caseload. They prioritise the most vulnerable patients who are enterally fed.
- Additional face-to-face locality clinics have been provided to facilitate dietetic reviews
- Weight management and fussy eating resources have been developed to support early intervention and children with additional needs.

The School Aged Immunisation Service made the following improvements:

- Autumn term 2025 was the main flu vaccine delivery period across primary and secondary schools and more vaccines were administered than in previous years. The average flu vaccine uptake for primary schools was 63% (against a target of 60%) and for secondary schools was 55% (against a target of 55%). The flu vaccine letter was also redesigned to better suit those outside of formal education.
- A New Child Health Information System portal is in place to view immunisation history for all children and young people across Berkshire.

Community Paediatricians have made the following improvements:

- Reduced telephone calls and emails to doctors by updating their website with more detailed information, setting expectations for response times and producing standard information clinic letters that parents and carers can use for other purposes.
- Reducing follow-up appointments from 817 to 225 (a 72% reduction). The team are currently working on reducing the number of patients that do not attend appointments and those that give short-notice cancellations.

Child and Adolescent Mental Health Services (CAMHS)

The service is implementing a CAMHS reimagining project that will ensure that they are working in line with the principles of THRIVE. A key element of the project is to ensure that there is no wrong front door approach for requests for help, so that children and young people (CYP) can access help quickly irrespective of which door they enter through. There will also be a clarity of the offer with clinical care pathways mapped across the domains of THRIVE and with clear endings. The service will also ensure that there are no unwarranted variations and will streamline services so that CYP do not experience bouncing around the services.

CAMHS Access and Getting Help

The Getting Help teams- including Primary Mental Health 4 Youth (PMH4Y) have rolled out the use of the Silvercloud platform offering evidence-based interventions digitally, as well as in person. A hybrid model, using Silvercloud as a supplemental intervention, will also be mobilised over the coming months.

The East Getting Help Teams and Mental Health Support Teams (MHST) are continuing their Yellow Belt Quality Improvement project to reduce the number of patients that do not attend (DNA) appointments. This has resulted in a continued decrease in DNA rates to under their goal of 11%. The service has also been awarded the contract for the west MHSTs this year.

The Primary Mental Health Team 4 Youth (PMHT4Y) in Wokingham have completed the Quality Management Improvement System (QMIS) training and are working on several quality improvements. They are also connecting with an LGBT youth group in Wokingham called "SupportU" to promote the service and improve inclusivity.

Mental Health Practitioner posts - Primary care networks have been piloted in Slough, Reading and Windsor, Maidenhead and Wokingham. They have enabled 5 times as many CYP to access assessment, advice and

support, with average waiting times to a first appointment under one week.

The Anxiety Disorder Treatment Team (ADTT) have been working on reducing the number of people waiting for treatment, bringing the total down by 110 within the year.

CAMHS Getting More Help

The East and West Specialist Community Teams (SCT) have continued to work on reducing their waiting times for treatment. From team referral to second appointment (a proxy measure for treatment commencing) West SCT have reduced the wait by 39% and East SCT by 53%.

CAMHS Early Intervention in Psychosis (EIP) have been working to increase their use of Routine Outcome Measures (ROMS), and in particular paired ROMS. This will improve the clinician's ability to inform patient care plans.

Getting Risk Support Pathway

An Integrated Getting More Help and Getting Risk Support Pathway is being developed as part of the larger CAMHS reimagining project detailed above.

The CAMHS Intensive Treatment Team have been working to understand and improve their productivity. Two Plan Do Study Act cycles have been completed to date and the next step is to conduct a fishbone analysis.

The CAMHS Rapid Response Team have started an Anathem pilot. This has shown early indications of saving clinicians time undertaking administrative tasks.

CAMHS Phoenix Unit have introduced community champions who are allocated to community CAMHS services to join their Multidisciplinary Teams. A safety huddle has also been introduced every morning. The Phoenix Garden has also been redesigned and an outside school created in the grounds, to enable children to learn outdoors when conducive. Lastly, a sensory cabin has been built in the grounds and equipped to provide a tranquil respite space when needed.

The CAMHS Learning Disability Team

This team have implemented a 2-weekly parenting group for behaviours that challenge. This has received very positive feedback from families. Their individual therapy waitlist has reduced from 12 months to 6 months. The team have also received positive feedback on how they managed several complex cases.

The Keyworking Team

The Keyworking Team have made the following improvements during the year:

- A Community Link Worker has been appointed.
- The Care (Education) and Treatment Reviews process has been further strengthened to improve oversight and timeliness of actions.
- Engagement activities have been carried out to raise awareness.
- Co-production has been strengthened through engagement with the Parent/Carer Forum.
- A young person and their parent contributed to a service video describing their experience of the team.

Eating Disorders Services

Children and Young People Berkshire Eating Disorder Service (CYP BEDS) have made the following improvements:

- A young people's participation group has recommenced.
- Multi family therapy has been reintroduced
- A new induction booklet has been created
- A support worker home visit was introduced for every new family.
- A new phlebotomist and a GP with special interest in BEDS has been recruited for the CYP and Adult teams.

Adult Berkshire Eating Disorder Service (BEDS) have made the following improvements:

- Developed a standard operating procedure for Pregnant Women with Severe Eating Disorder.
- Developed easy read versions of the First Steps Group (psychoeducational sessions)
- Upskilled the team with specific training

- Improved the process of overseeing all waiting lists.
- Introduced sensory boxes.
- Introduced more training on neurodiversity.
- Offered patient psychoeducation around the relationship between amenorrhea and pregnancy for women presenting with an eating disorder.

Adult Learning Disabilities

The Learning Disability Psychology Team have been running weekly 'Thinking Together' clinics that offer systemic psychotherapy. Clients and supporters have given positive feedback and have reported themes of improved communication and reduction in distress.

As part of a pilot project, staff from the Learning Disability service and staff from the Neuropsychology service have been carrying out joint assessments for people who are on the autism services waiting list and are noted as having a learning disability.

The Community Teams for People with a Learning Disability (CTPLD), together with the Learning Disability Intensive Support Team (IST), completed Quality Management Improvement System (QMIS) training this year. As a result, the teams have been working on a range of improvement opportunities:

- Newbury CTPLD have focused on feedback they received through the I Want Great Care (IWGC) tool.
- Bracknell CTPLD have focused on the system of seeking feedback and have streamlined their processes to achieve this. Their response rates have significantly increased as a result.
- Slough CTPLD have focused on reducing waiting times, especially for individuals without a current diagnosis.
- "Talking Mats" is an evidence-based, visual communication framework that supports people to express their views, preferences and understanding, particularly where verbal communication may be a barrier. The Speech and Language Therapist from the Intensive Support

Team supported twelve staff to complete Talking Mats training.

The Team at Champion (our specialist learning disability Inpatient Service) have been working towards accreditation by the Royal College of Psychiatry Quality Network for Learning Disability inpatient services. The service is currently awaiting feedback on the outcome from the process. There has also been a focus on evidencing the proactive and least restrictive interventions the team often use in helping to manage and reduce incidents of violence and aggression on the ward.

All-Age Neurodiversity, including Autism and Attention Deficit Hyperactivity Disorder (ADHD)

Children and Young People Autism and ADHD services

Over the past year, Autism and ADHD services received feedback from more than 1,000 service users, with consistently high satisfaction ratings of 95–96%. Feedback is reviewed monthly and directly informs improvement work. Recent changes (based on service user feedback) include enhancing waiting areas with neuro-affirming visual information and expanding break-time activities for young people attending longer assessments.

New support videos have also been produced as part of a website redesign. These include an autism assessment preparation film. The team also ran focus groups and interviews to

understand assessment experiences and barriers to engagement.

Demand for autism and ADHD services remains exceptionally high nationally and continues to exceed capacity. Details on actions that the service is taking to address this are included in the flow and waiting times section of this report (section 2.1.2).

Family Safeguarding Model (FSM)

Improvements in the FSM service have included the following:

- Creating an ‘at a glance’ overview for parents who use both CAMHS and Social Care/ FSM services.
- Developing a group therapy offer based on service-user feedback.
- Delivering a pilot wellbeing offer for foster carers.
- Collaborating with Perinatal Mental Health to provide psychological therapy with regard to emotion regulation.
- Increasing links with community activities and community sites.
- Undertaking a pilot project to enhance Mental Health Services through Systemic Consultation.

Perinatal Mental Health

The Perinatal Mental Health Service have been undertaking a service transformation and are focused on improving access and waiting times in their service. Details on actions that the service is taking to address this are included in the flow and waiting times section of this report (section 2.1.2).

2.1.9. Improvements in Mental Health Services for Adults

Talking Therapies

Talking therapies have made the following improvements during the year.

Digital Innovations and Improvements

- Direct to Digital Pathway. Talking Therapies integrated SilverCloud in 2024 to allow electronic referral completion and immediate access to self-help materials. In 2025, the pathway was tested and refined through Plan Do Study Act

cycles, demonstrating improved efficiency and scalability.

- AI Screening and Smart Referrals. An automated pre-screening tool has been introduced to reduce inappropriate referrals and improve patient experience.
- Self-Management Toolkit for Patients Awaiting Step 3 Treatment. To ease Step 3 waiting pressures, patients continue to receive access to unsupported SilverCloud

online interventions when added to the waiting list.

- Automated SMS messages to patients. An automated SMS system now prompts patients to confirm, cancel, or decline further support ahead of step 3 assessments. This helps to avoid unused appointments. A further automated SMS process informs patients starting treatment about employment support.

Improvements to Address Waiting Times

- Step 3 Waiting Times Initiative. The service has introduced a revised allocation model, directing patients to the shortest clinically appropriate Step 3 waitlist. This has reduced waits, especially for counselling for depression.
- 'Did Not Attend' (DNA) and Cancellation Standard Work. The DNA and cancellation processes have been standardised, having identified variation across teams. A three-month review showed that attendance improved from 73% to 76%, cancellations fell from 13% to 10%, and DNAs remained stable at 8%.

Improvements to Quality Outcomes

- The service has replaced risk-stratification categories with a holistic 5P risk-formulation model, aligned with national suicide-prevention guidance.
- A review highlighted inconsistent pathways, documentation, and low staff awareness of Functional Neurological Disorder (FND). To address this, patient descriptors were updated, guidance strengthened, and neuropsychology pathways improved to support more consistent care and outcome.
- Following a decline in recovery rates, the Recovery A3 project was refreshed in 2025, with enhanced oversight through the Clinical Quality Workstream. Ongoing work includes monitoring outcomes by modality, addressing unmet needs (e.g., older adults, neurodiversity, people with long term conditions), improving flow, and aligning with updated national guidance.

Improvements in Staff Management and Wellbeing

- The team have enhanced line Management and Team Structures.
- A new People Dashboard has been developed with the Workforce Information Team to provide clear visibility of key workforce metrics.

Improvements made across Adult Mental Health Services

Named Worker and care planning- moving beyond the Care Programme Approach.

The Trust has implemented a Named Worker model across Community Mental Health Services and the wider Mental Health Division, supporting a move away from the traditional Care Programme Approach towards more personalised, needs-based and relational care planning. This approach ensures every service user has a clearly identified professional responsible for coordinating care, maintaining continuity and acting as a consistent point of contact for the individual and their carer.

Staff support and wellbeing – provider collaborative work.

Staff support following incidents of violence and aggression has been progressed as a shared priority within the provider collaborative, in partnership with Oxford Health NHS Foundation Trust. Work has included:

- Peer-to-peer focus groups: Staff experiences following assaults have been explored to identify what helps, barriers, and what changes staff want to see.
- Learning integration: Findings are being brought together to strengthen the post-incident support offer at Prospect Park Hospital (including practical, psychological and organisational supports).
- Shared learning events: A joint learning event with Oxford Health is planned/underway to share what is working and support spread across services.

Patient and carer voice, escalation and safety

- A Carers Panel (Concerns about Safety Panel) has been implemented across the Trust to enable carers to refer concerns for

an independent, multidisciplinary review where they are worried about safety or care.

- Martha's Rule. Implementation has commenced as a complementary patient safety initiative to strengthen escalation routes and ensure patients and families can raise concerns when they feel care is deteriorating.

Sexual safety.

- Adult inpatient services have been remodelled to increase patient choice and trauma-sensitive environments, including reconfiguration of two previously mixed-gender wards to single-sex provision.
- The Datix incident reporting form has been updated to capture more detailed sexual safety incident information, supporting more targeted learning, training and steering group oversight.

Psychosocial Interventions (PSI) training.

Face-to-face PSI training is being rolled out for Community Mental Health staff over two years to strengthen evidence-based interventions and engagement using a biopsychosocial and strengths-based approach.

Royal College of Nursing (RCNi) Psychosocial Interventions Programme

An additional 20 places on this course commissioned for learners across the Trust. A peer support network has been established to support application of psychological interventions learning into clinical practice.

Royal College of Nursing Mental Health and Learning Disability pilot (October 2025–December 2026).

Our Trust has been selected as one of three pilot sites to strengthen workforce confidence and capability in meeting the needs of people with a learning disability and autistic people within mental health services (based on Green Light Toolkit standards).

Implementing the Carers Strategy. Carer Champions in ward environments improve identification, involvement and engagement across the pathway. Resources have been co-produced with carers and feedback mechanisms have been put in place. Carer Cafés are continuing

Smokefree

Several smokefree improvements were undertaken during the year, including:

- Our mental health inpatient units swapped to using rechargeable vapes in June 2025
- The "Swap-to-Stop" vape scheme was introduced into community mental health teams in the west of Berkshire, with work progressing in the east to do the same.
- There has been improved uptake of training in both "Tobacco Dependence -Very Brief Advice" and "Making Every Contact Count".
- A new Tobacco Dependence Advisor has been appointed for Mental Health Inpatients
- Smokefree webinars were carried out for National No Smoking Day and Stoptober
- Weekly smokefree in-house clinic have been run for patients before discharge and for staff. This was in collaboration with our colleagues in Smokefree Life Berkshire
- Vaping guidance ratified and circulated.

Co-occurring Mental Health, Alcohol and Drugs (COMHAD)

Several COMHAD improvements were undertaken during the year:

Improving the patient Journey

- A liver health clinic ran for 6 months at Prospect Park Hospital to support the national initiative for early identification of Liver disease and Hepatitis C.
- Take Home Naloxone is being piloted for patients identified at risk of opiate overdose.
- Screening drug kits have been standardised across hospital and urgent care.
- Oral swab kits are available for identifying recent drug use while on leave on the ward
- "Assit lite" has been embedded in the electronic patient record to help identify people with harmful drug and alcohol use.
- Alcoholics Anonymous volunteers are to work in Prospect Park Hospital to help patients who are keen for support
- A gap analysis of suicide data was undertaken through a COMHAD lens.

COMHAD Training and Workforce Development

- A new COHMAD Training plan for mental health staff is being devised. Three-day COMHAD training is also in place.
- Alcohol Awareness week included a bitesize training event in July 2025.
- Two national COMHAD specific webinars were hosted by our Trust in conjunction with the national COMHAD consortium and colleagues in Manchester.
- Training was undertaken with the Crisis Resolution and Home Treatment (CRHTT).
- Training on Improving Assessment Quality in Crisis Presentations was carried out.
- Training was undertaken on telephone-based assessment for people presenting in crisis who are intoxicated, using substances or where a carer-reported concerns.
- New specialist COMHAD practitioners were appointed in West Berks CMHT, electronic prescribing and Common Point of Entry.

Clinical Support, Reflective Practice and Supervision

- CRHTT are modelling clinical practice by working with Lived Experience clinicians
- Reflective sessions and 1:1 support are offered to staff by the COHMAD team, with direct input given for complex presentations.

A quarterly Trust-wide COMHAD forum is in place for case discussion, shared learning and emerging issues.

Community Mental Health Services (CMHS)

Improving flow and reducing waiting times.

Information on this is included earlier in this report in section 2.1.2.

A CMHS Activity Improvement Initiative

was launched following an audit that revealed that some patient-related contacts were not being recorded, resulting in inaccurate reporting of team activity. Reading Community Mental Health Team (CMHT) piloted a project to address this, resulting in a 67% improvement in activity recording within the first month. This prompted a rollout across all six localities and was adopted as standard practice Trust-wide. Overall activity recording

has improved to 71% across all services by year end.

The Community Mental Health Psychological Therapies (CMHPT) Service

have seen a reduction in waiting times since its inception, down from 21 months in June 2024 to 12 months in December 2025. Several initiatives have contributed, including:

- Revising structures and processes
- Upskilling clinicians and establishing recruit-to-train roles to fill gaps
- Creating a workforce and training strategy to standardise evidence-based care.

The Common Point of Entry (CPE) Team

have benchmarked as the top CPE team in the country for the number of contacts they deliver per day for assessments and brief interventions. This means that patients can quickly discuss their needs, enabling fast onward direction to an appropriate service for follow-on support or assessment.

Older People's Mental Health (OPMH) Teams

Our six OPMH Teams provide specialist, personalised assessment and intervention for older people across Berkshire. While services have rightly adapted to local population and commissioning needs, during 2025 they undertook a project to review variations across localities, to ensure best practice is consistently shared and to promote organisational and national priorities to reduce inequalities. Beginning with our six Memory Clinics, a Quality Improvement informed approach was used with colleagues and stakeholders to build on what works well and improve areas of challenge.

This work has led to several key improvements, including:

- Standardised, evidence based clinical guidance for Mild Cognitive Impairment and cognitive assessment
- A clear service user and carer journey information sheet for carers, from referral to diagnosis and beyond
- An Improved and consistent Single Assessment Process.

- Updated clinical offers for cognitive impairment and dementia pathways
- Reviewed services using the new 'Dementia 100' self-assessment framework, working closely with ICB system colleagues

As a result, patients and carers using our memory services will experience greater consistency regardless of location, and we are working closely with Integrated Care Board commissioners and system partners to further improve the pathway

Inpatient Mental Health Services

Culture of Care Programme – Prospect Park Hospital. This programme continues to strengthen compassionate, safe and inclusive inpatient care, using a whole- system focus on staff wellbeing, patient experience and learning culture. The programme includes:

- Trauma-informed care: continuing to embed principles that promote psychological safety, dignity, and relational approaches to care for service users and staff.
- A Personalised approach to risk: Implementation work is underway to

strengthen collaborative, formulation-led and person-centred approaches to risk and safety planning.

- Named worker and enhanced care planning: Strengthening continuity, involvement and needs-based care planning.
- Enhanced Therapeutic Observation and Care (ETOC): Implementation aligned to the Culture of Care 16 principles to support safety while maintaining therapeutic engagement and reducing restrictive practices.
- Completion of a ward-level racial equity review to assess culture, inclusion and culturally responsive care.
- Organisational strand: Engagement of key departments to strengthen care
- Ward managers are participating in a national development programme,
- Learning and spread: Wards have shared Culture of Care initiatives at national events

Reducing length of stay. Mental health inpatient services have put in place initiatives to reduce length of stay. These are detailed earlier in this report in section 2.1.2.

2.2. Setting Priorities for Improvement for 2026/2027

ⓘ This section details the Trust's priorities which reflect our Trust Annual Plan on a Page for 2026/27 (see Appendix A). Our annual Plan on a Page takes account a wide range of priorities, including the system and Joint Forward Plan goals we share with our partners. Priorities have been set in the areas of patient experience, harm free care, clinical effectiveness, and supporting our people. They have been shared for comment with Trust governors, Integrated Care Boards, Healthwatch Organisations and local Health Overview and Scrutiny Committee.

2.2.1. Harm-Free Care Priorities

Providing safe services

- We will improve flow through all our services to reduce risk of harm resulting from waiting times.
- We will reduce self-harm and suicide across all services.
- We will recognise and respond promptly to physical health deterioration on all wards.
- We will encourage and support staff and patients to raise safety concerns without fear and ensure learning from incidents.

- We will reduce avoidable admissions and minimise patients' length of stay in hospital.

2.2.2. Great Patient Experience Priorities

Improving outcomes

- We will target and reduce health inequalities in access, experience and outcomes at service level.
- We will always include patients, carers and partners as we make changes to services.

- We will engage patients in their healthcare via digital tools: on-line therapies, apps, patient portals, NHS app.
- We will achieve a patient feedback positivity rating of 95% in each service and demonstrate service improvements based on feedback.
- We will review key drivers affecting staff and patient experience of care including leadership and team culture, providing support where needed.

2.2.3. Clinical Effectiveness Priorities

- We will participate in applicable national clinical audits and operate a robust system for reviewing NICE guidance to ensure that care is delivered in line with national best practice standards.
- We will continue to review, report, and learn from deaths in line with new national guidance.

2.2.4. Supporting our People Priorities

A great place to work.

- We will nurture a culture of wellbeing, respect, compassion, and inclusivity.

- We will act to reduce incidents of abuse of any kind
- We will deliver our unity against racism action, removing barriers to equity and improving diversity in leadership.
- We will ensure high quality appraisal and career conversations to support development and progression of staff, retaining skills and expertise.
- We will reduce sickness absence improving staff experience, and service capacity for patient care.

We will work with our health, social care and voluntary sector partners to develop proactive, integrated healthcare focused on the needs of patients, communities and the populations we serve.

2.2.5. Monitoring of Priorities for Improvement

All priorities detailed above will be monitored on a quarterly basis by the Trust Quality Assurance Committee as part of the Quality Report and the Trust Board will be informed of performance against agreed targets. The Trust will report on our progress against these priorities in our Quality Account for 2026/27

2.3. Statements of Assurance from the Board

During 2025/26 Berkshire Healthcare NHS Foundation Trust provided and/or sub-contracted 50 health services.

Berkshire Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in all these relevant health services.

The income generated by the relevant health services reviewed in 2025/26 represents 100% of the total income generated from the provision of relevant health services by

Berkshire Healthcare NHS Foundation Trust for 2025/26.

The data reviewed aims to cover the three dimensions of quality – patient safety, clinical effectiveness, and patient experience. Details of a selection of the measures monitored monthly by the Board which are considered to be most important for quality accounting purposes are included in Part 3. These incorporate more than three indicators in each to the key areas of quality.

2.3.1. Clinical Audit

① Clinical audit is undertaken to systematically review the care that we provide to patients against best practice standards. We make improvements to patient care based on audit findings. Such audits are undertaken at both national and local level.

National Clinical Audits and Confidential Enquiries

During 2025/26, 13 national clinical audits and 5 national confidential enquiries covered relevant healthcare services which Berkshire Healthcare NHS Foundation Trust provides.

During that period Berkshire Healthcare NHS Foundation Trust participated in 100% (n=13/13) of national clinical audits and 100% (n=5/5) of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust was

eligible to participate in during 2025/26 are shown in the first column of the Figure below. This column also details the national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in during 2025/26.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in and for which data collection was completed during 2025/26 are also listed in the figure below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (detailed in the second column of the Figure below).

Figure 24- National Clinical Audits and Confidential Enquiries

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2025/26	Data collection status and number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
1. National Clinical Audits (N=13)	
National Clinical Audit and Patient Outcomes Programme (NCAPOP) Audits	
National Sentinel Stroke Audit	Data Collection: April 2025 to March 2026. 222 patients submitted, across 3 services (final figure not yet available). Report due: Annually - November 2026 (tbc)
National Respiratory Audit Programme (NRAP) – Pulmonary Rehabilitation	Data Collection: April 2025 to March 2026. 170 patients submitted, across 1 service (final figure not yet available). Report due: Annually December 2026 (tbc)
National Audit of Inpatient Falls	Data Collection: April 2025-March 2026. 4 patients submitted across inpatient services. Report due: Annually - November 2026 (tbc)
National Audit of Care at End-of-life	Data Collection: April 2025 to March 2026. 102 patients submitted, across inpatient services (final figure not yet available). Report due- Date 2026/27 (tbc)
National Audit of Care at End-of-life: Mental Health Inpatient services	Data Collection: Jan 2025 to Jan 2026. 1 patient submitted, across Mental Health inpatient services Report due: 2026 (tbc)
National Clinical Audit of Psychosis	Data Collection: April 2025 to March 2026 (tbc). 377 patients submitted, across 2 services (final figure not yet available). Report due: (tbc)

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2025/26	Data collection status and number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
Non- NCAPOP Audits	
National Diabetes Footcare (Community Podiatry care)	Data Collection: April 2025 to March 2026. 403 patients submitted, across 1 service (final figure not yet available). Report due: 2027 (tbc)
National Diabetes Audit - Secondary care	Data Collection: April 2025 to March 2026. 212 patients HbAc1, 7 Structured Education and 78 Insulin pump patients submitted, across 1 service (final figure not yet available). Report due: tbc
National Audit of Cardiac Rehabilitation	Data Collection: April 2025 to March 2026. 195 patient assessment 1's 137 assessment 2's submitted, across 1 service (final figure not yet available). Report due: Nov/ Dec 2026 (tbc)
Prescribing Observatory for Mental Health (POMH) 18c: Use of Clozapine	Data collection: March 2025 to April 2025. 154 patients submitted, across mental health services. Report released: Oct 2025
POMH 20c: Improving the quality of Valproate prescribing in adult mental health services	Data collection: June 2025 – Aug 2025. 146 patients submitted, across Mental Health Inpatients and Mental Health Community services. Report due: Feb 2026
POMH 22b: Use of medicines with Anticholinergic (antimuscarinic) properties in older people's mental health services	Data collection: October 2025 – November 2025. 421 patients submitted, across Older Peoples Mental Health Services. Report due: April 2026
POMH: 17c: Use of antipsychotic medication for relapse prevention in patients with a diagnosis of schizophrenia	Data collection: March 2026 to April 2026. xx patients submitted, across x services. (final figure not yet available). Report due: September 2026.
2. National Confidential Enquiries (N=5)	
National Confidential Enquiry into Patient Outcome and Death (NCEPOD)- Medical and Surgical Clinical Outcome Review Programme. A. Managing Acute Illness in People with Learning Disability	Data Collection: July 2025 – October 2025 (Clinician Survey Only). N/A patients submitted, across Trust services. Report due: 2026 (tbc)
National Confidential Enquiry into Suicide and Homicide (NCISH) - Mental Health Clinical Outcome Review Programme A. Suicide and Homicide 2025/26	A - Data Collection: Apr 2025 to March 2026. 41 (100%) patients submitted, across Mental Health services. Report due: 2027/28 (tbc)
B. Real-time data collection of probable suicide deaths by mental health in-patients and patients who died within 14 days of discharge	B - Data Collection: April 2025 to March 2026. 100% patients submitted, across Trust services. Report due: 2026/27 (tbc)
National Child Mortality Database (NCMD) Programme	Data Collection: April 2025 to March 2026. 100% patients submitted across Trust services). Report due: Oct / Nov 2026 (tbc)

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2025/26	Data collection status and number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
Learning Disability Mortality Review Programme (LeDeR)	Data Collection: April 2025 to March 2026. 46 patients submitted, across Trust services. (final figure not yet available) Report due: 2028 (tbc)

The reports of 9 (100%) national clinical audits were reviewed by the Trust in 2025-26. This included national audits for which data was collected in earlier years with the resulting report being published in 2025/26. Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare provided as detailed in Appendix B

Local Clinical Audits

The reports of 21 local clinical audits were reviewed by the Trust in 2025/26. Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare which are detailed in Appendix C.

2.3.2. Research and Development

Research is vital in providing the evidence we need to transform services and improve outcomes, such as in developing new models of care, redesigning care pathways and offering new treatments to improve future health and care.

Patients treated in research active organisations have improved outcomes (Downing et al 2017, Jonker & Fisher 2018, Jonker et al 2019) and workforce retention is increased with evidence to suggest that those members of the workforce who are involved in research have greater job satisfaction with staff turnover often lower in research active trusts (Johnson 2018, Rees & Bracewell 2019). It is Berkshire Healthcare's focus to encourage a research-positive culture as this is vital in both providing patients with access to clinical research and improving workforce retention.

Berkshire Healthcare is committed to growing the capacity and capability for clinical research within our clinical services. We strive to provide those research opportunities to the population we serve that are person-centred and aligned to what the population need.

The use of Research and Development plays a critical role in facilitating and supporting services in the growth of research activity. This builds capacity and develops skills both within our organisation and across the wider health systems. Berkshire Healthcare forms part of

the South-Central Regional Research Delivery Network which is part of the South-East integrated care system with two Integrated Care boards, NHS Thames Valley and NHS Hampshire and Isle of Wight.

We work in partnership with organisations within the region to identify and address both local and national priorities where Research can help to make a difference. Working with the Research Delivery Network we support Researchers and clinical services with the practical support they need to support Research in practice.

The total number of patients receiving relevant health services provided or subcontracted by Berkshire Healthcare NHS Foundation Trust in 2025/2026, that were recruited to participate in research approved by a research ethics committee is 769. Of this a total of 583 were recruited to 21 National Institute for Health and Care Research (NIHR) portfolio studies.

Berkshire Healthcare conducts community-based health and social care research across a range of specialty areas including Physical Health, Mental Health, Children and Young

People, Learning Disabilities, Health Services Research and Ageing.

Patient experience

The NHS pledges to inform people of research studies in which they may be eligible to participate. In 2024/2025, more than 6,500 participants in Berkshire took part in research supported by the NIHR in the 12 months from 1 April 2024.

In 2025/26 the overall return rate of the Patient Research Experience Survey (PRES) was 61 surveys (10.5% of participants recruited to portfolio research projects). Participants have provided feedback on the service they received by participating in a Clinical Research study (NIHR portfolio reported only) through the survey. Patients are also encouraged to complete the “Ok to Say No” questionnaire which allows us to gain feedback on our approach to people who did not choose to take part in research. In addition, patients are encouraged to ask their doctor or health professional about research opportunities and search for and sign up to be contacted about trials through NIHR national online platforms such as:

- beartofresearch.nihr.ac.uk and
- joindementiaresearch.nihr.ac.uk.

Be Part of Research is a UK-wide service that helps people find and take part in health and care research across nearly every health condition. It is the first UK-wide research volunteer registry into all health conditions.

Berkshire Healthcare is committed to providing research opportunities and improving care for our underserved and disadvantaged populations. We have approved sponsorship for one research project this financial year within the Children, Family & All Age Services.

External opportunities for people to participate in co-producing Research projects are promoted through Berkshire Healthcare forums and by working with our Voluntary Care Sector colleagues. As part of the co-production workstream, Research representatives are working with colleagues to provide guidance to clinical services on what

co-production looks like for Research initiatives.

Supporting our staff

The value of research in transforming health and care is significant. Staff satisfaction, recruitment and retention is higher among staff who are involved in research. In response to the Chief Nursing Officer for England’s strategic plan for research, we promote and support various initiatives to increase capacity and capability for Nursing, Midwifery and Allied Health Professions (NMAHP) Pharmacists, Healthcare Scientists and Psychologists.

Berkshire Healthcare is a partner of the Launchpad programme, which is a dynamic, inclusive programme designed to support Health Care Practitioners to explore how research can enrich their careers and improve services. Working as a partner with other NHS trusts, Universities and Local Authorities, we have promoted career development opportunities through targeted forums.

In 2025/26, we have supported 3 (Community Physical Health Services and Trust Wide Operations) applications for early career researchers and have promoted career development opportunities through clinical forums and the library knowledge service.

Patient safety priorities and clinical effectiveness.

Services across all clinical divisions are performing local, regional and national searches for Clinical Research projects and Health Services Research projects to host. These projects address their priorities including waiting times, pathway designs or supporting patients on waiting lists. Searches are performed on a weekly basis.

Berkshire Healthcare work in partnership across the two Integrated Care Systems, within Buckinghamshire, Oxfordshire and Berkshire West (BOB) and Frimley Health and Care to host research studies relevant for the population we serve.

In 2025/2026, 27 studies were set up, and capacity and capability has been issued for 15

portfolio studies and 12 non-portfolio studies. One of the studies that opened to recruitment in quarter 4 of 2025/26, aims to identify, with precision, the nature and timing of the real-world changes that take place in the transition to adulthood. Attention-deficit/hyperactivity disorder (ADHD) is a common neurodevelopment condition affecting 5.9% of youths. Late adolescence can be a particular challenging period for young people with ADHD, with major life transitions, new demands and increased expectations. This vulnerable phase also coincides with the transition from child and adolescent mental health care to adult ADHD services, where new UK data show that most youths with ADHD do not successfully transfer to adult services. Therefore, many young people with ADHD do not receive appropriate interventions at a time when they may need them most. Opportunities for intervention are currently not fully realised due to both the young people's disengagement from clinical services and our limited understanding of real-world targets for more holistic interventions.

In 2025/26 there have been 4 expressions of interest submitted to host commercial NIHR Portfolio studies: 2 in the Community and

Physical Health Division and 2 in the Mental Health Division. In addition, 9 expressions of interest have been submitted to host non-commercial NIHR Portfolio studies; 2 in the Mental Health division, 6 in the Community Physical Health division, and 1 in the Children Families and All Age division.

1 commercial study was going through set up process in 2025/26 and is due to open early in 2026/27. This commercial study aims to address challenges by piloting remote, biomarker-enhanced Memory Clinics to improve the efficiency of existing diagnostic pathways. Dementia is the leading cause of mortality in the UK, and its prevalence is expected to increase significantly in the coming years. The dementia associated healthcare costs are substantial and projected to grow as both prevalence and the cost of services rise. Prolonged wait times for initial dementia assessments and diagnoses are a major concern, as they delay essential treatment and support for patients. To address this, it is vital for the UK healthcare system to leverage recent innovations, such as blood biomarkers and innovative AI technology, to enhance and expand clinic capacity and meet patient needs more efficiently.

2.3.3. CQUIN Framework

① The Commissioning for Quality and Innovation (CQUIN) payments framework was set up from 2009/10 to encourage NHS providers to continually improve the quality of care provided to patients and to achieve transparency. They enable commissioners to reward excellence, by linking a proportion of service providers' income to the achievement of national and local quality improvement goals.

A proportion of Berkshire Healthcare NHS Foundation Trust's income in 2025/26 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement, or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment

framework. Further details of the agreed goals for 2025/26 and for the following 12-month period can be found in the appendices.

The income in 2025/26 conditional upon achieving quality improvement and innovation goals is N/A as we did not have a CQUIN in 2025/26. The associated payment received for 2024/25 was N/A as there was no CQUIN.

2.3.4. Care Quality Commission (CQC)

① The Care Quality Commission (CQC) is the independent regulator for health and social care in England. It ensures that services such as hospitals, care homes, dentists and GP surgeries provide people with safe, effective, compassionate, and high-quality care, and encourages these services to improve. The CQC monitors and inspects these services and then publishes its findings and ratings to help people make choices about their care.

Berkshire Healthcare NHS Foundation Trust is required to register with the Care Quality Commission (CQC), and its current registration status is registered with no conditions attached to registration.

The Care Quality Commission has not taken enforcement action against Berkshire Healthcare NHS Foundation Trust during 2025/26.

Berkshire Healthcare NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission; our last CQC inspection of our core services took place in November 2019, and a “Well Led” inspection in December 2019 with the Trust rated as Outstanding overall. Our Community Physical Health services for adults, End-of-Life service, Learning Disability In-Patients and our Older Peoples Community Mental Health services currently all hold an outstanding rating. All our services are either outstanding or good.

Following the 2019 inspection the CQC detailed some areas that the Trust needed to take to improve, and an action plan was submitted to the CQC outlining how we planned to respond to these highlighted areas. All but one of these actions is now completed. The action that we continue to undertake extensive work around was that we needed to continue to work with commissioners to ensure waiting times for assessment are not excessive for those referred to the attention deficit hyperactivity disorder (ADHD) pathway and autism assessment pathway. Further information on this is detailed in the Harm free Care section (part 2.1.2) and ‘Other Service Improvements’ section (part 2.1.8) above

The CQC also carried out an unannounced inspection on Campion Ward, our ward for people with Learning Disabilities, on 26th and 27th March 2026. We are awaiting a report from the CQC following this inspection.

<p>Overall Outstanding</p> <p>Read overall summary</p>	Safe	Good ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Outstanding ☆
	Well-led	Outstanding ☆

Berkshire Healthcare NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2025/26:

- Area Special Educational Needs and Disabilities (SEND) inspection of Slough Local Area Partnership- July 2025.
- Area Special Educational Needs and Disabilities (SEND) inspection of

Wokingham Local Area Partnership-
January 2026.

Berkshire Healthcare NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the CQC:

- The Trust will feed into any action plans as required.

Berkshire Healthcare NHS Foundation Trust has made the following progress by 31 March 2026 in taking such action:

- Actions will be progressed as per the action plans noted above.

The CQC has not carried out any unannounced Mental Health Act (MHA) visits during the 2025/26 financial year. Reports from these MHA visits are reviewed, and action plans produced and monitored.

2.3.5. Data Quality and Information Governance

It is important that data used by NHS services is of a high quality so that it can be best used to inform decisions on the management of patients. Data must also be of a high quality to help inform organisational decision-making and planning.

The Secondary Uses Service (SUS)

The Trust submitted records during 2025/26 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

— Which included the patient's valid NHS number was:

- 100% for admitted patient care.
- 100% for outpatient care, and

- * For accident and emergency care — Which included the patient's valid General Medical Practice Code was:
 - 100% for admitted patient care.
 - 100% for outpatient care, and
- * For accident and emergency care

* This data is now being collected through the Emergency Care Data Set, and we do not have any concerns in this area as we have consistently achieved >99%

Information Governance

Information Governance requires us to set a high standard for the handling of information. The aim is to demonstrate that we can be trusted to maintain the confidentiality and security of personal information, by helping individuals to practice good information governance.

Berkshire Healthcare NHS Foundation Trust Data Security and Protection Toolkit overall score for 2024/25 was 'Standards Met.' This is the highest standard that can be achieved for this toolkit. The Score for 2025/26 will be available in June 2026.

The Information Governance Group is responsible for maintaining and improving standards in this area.

Data Quality

Berkshire Healthcare NHS Foundation Trust is not subject to the Payment by Results clinical coding audit during 2025/26 by the Audit Commission. The Trust is using the latest Commissioning Data Set version to send data. Data is continuously monitored, and improvements made where required. Berkshire Healthcare NHS Foundation Trust

are taking the following actions to improve data quality:

The Trust continues to track the improvement of data quality. An overarching Information Assurance Framework provides a consolidated summary of every performance information indicator and action plans. The key messages are shared at data quality forums,

super user presentations, service level, and team level meetings. The six-weekly data quality forum also shares the priorities and audit results with services. The forum is recorded for all staff to access if they are not available to attend. A data quality/clinical coding intranet page, containing all data quality and clinical coding related policies, procedures, training, and guides, is available for all staff to access. A suite of data quality dashboards is available for staff, via the intranet, to monitor the data quality within their own services and teams at any time. Alongside the Rio refresher eLearning modules, a series of videos has been created to emphasise the impact of poor data quality and remind staff of the importance of good record keeping. The data quality intranet page has been updated to include these videos.

Data Quality and Data Assurance audits have been carried out throughout the year as part of the Information Assurance Framework, where data issues are identified, and internal action plans are put in place. The data is monitored until assurance is gained so that the Trust can

have a high confidence level in the data being reported. These audits align with the Trust's annual plan on a page, overall mission, and vision. The assurance reports and the Performance Scorecard are reviewed in monthly and quarterly locality meetings. External data quality reports published on the NHS England website are analysed monthly to ensure consistency in reporting both internally and externally.

The clinical coding team continue to review and improve the Trust's diagnostic data. As part of our continuous improvement programme, a full detailed audit took place in January 2026, with preliminary results of 100% for primary and 98.6% for secondary diagnoses coding accuracy. The final audit report published these results in March 2026. The clinical coding dashboard is used to enable colleagues to visualise inpatient coded data. This is also used to identify and resolve data quality coding issues and analyse health inequalities, in line with the Trust's goals as set out in the annual Plan on a Page.

2.3.6. Learning from Deaths

Many people experience excellent care from the NHS in the months or years leading up to their death. However, some patients experience poor quality care resulting from multiple contributory factors. The purpose of mortality review is to identify whether problems in care might have contributed to the death and to learn to prevent recurrence.

The Trust learning from deaths process includes all patients identified on our electronic patient records who have accessed one of our services in the year before death. In most cases these are expected deaths, but where a specific trigger is noted (as identified in our

policy) we then review these deaths further. The level of review required will depend on whether certain criteria are met, and we review the care provided for all patients who had a learning disability and died.

The Figure below details the number of deaths of Trust patients in 2025/26. This is presented alongside the number of case record reviews and investigations of these deaths that were undertaken over the same period, as well as an assessment of the number of deaths that were more likely than not to have been due to problems in care provided. Please note that the table contains statements that are mandated for inclusion.

Figure 25- Deaths of Trust patients in 2025/26- case reviews and investigations carried out in 2025/26.

1. Total number of Deaths		2. Total number of reviews and investigations carried out			3. Deaths more likely than not due to problems in care
Mandated Statement	During 2025/26 the following number of Berkshire Healthcare NHS Foundation Trust patients died	By 31st March 2026, the following number of case record reviews and investigations have been carried out in relation to the deaths.			The number and percentage of the patient deaths during the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient are detailed below. *
		1 st Stage Case Record Reviews (Datix)	2 nd Stage Review (IFR/ SJR)	Case Record Review & Pt Safety Investigation	
Total 2025/26	521	521	176	37	0
Mandated Statement	This comprised of the following number of deaths which occurred in each quarter of that reporting period:	The number of deaths in each quarter for which a case record review or an investigation was carried out was:			In relation to each quarter, this consisted of:
Q1 25/26	119	119	38	10	0
Q2 25/26	105	105	40	11	0
Q3 25/26	123	123	47	11	0
Q4 25/26	174	174	51	5	0

Source- Trust Learning from Deaths Reports *These numbers have been obtained using either Initial Findings Report or Root Cause Analysis methodology.

Immediate learning from all deaths is shared by Clinical Directors and Governance Leads through locality governance and quality meetings. Where the need for more substantial learning is identified from initial review, actions are taken, and an Internal Learning Review is facilitated by the Patient Safety Team.

Thematic learning from mortality reviews is summarised and circulated to all staff via a Trust briefing. The impact of this results in staff being made aware of learning across the Trust.

The Figure below details the number of deaths of Trust patients in 2024/25 that had case note reviews and investigations carried out in 2025/26. This is presented alongside an assessment of the number of these deaths that were more likely than not to have been due to problems in care provided and, as a result, a revised estimate of the number of deaths that were more likely than not due to problems in care in 2024/25. Please note that the table contains statements that are mandated by NHS Improvement for inclusion in the Quality Account

Figure 26- Deaths of Trust patients in 2024/25 with case reviews and investigations carried out in 2025/26

	1. Reviews and investigations carried out		2. Deaths more likely than not due to problems in care	3. Revised estimate of deaths in 2024/25 that were more likely than not due to problems in care
Mandated Statement	The number of case record reviews and investigations completed after 31 st March 2025 which related to deaths which took place before the start of the reporting period (deaths before 1 st April 2025)		The number and percentage of patient deaths before the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient. (These numbers have been ascertained using either Initial Findings Report or Root Cause Analysis methodology)	The number and % of the patient deaths during 2024/25 that are judged to be more likely than not to have been due to problems in the care provided to the patient.
	Case Record Reviews	Case Record Review & Pt Safety Review		
Total	56	15	1	1

The above death occurred in 2024/25, but was reported on in Q1 of 2025/26

2.4. Reporting against core indicators

ⓘ All NHS Foundation Trusts are required to report performance against a core set of indicators. This section details our performance against these core indicators. Where available, the national averages for each indicator have also been included, together with the highest and lowest scores nationally.

It is important to note that there are several inherent limitations in the preparation of quality reports which may impact the reliability or accuracy of the data reported.

- Data is derived from many different systems and processes. Only some of these are subject to external assurance or included in internal audit's programme of work each year.
- Data is collected by many teams across the Trust alongside their main responsibilities, which may lead to differences in how policies are applied or interpreted.
- In many cases, data reported reflects clinical judgement about individual cases, where another clinician might have reasonably classified a case differently.
- National data definitions do not necessarily cover all circumstances, and local interpretations may differ.
- Data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years.

Figure 27	2023/24	2024/25	2025/26	National Average 2025/26	Highest and Lowest
The percentage of adult mental health inpatients receiving a follow-up within 72 Hours of Discharge *	92%	93%	94.9%	Data not available	Data not available

* Please note that we have replaced the older indicator, relating to 7-day follow up of mental health patients discharged with a Care Programme Approach, as it is no longer being reported as part of the NHS Oversight Framework. Measurement against this new indicator, which requires mental health inpatients to be followed up within 72 hours (3 days) of discharge, is a key part of the work to support the suicide prevention agenda within the NHS Long Term Plan. The National Confidential Inquiry into Suicide and Safety in Mental Health (2018) found that the highest number of deaths occurred on day 3 post discharge, and this new indicator helps to address this.

Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: In line with national policy to reduce risk and social exclusion and improve care pathways we aim to ensure that all patients discharged from mental health inpatient care are followed up (either face to face or by telephone) within 72 hours of discharge.

Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and the quality of services: The Trust has a good level of compliance with this indicator through the implementation of our policies and procedures relating to discharge.

Source- Trust Tableau Dashboard

The indicator “The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period” is no longer included as it is no longer required to be reported on as part of the NHS Oversight Framework.

Figure 28	2023/24	2024/25	2025/26	National Average 2025/26	Highest and Lowest
The percentage of Mental Health patients aged— (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	3.4%	1.6%	3.51%	Data Not Available	

Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust focusses on managing patients at home wherever possible. Sometimes the judgement to send a patient home may be made prematurely or there may be deterioration in the patient’s presentation at home due to unexpected events.

Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and the quality of services, by: Work being undertaken around gatekeeping for admission to the hospital should ensure all admissions are appropriate and/or have greater consideration of their benefits and risks. Review is in place and embedded which takes place within 72 hours (wherever possible) and produces an intended discharge date. This is monitored at the daily bed management team meeting so that plans are checked, and any concerns escalated.

Source- Trust Tableau Dashboard

Figure 29	2023/24	2024/25	2025/26	National Average 2025/26	Highest and Lowest
<p>The indicator score of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.</p> <p>* This finding has been taken from the percentage of staff respondents answering, 'yes' to Question 25d of the National NHS Staff Survey: "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."</p>	77.6%	78.9%	81.3%	64.5%	44.3%-81.3%
<p>Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust's score is better than average, and this is maintained.</p> <p>Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and the quality of services, by: Implementing a People Strategy that has the overall aim of making the trust a great place to work for everyone.</p>					

Source: National Staff Survey

Figure 30	2023/24	2024/25	2025/26	National Figures 2025/26	Highest and Lowest
<p>Patient experience of community mental health services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period</p>	6.7	6.9	6.8	6.8	6.1-7.7
<p>Berkshire Healthcare NHS Foundation Trust considers that this score is as described for the following reasons: The Trusts score is in line with other similar Trusts.</p> <p>Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this score, and the quality of services, by: Being committed to improving the experience of all users of their services. Data is collected from several sources to show how our users feel about the service they have received. Actions are put in place through several initiatives to improve both an individual's experience and if required to change the service provision.</p>					

Source: National Community Mental Health Survey

Figure 31	2023/ 24	2024/ 25	2025/26			National Figures 2025/26	Highest and Lowest
			Q1	Q2	Q3		
The number of patient safety incidents reported	#	#	1923 *	2120 *	2074 *	Data not yet available	Data not yet available
Rate of patient safety incidents reported within the Trust during the reporting period per 1000 bed days	#	#	135.7 *	154.5 *	151.9 *	Data not yet available	Data not yet available
The number and percentage of such patient safety incidents that resulted in severe harm or death	#	#	**	**	**	Data not yet available	Data not yet available

Berkshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons:

* The number of patient safety incidents and rate of incidents per 1,000 bed days has been taken from the National Learn from Patient Safety Events Service (LFPSE)- Available at: <https://www.england.nhs.uk/statistics/statistical-work-areas/patient-safety-data/>.

Please note that these events are reported by Berkshire Healthcare NHS Foundation Trust and includes events that are attributable to other providers. Due to the data being live it is also subject to change and review for an extended period so it may change. The data comes mainly as a secondary use from what is recorded by our staff into our local risk management systems (LRMS). However, anyone can record a patient safety event on the service: they may be healthcare staff from any NHS or private provider, patients or members of the public. LFPSE data is submitted voluntarily to foster openness and encourage continual increases in recording. This means LFPSE data does not, and cannot, provide the definitive number of patient safety events occurring in the NHS; it measures the number of safety events recorded. The number of recorded safety events has increased year on year, which likely reflects improved recording culture and cannot necessarily be interpreted as the NHS becoming less safe. A 'low' recording rate for an organisation should not necessarily be interpreted as a 'safe' environment; it may represent under-recording. Conversely a 'high' recording rate should not be interpreted as 'unsafe'; it may represent a more open culture. High levels of incident reporting are encouraged as learning from low level incidents is thought to reduce the likelihood of more serious incidents.

** The number of patient safety incidents that resulted in severe harm or death is not currently published at trust level publicly.

Please note that data for 2023/24 and 2024/25 is not publicly available from on the above web site.

Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Bolstering the internal governance and scrutiny of incident reports, their recommendations and action plans. Implementation of strategies to address common findings in incident reports.

Part 3. Review of Quality Performance in 2025/26

i In addition to the key priorities detailed in Part 2 of this report, our Trust Board receives monthly performance reports related to key areas of quality. The metrics in these reports are closely monitored through the Trust Quality Governance systems including the Quality Executive Group, the Quality Assurance Committee, and the Board Audit Committee. They provide assurance against the key national priorities from the Department of Health and include performance against relevant indicators and performance thresholds. Information relating to specific areas of Trust quality and safety performance is detailed below.

Medication errors

i A medication error is any patient safety incident where there has been an error in the process of prescribing, preparing, dispensing, administering, monitoring, or providing advice on medicines. Such patient safety incidents can be divided into two categories: errors of commission (e.g. wrong medicine or wrong dose of medicine) or errors of omission (e.g. omitting a dose or failing to monitor).

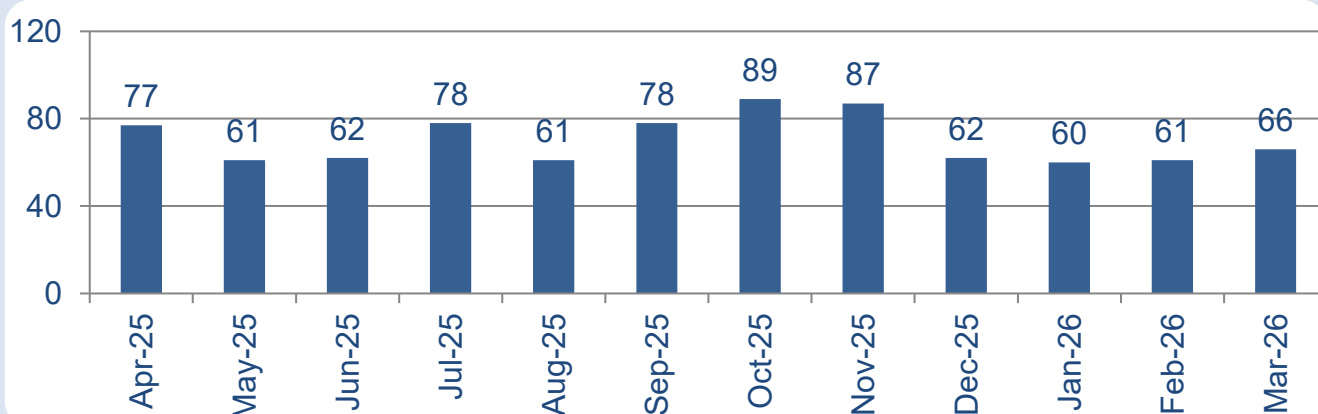
The Figure below details the total number of medication errors reported per month. When interpreting this figure, it should be noted that a high and increasing rate of medication error reporting is a sign of a healthy learning culture in the organisation and that reporting of such errors is being encouraged as the first step in ensuring that a robust safety culture exists. The data reported also includes all the near misses and documentation errors, so they are not all actual incidents. There is also evidence to suggest that not all incidents and near

misses that staff acted upon were reported, so any increase may be due to better reporting culture rather than a less safe organisation.

There were two any medication errors during 2025/26 that contributed to moderate harm.

- The first error related to a patient who was admitted to one of our wards from the acute sector. The patient's medicines were transcribed onto our electronic prescribing system (EPMA) following the discharge letter from the acute trust. However, the patient was given a lower dose of a required medication. The patient deteriorated and was transferred back to the acute trust. The error was identified, and a Multi-Disciplinary Team Learning response was held where it was agreed that the medication error may have marginally contributed. The incident has been fed back to the acute trust.
- The second error related to prescribing of an anticoagulant in error, which subsequently led to a bleed requiring the patient to be admitted to the acute hospital for treatment.

Figure 32: Number of Medication Errors Reported Each Month



Source: Medicines Safety Quarterly Report

Absent without leave (AWOL) and absconsions

ⓘ The definition of absconding used in the Trust is different than AWOL. Absconsion refers to patients who are usually within a ward environment and can leave the ward without permission.

The figures below detail the number of absconsions on a Mental Health Act Section and the number of patients absent without leave on a Mental Health section.

Figure 33- Absent without leave (AWOL) on a Mental Health Section

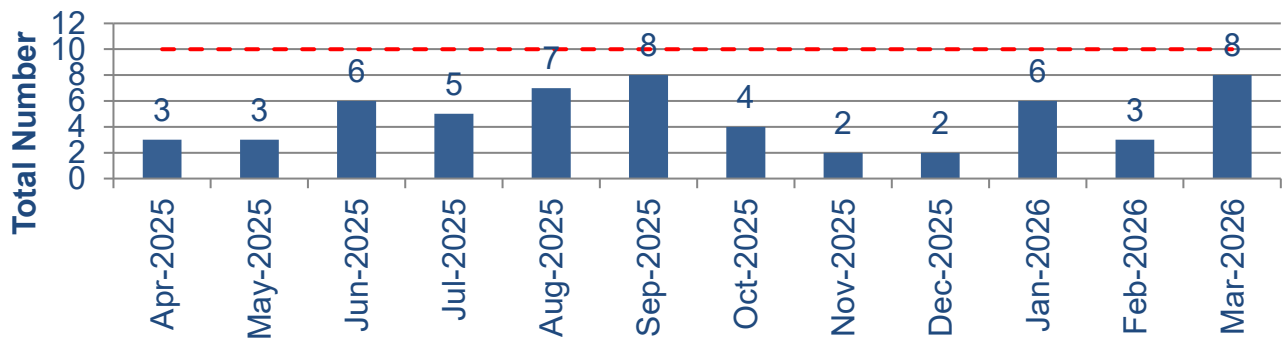
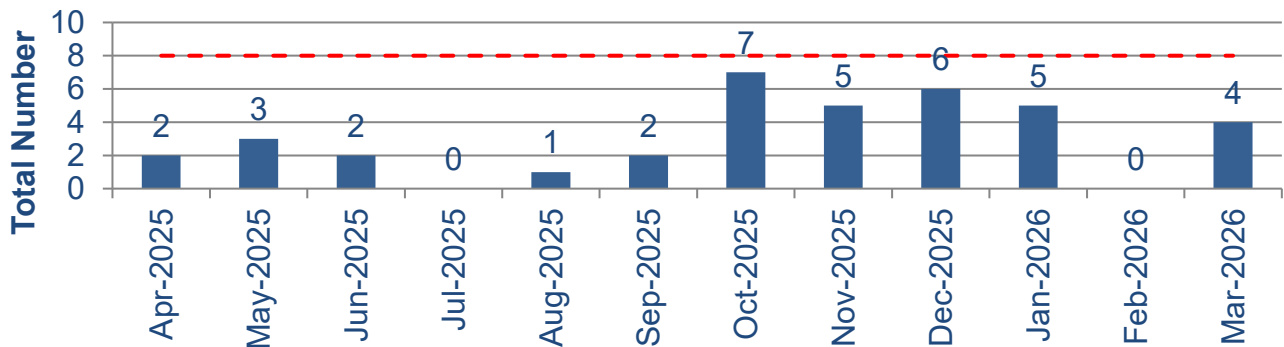


Figure 34- Absconsions on a Mental Health Act (MHA) Section (excl failures to return)



Source- Trust Tableau Dashboard

Other Quality Indicators

Figure 35- Other Quality Indicators	Annual Target	2023/24	2024/25	2025/26	Commentary
Patient Safety					
Never Events	0	0	0	0	Total number
Infection Control- Methicillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia	0	0	0	3	Total number of MRSA Cases Source- Trust Infection Control Report.
Infection Control- C. difficile cases	We are part of a joint ICB health approach to reduce numbers overall	3	6	5	Total number of Berkshire Healthcare cases.
Medication errors	N/A	685	773	842	Total number of medication errors reported. Source- Trust Medicines Management Report
Active Inappropriate Adult Acute Mental Health Out of Area Placements at the end of each month	Reduce as per Quarterly Targets	N/A	33	1.9	Average monthly number
Clinical Effectiveness					
Talking Therapies- Reliable Improvement (New for 2025/26)*	68%	N/A	N/A	68%	Annual % of patients having reliable improvement
Talking Therapies- Reliable Recovery (New for 2025/26)*	50%	N/A	N/A	48%	Annual % of patients having reliable recovery
Talking Therapies- Finished Course of Treatment (New from 2025/26)*	2772 patients per quarter	N/A	N/A	9929	Annual Total number of patients finishing course of treatment
<p>* In relation to the Talking Therapies targets outlined above, a range of actions are underway to address current performance pressures. Quality Improvement methodologies are being applied to identify contributory factors impacting achievement of the Reliable Recovery target and to implement targeted improvement actions. Additional staff support, supervision and training have been delivered during the last quarter. Collaborative work is also underway with partners across the Thames Valley Integrated Care Board to share learning and strengthen recovery outcomes. This includes learning from clinicians achieving strong recovery results and improving our understanding of, and response to, the needs of younger patients from culturally and ethnically diverse backgrounds.</p> <p>The annual target for completed courses of treatment has not been achieved. To support improvement, initiatives are being implemented to reduce waiting times and expand treatment capacity, enabling more timely access to care. A new and expanded group treatment offer has been rolled out, with positive patient feedback to date. Further improvements are planned through the introduction of digital tools to support increased clinical delivery.</p>					

Figure 35- Other Quality Indicators	Annual Target	2023/24	2024/25	2025/26	Commentary
Accident and Emergency: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	99.3%	98.8%	99.2%	Average monthly %
Patient Experience					
Community Paediatric Service- Referral to Treatment waiting times (RTT)- Community incomplete pathways- How many within 18 weeks	TBC	N/A	N/A	89.7	Average number per month
Diabetes Service RTT- Community incomplete pathways- How many within 18 weeks	TBC	N/A	N/A	68.4	Average number per month
Complaints received		281	223	281	Total number of complaints
Complaints acknowledged within 3 working days	100%	99.7%	99.4%	100%	Average monthly %
Complaint resolved within timescale of complainant	90%	100%	100%	100%	Average monthly %

Source- Trust Tableau Dashboard except if indicated in commentary.

Please note that the following metrics are not detailed as they are no longer part of the NHS Oversight Framework:

- Admissions to adult facilities for patients under 16 years old,
- The Data Quality Maturity Index
- Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral.
- Talking Therapies:
 1. Proportion of people completing treatment who move to recovery
 2. People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral.
 3. People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral.

These metrics have been replaced by the three talking therapies metrics detailed above, relating to reliable improvement, reliable recovery and completing course of treatment.

Statement of Directors' responsibilities in respect of the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust annual reporting manual 2025/26 and supporting guidance detailed requirements for quality reports 2025/26.
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2025 to May 2026
 - papers relating to quality reported to the Board over the period April 2025 to May 2026
 - feedback from commissioners dated April 2026
 - feedback from governors dated April 2026
 - feedback from local Healthwatch organisations dated April 2026
 - feedback from Overview and Scrutiny Committees dated April 2026
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2026
 - the 2025 national patient survey, March 2026
 - the 2025 national staff survey, March 2026
 - the Head of Internal Audit's annual opinion of the Trust's control environment dated May 2026
 - CQC inspection report dated March 2020
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.
- the performance information reported in the Quality Report is reliable and accurate.
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board



12th May 2026

Frances West, Chair



12th May 2026

Julian Emms, Chief Executive

Appendix A- Annual Plan on a Page

Annual Plan on a Page- 2025-26

Annual Plan on a Page 2025 / 26



Our mission is to maximise independence and quality of life
Our vision is to be a great place to get care, a great place to give care



Harm-free care Providing safe services

- We will improve flow through all our services to reduce risk of harm resulting from waiting times
- We will reduce self-harm and suicide across all services
- We will recognise and respond promptly to physical health deterioration on all wards
- We will encourage and support staff and patients to raise safety concerns without fear, and ensure learning from incidents
- We will reduce avoidable admissions and minimise length of stay



Supporting our people A great place to work

- We will drive a culture of wellbeing, respect, compassion, and inclusivity acting against any form of abuse
- We will deliver our unity against racism action, removing barriers to equity and improving diversity in leadership
- We will support opportunities for career development, professional growth and impact



Good patient experience Improving outcomes

- We will target and reduce health inequalities in access, experience and outcomes at service level
- We will always include patients, carers and partners as we make changes to services
- We will offer advice to patients on changes that will improve health outcomes
- We will gain feedback from at least 10% of patients in each service and demonstrate service improvements based on feedback



Efficient use of resources A financially and environmentally sustainable organisation

- We will achieve our financial plan
- We will identify and deliver efficiencies, including agency staff reduction
- We will improve productivity by reducing length of stay on all wards
- We will reduce impact on the environment, minimise waste and reduce carbon emissions
- We will use quality improvement and digital to improve productivity and reduce waits, Did Not Attend (DNAs) and cancellations

We will work with our health and social care partners to provide better and more efficient care.

Annual Plan on a Page 2026/27

Our mission is to maximise independence and quality of life

Our vision is to be a great place to get care, a great place to give care



Harm-free care Providing safe services

- We will improve flow through all our services to reduce risk of harm resulting from waiting times
- We will reduce self-harm and suicide across all services
- We will recognise and respond promptly to physical health deterioration on all wards
- We will encourage and support staff and patients to raise safety concerns without fear, and ensure learning from incidents
- We will reduce avoidable admissions and minimise patients' length of stay in hospital



Supporting our people A great place to work

- We will nurture a culture of wellbeing, respect, compassion, and inclusivity
- We will act to reduce incidents of abuse of any kind
- We will deliver our unity against racism action, removing barriers to equity and improving diversity in leadership
- We will ensure high quality appraisal and career conversations to support development and progression of staff, retaining skills and experience
- We will reduce sickness absence improving staff experience, and service capacity for patient care



Great patient experience Improving outcomes

- We will target and reduce health inequalities in access, experience and outcomes at service level
- We will always include patients, carers and partners as we make changes to services
- We will engage patients in their healthcare via digital tools: on-line therapies, apps, patient portals, NHS app
- We will achieve patient feedback positivity rating of 95% in each service and demonstrate service improvements based on feedback
- We will review key drivers affecting staff and patient experience of care including leadership and team culture, providing support where needed



Efficient use of resources A financially and environmentally sustainable organisation

- We will achieve our financial plan
- We will identify and deliver efficiencies, including agency staff reduction
- We will reduce impact on the environment, minimise waste and reduce carbon emissions
- We will use quality improvement and digital to improve productivity: by reducing waits, DNAs, cancellations and length of stay
- We will reduce the admin burden on clinicians to increase patient activity



With partners: We will work with our health, social care and voluntary sector partners to develop proactive, integrated healthcare focused on the needs of patients, communities and populations we serve.

BH1143 POAP 2026/27 v1

Appendix B- National Clinical Audits- Actions to Improve Quality

National Clinical Audits Reported in 2025/26, and results received that were applicable to Berkshire Healthcare NHS Foundation Trust

National Audits	National Audit Aim/ Objectives	Actions to be Taken
National Clinical Audit and Patient Outcomes Programme (NCAPOP) Audits		
1	National Respiratory Audit Programme (NRAP)- State of the nation report	The National Respiratory Audit Programme (NRAP) aims to improve the quality of the care, services and clinical outcomes for patients with respiratory conditions (including asthma and chronic obstructive pulmonary disease (COPD)) across England and Wales. The audit measures best practice standards of care derived from the British Thoracic Society Quality Standards for Pulmonary Rehabilitation in Adults and National Institute for Health and Care Excellence (NICE) Chronic Obstructive Pulmonary Disease in adults' quality standard 10.
2	National Confidential Enquiry into Patient Outcome and Death (NCEPOD)- Intensive Care Unit Rehabilitation audit	This study evaluated the rehabilitation provided to critically ill adults within ICUs, as well as throughout the recovery pathway. It encompasses both ward-based and community services and explores the clinical and organisational structures in place for the provision of rehabilitation care for patients who had stayed on an intensive care unit in an acute trust. NICE guideline CG83 sets out a framework for rehabilitation during and following a stay in an Intensive Care Unit.
		<ul style="list-style-type: none"> - Respiratory Nurse to complete competencies (including exercise prescription and adaptation) to enable safe undertaking of Pulmonary Rehabilitation. - Undertaking Pulmonary Rehabilitation Fundamentals external course. - Continue to implement structured exercise intensity plans with a focus on completing walking and lower limb strengthening during the exercise sessions. - Review and update the education programme.
		<ul style="list-style-type: none"> - Awareness of critical care rehabilitation through In-Service Training. - Identify a named therapist and ensure they are aware of guidelines and are upskilled to cover the guidelines. - Review the current assessment process to ensure rehab needs are reviewed and captured.

National Audits	National Audit Aim/ Objectives	Actions to be Taken
3	<p>National Child Mortality Database programme (NCMD) - Infants, children, and young people with life-limiting conditions - Learning from child death reviews on palliative and end of life care provision</p>	<p>This NCMD report relates to children who were very unwell, had congenital anomalies, cancer, or other conditions that meant that they may have been expected to die earlier than usual. These conditions are also known as life-limiting conditions. Life-limiting conditions are defined as those for which there is no reasonable hope of cure and from which children may die. Some conditions cause progressive deterioration, meaning that the child becomes increasingly dependent on parents and carers.</p>
4	<p>National audit of care at end of life (NACEL)</p>	<p>The National audit of care at end of life (NACEL) aims to improve the quality of care for adults (18+) at the end of life by reviewing the quality and outcomes of care experienced by dying people and those important to them during the final admission to hospital before death. It is underpinned by the following best practice guidance:</p> <ul style="list-style-type: none"> - One Chance to Get It Right: Leadership Alliance for the Care of Dying People (2014) - NICE Clinical Guideline NG31 and Quality Standards QS13 & QS144: Care of Dying Adults in the Last Days of Life (NICE, 2017)

- This report will be reviewed through the Mortality and Patient Safety Group.

- All national recommendations are being met, and no actions were required.

- To raise at Martha's Rule national pilot group, the possibility of a palliative care targeted question for families and carers that checks their understanding of the treatment plan and whether pain is being managed effectively.
- To create bespoke local palliative care targeted questions for families and carers that checks their understanding of the treatment plan and whether pain is being managed effectively.

National Audits		National Audit Aim/ Objectives	Actions to be Taken
5	National Audit of Inpatient Falls	<p>The aims of this audit are:</p> <ul style="list-style-type: none"> - Optimizing Patient Safety and Activity: To evaluate and improve actions taken to optimize patients' fitness to stay active without falling, through high-quality multifactorial assessments (MASA) and post-fall management aligned with NICE quality standards. - Improving Post-Fall Management. - Expanding Data Collection. - Driving Healthcare Improvement. - Ensuring Accountability. - Supporting Local Improvement Projects. - Promoting Equity and Sustainability. <p>These aims are part of a broader effort to reduce the risk of falls, improve patient outcomes, and enhance the quality of care for older people in hospitals.</p>	<ul style="list-style-type: none"> - Process to determine clinical competence for post fall medical checks. Decision about how the trust determine. To be reviewed in a task and finish group. - Review compliance for LSBP recording. Increase to 60% completion if not already done. Easily readable record. Determine current level of completion. - Discuss at Falls strategy group. - Support increase in completion if required. Review completion rates.
6	Sentinel Stroke National Audit Programme (SSNAP) Stroke National Audit Report	<p>This project measures the quality and organisation of stroke care across England, Wales and Northern Ireland.</p> <p>The overall aim of SSNAP is to provide timely information to clinicians, commissioners, patients, and the public on how well stroke care is being delivered. Processes of care are measured against evidence-based quality standards referring to the interventions that any patient may be expected to receive.</p>	<ul style="list-style-type: none"> - No actions required.

National Audits	National Audit Aim/ Objectives	Actions to be Taken
Non- NCAPOP Audits		
7	<p>Prescribing Observatory for Mental Health (POMH) 24a: Opioid medications in inpatient health services</p>	<p>The Prescribing Observatory for Mental Health (POMH) runs clinical audit-based quality improvement (QI) programmes that focus on discrete areas of prescribing practice. Membership of POMH is open to all NHS, private and not-for-profit providers of mental health services (NHS Trusts/ healthcare organisations) in the UK.</p> <p>This national audit looks at the prescribing practices for patients who are prescribed opioid medication in mental health adult inpatient services for pain management and opioid substitution therapy.</p>
<ul style="list-style-type: none"> - Update prescribing documentation/ templates to include a mandatory field (such as a drop down on the Electronic Prescribing and Medicines Administration (EPMA) system for prescribers to record whether opioids are for acute or chronic pain. - Provide prescriber training and learning events. - Academic day training session informing staff about the latest guidelines. Revisit doctors/ nurses' admission checklist within the policy CCR045a. - Involve specialists in supporting the development of management plans. - Update multidisciplinary team standard work, including prompts. - Raise awareness with inpatient medical staff at the academic training day session. - Establish 24-hour contact standard work with prescribing team and flag in handover/ admission document. - Further training sessions within the academic meeting, resident doctors and nursing staff around opiate substitute prescribing and safety verification measures. - Update the Substance Dependence Treatment Guideline (excludes nicotine) which is currently due for review. - Review prescribing patterns during multidisciplinary team, update standard work. - Training by pharmacy, standard work update. - Local clinical audit to determine whether actions for improvement have been successful. 		

National Audits	National Audit Aim/ Objectives	National Audit Aim/ Objectives	Actions to be Taken
8	POMH 18c: Use of Clozapine	The aim is to help mental health services improve practice in prescribing Clozapine by providing benchmarked information on their performance against evidence-based practice standards.	<ul style="list-style-type: none"> - Point of care finger Full Blood Count (FBC) pin-prick monitoring will be introduced. This may help reduce barriers to haematological monitoring. - Establish a clear Trust consensus on required physical examination at clozapine initiation. - Include guidance on documenting negative findings. - Disseminate via Academic Meeting. - Requirements for off label prescribing to be communicated at Academic Meeting. - Clinical teams to review at next outpatient appointment, with feedback to clozapine service. - Audit of this standard to be repeated. To ensure smooth process, it will be important to ensure that every patient has diagnosis recorded in the correct diagnosis section on RiO. This will be updated in the meantime - There should be an increase in documentation of discussion that off-label prescribing has been explained to the patient, and the patient should be registered for off-label use with the relevant clozapine monitoring service. - The clozapine clinic will carry out a further re-audit of this standard again, depending on findings of initial re-audit. - Update RiO forms to incorporate questions about myocarditis-related symptoms for patients initiated on clozapine. - Increase awareness amongst clinicians of what is required for a documented physical examination. - Increase documentation of measures of body weight, glycaemic control and plasma lipids following review of patient records. - Review of patient records and collation of data into correct place. - Better communication with GP and psychiatrist of clozapine clinic assessments. From 2026, clozapine clinic assessments will be sent by letter to the patient's GP and psychiatrist.

National Audits	National Audit Aim/ Objectives	Actions to be Taken	
9	National Audit of Cardiac Rehabilitation Report (NACR)	<p>This audit aims to:</p> <ul style="list-style-type: none"> - Monitor cardiovascular rehabilitation (CR) service provision across Integrated Care Boards (ICBs) and Clinical Networks to support delivery of good quality and effective services, to evidence-based standards, for the benefit of all eligible patients. - Map the extent and quality of CR provision and report on inequalities in delivery against key service indicators for over 320 programmes in the UK. - Support improvement of service provision of CR via targeted research to determine the effectiveness of routinely delivered CR services on patient agreed outcomes, cardiovascular disease risk profiles and health and social care utilisation. - Use the audit to benchmark CR programmes to agreed standards - Tailor and evaluate NHS funding for CR - Identify inequalities in service delivery and use this data to inform NHS England spending on CR. - Evaluate the impact of NHS funding for CR service delivery. 	<ul style="list-style-type: none"> - Identify eligible staff for non-medical prescribing (NMP) training via appraisal; maintain at least one NMP in the team. - All Assessment 1s to include the three core areas as per NACR standards. Audit previous assessments; provide staff training; ensure correct data input into NACR database. - Monitor completion data monthly; pre-book Assessment 2; ensure Assessment 2 is completed for home-based participants; review new 'Definition of Completion' guidance. - Enhance digital delivery and accessibility of CR services. Review barriers to digital uptake; provide staff training; support patient digital literacy; continue to use and evaluate digital tools (e.g., Beat Better App); review NICE guidance.

Appendix C- Local Clinical Audits- Actions to Improve Quality

	Audit Title	Aim/Actions
1	(9750) - NICE Guideline Audit of Irritable Bowel Syndrome (IBS) Referrals to Community Dietetics	<p>Purpose and context: This clinical audit by Community Health East's Dietetics team investigates irritable bowel syndrome (IBS) referrals to determine whether there has been an adequate differential diagnosis by assessing diagnostic and symptom criteria for the condition as per NICE guidance.</p> <p>Aim: To improve the quality of referrals from GPs and ensure adequate differential diagnoses have been performed</p> <p>Recommendations/Actions: - Offer training re. audit findings to gastro clinic dietitians to support patient safety-netting and confirmation of diagnosis. To work with Primary-Secondary Care Interface Lead to scope biochemical ordering pathways to create Research-led IBS/coeliac care pathways.</p>
2	(11534) - Prescription of Paediatric Formulas for Cow's Milk Protein Allergy (CMPA) Patients Attending CMPA Group	<p>Purpose and context: A service evaluation by Community Dietetics looking at patients prescribed paediatric cow's milk protein allergy formulas including when there is no clinical indication for the patient to be on the formula.</p> <p>Aim: To identify patient groups continuing to be prescribed formula milks inappropriately.</p> <p>Recommendations/Actions: To pass the details of the patients to prescribing support dietitian so that they can liaise with the GP surgery.</p>

	Audit Title	Aim/Actions
3	(11727) - Audit of Compliance with Safety protocols in Place of Safety (POS) admissions	<p>Purpose and context: Due to heightened bed pressures and the need to admit acutely unwell patients to inpatient units for the appropriate level of care, admissions to the Place of Safety (POS) under Section 140 have been authorised. This measure aims to relieve bed capacity issues while ensuring that patients receive suitable treatment in the proper inpatient setting. This audit examines adherence to standards for Mental Health inpatient care in Place of Safety admissions, emphasising key elements such as patient safety, continuity of care, and compliance with the Mental Health Act. The significance of this audit lies in ensuring safe and effective admission processes that minimise risks for patients admitted to Place of Safety under Section 140. This work supports Berkshire Healthcare NHS Foundation Trust's dedication to upholding patient safety, delivering high-quality care, and maintaining compliance with legal standards.</p> <p>Recommendations/Actions: - Discuss Audit Outcomes in Medical and Nursing Staff Meetings. The discussion should focus on key areas requiring improvement. - Engage senior medical and nursing leadership to support implementation of action plans for improvement.- Enhance Staff training and awareness, providing targeted sessions on areas of low compliance.- Update the Resident Doctor's Induction Pack on Place of Safety Admissions to include a dedicated section on Place of Safety admissions, ensuring that all new doctors are well-informed about their responsibilities when admitting patients to Place of Safety. Provide equipment for blood tests and Electrocardiograms in Place of Safety.</p>
4	(12017) - Assessing Use of Acupuncture in Berkshire Healthcare's Physiotherapy Departments	<p>Purpose and context: A clinical audit within East & West Berkshire outpatient physiotherapy looking at the delivery of acupuncture in line with NICE guidelines and Trust policy. Aim: To ensure outpatient physiotherapy acupuncture treatment is offered and performed in line with NICE guidelines and Trust policy.</p> <p>Recommendations/Actions: - All appointments involving acupuncture treatment should be completed on Rio using the outcome 'technical acupuncture'. - Patients receiving acupuncture for chronic pain should have no more than 6 sessions of treatment. - Clinical indication for the use of acupuncture should be clearly documented in the patients notes with the body area being treated and condition if applicable. - Patients with specific headaches can continue to be treated under the NICE guidelines CG150. The NICE guidelines NG226 and NG59 for patients with osteoarthritis and acute lower back pain with or without sciatica should continue to be followed and acupuncture not offered as a form of treatment.</p>

	Audit Title	Aim/Actions
5	(12109) - Musculoskeletal Physiotherapy Diagnosis & Management of Osteoarthritis (NICE Guidance NG226)	<p>Purpose and context: Nationally, musculoskeletal conditions are the leading cause of disability, accounting for a huge 30.5% of years lived with disability and working days lost due to musculoskeletal conditions. This was a trust wide community health clinical audit by the musculoskeletal physiotherapy team looking at service performance against NICE Clinical Guideline NG226: Osteoarthritis in over 16s: diagnosis and management. Aim: To improve the diagnosis and management of osteoarthritis within Berkshire Healthcare's musculoskeletal physiotherapy service.</p> <p>Recs/Actions: - Share outcomes, learning and action plan with whole clinical team. - Staff survey to understand barriers to delivering education, managing multimorbidity, utilising shared decision-making conversation & tools, and patient-initiated follow-up appointments. - Update patient information leaflets to cover low scoring areas. - Determine how to provide easily accessible tools for clinicians to support covering educational points and utilising shared decision-making.</p>
6	(12187) - Re-audit of Health Visitor and Community School Nurse response to police domestic abuse reports	<p>Purpose and context: A clinical re-audit to review all domestic abuse reports in Children's Services rather than previously only reviewing those police graded as high risk. Aim: - The aim of the audit was to assess the usefulness of the Named Professionals for children's safeguarding reviewing all health visitor and Community School Nurse responses to domestic abuse police reports.</p> <p>Recommendations/Actions:- The Health Visitor and Community School Nursing teams including administrators should be reminded of the correct protocols of recording and uploading the police reports.- The template introduced in 2023 should continue to be used and should be reshared.- Workshops will be scheduled by the Specialist Practitioner for Domestic Abuse to reinforce the standards for the Health Visitor and Community School Nursing teams including administrators.- Safeguarding Named Professionals should continue to note compliance with the standards during their business-as-usual usage of the RIO system.- The monthly review by the Safeguarding Named Professionals of the response to 25% of records received that month will continue in order to monitor compliance.</p>
7	(11680) – Re-audit of pulse assessment prior to initiation of Acetylcholinesterase Inhibitors at Windsor and Maidenhead Memory Clinic	<p>Purpose and context: This was a re-audit of that previously undertaken in 2021 (ID 10001) to evaluate current prescribing practice against Maudsley's recommendations under NICE guidelines (NG97) to see whether routine baseline pulse checks had been carried out and documented for patients started on acetylcholinesterase inhibitors in the Windsor and Maidenhead localities. Aim: To evaluate current prescribing practice of Acetylcholinesterase Inhibitors within the Windsor, Ascot and Maidenhead Memory Service.</p> <p>Recommendations/Actions:- To strive to maintain current standard of practice and ensure that all patients have their pulse checked and documented on RiO prior to the prescription of Acetylcholinesterase Inhibitors.- Ensure all new members of staff involved in the Windsor and Maidenhead Memory Clinics are aware of the guidelines stating that patients should have their pulse checked and documented prior to the prescription of Acetylcholinesterase Inhibitors.</p>

	Audit Title	Aim/Actions
8	(11524) - Re-audit RiO Mental Capacity Assessments Audit (NICE NG108) (2024-25)	<p>Purpose and context: A Trust wide local re-audit of the Trust's RiO Mental Capacity Assessment form to ensure it meets NICE clinical guideline NG108. Aim: To improve the quality and increase the amount of mental capacity assessments completed on the Trust's RiO mental capacity assessment form.</p> <p>Recommendations/Actions: - Review of the Mental Capacity Assessment Form, with input from frontline staff, with a view to reducing fields and improving completion guidance. - Consider the benefits and burdens of providing more division specific Mandatory mental capacity assessment training, breaking this down into Mental Health, Physical Health and Children's Services. - Review Standard Work for Mental Health Services to reduce a 'tick box' approach being taken to capacity assessment documentation.</p>
9	(12152) - Assessing Appropriateness of patients sent to A+E from Physiotherapy Department with Cauda Equina Symptoms	<p>Purpose and context: A clinical audit within East Berkshire's Musculoskeletal (MSK) Physiotherapy service looking at suspected Cauda Equina Syndrome (CES) A&E referral appropriateness based on Get It Right First Time (GIRFT) guidelines. Aim: To improve the early identification and appropriate referral of patients with suspected CES in line with GIRFT guidelines in East Berkshire MSK Physiotherapy service.</p> <p>Recommendations/Actions:- Deliver mandatory refresher training on CES red flag symptoms, with specific focus on Differentiating bladder dysfunction related to CES vs. other causes (e.g. UTI, prostate issues) and the importance of documenting specific symptomatology (e.g. retention, urgency, loss of sensation).- Display CES clinical decision flowcharts in all assessment rooms to support junior clinicians in real-time decision-making.- Mandate senior review/escalation for all CES-suspected cases, with documentation required before A&E referral.</p>
10	(12376) - Dementia screening bloods audit in Windsor, Ascot and Maidenhead memory service	<p>Purpose and context: The memory service is a specialist diagnostic service for assessing, diagnosing and treating patients with dementia. Assessment of dementia (prior to referral to the memory service) includes blood tests to exclude reversible causes of cognitive decline. Patients should be referred via their GP who has performed an initial assessment which includes performing certain blood tests to exclude any reversible causes of cognitive decline. This audit reviews if blood tests have been requested for patients prior to or on the same date the referral has been received by the Windsor & Ascot memory service. It also reviews if all the blood tests recommended by NICE clinical knowledge summaries (CKS) guidelines have been requested for patients.</p> <p>Recommendations/Actions: - Windsor & Ascot memory service to direct GP practices and other referrers to the NICE guidance for dementia blood screening tests. - Memory team should ensure that blood tests are requested within 2 months of referral. - Memory service clinicians should contact GP/ referrer if no blood tests are requested and if blood tests are missing.</p>

	Audit Title	Aim/Actions
11	(12486) – Physical Health Monitoring via Community Rehabilitation Enhanced Support Team (CREST) Ongoing Patient Summary (COPS)	<p>Purpose and context: This clinical audit in the Community Rehabilitation Enhanced Support Team (CREST) in the Mental Health Division assesses the quality of physical health monitoring for individuals with severe mental illness using the team’s ongoing patient summary form. Aim: To improve the consistency and quality of physical health monitoring in CREST by ensuring complete and effective use of the COPS form in line with national guidance.</p> <p>Recommendations/Actions: - CREST ongoing patient summary (COPS) form physical health checklist to include relevant question prompts and links. - Deliver focused training to improve documentation and data access confidence. Nominate a lead to complete entries, with support at MDT to address barriers. - Record staff initials and dates for physical health actions. - Use SUR to flag overdue checks for MDT discussion and follow-up. - Liaise regularly with the physical health lead and pharmacist. - Verify patient address on RiO / Connected Care to ensure accurate GP records. If not up to date, contact GP by phone or in writing. - Prioritise patients at risk due to housing instability to prevent missed screening invites.</p>
12	(11763) - Re-audit of caries prevention in paediatric patients within the community dental service	<p>This is a multi-clinic re-audit completed within seven clinics of Berkshire Community Dental Services aiming to reassess and improve the recording and delivery of caries prevention for paediatric new patients. As mentioned in the first cycle of this audit (ID 10801) there is still an increased focus on reducing waiting lists, which can impact on the quality of the prevention provided and documented.</p> <p>Objectives: 1. Review clinical records to determine clinician compliance with best practice guidelines for caries prevention in children. 2. Develop and implement changes which could improve knowledge and support the record and delivery of preventive care to children in a community dental service setting.</p> <p>Recommendations/Actions: An action plan has been written and includes:</p> <ul style="list-style-type: none"> - Providing refresher on caries risk, prevention and use of clinical notes template. - Template can be renamed to makes its presence more obvious amongst other templates. - There may be an increase in the number of prescriptions that are written for patients. Purchasing stamps can make this less time consuming. - Altering appointment colour coding would make it easier to differentiate between new patient and exam / recall appointments for future audits.

	Audit Title	Aim/Actions
13	(11988) - An Audit of Ongoing Antipsychotic Use in Non-SMI Patients Managed in Primary Care: Are There Robust Management Plans in Place?	<p>Antipsychotics are frequently prescribed off label for mental health conditions outside the Severe Mental Illness (SMI) register, such as Emotionally Unstable Personality Disorder, depression, and anxiety. Due to the lack of national guidance on off-label antipsychotic use, robust management plans are essential to ensure safe prescribing. This audit reviewed patients initiated or advised on the initiation of antipsychotics by a Berkshire Healthcare service: e.g. Common Point of Entry, Crisis Resolution and Home Treatment Team, Community Mental Health Team, or by a GP or other, and who were registered at Dedworth Surgery. Aim: To evaluate whether non-SMI patients prescribed antipsychotics in primary care are managed appropriately, focusing on the presence of documented management plans and physical health monitoring.</p> <p>Recommendations/Actions: - There is a significant gap in the documentation of antipsychotic management plans for non-SMI patients in primary care. Clearer local pathways, shared-care protocols and involvement of services like Mental Health Integrated Community Services, could support safer prescribing practices and alignment with national guidance.</p>
14	(12575) - Compliance with NG225 Social Media Use in Psychosocial Assessment for CYP Presenting with Self-harm to CAMHS Rapid Response Team (RRT) 2024-5	<p>Audit to measure compliance of Guideline NG225 (Social Media Use in Psychosocial Assessment) for children and young people (CYP) Presenting with Self-harm to the Child and Adolescent Mental Health Services (CAMHS) Rapid response Team (RRT). To review CAMHS RRT initial assessments (East and West) over a 3-month period and examine whether mental health practitioners are enquiring about social media use as part of the psychosocial assessment for CYP presenting with self-harm. Aim: The aim of this audit is to review CAMHS RRT initial assessments (East and West) over a 3-month period.</p> <p>Recommendations/Actions: - CAMHS RRT should aim for 100% compliance for all 3 enquiries regarding social media to gain a better understanding of its effects on CYP. Quality improvement work with RRT may be required to improve adherence to NICE guidelines.</p>

	Audit Title	Aim/Actions
15	(11726) - Re-audit of Antimicrobial Prescribing on all Berkshire Healthcare NHS Foundation Trust Inpatient Wards 2024-25	<p>This re-audit is linked to the following several previous projects. Aim: To ensure there is safe and effective prescribing of antimicrobials in Berkshire Healthcare's inpatient wards: Mental Health Services (MHS) and Community Health Services (CHS).</p> <p>Recommendations/Actions:- Staff Engagement and Training. Engage all relevant ward staff (prescribers, nurses, pharmacists, MOPTs) through ongoing training and education.- Promote awareness of Antimicrobial Stewardship (AMS) principles and the importance of adherence to prescribing standards.- Incorporate AMS training into mandatory training schedules or departmental meetings.- Communication of Audit Findings. Share audit outcomes with the AMS Group to facilitate multidisciplinary discussion and support.- Present findings to the Medical Director to highlight key areas of success and opportunities for improvement.- Integration into Electronic Prescribing System (ePMA).- Collaborate with the ePMA pharmacist to explore options for integrating audit standards directly into the ePMA system.- Aim to reinforce appropriate prescribing practices at the point of care.- Automation of Data Collection.- Work with the ePMA pharmacy team to investigate the feasibility of automating data extraction relevant to antimicrobial prescribing.- Reduce reliance on manual form completion by implementing electronic audit tools, improving efficiency and accuracy.- Review and update of the antimicrobial guidelines.</p>
16	(11095) - Consent Audit	<p>This is a trust-wide clinical audit based on NICE Clinical Guideline NG108: Decision-making & Mental Capacity looking at consent requirements (informed consent or assessing patient to lack capacity and acting in their best interests). Aim: To review the use of the Joint Initial Assessment (JIA) for recording consent to admission, or identification of a reason to question the presumption of capacity and improve the quality of the documentation.</p> <p>Recommendations/Actions:- Documentation audit to be strengthened to include completion of evidence for consent – tick box and free text box. - Guidance to be provided on what to include in free text box. - Add to Deprivation of Liberty Safeguard Training. - Guidance to be provided on what to include in the 'relevant information' box. - Improved communications of the best interest assessment form. - Capacity assessment and best interest forms will be added to the new physical health inpatient portal. - Consideration to be given to digital solution.</p>

	Audit Title	Aim/Actions
17	(11987) - Emergency Duty Commitment Pharmacist Audit for BHFT	<p>Healthcare professionals often work beyond normal working hours to provide patient-centred care, and pharmacists are no exception. The role of the on-call pharmacist is to be available to answer medication-related queries from healthcare providers and, if medication is requested, to clinically check, label and dispense the medication. In addition, the pharmacist is expected to arrive on-site when required to dispense a medication or handle a query.</p> <p>Without the Emergency Duty Commitment (EDC) pharmacist service, there is a risk of healthcare providers making uninformed decisions regarding patient care, thus placing the patient at a significant risk of harm. This can lead to increased patient safety incidents. Service quality can be improved by determining if the training provided to new pharmacists is sufficient to prepare them to be an EDC pharmacist and by checking the current percentage of compliance to the standards. The EDC pharmacists' views on the training provided, their band level, experience of providing the service, suggestions on service improvement and compliance to standards will be collected by a survey. The evaluation of this service is important since no formal evaluation for this service has been completed.</p> <p>Aim: To review whether service efficiency and quality could be improved.</p> <p>Recommendations/Actions:- Ward staff to be educated on what the EDC pharmacist service is and when it is appropriate to call the EDC pharmacist.- The Duty Senior Nurse (DSN) to be the designated person to triage and identify which medication issues can wait until pharmacy working hours and which require the help of the EDC pharmacist. - Creating checklist posters to remind staff to check the patient PODs, the green pharmacy bag, the medication cupboard before calling the EDC pharmacist to request for a supply of medication. - Have regular 'refresher sessions' for EDC pharmacists to remind them how the dispensing process works and how to troubleshoot the pharmacy robot if it has issues.</p>
18	(12884) - Audit of RiO Document ation of Mental Health Act 1983 Section 117 Discharge Planning on Old Age Psychiatry Wards	<p>A clinical audit in Prospect Park Hospital's Rowan and Orchid Wards examining whether Section 117 documentation for patients detained under the Mental Health Act (1983, amended 2007) in old age psychiatry admissions meets the Mental Health Act Code of Practice (2015). Aim: To improve the quality and consistency of Section 117 documentation for detained patients in old age psychiatry.</p> <p>Recommendations/Actions: Introduction of a standardised Section 117/ Discharge Planning Proforma within RiO.</p>

	Audit Title	Aim/Actions
19	(11763 - Re-audit of caries prevention in paediatric patients within the community dental service)	<p>This is a multi-clinic re-audit completed within seven clinics of Berkshire Community Dental Services aiming to reassess and improve the recording and delivery of caries prevention for paediatric new patients. There is still an increased focus on reducing waiting lists, which can impact on the quality of the prevention provided and documented.</p> <p>Recommendations/Actions:- Providing refresher on caries risk, prevention and use of clinical notes template.- Template can be renamed to makes its presence more obvious amongst other templates. - There may be an increase in the number of prescriptions that are written for patients. Purchasing stamps can make this less time consuming. - Altering appointment colour coding would make it easier to differentiate between new patient and exam / recall appointments for future audits.</p>
20	(11988) - An Audit of Ongoing Antipsychotic Use in Non-SMI Patients Managed in Primary Care: Are There Robust Management Plans in Place?	<p>Antipsychotics are frequently prescribed off label for mental health conditions outside the Severe Mental Illness (SMI) register, such as Emotionally Unstable Personality Disorder (EUPD), depression, and anxiety. Due to the lack of national guidance on off-label antipsychotic use, robust management plans are essential to ensure safe prescribing. This audit reviewed patients initiated or advised on the initiation of antipsychotics by a Berkshire Healthcare service: e.g. Common Point of Entry (CPE), Crisis Resolution and Home Treatment Team (CRHTT), Community Mental Health Team (CMHT), or by a GP or other, and who were registered at Dedworth Surgery.</p> <p>Aim: To evaluate whether non-SMI patients prescribed antipsychotics in primary care are managed appropriately, focusing on the presence of documented management plans and physical health monitoring.</p> <p>Recommendations/Actions: There is a significant gap in the documentation of antipsychotic management plans for non-SMI patients in primary care. Clearer local pathways, shared-care protocols and involvement of services like Mental Health Integrated Community Service (MHICS), could support safer prescribing practices and alignment with national guidance.</p>

	Audit Title	Aim/Actions
21	(12575) - Compliance with NG225 Social Media Use in Psychosocial Assessment for CYP Presenting with Self-harm to CAMHS RRT 2024-5	<p>An audit to measure compliance with Guideline NG225 (Social Media Use in Psychosocial Assessment) for Children and Young People (CYP) Presenting with Self-harm to the Child and Adolescent Mental Health Service (CAMHS) Rapid response Team.- To review CAMHS Rapid Response Team (RRT) initial assessments (East and West) over a 3-month period and examine whether mental health practitioners are enquiring about social media use as part of the psychosocial assessment for CYP presenting with self-harm.</p> <p>Aim: The aim of this audit is to review CAMHS RRT initial assessments (East and West) over a 3-month period.</p> <p>Recommendations/Actions: CAMHS RRT should aim for 100% compliance for all 3 enquiries regarding social media to gain a better understanding of its effects on CYP. Quality improvement work with RRT may be required to improve adherence to NICE guidelines.</p>

Appendix D- CQUIN 2025/26

No CQUIN for 2025/26

Appendix E- CQUIN 2026/27

No CQUIN for 2026/27

Appendix F- Statements from Stakeholders

Berkshire Healthcare NHS Foundation Trust – QUALITY ACCOUNT 2025 – 2026 Response from the Council of Governors

The general tone throughout this year's Quality Account (QA) is one of significant quality improvement activity and on a very detailed scale across all aspects of the Trust performance that is covered in the QA. Quality Improvement will always be a never-ending journey and not a fixed target for some future point in time. Separate to the QA, Governors visiting service units are keenly aware of the enthusiasm and motivation to pursue quality improvement in all the Trust staff that we meet. This will continue to be a major contributor to advancing quality improvement and seems to be very successfully embedded in the organisation's culture.

The QA notes and applauds the Global Digital Exemplar status of the Trust. Governors will seek reassurance regularly that the "non-digital" sections of the population communities the Trust serves will not be left behind and that adequate systems or processes will be maintained in terms of access to and provision of healthcare. When addressing the advances and plans for further digitalisation across the Trust we would expect at least a footnote approach to what will be done for the non-digitals and for this to be referenced in the QA.

We also note the very good results regarding Staff Turnover, Staff Engagement scores in the Staff Survey and the progress towards achieving the 10% target for I Want Great Care.

Health Inequalities:

Page 9 describes and charts The Top 10 Areas to be addressed. Governors will be keen to receive regular updates and reports and follow the Health Inequalities Dashboard when this is up and running. We assume that the choice of this Top10 is partly down to resources. At what point in time and planning will other towns or areas be in scope to this workstream?

2026 – 2027 Priorities:

Page 59:

"We will work with our health, social care and voluntary sector partners to develop proactive, integrated healthcare focused on the needs of patients, communities and the populations we serve."

A fundamental part of the Governor's role is membership and public engagement. Page 59 and elsewhere mention is made of the above collaboration intention. With the NHS 10 Year Plan and the move of more healthcare into the community, much on a neighbourhood basis, this aspect of the Trust's plans will take on ever increasing importance. Governors should also play their part in this. It may be too soon to put much substance behind this, but it would be useful if the QA could contain some sense of how this would happen, if this is currently known or even envisaged.

Brian Wilson

Lead Governor, 8th April 2026

Berkshire Healthcare NHS Foundation Trust Response:

We wish to thank our Council of Governors for their response to our 2025/26 Quality Account and are grateful for the time they have taken to review the document and provide feedback.

In relation to the comment about health inequalities, our intention is to report on the progress of our health inequalities initiatives on a regular basis to the Health Inequalities Oversight Group, the Quality and Performance Executive Committee and the Equity Partnership Group. Our Director of Strategic Planning would be happy to provide regular reports to the Council of Governors.

The top ten areas reflect the ten areas within our services that have the greatest variation in access or wait times, and these will be reported on in the above report. There are many other health inequalities initiatives that are being taken forward by service teams. One of our actions for this year is to establish a list of all health inequalities work across the Trust and to record this in our health inequalities hub, which we are currently building.

Reading and Slough are the two geographical areas selected by the trust board in 2025 as the two most deprived areas in Berkshire. The intention is to roll out further Place-based work as we progress the strategy.

With regards to Neighbourhood Health and partnership working with Governors, the Health and Wellbeing Boards of the local authorities have a shared responsibility, alongside the Integrated Care Boards, to build Neighbourhood Health Plans. In doing this, they will want to consider the best way for each of them to engage with their local communities.

The Berkshire West Neighbourhood Health steering group is currently working with Healthwatch and patient participation groups to inform how best to take forward community engagement in West Berks, and similar conversations will also happen at the Locality Integration Board in East Berkshire. Our Director of Strategic Planning would be happy to attend the Council of Governors to discuss this further and receive your views on how stakeholders are engaged in this work.

We look forward to keeping the Council of Governors apprised of our progress.

Integrated Care Boards: Joint Response – BHFT Quality Account 2025/26

This statement has been prepared on behalf of the ICB cluster comprising:

- Frimley Integrated Care Board (ICB),
- Buckinghamshire, Oxfordshire & Berkshire West ICB.

The ICBs are pleased to provide a response to the Quality Account 2025/26 submitted by Berkshire Healthcare Foundation Trust (BHFT). Note: This commentary is based on the draft Quality Account shared with the ICBs which included data from Quarter 1 to Quarter 3 of 2025/26.

From our review, we believe the Quality Account has clearly set out both the significant achievements of the Trust in respect of the quality of its services, and a realistic appraisal of the challenges met by BHFT and the wider system. The Quality Account provides information on the services provided by BHFT and progress on the priorities for improvement that were set for 2025/26, giving an overview of the quality of care provided by the Trust during this period. It also gives clear evidence of achievements against core indicators and how the Trust is aiming to maintain or improve this performance.

We are satisfied that the quality report has been developed in line with the national requirements and gives an overall accurate account and analysis of the quality of services.

2025/26 Achievements and Ongoing Improvement Work

We are delighted to acknowledge that BHFT have been ranked as the third best non-acute Trust in the national NHS League Table, and that they are one of only eight Trusts selected for assessment under the new Advanced Foundation Trust Programme. This is testament to the Trust's strong quality performance and its financial stability. We also congratulate BHFT for its excellent performance in the recently published NHS Staff Survey. While we mention some specific and significant areas of work below, we would like to acknowledge the huge scale of quality improvement and transformation work undertaken across a wide range of services in 2025/26. Some significant areas of note:

- The positive developments in Patient Safety governance (including PSIRF and Learning from Deaths). This includes the Trust's continuing work to further embed and enhance a strong safety culture within the organisation, where good practice and excellence are exemplified, and areas for improvement are addressed with transparency and a willingness to learn. Alongside this, we commend the Trust's continued commitment to ensuring that channels for raising concerns are open to all, with well-publicised 'Freedom to Speak Up' arrangements.
- We note the improvements achieved and continued work to improve patient and carer experience response rates and positive scores via the "I Want Great Care" experience tool.
- We applaud the continued focus on health inequalities, driven by the Trust's Health Inequalities Strategy, with a particular focus on the most deprived areas within Berkshire (Slough and Reading), a data-driven approach to population health needs triangulated with experiential intelligence, and co-production.
- We note the continued focus on support for the Trust's staff and organisational culture, driven by the Trust's People and Culture Strategy.

- Over the past year, there was strong governance and oversight of service waiting times, with harm reviews triggered when services faced significant challenges. We note and commend the Trust on the numerous service-specific initiatives and transformation work to reduce waiting times alongside improvements to efficiency, safety, and access.
- We note the Trust's continued engagement with the Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme, including the Culture of Care Programme. This includes further work on understanding the factors behind self-harm, physical assaults on staff, restrictive interventions, lengths of stay, and avoidable admissions, to drive improvement. Alongside this we commend the Trust's work both internally and at system level in Suicide Prevention.
- We note and commend the achievements to date in community mental health transformation (including the "One Team" approach). We also note the intensive work which continues on embedding the 'Named Worker' approach, moving away from the Care Programme Approach, and further embedding mental health risk assessment best practice with the move away from risk stratification.
- We acknowledge the challenges with length of stay and delayed discharges across mental and physical health inpatient units (and occupancy levels in adult mental health inpatient units). We recognise the internal and system-level work undertaken and being continued by the Trust to improve patient flow, and that improving this position is a key objective on which Thames Valley ICB will be focused as part of its strategic commissioning role.
- We acknowledge the Trust's continued engagement with the LeDeR Programme, and commitment to transformation through its "Reimagining Community Learning Disability Services" programme.
- We note and commend the significant transformation and improvement work undertaken across children's services, including CAMHS, and which also links into the work on Neurodivergence Pathways.
- We acknowledge the Trust's work alongside multiple commissioners in the complex process of mobilising the new Children and Young People's Integrated Therapies contract in East Berkshire.
- We commend the Hearing and Balance Service for their excellent performance in the review of Paediatric Audiology undertaken by NHSE and the ICBs, and for their achievement of IQIPS accreditation.

2026/27 Quality Priorities

We note the quality priorities set out for the coming year and particularly welcome the Trust's continued commitment to the integration of health and social care provision through working closely with our health, social care, and voluntary sector partners. This is an essential part of the NHS 10-Year Plan and will be supported by the strategic commissioning role of the ICB.

Challenges and Opportunities in 2026/27

This is a time of significant change for ICBs, with the dissolution of Buckinghamshire, Oxfordshire and Berkshire West ICB and Frimley ICB, and formation of a new Thames Valley ICB from 1st April 2026. We thank the Trust for its understanding and support during this transition, and hope that our collaborative working will benefit from the geographical change. There are many areas of challenge and opportunity on which we will focus collectively, including, but not limited to:

- The transformation of Neurodivergence pathways, including work to address waiting lists.
- The enhancement of mental health Assertive Outreach.
- Working to enhance support for people with co-occurring mental health, alcohol and drug issues.
- Improving arrangements and processes for the provision of community equipment for our patients.

- Improvements to the provision of patient transport across the system.
- Enhancing the effectiveness and expanding the provision of Talking Therapies, and Mental Health School Teams.

Conclusion

The ICBs acknowledge and praise BHFT for their continued commitment to quality improvement and innovation, as well as ensuring that the ICB and partners are actively involved in conversations around the quality and safety of services. The ICBs have been in attendance at the Trust's Quality and Performance Executive Group throughout the year and are assured of the strength of the organisation's clinical governance framework. The Trust has also consistently contributed as a partner in the System Quality Groups, bringing expertise, learning, and escalations to these system-wide forums. Alongside the progress reported on the Trust's main quality priorities, we acknowledge the depth of improvement work reported across all of its divisions. We know that, as a system, we continue to face significant challenges with capacity and demand across a range of pathways, and we value the commitment and expertise the Trust continues to provide in system-wide, regional, and national work to transform services in the face of these challenges. We commend the Trust's achievements throughout 2025/26 and look forward to working together as partners in the delivery of high quality care and treatment to our population in the coming year.



Sarah Bellars
Chief Nursing Officer
NHS Frimley and NHS Buckinghamshire, Oxfordshire & Berkshire West ICBs Cluster

Berkshire Healthcare 
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

We wish to thank Frimley Integrated Care Board (ICB) and Buckinghamshire, Oxfordshire and Berkshire West ICB cluster for their response to our 2025/26 Quality Account. We greatly value their input into our shared system working and acknowledge that their support has continued at a time of significant change for the ICBs. We also thank them for their attendance at our Trust Quality and Performance Executive Group throughout the year.

We look forward to continuing our partnership with the newly formed Thames Valley ICB.

Berkshire Healthcare NHS Foundation Trust Response:

We wish to thank the Health and Care Overview and Scrutiny Panel from Bracknell Forest Council for their response to our 2025/26 Quality Account.

We have included our responses to their questions below, underneath each of the questions that has been asked.

Berkshire healthcare quality account 25-26 quarter 3 – questions from Bracknell Forest health and care scrutiny panel

- It was noted that physical assaults and abuse aimed at staff has increased. What positive steps can be taken to reduce the physical assaults and abuse by patients and visitors aimed at staff members? This abuse has increased in ethnically diverse staff members, is the rise of far-right extremism thought to be responsible?
- Do staff get trained in how to speak to patients and visitors without being patronising or passive aggressive? Staff have been witnessed as being abrupt or over assertive and this has led to confrontation - could this have been averted with the right approach?
- What further steps are being taken to educate patients and visitors as to what is expected behaviour towards staff and NHS property?

Trust response to the three queries above:

Whilst it is noted that the levels of reporting of physical assaults and other abusive behaviour has increased, it can be difficult to ascertain the exact root causes of this as there are many factors involved. We have been encouraging staff to report more as there has been a culture of some under reporting. Some of the abuse against our ethnically diverse staff may have a correlation to societal factors such as far-right extremism but also there's a much higher proportion of ethnically diverse staff working in areas that have always had higher levels of violence than other areas of the Trust.

The Trust are proactively working to help address levels of violence against staff. We are involved in a new joint initiative with Thames Valley Police (called Operation Cavell) which aims to address assaults that end up in any judicial disposal. We are using internal sanctions, such as restorative justice, that form a part of our violence reduction work. Work is almost complete on an anti-abuse campaign which will involve increased use of signage, posters and other media to help address this issue. This also forms part of our violence reduction strategy.

Regarding training, this starts with our values and behaviours- based questions at interviews. This is followed by a suite of training courses in conflict resolution, personal safety training around patient engagement and de-escalation techniques. This training is tailored to both service needs and the various staff groups (such as admin staff or clinical ward staff). We also use a Safe Wards approach to help provide a safe and therapeutic ward environment.

We have an anti-abuse statement that is added to most letters or appointment notifications sent to patients. This is also included in the welcoming pack for inpatient areas and is part of our anti abuse campaign.

- With reference to page 10 of the report, where the trust conducted interviews with 18–25-year-olds receiving inpatient treatment, are any surveys carried out on older patients?

Trust Response

This survey was carried out as part of some work that originated from the NHS long term plan on the need for mental health services to develop their transition process for people moving between Child and Adolescent Mental Health and Adult Mental Health services. The work therefore required feedback from people in the 18–25-year age group and looked at opportunities to operate a more needs-led service for these people, rather than ending services automatically at the age of 18.

Older adults can feed back their experience through our Trust I Want Great Care (IWGC) patient experience system, and through their named worker if they are engaged with mental health services. Local teams would respond to feedback accordingly.

- With reference to page 86 audit title: looking at appropriateness of assessment of patients with suspected Cauda Equina Syndrome. Knowing the seriousness of this condition and the need for prompt treatment, is specific training given to health professionals to identify red flag symptoms as a matter of urgency?

Trust Response

The clinicians in our Musculoskeletal (MSK) Outpatient Physiotherapy and MSK Specialist Services are given specific training to be able to identify and assess for signs of Cauda Equina, as well as the actions that need to take place should this be suspected. We also have measures in place on our referral forms and within our self-referral to pick this up as quickly as possible, and to signpost patients appropriately should Cauda Equina be suspected.

- What is being done to ensure the data is more dependable? Are they looking at ensuring cases are classified in the same way?

Trust Response

The Trust continues to monitor and improve data quality. An overarching Information Assurance Framework (IAF) is in place to provide a clear overview of each performance reporting line, together with any actions needed to improve data quality.

Data Quality and Data Assurance audits are carried out throughout the year as part of this framework. Where any issues are identified, action plans are put in place and progress is monitored until there is a high level of confidence in the data being reported. These processes also help to ensure cases are recorded and classified consistently across services.

In addition, external Data Quality reports published by NHS Digital are reviewed to support consistency in reporting both internally and externally.

The Trust also has processes in place to help ensure cases are recorded consistently across services. This includes the use of agreed national definitions, local guidance, routine data quality checks, and regular audits.

- Can they make recommendations for the National Data Definitions to cover more circumstances if they are seeing any repeating patterns that sit outside of the standard definitions?

Trust Response

If recurring patterns or types of cases are identified that do not fit within the current National Data definitions, this can be raised through the appropriate regional or national channels via NHS England

- The percentage of adult mental health inpatients receiving a follow-up within 72 Hours looks excellent at over 95% in each quarter. Is this higher than the National Average and if so, are you sharing the success and learnings with other NHS Trusts that might require improvement in this area?

Trust Response

It is higher than the National average and we were benchmarked as top in the Southeast Region for this quality measure earlier this year.

We would be happy to share the learning with any other Trusts who would like to understand our processes.

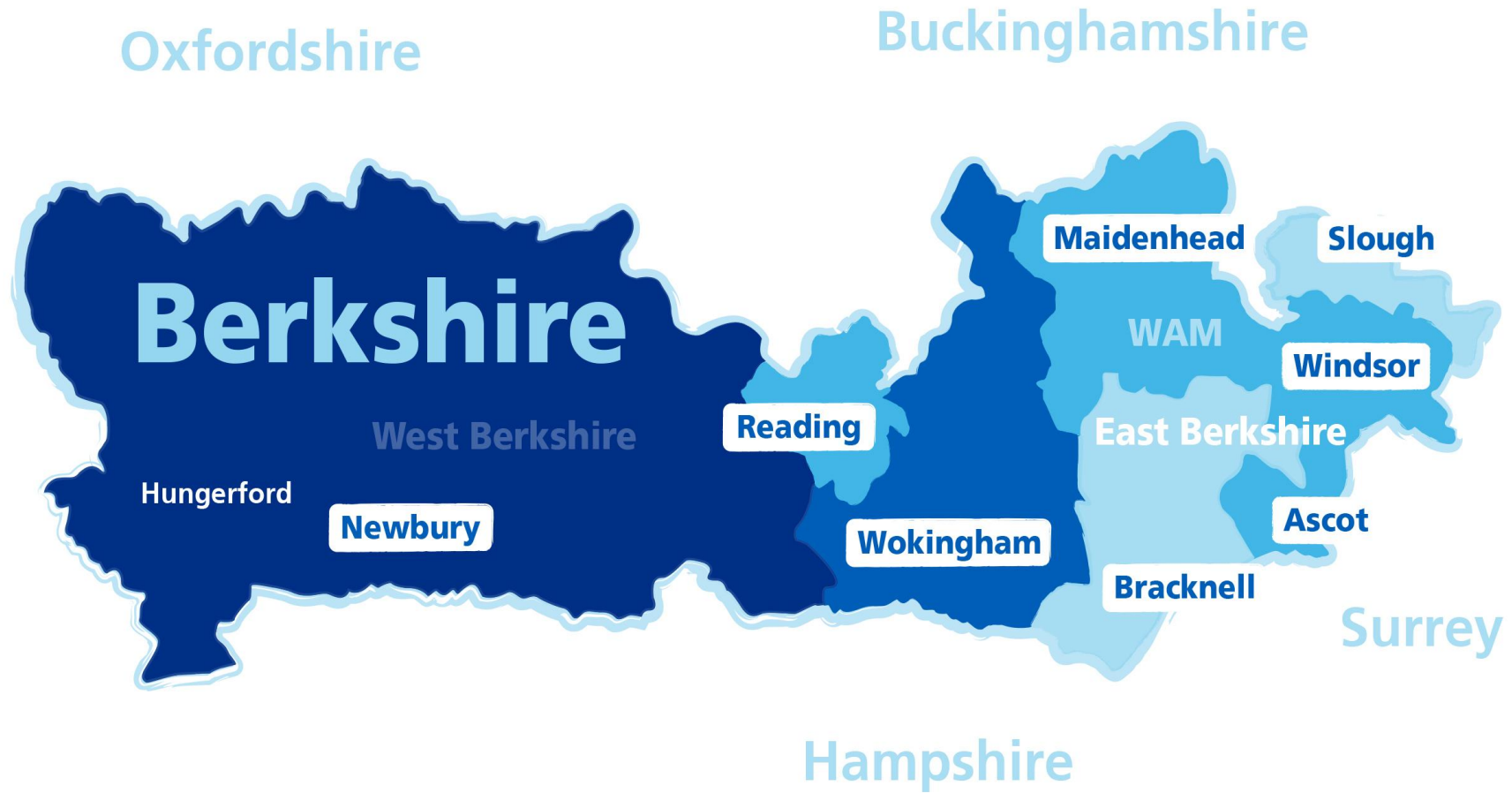
- It is encouraging to see greater reporting of medication errors. Is there more work that can be done to ensure that staff understand how important this is?

Trust Response

Reporting of medication errors is promoted in induction for new doctors' and pharmacy staff. 2-week rotations are also provided for pharmacy staff in bands 2-5, and for all trainees. Feedback is provided automatically to all those reporting medication errors through our Datix incident management system.

Awareness campaigns are also carried out, as well as learning from incidents, medication safety bulletins and monthly face-to-face sessions with pharmacy . In addition, many junior pharmacy staff have medication error reporting as part of their Professional Development Plans (PDPs).

Appendix G- Map of Berkshire Localities



Glossary of acronyms used in this report.

Acronym	Full Name
ACRE	Alliance for Cohesion Race Equality
ADHD	Attention Deficit/ Hyperactivity Disorder
ADTT	Anxiety Disorder Treatment Team
AMR	Antimicrobial Resistance
ARC	Assessment and Reablement Clinic
AWOL	Absent Without Leave
BAF	Board Assurance Framework
BEDS	Berkshire Eating Disorder Service
BOB	Buckinghamshire, Oxfordshire and Berkshire
CAD	Community Assessment Day
CAMHS	Child and Adolescent Mental Health Service
CARRS	Cardiac and Respiratory Rehabilitation Service
CES	Cauda Equina Symptoms
CBNRT	Community Based Neuro-Rehabilitation Team
CCN	Community Children's Nursing/ Community Children's Nurse
CDiff	Clostridium Difficile
CEO	Chief Executive Officer
CFAA	Children, Family and All Age Services
CHD	Coronary Heart Disease
CHPS	Clinical Health Psychology Service
CMHS	Community Mental Health Services
CMHT	Community Mental Health Team
COHMAD	Co-occurring Mental Health, Alcohol and Drugs
COPD	Chronic Obstructive Pulmonary Disease
CPD	Continuing Professional Development
CPE	Common Point of Entry
CMPA	Cow's Milk Protein Allergy
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CREST	Community Rehabilitation Enhanced Support Team
CRHTT	Crisis Resolution and Home Treatment Team
CSS	Community Specialist Service
CTPLD	Community Teams for People with a Learning Disability
CVD	Cardiovascular Disease
CVS	Council Voluntary Services
CYP	Children and Young People
CYPIT	Children and Young People's Integrated Therapy Service
DNA	Did Not Attend
ECG	Electrocardiogram
ED	Emergency Department
EDI	Equality Diversity and Inclusion
EHCNA	Education, Health and Care Needs Assessment
EHCP	Education Health and Care Plan

Acronym	Full Name
EIDA	Employers Initiative Domestic Abuse
EIP	Early Intervention in Psychosis
EPMA	Electronic Prescribing and Medicines Administration
ESD	Early Supported Discharge
ETOC	Enhanced Therapeutic Observation and Care
FFT	Friends and Family Test
FND	Functional Neurological Disorder
FSM	Family Safeguarding Model
FTSU	Freedom to Speak Up
GDE	Global Digital Exemplar
GIRFT	Getting it right first time
GP	General Practitioner
HI	Health Inequalities
HTE	Health Technology Evaluation (NICE)
HV	Health Visitor, Health Visiting
IA	Intelligent Automation
IAPT	Improving Access to Psychological Therapies
IBS	Irritable Bowel Syndrome
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IFR	Initial Findings Report
IPC	Infection Prevention and Control
IST	Intensive Support Team
iWGC	I Want Great Care (patient experience monitoring)
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LD	Learning Disability/ Learning Disabilities
LeDeR	Learning Disability Mortality Review Programme
LFPSE	National Learn From Patient Safety Events Service
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual/Aromantic/Agender +
LOS	Length of Stay
LPSE	Learn from Patient Safety Event
LRMS	Local Risk Management System
MDT	Multi-Disciplinary Team
MH	Mental Health
MHST	Mental Health Support Team
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSK	Musculoskeletal
NACR	National Audit of Cardiac Rehabilitation
NACEL	National Audit of Care at the End of Life
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Enquiry into Suicide and Homicide

Acronym	Full Name
NCMD	National Child Mortality Database
NG	NICE Guideline
NHS	National Health Service
NHSP	NHS Professionals
NICE	The National Institute of Health and Care Excellence
NIHR	National Institute of Health Research
NRAP	National Respiratory Audit Programme
OAP	Out of Area Placement
OPMH	Older Peoples Mental Health
OT	Occupational Therapy/ Occupational Therapist
PCREF	Patient and Carer Race Equality Framework
PH	Physical Health
PICU	Psychiatric Intensive Care Unit
PMH4U	Primary Mental Health 4 Youth
PMS	Psychiatric Medicine Service
PMVA	Prevention and Management of Violence and Aggression
POMH	Prescribing Observatory for Mental Health
POS	Place of Safety
PPH	Prospect Park Hospital
PRES	Patient Research Experience Survey
PSI	Psychosocial Interventions
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
PSP	Patient Safety Partner
PT	Physiotherapy/ Physiotherapist
QAC	Quality Assurance Committee
QI	Quality Improvement
QMIS	Quality Management and Improvement System
QPEG	Quality Performance and Executive Group
RBH	Royal Berkshire Hospital NHS Foundation Trust
RCN	Royal College of Nursing
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RIE	Rapid Improvement Event
RiO	Not an acronym- the name of the Trust patient record system
ROM	Routine Outcome Measure
RPCC	Reading Primary Care Centre
RRT	Rapid Response Team
RTT	Referral to Treatment Time
SCAS	South Central Ambulance Service
SCT	Specialist Community Team
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
SHaRON	An Online Support and Recovery Network
SJR	Structured Judgement Review

Acronym	Full Name
SLT	Speech and Language Therapy/ Speech and Language Therapist
SMI	Severe/ Serious Mental Illness
SN	School Nurse/ School Nursing
SSN	Special Schools Nursing
SSNAP	Sentinel Stroke National Audit Programme
SUS	Secondary Uses Service
TA	Technology Appraisal (NICE)
TNA	Training Needs Analysis
UCR	Urgent Community Response
VFW	Virtual Frailty Ward
VCSE	Voluntary and Community Social Enterprise
VPR	Violence Prevention and Reduction
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard