Berkshire Healthcare
NHS Foundation Trust

Research & Development Annual Report

2025/2026

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This report provides assurance to the Board that the Trust continued to discharge its responsibilities under the UK Policy Framework for Health and Social Care Research and applicable statutory obligations during April 2025 to March 2026. It summarises research delivery, governance, performance, participant experience, workforce and financial sustainability, and supports Board consideration of the refreshed Research Strategy and priorities for 2026/27.

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Executive Summary

During 2025/26, research remained active across all divisions, with mental health the most research-active area. Berkshire Healthcare NHS Foundation Trust supported 79 studies, comprising 53 NIHR Portfolio studies and 26 non-NIHR Portfolio studies. As part of the South Central Regional Research Delivery Network (SCRRDN), the Trust also contributed to, and benefited from, wider regional work to increase research capacity, improve delivery performance, widen participation and strengthen research across NHS and community settings.

The portfolio was predominantly made up of hosted observational and interventional studies sponsored by other organisations, including pharmaceutical companies. In 2025/26, none were Clinical Trials of Investigational Medicinal Products, but developing readiness for CTIMPs and other complex commercial studies is a strategic priority for 2026/27.

A total of 790 participants were recruited into research studies during the year, including 602 participants recruited to NIHR Portfolio studies. Of the 53 NIHR Portfolio studies hosted in 2025/26, 24 recorded recruitment during the year, and 27 studies were set up across the organisation.

We were ranked joint 15th out of 44 similar Trusts (mental health and community trusts) for the number of NIHR studies hosted and 23rd out of 44 similar Trusts for the number of participants recruited, according to the Open Data Platform, which collects recruitment activity for NIHR Portfolio research projects.

Performance against national Key Performance Indicators was mixed. In 2025/26, no commercial studies opened, so there was no commercial KPI activity to report.
For non-commercial studies, 87% opened within 60 days of Health Research Authority approval, 61% recruited to time and target, and 73% achieved time to first participant. Overall, the Trust achieved 82% of its research delivery pledge for 2025/26.

Patient experience continues to be positive, with 61 local Patient Research Experience Survey / My Research Experience responses, representing a 10.5% response rate, aligned with national benchmarks and demonstrating strong patient engagement.

The year also demonstrated:

- Growth in research dissemination and publications
- Increased community-based participatory research
- Strengthened partnerships with NHS, academic and community organisations
- Early progress in developing industry research readiness and commercial study capability for future years

The report also reflects the principal operational and financial risks affecting research delivery, including recruitment to time and target, time to first participant, workforce capacity, dependence on restricted external funding, currently limited commercial income and uneven portfolio alignment in some services. Improvement actions include pathway redesign, stronger recruitment approaches, improved data quality processes and closer partnership working within the South Central Regional Research Delivery Network (SCRRDN).

For 2026/27, priorities are to improve delivery performance, strengthen workforce capability, widen equitable access to research, embed audit learning, grow commercial and strategic income, and further develop industry-ready capacity so that research is increasingly embedded within routine care for the benefit of patients, staff and the wider system. These priorities align with the wider direction of the SCRRDN, including improving opportunities in under-served communities, strengthening careers for

research delivery staff, supporting wider care settings, using data and dashboards to better understand need, and improving study set-up and delivery performance across the region.

The Trust will also continue exploring Count Me In 2.0 and the governance, digital and engagement steps needed to support a lawful, transparent and inclusive opt-out research ambition. A key area of focus will be translating learning from the Mental Health Act Detention work into measurable improvement action, particularly through stronger community engagement, culturally informed practice, improved ethnicity and deprivation data, and service development aimed at reducing inequalities in access, experience and outcomes for Black communities. Collectively, these actions will support the Trust's ambition to embed research more fully within care delivery and maximise the benefit of research for patients, staff and the wider health and care system.

Dr Tolu Olusoga – Medical Director and Executive Lead for Research and Development

Harm Free Care

Providing Safe Services

This report covers the period from 1 April 2025 to 31 March 2026 and examines data and activity relating to clinical research across the Trust, compliance with the UK Policy Framework for Health and Social Care Research, and how the Trust discharges its statutory duties and responsibilities applicable to clinical research.

clinical research is delivered across all divisions, including physical health, mental health, children and young people, learning disabilities and ageing. The Trust continues to host a diverse portfolio of research, with activity embedded across clinical services. There has been research activity across all our divisions and services, with the Mental Health division being our most research active.

Research and Development (R&D) is part of Central Services in Berkshire Healthcare NHS Foundation Trust and reports via the Medical Director, who is an Executive member of the Board. The Research and Development service is accountable to the Trust Board through the Clinical Effectiveness Group (CEG). In 2025/26, the Research Committee was stood down because of capacity and engagement challenges. Assurance continued through the Clinical Effectiveness Group and Quality and Performance Executive Group, with reinstatement planned from Q1 2026/27 alongside the renewed Research Strategy.

Research Activity and Portfolio

Berkshire Healthcare delivered a broad portfolio of research across:

- Mental Health
- Physical Health
- Children and Young People
- Learning Disabilities
- Health Services Research
- Ageing

During 2025/26:

- 790 participants recruited overall
- 602 recruited to NIHR Portfolio studies
- 27 studies set up
- No commercial studies opened in 2025/26; however, expressions of interest and feasibility activity supported future industry and commercial readiness.

The research portfolio consists of 79 studies: 53 National Institute for Health and Care Research (NIHR) Portfolio studies and 26 non-NIHR Portfolio studies. The divisional tables in Appendix 1 show where studies are hosted, promoted or delivered across the Trust. Some studies therefore appear in more than one divisional table to reflect cross-service delivery, but this does not change the overall portfolio total of 79 studies. The portfolio is distributed across the Trust as follows: 25 study entries in Children, Family and All Age Services; 13 study entries in Community Physical Health Services; 30 study entries in Mental Health Services; and 11 cross-divisional or Trust-wide study entries. A full list of projects is provided in Appendix 1.

Five Datix incidents were reported during the year, relating to process adherence, communication and one clinical issue. None posed a high risk to participants or to the quality of research delivery.

UK Policy Framework for Health and Social Care Research

clinical research is a highly regulated environment, with a vast array of regulations, guidelines, policies and procedures that must be complied with. Working within this complex framework is challenging, but while instances of non-compliance are almost inevitable, they should be minimised as far as is practicably possible. It is a regulatory expectation that organisations have oversight of clinical trial activities they are involved in, with quality assurance procedures in place to allow assessment of compliance with all applicable requirements (Health Research Authority, 2026; Department of Health and Social Care, Medicines and Healthcare products Regulatory Agency [MHRA], 2022).

There is a requirement to provide assurance that an organisation's clinical-trial activities are conducted in accordance with approved trial documentation and to identify any deficiencies in supporting clinical trial processes and systems.

Research relevant policies and Standard Operating Procedures (SOPs) are continuously reviewed to ensure compliance with UK Policy Framework for Health and Social Care Research. Representatives from within the Research Governance team attend the Policy Scrutiny Group as a core member. Their role is to ensure that Research Governance and applicable statutory obligations are incorporated into Trust Policies and guidance where applicable. There are five Trust policies specific to Research:

1. ORG026 Research Governance
2. ORG027 Intellectual Property Policy for Research
3. ORG064 Honorary Research Contract, Letters of Access/Assurance
4. ORG074 Research Related Adverse Event Reporting
5. ORG078 Research Fraud & Misconduct

In quarter 4 of the year 2025/26 all five policies were reviewed, updated and ratified in line with national guidance which had been updated in reflection to the new statutory Instruments and guidance from regulators (Berkshire Healthcare NHS Foundation Trust, 2025; Department of Health and Social Care, Medicines and Healthcare products Regulatory Agency [MHRA], 2022).

Research related Standard Operating Procedures (SOPs) are continuously reviewed to ensure compliance with national guidance and operational changes both at local, service, regional and national levels. SOPs are used by staff across the Trust and access to these is important. The Trust implemented a new Research Management System and Local Portfolio Management System (LPMS) in October 2024 which has provided valuable data to further evidence Research activity and compliance to the UK Policy Framework.

Several data items are shared between the LPMS and Central Portfolio Management System (CPMS) through a digital interface. The LPMS systems track the set-up, delivery and performance of the Research Portfolio held by Berkshire Healthcare. The focus for 2026/27 is to work with the informatics team to build a tableau dashboard that all divisions can use to evidence their Research activity and compliance.

clinical research projects are managed by the Research Management System (EDGE), providing accessibility through: document management, bespoke field creation, project and project site workflows, finance functions, contact information, study management, full patient management, research staff training management, site management, and reporting functions.

Each Research study should have procedures in place to ensure that risk is assessed as part of the quality system and according to local policy. As part of feasibility and set-up the Research team support the clinical services to complete a risk assessment for the delivery activities at Berkshire Healthcare. The risk

assessment is assessed in accordance with the UK CRF Internal Audit Toolkit Risk Assessment Tool as part of assessing Capacity and Capability. The risk assessment is assessed based on the activities conducted at the site rather than the risk of the project itself. The risk assessment for the projects itself is conducted centrally by the Health Research Authority. An audit programme was introduced in 2025/26 to verify compliance with the provisions of the study protocol, Standard Operating Procedures (SOPs), Good Clinical Practice (GCP) and the applicable regulatory requirements. It is usually neither practical nor necessary to audit every system and process within a Research organisation on an annual basis, and so therefore a risk-based approach has been used to compile the audit schedule (UK Clinical Research Facilities Network [UKCRF], no date; Department of Health and Social Care, Medicines and Healthcare products Regulatory Agency [MHRA], 2022; Health Research Authority, 2026).

The national HR Good Practice Resource Pack provides the expectations for the study and the pre-engagement checks that should and should not be undertaken. To ensure appropriate access for research purposes to our patients, staff and/or Trust premises, all researchers must have the relevant access, either a substantive/Honorary research contract (HRC) or be issued with a letter of access (LoA) accompanied by a complete Research Passport. The level of access is determined by the activity the Researcher is undertaking. This is managed centrally by the Research and Development department.

All research falling under the remit of the Secretary of State for Health must have a formal Sponsor. This includes all research in health and social care that involves NHS patients, their tissue or information. The Trust sponsors home-grown research projects and hosts national projects and student research projects. In 2025/26, Berkshire Healthcare received 0 applications for sponsorship.

Reducing harm risk for our patients

Research is used as a tool to ensure our services are safe, effective, caring, responsive, and well-led. We support services to use research and development to address the patient safety ambition. Evidence-based practice helps ensure services are providing safe and effective care. Services have highlighted areas of interest they are keen to explore further or host. The Research team supports clinical divisions to undertake local, regional and national searches for clinical and health services research that can address patient safety priorities. Searches are performed on a weekly basis. We continue to seek studies that services can host to support patients while they wait to access services. There are also several in-house projects being designed by our clinicians that address gaps in NICE guidance and respond to clinical concerns.

In-House Research services

During 2025/26, the in-house research service continued to support staff across Berkshire Healthcare to develop locally led research ideas into formal studies. Berkshire Healthcare was a sponsor for two in-house studies during the year. One Trust sponsored study, Co-MAID: Testing a mental imagery anxiety intervention, closed during 2025/26 having recruited 12 of a planned 6 participants, and the second, Development of a questionnaire to assist with the assessment of autism, remained open at year end with 59 participants recruited against a target of 80. The Children, Family and All Age Services are the most engaged with creating their own clinical research ideas, reflecting the strength in clinician-led research activity in this division. This division also has a divisional research committee which provides oversight of clinical research within the division. There is continued appetite for Trust-sponsored research and tangible progress in building a locally led research pipeline, although delivery capacity remains a constraint for several services.

Expressions of Interest

The South Central Regional Research Delivery Network highlight expression of interest options for Research organisations. During 2025/26, the majority of EOIs reviewed by the R&D team were not progressed, with only a small number of studies moving forward to submission. The dominant reason for rejection was that the proposed study population, intervention, or care pathway sat within acute or specialist hospital services rather than Berkshire Healthcare's community and mental health services. Other recurring reasons included limited or no response from clinical services, capacity constraints within the R&D team leading to missed deadlines, and, in a smaller number of cases, lack of sponsor engagement or service-level concerns about feasibility.

Main reasons for rejection

1. **Not aligned to Berkshire Healthcare clinical pathways / better suited to acute trusts**
   This was by far the most common reason for rejection. Berkshire Healthcare does not provide the necessary acute, specialist, or treatment-based pathway, and therefore would not have the right patient population, infrastructure, or clinical oversight to support delivery. This was especially common for cancer, gastroenterology, cardiology, respiratory, renal, dermatology, and surgical studies.

2. **No response or insufficient engagement from clinical services**
   A second recurring issue was the absence of a timely response from the relevant clinical service, meaning the EOI could not be progressed within the available timeframe. Several studies were rejected specifically because services did not respond before the deadline or because there was insufficient engagement to confirm feasibility.

3. **EOI deadline missed due to internal capacity constraints**
   A notable proportion of rejections were attributed to missed deadlines, often explicitly recorded as due to limited capacity within the team.

4. **Rejected by clinical service on feasibility grounds**
   Some studies were reviewed with services and then declined because teams judged them non-feasible. Reasons included insufficient patient numbers, lack of staff capacity, competing study commitments, inability to provide the study environment required, or concerns that the intervention was not a good fit with current clinical practice.

5. **Lack of sponsor engagement or study closed/no longer available**
   In a smaller number of cases, rejection followed lack of response from the sponsor, uncertainty about whether the sponsor was still seeking sites, or the study no longer being available on the app by the time it was reviewed.

Searches and publications via our Library and Knowledge Service

In 2025/26, Berkshire Healthcare Library and Knowledge Service continued to support research dissemination through evidence searching and knowledge mobilisation. Alongside this support, Berkshire Healthcare staff featured in 29 publications recorded between April 2025 and March 2026, demonstrating a strong and diverse research output across mental health, learning disabilities, children and young people, community and physical health services.

The 2025/26 publication profile shows broad and growing academic activity. Outputs included studies on autism and anxiety, relational approaches to self-harm and suicide prevention, intellectual disability and adapted therapies, online mental health forums, trauma and post-traumatic stress, psychopharmacology and pharmacogenomics, wound care, HIV and health inequalities, and innovations in NHS Talking Therapies. This range reflects the Trust's breadth as a combined mental health and community provider and highlights increasing visibility of Berkshire Healthcare staff within national and international research. Several publications also align closely with Trust priorities, including reducing inequalities, improving access for underserved groups, strengthening psychologically informed care, and developing more personalised and evidence-based interventions. Please refer to Appendix 3 for the full list of Berkshire Healthcare staff publications in 2025/26 and Appendix 4 for the full list of searches performed by the Library Knowledge Services.

The evidence search topics undertaken during 2025/26 show how the Library and Knowledge Service supports evidence-based practice across both clinical and organisational priorities. The breadth of requests demonstrates staff interest in improving patient safety, strengthening clinical decision-making, supporting service redesign and developing the workforce. Searches covered areas such as mental health and physical health comorbidity, eating disorders in minoritised communities, functional neurological disorders, dementia, diabetes, falls prevention, clozapine-induced constipation, community manual handling and contracture management. They also included topics focused on learning, leadership, equality impact assessments, support for internationally educated professionals and resources for administrative and professional staff. Taken together with the Trust's publication activity, this demonstrates how access to evidence, knowledge mobilisation and dissemination are contributing to practical improvement, inclusive and culturally informed care, and a more research-active learning culture. The following section describes the wider impact of this research and evidence activity for patients, services and system partners.

Impact

Research impact is seen when evidence, findings and learning are translated into changes in practice, service design, policy, patient experience or wider system understanding. During 2025/26, Berkshire Healthcare's research, publication and evidence-searching activity helped bridge theory and practice by supporting staff to apply evidence to clinical decision-making, improvement work and strategic priorities.

Research dissemination remained strong during 2025/26. The cumulative Berkshire Healthcare staff publications report for April 2025 to March 2026 highlights a broad range of published outputs involving Trust staff across mental health, community health, learning disabilities, autism, psychological therapies and pharmacogenomics, demonstrating growing academic contribution and wider system impact.

The Trust also saw wider impact from research it supported during 2025/26 through the Mental Health Act Detention work focused on the disproportionate detention of Black adults. The findings and audit of clinical notes were independently reviewed by the NHS Race and Health Observatory, which recognised Berkshire Healthcare as a leader in this area and endorsed the need for urgent action. The review highlighted six interrelated hypotheses contributing to inequality: increased risk of psychosis, societal racism and stigma, internalised stigma and cultural beliefs, lack of social support and poverty, structural inequalities in the criminal justice system, and inequitable access to talking therapies. This work has strengthened the Trust's evidence base for action and created a platform for Berkshire Healthcare to

support wider system learning and scale this methodology beyond the local setting (NHS Race and Health Observatory, 2025). The impact of this work goes beyond describing inequality. It has informed a clearer implementation approach for the Trust, including the deployment of advance choice documents, continued meaningful engagement with local Black communities to build trust in services, promotion of talking therapies and CBT, improvement in the quality of ethnicity and deprivation data, partnership working with police and criminal justice partners, and greater emphasis on co-production in developing culturally informed care pathways. The work has also identified the importance of using process and outcome measures to demonstrate progress, including tracking community engagement, cultural competency training, representation in clinical trials, partnership activity, deployment of advance choice documents, and reductions in the number, variation and repeat rate of detentions of Black adults.

The Trust also contributed to community-based participatory research and wider health inequalities work during 2025/26 through its support for the SHARE (Surveying Health and Resource Equity) report developed with the University of Reading for the Berkshire Health Inequalities Group. The report identified a decline in healthy life expectancy across Berkshire, particularly for women in Reading, highlighted difficulty accessing GP appointments as the most commonly reported healthcare barrier, and found food insecurity affected 14.4% of respondents, higher than regional and national comparators. The work strengthened the evidence base for local action on health inequalities by informing discussion across partners in the NHS, local authorities, academia and the voluntary sector, and by identifying opportunities to improve digital inclusion, access to primary care, food security monitoring and targeted prevention activity across Berkshire (University of Reading and Berkshire Health Inequalities Group, 2025).

The Trust also contributed to community-based participatory research and wider health inequalities work during 2025/26 through its support for the Connected Care Project report developed with the University of Reading for the Berkshire Health Inequalities Group. The report identified persistent barriers to accessing GP and hospital services, particularly for disabled people, working adults and those with complex needs, including telephone congestion, digital-only triage, limited appointment flexibility, lack of continuity of care, long waiting times, poor referral communication and place-based variation in service access. The work strengthened the evidence base for local system improvement by showing that many healthcare inequalities arise from service design rather than individual behaviour, and by identifying opportunities to improve booking routes, continuity, referral communication, reasonable adjustments and care coordination across Berkshire (University of Reading and Berkshire Health Inequalities Group, 2025).

Great Patient Experience

Improving outcomes - Patient Research Experience Survey / My Research Experience

Patient experience remains an important feature of the Trust's research activity. In 2025/26, Berkshire Healthcare received 61 local Patient Research Experience Survey / My Research Experience responses, representing a 10.5% response rate. This aligns with national NIHR findings for 2024/25, which showed that most participants reported a positive experience of taking part in research, including high levels of kindness, respect and clear information (National Institute for Health and Care Research [NIHR], 2025; NIHR Research Delivery Network, 2026).

The Trust remains committed to ensuring that patients are aware of, and able to participate in, research opportunities as part of their care. During 2025/26, Berkshire Healthcare was approached to join the Count Me In 2.0 (CMI 2.0) study, a proposed multi-site evaluation of an opt-out approach to research contact designed to widen participation and strengthen recruitment by comparing usual recruitment processes with recruitment following implementation of the CMI model. The model uses routine electronic health record data and cohorting methods to identify potentially eligible patients, supported by clear transparency arrangements, patient and public involvement, and opt-out mechanisms. This aligns closely with Berkshire Healthcare's longer-term ambition to move towards an opt-out research trust, where opportunities are offered more consistently, equitably and transparently as part of routine care. Participation would provide Berkshire Healthcare with access to implementation expertise, national collaboration, tested communication materials and practical learning on the governance, digital and operational requirements needed to implement an opt-out model safely and lawfully. More strategically, the opportunity supports the Trust's ambition to position itself as an early adopter of innovative, digitally enabled and more equitable approaches to research participation, helping to reduce unwarranted variation in who is offered research, strengthen patient choice through clearer information and transparency, and embed research more fully within routine care for the benefit of patients, services and the wider system.

The Trust met its earlier 2024/25 ambition to achieve a 10% Patient Research Experience Survey / My Research Experience response rate, demonstrating continued focus on participant voice and service learning.

Patients are encouraged to engage with research through national platforms such as Be Part of Research (National Institute for Health and Care Research [NIHR], 2026) and Join Dementia Research (National Institute for Health and Care Research [NIHR], 2026), as well as direct engagement through clinical teams.

This supports the Trust's ambition to improve equity of access to research participation.
For 2026/27, the team has also set an ambition to increase My Research Experience survey returns to 15% of participants recruited, supporting stronger patient feedback and service learning.

Using patient experience and voice, we continue work to establish strong links with our local communities by gaining patient and carer feedback. Co-production and co-design for research projects have become an increasingly important national research focus, with growing emphasis on meaningful patient and public involvement in research design and delivery (National Institute for Health and Care Research [NIHR], 2021).

Carers

During 2025/26, Berkshire Healthcare continued to promote research opportunities through the Carers Hub – Friends, Family and Carer network, helping to raise awareness and involvement across local communities. At least five studies were open to carers, families and friends. Examples included *iACT4CARERS*, which supported family carers of people with dementia, alongside other projects that involved parents, relatives or supporters, such as *Intensive Community Treatment as an alternative to inpatient admission*, *The Experiences of COVID-19 for People with Intellectual Disabilities and their Supporters*, *Co-MAID* and *Prime 3*. Together, these studies demonstrate the important role that carers, families and friends play in shaping and participating in research across Berkshire Healthcare.

Co-production

During 2025/26, research continued to support co-production across Berkshire Healthcare by ensuring that the views of patients, carers, families and communities informed both research participation and the development of future priorities. This has included building on the work undertaken with *Kids*, which explored what matters to young adults with learning disabilities, how they prefer to be communicated with, and how the Trust can make research and services more accessible and meaningful. The recommendations from that work have helped shape how the Research and Development team approaches inclusive engagement, accessible communication and the prioritisation of future research activity (Kids, 2023).

Recommendations from the Kids report (2023) below (Kids, 2023):

1. Berkshire Healthcare to continue building connections and relationships with staff and young adults across the colleges.
2. Berkshire Healthcare to use this information to guide prioritisation of future research projects.
3. Berkshire Healthcare should develop a communication matrix based on the young adult's preferences.
4. Berkshire Healthcare to consider the feedback from young adults and make changes to previous and future handouts where appropriate.
5. To use and share the video and easy read guide created about research on the relevant platforms.
6. Feedback to young adults on the impact this has and future work they are involved in has.

Over the past year, Research and Development has taken several practical steps to support this agenda. These have included contributing to the Trust's co-production working party; supporting the use of co-produced resources developed with *Kids*, including the research video and easy read guide; using patient and public insight to inform the identification of future research priorities; and promoting research opportunities through a range of Trust and community forums. Research has also been represented across Trust meetings and engagement routes including Patient Safety and Quality meetings, the Diversity Steering Group, Leading for Impact, clinical team meetings, Research Club and the Carers Hub – Friends, Family and Carer network. This has helped strengthen visibility of research, increase opportunities for dialogue with services and communities, and ensure that research is better connected to wider Trust priorities around inclusion, experience and improvement.

Taken together, these actions demonstrate progress against the recommendations set out in the *Kids* report. Berkshire Healthcare has continued to build relationships with young adults and staff through ongoing engagement activity; used the findings to inform future research priorities; progressed the use of accessible resources by developing and preparing to share the co-produced video and easy read guide; and started to embed co-production more systematically through the Trust-wide working party and the emerging co-production framework. Further work is still needed to fully implement all recommendations, particularly around the development of a communication matrix and providing structured feedback on impact, but these have now been recognised within forward planning for the new research strategy and co-production delivery plan.

Health inequalities

During 2025/26, the Research and Development team continued to support Berkshire Healthcare's work to reduce health inequalities by prioritising inclusive research opportunities, supporting projects focused on underserved groups, and strengthening links between research, community engagement and service improvement. This included identifying and hosting studies that addressed inequity in access, experience or outcomes, contributing to the Trust's wider health inequalities agenda, and using research methods to inform local improvement work.

Examples of studies hosted or supported in 2025/26 that addressed health inequalities included *Co-MAID*, a co-designed intervention for people with mild to moderate intellectual disabilities and anxiety; *What are the experiences of people from black and minority ethnic groups with a diagnosis of psychosis leading up to their recovery?*, which explored the experiences of people from minoritised ethnic groups in mental health services; *The Experiences of COVID-19 for People with Intellectual Disabilities and their Supporters*; *EXPAND*, which explored barriers to neurodevelopmental care for parents from ethnic minority groups; *DEMSA*, focused on culturally adapted dementia care for South Asian people; *FoodsEqual*, which investigated diet and inequality in disadvantaged communities; and *Genes and Health*, which supports research participation among South Asian communities. Together, these studies demonstrate a broader shift towards research that is more inclusive of populations who are often underrepresented or experience poorer outcomes.

Research methods have also informed the Trust's Mental Health Act Detention work, which focuses on the disproportionate detention of Black adults under the Mental Health Act in Berkshire. During 2025/26, findings from this work and an audit of clinical notes were independently reviewed by the NHS Race and Health Observatory. The review concluded that Berkshire Healthcare's work should serve as an example to other healthcare services and set out six interrelated hypotheses contributing to inequality: increased risk of psychosis, societal racism and stigma, internalised stigma and cultural beliefs, lack of social support and poverty, structural inequalities in the criminal justice system, and inequitable access to talking therapies. These findings reinforced the importance of looking beyond individual clinical factors to the wider social, cultural and structural drivers of detention.

The MHAD work has sharpened the Trust's health inequalities focus by identifying practical areas for action. These include meaningful engagement with local Black communities to build trust, stronger use of co-production to develop culturally informed care pathways, improved reporting of mental health service use by ethnicity and deprivation, staff development in cultural competency, closer working with police and criminal justice partners, and promotion of equitable access to talking therapies and CBT. It has also highlighted the need for clear process and outcome measures so that progress can be tracked over time, including reductions in the absolute number of detentions of Black adults, reductions in variation by local authority area, and reductions in repeat detentions.

In 2026/27, the Research team will build on this work by supporting implementation of the recommended actions arising from the Mental Health Act Detention work and using annual analysis to monitor whether progress is being made. This will include strengthening demographic data quality, supporting improved reporting by ethnicity and deprivation, widening access to research for underserved groups, using community insight to shape future research and service development, and exploring further work on community-based rehabilitation and reintegration approaches aimed at reducing repeat detention. Together, this will help ensure that research continues to inform practical action on racial inequality and wider health inequalities across Berkshire Healthcare.

Supporting our people

A great place to work

During 2025/26, the Research and Development team continued to strengthen Berkshire Healthcare as a great place to work by investing in research capacity, supporting clinical staff to develop research careers, and increasing the visibility of research across services. This work focused on embedding research more consistently within clinical practice so that staff across disciplines are better able to access opportunities, develop skills and contribute to evidence-based improvement.

Research income supported 10.41 whole time equivalent posts across the Trust and 13 Berkshire Healthcare employees through whole or part funding, including embedded roles across clinical services. A further 1.25 programmed activities of consultant time was recorded separately from the 10.41 WTE total. Workforce capacity remains a challenge, but the Trust is building its pipeline of future research leaders, clinical academics and champions through doctoral, pre-doctoral, mentorship and professional development activity.
Recruitment and retention remain important challenges, but research continues to offer a positive route for workforce development and staff engagement. In 2025/26, the team supported two applications to NIHR doctoral opportunities, additional pre-doctoral and internship development activity, and targeted senior mentorship for emerging researchers, including dedicated time from the University of Reading to support capacity-building applications. These actions have helped strengthen the pipeline of future clinical academic and research leadership capacity within Berkshire Healthcare.

In response to the Chief Nursing Officer for England's strategic plan for research, the Research team and Lead Research Nurse prioritised work to build nursing, midwifery and allied health professional research readiness. During the year, a stakeholder group including consultant nurses, advanced clinical practitioners and the Lead Research Nurse focused on the actions required for the Self-Assessment of Organisational Research Readiness Tool (SORT), supporting the Trust's readiness to increase nurse-led research and allied health professional involvement while prioritising improvement actions for 2026/27 (NHS England, 2021; Council of Deans of Health, 2023).

The year also saw focused support for early career research development through wider staff development opportunities across services. This included pre-doctoral and internship pathways and senior mentorship from the University of Reading, reflecting the importance of dedicated support in helping staff progress towards externally funded research careers.

Berkshire Healthcare also secured access to additional pre-application support through its partnership with the Oxford Health Biomedical Research Centre. This has strengthened the support available to nursing, midwifery, allied health professionals, pharmacists and psychologists preparing future research applications, and complements the wider approach of using research income to fund embedded roles within clinical services. Together, these actions are helping to build a more research-confident workforce and increase the organisation's capacity to generate, host and deliver research.

Embedded roles

During 2025/26, activity to embed research within services continued to expand. We worked with service leads to strengthen embedded research delivery, support operational readiness and improve local awareness of how research can contribute to service improvement. Embedded and service-supported roles were in place across areas including mental health, community physical health, speech and language therapy, dementia, sexual health and pharmacy, helping to extend research capability beyond the central team.

This approach has supported increased research visibility and capability across services, particularly where externally generated research income has enabled clinician time to be used for research development and delivery. In practice, this contributed to Berkshire Healthcare setting up 27 studies during 2025/26 and supporting research delivery across all divisions, with mental health remaining the most research-active area. Embedding these roles within services helps ensure that research is connected to local care pathways, supports participation in national and locally relevant studies, and develops research knowledge and leadership from within the clinical workforce rather than relying solely on the central team.

Berkshire Healthcare has continued to use the UKCRF induction framework and related development resources to support staff skills in clinical research delivery, governance and participant experience. In parallel, work in community physical health and mental health services has helped increase research profile, identify staff interests and create more structured opportunities for teams to engage with research, including through local forums, showcase activity and support for staff-led ideas. These actions have laid important foundations for further expansion of embedded research roles and clinical academic development in 2026/27 (UK Clinical Research Facilities Network [UKCRF], no date).

Berkshire Healthcare is part of the South Central Regional Research Delivery Network (SCRRDN), the regional NIHR infrastructure that supports research delivery organisations across the South Central area. During 2025/26, the SCRRDN continued to strengthen regional leadership, capacity and capability through its Stakeholder Group, Strategic Funding Call, Study Support Service, Agile Research Delivery Team, data and analytics support, and Regional Specialty and Setting Leads (RSSLs). This wider infrastructure is relevant to Berkshire Healthcare because it helps connect the Trust to regional intelligence, collaborative delivery opportunities, improvement initiatives and specialist leadership that support both local delivery and wider system development.
Within this regional model, the Clinical Director for the Children, Families and All-Age Services Division was appointed by the SCRRDN to the role of Mental Health Regional Specialty Lead. RSSLs are a vital link between regional delivery organisations and national specialty and settings leadership. They contribute to the strategic development of research delivery, help build capacity and capability across specialties and settings, and support the wider ambition of embedding research within routine care, including in under-served specialties, community pathways and wider care settings. This appointment reflects Berkshire Healthcare's active contribution to the wider South Central research system as well as the benefit the Trust gains from being part of that regional network.
They drive the development and performance of research delivery within health and care settings by:

- providing strategic oversight
- supporting study planning and performance
- building regional research capacity
- embedding research within the NHS and wider care settings
- acting as ambassadors for the NIHR RDN

Efficient use of resources

A financially and environmentally sustainable organisation

Research and Development is funded through several restricted income streams, the majority of which are derived from the National Institute for Health and Care Research (NIHR). In 2025/26, these funding streams included NIHR Research Delivery Network (RDN) support funding, NIHR Research Capability Funding (RCF), contingency funding for agreed capacity-building initiatives, and externally funded research grants and infrastructure awards. In addition, Berkshire Healthcare receives study-specific research income linked to the delivery of commercial, non-commercial and grant-funded research. Each funding stream is subject to specific national rules and eligible spend criteria, which means research finance requires separate oversight and assurance in addition to standard NHS financial controls.

Research and Development continues to operate within a challenging financial environment. Confirmed identifiable NIHR income through RDN fixed support funding, RDN contingency funding and RCF totalled £735,582 in 2025/26. This included £585,037 RDN fixed support funding, £65,744 contingency funding and £84,801 Research Capability Funding. These figures exclude the value of hosted external grant awards and study-specific commercial or non-commercial research income where contract values are not presented in this report.

Key financial pressures include:

- Dependence on SCRRDN as the core funder, with limited additional income streams
- Ongoing need to stabilise the core team while vacancies are filled and delivery capacity is strengthened
- Changes to the NIHR funding model, placing greater emphasis on performance and timely delivery
- Currently limited income generation from commercial research activity, with a need to move toward a mixed-income model

Department of Health and Social Care – National Institute for Health and Care Research (NIHR)

The National Institute for Health and Care Research (NIHR) is the government's major funder of clinical, public health, social care and translational research. It operates within the strategic direction set out through *Best Research for Best Health: The Next Chapter* and is funded by the Department of Health and Social Care (National Institute for Health and Care Research [NIHR], 2021).

As a research funder and partner of the NHS, public health and social care, the NIHR complements the work of the Medical Research Council. NIHR focuses on translational research, clinical research and applied health and social care research. Working in partnership with the NHS, universities, local government, other research funders, patients and the public, the NIHR funds, enables and delivers world-leading health and social care research that improves people's health and wellbeing and promotes economic growth. The NIHR provides funding opportunities ranging from research grants for projects or programmes of work to infrastructure awards and career development awards.

Research Delivery Network funding

RDN funding is used to meet NHS Support Costs and other eligible research delivery costs as defined through AcoRD, including research delivery staff and agreed support services required to safely set up and

deliver studies. This funding enables Berkshire Healthcare to participate in non-commercial research and to maintain readiness for future commercial research opportunities, while maintaining essential delivery infrastructure and recovering eligible costs appropriately. In 2025/26, Berkshire Healthcare's RDN fixed support funding was £585,037 (NHS England and NHS Improvement, 2021; NHS England, 2024).

Nationally, the RDN continues to place increasing emphasis on delivery performance, value for money and timely study set-up and recruitment. Within South Central, these priorities have been reflected in regional work during 2025/26 to support the 150-day study set-up ambition, improve access to research in wider care settings, strengthen workforce development, expand data and dashboard capability, and increase inclusion of under-served communities. For Berkshire Healthcare, being part of the SCRRDN means that local RDN income is complemented by access to this wider regional infrastructure, expertise and improvement support to help maintain capacity, improve performance against national delivery metrics and strengthen readiness for future changes to the funding model.

The UK Clinical Research Delivery Key Performance Indicators are focused on initiation and delivery of clinical research, ensuring that clinical research is delivered to time and target. The RDN is expecting to see a sustained improvement in the performance of delivery organisations in initiating and delivering research.

Berkshire Healthcare's indicative RDN funding for 2025/26:

	Berkshire
Fixed Allocation NHS Support Costs*	£585,037

**NHS Support Costs = A patient care activity is primarily undertaken to facilitate research or is driven by the NHS duty of care to a patient, for example, to ensure the safety of a patient participating in research then it is attributed as an NHS support cost.*

Activities that are attributed to NHS support costs include:

- *the processing of the patient record to identify NHS patients who may be suitable to approach to ask if they wish to participate in research project*
- *obtaining informed consent from patients where the study is a health research study, taking place within the NHS*
- *additional investigations, assessments and tests where the results are required by the patient's care team to ensure patient safety and where arrangements are in place to feed the results back to the clinician*

RDN funding supports both the core Research and Development team and embedded research delivery roles across clinical services, alongside essential enabling functions such as pharmacy, finance, training and operational support. During 2025/26, Berkshire Healthcare also secured £65,744 of RDN contingency funding. This was used largely to support improvement actions linked to the 150-day study set-up agenda, reflecting a wider regional and national focus within the SCRRDN on reducing delays, improving site readiness and supporting delivery organisations to strengthen study set-up performance.

Research Capability Funding

Berkshire Healthcare remained eligible for NIHR Research Capability Funding in 2025/26 as a research-active organisation, supported by NIHR portfolio recruitment and hosted NIHR-funded activity. RCF provides flexible funding to help NHS organisations sustain research capability, support research leadership and delivery, and meet costs that are not otherwise fully funded through project-specific awards (National Institute for Health and Care Research [NIHR], 2025; National Institute for Health and Care Research [NIHR], 2026).

What is NIHR Research Capability Funding?

NIHR Research Capability Funding (RCF) is allocated to research-active NHS organisations or NHS health care providers to enable them to maintain research capacity and capability (National Institute for Health and Care Research [NIHR], 2026).

The aims of RCF funding are to:

- help research-active NHS organisations to act flexibly and strategically to maintain research capacity and capability
- support the appointment, development and retention of key staff undertaking or supporting people- and patient-based research
- contribute towards the costs of hosting NIHR-funded or 'adopted' research that are not currently fully covered across NIHR's programmes, and that are not met in other ways.

The funding stream:

- enables NHS organisations to meet some, or all, of the research-related component of the salary of researchers and research support staff working on clinical and applied health research, where that component is not already provided by another funding source; and
- contributes towards:
    - sponsorship and governance costs
    - accommodation, financial management, and human resource management costs (including net costs incurred by a host organisation in meeting the salary of an individual supported by NIHR, while on parental or long-term sick leave), associated with research staff of NHS organisations hosting research within the NIHR Research Delivery Network (RDN) portfolio
    - other individual staff employed to provide services and support to NIHR contracts where there is no additional funding.

Who is awarded research capability funding?
RCF is allocated to research-active NHS bodies or NHS health care providers under one of two circumstances (National Institute for Health and Care Research [NIHR], 2026):

- they received sufficient NIHR income during the previous calendar year to reach a threshold of £20k required to trigger an RCF allocation, or
- they recruited at least 100 participants per year to research studies conducted through the NIHR Research Delivery Network (RDN).

The total NIHR Research Capability Funding received in 2025/26 was £84,801.

Research funded posts

Research income supports a mixed workforce model comprising both embedded posts within clinical services and a core Research and Development infrastructure team. In 2025/26, this funding supported 13 Berkshire Healthcare employees through either whole or part funding. The roles reflect the breadth of research activity required to deliver studies safely, support governance, and build research capability across the Trust. This model allows Berkshire Healthcare to maintain central oversight while also increasing research visibility and delivery capacity within operational services.

Embedded*
Embedded posts are funded to strengthen research delivery and capability directly within clinical pathways. These roles help services identify and deliver relevant studies, support participant recruitment and follow-up, and create stronger links between research activity and everyday care. In 2025/26, embedded roles spanned areas including mental health, community physical health, speech and language therapy, dementia and pharmacy, demonstrating the Trust's continued commitment to making research part of routine service delivery rather than a separate function.

Core Research team*
The core Research and Development team provides the governance, operational, finance and leadership infrastructure required to oversee research activity across Berkshire Healthcare. These posts are essential to ensuring compliance with the UK Policy Framework for Health and Social Care Research, supporting study set-up and sponsorship processes, managing contracts and finance, and maintaining the systems and oversight needed for safe and effective delivery. Together, the core and embedded workforce create the organisational capacity needed to support a growing and increasingly diverse research portfolio.

The core R&D budget from the South Central Regional Research Delivery Network funds 10.41 whole-time equivalent posts. Strategic funding also supports 1.25 programmed activities of consultant time, which is recorded separately from the 10.41 WTE total.

Research Governance		**clinical research delivery (Core Team)**		**Research Delivery (Additional Service support)**	
Role	**WTE**	**Role**	**WTE**	**Service**	**WTE**
R&D Ops Manager	1	Lead Research Nurse	1	Sexual Health	0.11
Research Governance Officer	1	Clinical Team Lead	1	Mental Health	1.25 PA
Business Admin Assistant	2	Senior Clinical Staff (Registered General Nurse : Clinical Research Practitioners)	1.64		
		Clinical Staff (Clinical Research Practitioner : Speech and Language Therapist)	1.66		
		Clinical Staff (Clinical Research Assistant)	1		
Total	**4 wte**	**Total**	**6.3 wte**	**Total**	**1.25 PA** **0.11 wte**

Strategic Priorities for 2026/27
Priorities for 2026/27 build on progress made during 2025/26 and on the Trust's wider planning with regional partners. They include improving KPI performance and study set-up times, developing industry-ready capability, strengthening readiness for future commercial research, strengthening workforce capability, improving equity of access to research, embedding audit learning, and maintaining a strong focus on participant experience and service improvement. A key element of this will be delivery of the Trust's industry-ready plan, which is intended to create the practical conditions needed to support commercially sponsored research over time. This includes strengthening governance and regulatory readiness, developing a research-ready pharmacy function, improving feasibility and study set-up processes, ensuring appropriate investigational medicinal product storage and temperature monitoring

arrangements, building workforce skills in complex study delivery, and embedding clearer operational pathways with finance, pharmacy and clinical services.

The team plan on a page for 2026/27 Appendix 2 also places emphasis on opening studies aligned to key patient pathways, improving dissemination of findings back to participating services, developing training to support safe set-up and delivery of CTIMP studies, increasing the visibility of research across the Trust, and strengthening work with underserved communities to support inclusive participation. It will also include further work to explore the Count Me In 2.0 opportunity and the wider organisational, governance and engagement steps needed to support Berkshire Healthcare's ambition to move towards an opt-out approach to research participation.

Improving performance against national KPIs, particularly:
    - Time to first participant
    - Recruitment to time and target
- Strengthening readiness for future commercial research opportunities and income generation
- Strengthening pharmacy and specialist capability to support complex trials
- Developing and sustaining the research workforce
- Increasing the number of:
    - Chief Investigators
    - Principal Investigators
    - Collaborative partnerships
- Improving equity and accessibility of research participation across all services

Risks and Challenges

The key delivery risks requiring Board oversight are recruitment to time and target, time to first participant, workforce capacity, dependence on restricted external funding, currently limited commercial income and uneven portfolio alignment in some services. Actions are in place to mitigate these risks through performance improvement, audit and data quality processes, service engagement and strengthened partnership working.

- Underperformance against key national KPIs
- Financial sustainability and funding pressures
- Workforce capacity and recruitment challenges
- Imbalance in research portfolio across services
- Targeted performance improvement initiatives
- Increased focus on commercial research
- Strengthened industry readiness and preparation for future commercial opportunities
- Strengthening partnerships and funding applications

Conclusion

From my perspective as Medical Director and Executive Lead for Research and Development, 2025/26 has been a year of continued progress for research at Berkshire Healthcare. During the year, the Trust continued to strengthen its research infrastructure, support a broad and increasingly diverse portfolio of studies, and maintain positive patient experience. We also saw growing research dissemination, stronger engagement with communities and partners, and early progress in developing commercial and industry research opportunities. Collectively, this work reinforces the important role research plays in improving the quality, safety and effectiveness of care across our services.

The year has also highlighted areas requiring further improvement, particularly performance against national research delivery metrics, workforce capacity, portfolio balance and long-term financial sustainability. These are not unique challenges, but they are important if we are to realise the full benefit of research for our patients, staff and communities. In response, the Trust has already begun to take targeted action through strengthened oversight, pathway-focused portfolio development, workforce planning, improved recruitment and set-up processes, and a renewed emphasis on research leadership across clinical services.

Looking ahead to 2026/27, our focus must be on consolidating this progress and building a more sustainable, high-performing research function. This includes improving KPI performance, strengthening industry readiness, preparing for future commercial research opportunities, widening equitable access to research, embedding learning from audit and participant feedback, and ensuring that research is increasingly visible within clinical, quality and strategic forums across the Trust. We also have an important opportunity to align our refreshed research strategy with the wider direction of the NHS, including the ambition for a more research-active health and care system and the growing emphasis on timely study delivery and innovation. In parallel, we will continue to position the Trust to take advantage of emerging external investment opportunities, including national capital funding for infrastructure and equipment where these align with our strategic priorities, and any NIHR UK Clinical Research Facilities funding opportunity that may arise in FY2027 to support future capability and capacity development.
Stakeholder engagement will be key to ensuring that the refreshed Research Strategy is fit for purpose and co-produced.

The Trust remains committed to addressing these challenges through targeted strategic action, ensuring that research continues to contribute to better outcomes for patients, supports high-quality evidence-based care, and strengthens Berkshire Healthcare's role within the wider health and care research system. I am confident that, with continued clinical leadership, partnership working and organisational commitment, we can build on the foundations established this year and further embed research as a core part of how we improve care at Berkshire Healthcare.

Dr Tolu Olusoga – Medical Director and Executive Lead for Research and Development

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References

Berkshire Healthcare NHS Foundation Trust (2025) *ORG026 Research Governance*. Available at: Berkshire Healthcare NHS Foundation Trust internal policy document (Accessed: 4 June 2026)

Berkshire Healthcare NHS Foundation Trust (2025) *ORG027 Intellectual Property Policy for Research*. Available at: Berkshire Healthcare NHS Foundation Trust internal policy document (Accessed: 4 June 2026)

Berkshire Healthcare NHS Foundation Trust (2025) *ORG064 Honorary Research Contract, Letters of Access/Assurance*. Available at: Berkshire Healthcare NHS Foundation Trust internal policy document (Accessed: 4 June 2026)

Berkshire Healthcare NHS Foundation Trust (2025) *ORG074 Research Related Adverse Event Reporting*. Available at: Berkshire Healthcare NHS Foundation Trust internal policy document (Accessed: 4 June 2026)

Berkshire Healthcare NHS Foundation Trust (2025) *ORG078 Research Fraud & Misconduct*. Available at: Berkshire Healthcare NHS Foundation Trust internal policy document (Accessed: 4 June 2026)

Council of Deans of Health (2023) *Self-Assessment of Organisational Research Readiness (SORT) toolkit*. Available at: Council of Deans of Health resource (Accessed: 4 June 2026)

Department of Health and Social Care, Medicines and Healthcare products Regulatory Agency [MHRA] (2022) *Good Clinical Practice guide*. Available at: https://www.gov.uk/guidance/good-clinical-practice-for-clinical-trials (Accessed: 4 June 2026)

Health Research Authority (2025) *Study setup: Responsibilities of participating organisations*. Available at: https://www.hra.nhs.uk/planning-and-improving-research/research-planning/study-setup-and-approvals/responsibilities-of-participating-organisations/ (Accessed: 4 June 2026)

Health Research Authority (2026) *UK Policy Framework for Health and Social Care Research*. Available at: https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/uk-policy-framework-health-and-social-care-research/ (Accessed: 4 June 2026)

Kids (2023) *Report on what matters to young adults with learning disabilities and implications for Berkshire Healthcare*. Available at: Berkshire Healthcare NHS Foundation Trust internal report (Accessed: 4 June 2026)

National Institute for Health and Care Research [NIHR] (2021) *Best Research for Best Health: The Next Chapter*. Available at: https://www.nihr.ac.uk/best-research-best-health-next-chapter (Accessed: 4 June 2026)

Oxford Health NHS Foundation Trust and Mersey Care NHS Foundation Trust (2026) *Count Me In 2.0 webinar materials*. Available at: internal webinar presentation and briefing documents shared with interested NHS Trusts (Accessed: 5 June 2026)

National Institute for Health and Care Research [NIHR] (2025) *Participant in Research Experience Survey 2023/24*. Available at: https://www.nihr.ac.uk/about-us/who-we-are/reports-and-performance/participant-in-research-experience-survey (Accessed: 4 June 2026)

National Institute for Health and Care Research [NIHR] (2025) *Research Capability Funding allocations 2025-26*. Available at: https://www.nihr.ac.uk/research-capability-funding-allocations-2025-26 (Accessed: 4 June 2026)

National Institute for Health and Care Research [NIHR] (2026) *Be Part of Research*. Available at: https://bepartofresearch.nihr.ac.uk/ (Accessed: 4 June 2026)

National Institute for Health and Care Research [NIHR] (2026) *Join Dementia Research*. Available at: https://www.joindementiaresearch.nihr.ac.uk/ (Accessed: 4 June 2026)

National Institute for Health and Care Research [NIHR] (2026) *Research capability funding*. Available at: https://www.nihr.ac.uk/career-development/support-for-delivering-research/research-capability-funding (Accessed: 4 June 2026)

National Institute for Health and Care Research [NIHR] (2026) *Research Capability Funding FAQs*. Available at: https://www.nihr.ac.uk/research-capability-funding-faqs (Accessed: 4 June 2026)

NHS England (2021) *Making research matter: Chief Nursing Officer for England's strategic plan for research*. Available at: https://www.england.nhs.uk/long-read/making-research-matter-chief-nursing-officer-for-englands-strategic-plan-for-research/ (Accessed: 4 June 2026)

NHS England and NHS Improvement (2021) *Excess treatment costs: Guidance on the national management model for England*. Available at: https://www.england.nhs.uk/wp-content/uploads/2021/09/B0355-excess-treatment-costs-guidance.pdf (Accessed: 4 June 2026)

NHS England (2023) *Maximising the benefits of research: Guidance for integrated care systems*. Available at: https://www.england.nhs.uk/long-read/maximising-the-benefits-of-research/ (Accessed: 4 June 2026)

NHS England (2024) *Managing research finance in the NHS*. Available at: https://www.england.nhs.uk/long-read/managing-research-finance-in-the-nhs/ (Accessed: 4 June 2026)

NHS Race and Health Observatory (2025) *Independent review of Berkshire Healthcare Mental Health Act detention work*. Available at: Berkshire Healthcare NHS Foundation Trust internal report (Accessed: 4 June 2026)

NIHR Research Delivery Network (2026) *My Research Experience surveys*. Available at: https://rdn.nihr.ac.uk/public-engagement/my-research-experience-surveys (Accessed: 4 June 2026)

The Medicines for Human Use (Clinical Trials) Regulations 2004, SI 2004/1031. Available at: https://www.legislation.gov.uk/uksi/2004/1031/contents (Accessed: 4 June 2026)

UK Clinical Research Facilities Network [UKCRF] (no date) *UKCRF Internal Audit Toolkit Risk Assessment Tool*. Available at: https://ukcrf.org.uk/ (Accessed: 4 June 2026)

University of Reading and Berkshire Health Inequalities Group (2025) *Connected Care Project report*. Available at: University of Reading report (Accessed: 4 June 2026)

University of Reading and Berkshire Health Inequalities Group (2025) *SHARE: Surveying Health and Resource Equity report*. Available at: University of Reading report (Accessed: 4 June 2026)

Appendices

Appendix 1: Research study portfolio 2025/26

This appendix provides the Trust research study portfolio for 2025/26. The overall portfolio comprises 79 studies: 53 NIHR Portfolio studies and 26 non-NIHR Portfolio studies. The tables group studies by division and project site type, showing each study's title, site type, site status, recruitment target and total recruitment recorded to date over the lifetime of hosting the study. Some studies are shown across more than one divisional table where they are hosted, promoted or delivered in multiple service areas. This is intentional and demonstrates where research activity is taking place across the Trust, rather than indicating separate or additional studies.

Children, Family and All Age Services

Title	Project site type	Status	Target	Recruited	Plain-English summary
ADHD prevalence in bulimia nervosa	Recruiting Site	Open	35	2	Looks at how common ADHD is among people with bulimia nervosa.
ART-transition	Recruiting Site	Open	5	3	Explores transition-related support for young people moving between services.
BDD vignette study	Recruiting Site	Closed	1	62	Uses short case examples to understand views about body dysmorphic disorder.
Brief CBT for adolescent OCD in Routine Practice	Recruiting Site	Closed to recruitment - in follow up	15	15	Tests brief cognitive behavioural therapy for adolescents with obsessive compulsive disorder.
Clinical Validation of the Anhedonia Scale for Adolescents	PIC Site	Open	50	0	Assesses a tool for measuring loss of interest or pleasure in adolescents.
Cost of ADHD Assessment	Recruiting Site	Closed	1	0	Examines the cost and resource use associated with ADHD assessment.
Daily Life Experiences of Adolescents with ADHD	Recruiting Site	Open	10	23	Explores everyday experiences of adolescents with ADHD and their families.
Development of a questionnaire to assist with the assessment of autism	All Site Activities	Open	80	59	Develops a questionnaire to support autism assessment.
Eating Disorders in Autistic and ADHD Adults	PIC Site	Open	0	0	Explores eating disorder experiences among autistic and ADHD adults.
Emotion intervention for binge-eating	Promoting Site	Open	0	0	Promotes a study testing emotion-focused support for binge eating.
Evaluation of Care and treatment reviews (CECiLiA) Stage 1	Recruiting Site	Open	20	11	Evaluates care and treatment reviews for people with complex needs.
EXPAND	Recruiting Site	Closed	10	20	Explores barriers to neurodevelopmental care and support.
FINE-ED	PIC Site	Open	0	0	Supports development of tools to understand shame, guilt and pride in eating disorders.

GO-OSCA Trial	Recruiting Site	Open	140	43	Evaluates support for children, young people or families accessing emotional health care.
Online parent-led treatment for OCD in preadolescent children	Recruiting Site	Open	8	5	Tests an online parent-led treatment for children with OCD.
Paths to Anorexia Recovery	PIC Site	Open	0	1	Explores recovery pathways and experiences for people with anorexia.
Remote assessment and monitoring for ADHD	PIC Site	Open	0	0	Explores remote assessment and monitoring approaches for ADHD.
SIBS-MI	Recruiting Site	Open	20	7	Supports siblings or families affected by mental illness.
SNAPPER	Recruiting Site	Closed - follow up complete	22	3	Supports research into assessment or care pathways for children and young people.
STAR-CAT	Recruiting Site	Open	12	4	Supports assessment or treatment approaches for child anxiety.
Testing a mental imagery anxiety intervention	Recruiting Site	Closed to recruitment - in follow up	6	12	Tests a mental imagery intervention for anxiety.
The Experiences of COVID-19 for People with ID and their Supporters	Recruiting Site	Closed	35	18	Explores COVID-19 experiences of people with intellectual disabilities and supporters.
The PETAL intervention	Recruiting Site	Closed to recruitment - in follow up	16	24	Tests an intervention to support young people or families in care pathways.
VR for Needle Fears	PIC Site	Closed - follow up complete	15	6	Tests virtual reality support for children or young people with needle fears.
Eating Disorders Genetics Initiative V1	Recruiting Site	Open	15	51	Collects information to better understand genetic factors linked to eating disorders.
Wait Less	Recruiting Site	Closed to recruitment - in follow up	30	35	Tests ways to reduce waiting times or improve support while waiting.

Community Physical Health Services

Title	Project site type	Status	Target	Recruited	Plain-English summary
StartRight Study	Recruiting Site	Closed - follow up complete	10	0	Supports research into early intervention or service support in physical health pathways.
Active breaks in people with type 1 diabetes	PIC Site	Open	0	0	Looks at whether short active breaks can support people with type 1 diabetes.
DRN 552: Incident and high risk type 1 diabetes cohort	Recruiting Site	Open	20	19	Follows people with type 1 diabetes or at high risk of diabetes to improve understanding and care.

EPIC-Neck	Recruiting Site	Closed - follow up complete	10	4	Explores assessment or treatment approaches for neck-related health problems.
INSPIRES-2	PIC Site	Open	10	3	Supports recruitment to a study related to respiratory or physical health care.
MUSCLES	PIC Site	Open	0	0	Explores musculoskeletal health or rehabilitation support.
PhD Obesity Research	Promoting Site	Closed	0	0	Promotes doctoral research focused on obesity and related health needs.
PMCF Study of Silver II Non-Woven Wound Dressing	Recruiting Site	Closed - follow up complete	24	28	Assesses a wound dressing used in clinical care.
Positive Voices: National Survey of People with HIV	Recruiting Site	Open	47	3	National survey exploring experiences and needs of people living with HIV.
Process evaluation of the EQUIPD study	Recruiting Site	Closed	2	3	Evaluates how the EQUIPD study was delivered and experienced.
STARFISH Trial	Continuing Care	Closed	0	0	Continues follow-up or care-related activity from a previous trial.
Strategy for Creating a Business Base Digital Companion for Gestational Diabetes Mellitus	Promoting Site	Open	0	0	Promotes development of a digital tool to support people with gestational diabetes.
The Impact of digital health on the Work of Healthcare Professionals	Recruiting Site	Open	12	2	Explores how digital health tools affect healthcare professionals' work.

Mental Health Services

Title	Project site type	Status	Target	Recruited	Plain-English summary
A clinical and cost effectiveness RCT of iACT4CARERS	Recruiting Site	Closed - follow up complete	20	36	Tests support for carers of people with dementia.
A nature-based intervention to improve mental health	Promoting Site	Closed	0	0	Promotes a study exploring whether nature-based activity improves mental health.
ACER V1.0	Continuing Care	Open	0	0	Continues care-related research activity within mental health services.
BPD/ASPD and emerging personality disorder	Recruiting Site	Open	25	15	Uses neuroscience approaches to better understand personality disorder.
Clinician perspectives on sedation in psychosis	PIC Site	Closed	0	0	Explores clinician views about sedation and care in psychosis.

Cognitive Changes associated with internet CBT	Recruiting Site	Closed - follow up complete	80	76	Explores cognitive changes linked to internet cognitive behavioural therapy.
Delirium superimposed on dementia in the community	PIC Site	Open	0	0	Studies delirium occurring alongside dementia in community settings.
DEMSA V1.0	PIC Site	Closed	0	0	Explores culturally adapted dementia care for South Asian communities.
Disclosure about sexual behaviour in therapy in EUPD/BPD individuals	PIC Site	Open	0	0	Explores disclosure and communication within therapy for people with EUPD or BPD.
Does a phased approach enhance outcomes for CT-PTSD for Complex PTSD?	Recruiting Site	Closed	24	12	Explores whether phased trauma therapy improves outcomes for complex PTSD.
Exploring beliefs about responsibility for health consultations	PIC Site	Open	0	170	Explores views about responsibility during health consultations.
Exploring Trauma-Related Shame, Early Experiences and Self-Compassion	Recruiting Site	Closed	128	124	Explores links between trauma, shame, early experiences and self-compassion.
Factors that impact the development of compassion in Complex PTSD	Recruiting Site	Closed	0	7	Explores factors that influence compassion in people with complex PTSD.
Family Interventions in Dementia Mental Health Environments	Recruiting Site	Closed to recruitment - in follow up	0	0	Explores family interventions within dementia mental health environments.
FAST Brain study	Recruiting Site	Closed to recruitment - in follow up	10	128	Assesses scalable tests linked to brain health or cognition.
KOLABO	Promoting Site	Closed - follow up complete	0	0	Promotes a study focused on collaboration, support or mental health outcomes.
Mechanisms of change in psychological therapies	Recruiting Site	Closed	1	0	Explores how and why psychological therapies bring about change.
MoreRESPECT	Recruiting Site	Closed to recruitment - in follow up	34	0	Explores improved approaches to respectful and person-centred care.
NCISH	Recruiting Site	Open	30	415	National confidential inquiry supporting learning on suicide and safety.
Parent-child interactions in parents with psychosis	PIC Site	Closed	5	0	Explores parent-child interactions where a parent experiences psychosis.
Pharmacogenetics in mental health	Recruiting Site	Closed to recruitment - in follow up	25	91	Explores how genetics can inform mental health medication choices.
PPiP2	Recruiting Site	Open	200	124	Supports research into psychosis, immune function

					or related mental health mechanisms.
READ-OUT Observational Study	Recruiting Site	Open	50	8	Observational study collecting real-world information to improve understanding of care and outcomes.
RECOLLECT 2	Recruiting Site	Closed	26	7	Evaluates recovery colleges and their impact on wellbeing and support.
Self-perceived identity and interpersonal adult trauma	PIC Site	Open	0	0	Explores identity and interpersonal trauma experiences in adulthood.
Talking With Voices II	PIC Site	Closed	4	1	Explores therapeutic approaches for people who hear voices.
The Impact of Community Physical Activity on the Recovery Journey of Individuals with Serious Mental Illnesses	Recruiting Site	Open	11	11	Explores how community physical activity supports recovery for people with serious mental illness.
The Phoenix VR Self-Confidence Therapy Trial	Recruiting Site	Open	19	24	Tests virtual reality therapy to build self-confidence.
Therapist-assisted Internet Cognitive Therapy for Prolonged Grief	PIC Site	Open	0	2	Supports access to online therapy for prolonged grief.
Understanding the Causes of Hallucinations in Psychosis	Recruiting Site	Closed - follow up complete	30	5	Explores factors that contribute to hallucinations in psychosis.
Feeling Safer	Recruiting Site	Closed to recruitment - in follow up	60	13	Tests an intervention to help people feel safer and reduce distress.
Identity in autism and personality disorder	Recruiting Site	Open	5	2	Explores identity and experience for people with autism and personality disorder.
Sleeping Better	Recruiting Site	Open	20	11	Tests support to improve sleep and wellbeing.

Cross-divisional and Trust-wide studies

Title	Project site type	Status	Target	Recruited	Plain-English summary
Eating Disorders Genetics Initiative	Recruiting Site	Open	15	51	Collects information to better understand genetic factors linked to eating disorders.
Feeling Safer	Recruiting Site	Closed to recruitment - in follow up	60	13	Tests an intervention to help people feel safer and reduce distress.
Identity in autism and personality disorder	Recruiting Site	Open	5	2	Explores identity and experience for people with autism and personality disorder.
Sleeping Better	Recruiting Site	Open	20	11	Tests support to improve sleep and wellbeing.

Active breaks in people with type 1 diabetes (EXTOD-Active)	PIC Site	Open	0	0	Looks at whether short active breaks can support people with type 1 diabetes.
Assessing the landscape of clinical teaching fellows in the NHS	Recruiting Site	Closed	0	0	Explores the role and experiences of clinical teaching fellows in the NHS.
Genes & Health	Recruiting Site	Open	50	82	Supports genetic research to improve understanding of health conditions in diverse communities.
Genetic Links to Anxiety and Depression	Recruiting Site	Open	30	1040	Large national study exploring genetic links to anxiety and depression.
I-CARE	Recruiting Site	Closed	10	54	Explores care experiences and outcomes relevant to NHS services.
International nurses' research	Promoting Site	Closed	0	0	Promotes research focused on internationally educated or recruited nurses.
Snacktivity to promote physical activity	Recruiting Site	Closed to recruitment - in follow up	25	18	Tests brief activity prompts to increase everyday physical activity.
UK-REACH	Recruiting Site	Closed	30	100	National study exploring experiences and outcomes among healthcare workers.

Appendix 2: Team Plan on a Page 2026/27

Mission: maximise independence and quality of life.

Vision: to be a great place to get care and a great place to give care.

Harm Free Care	Prioritise opening studies relevant to key patient pathways and services; deliver targeted dissemination and impact updates to participating services; develop a training programme to support safe set-up and delivery of Clinical Trial of Investigational Medicinal Product studies; and embed the audit programme by March 2027.
Great Patient Experience	Prioritise studies focused on and accessible to underserved populations; increase research events, community outreach and Trust-wide promotion; work with patient engagement groups to increase patient involvement in research ideas; and achieve 15% My Research Experience returns against participants recruited.
Supporting Our People	Grow and support research leadership capacity by expanding the number of Principal Investigators and Co-Investigators, developing a research champion programme, increasing Trust-wide visibility, and working with services supporting under-represented groups.
Efficient Use of Resources	Embed wider priorities including Join Dementia Research and Be Part of Research into the local performance framework; better utilise team skills and interests; develop feasibility specialty leads; increase industry and commercial opportunities; and use a quality improvement approach to streamline research delivery and governance processes.

Appendix 3: Berkshire Healthcare Staff Publications, April 2025 – March 2026

Berkshire Healthcare staff featured in 29 publications between April 2025 and March 2026. The publication profile demonstrates breadth across mental health, learning disabilities, autism, psychological therapies, pharmacogenomics, wound care, HIV and health inequalities, online mental health forums, trauma and post-traumatic stress, and NHS Talking Therapies innovation.

Publication theme	Examples from the publication report
Autism, neurodiversity and child mental health	Co-design of an anxiety intervention for autistic children; PTSD in autistic and non-autistic adults; parents' experiences accessing services for autistic children; body dysmorphic disorder in children and young people.
Self-harm, suicide prevention and relational care	Relational care approaches to self-harm and suicide risk; suicidality phenotypes for genetic studies.
Learning disabilities and adapted care	Adapted PHQ-9 and GAD-7 outcome measures for adults with intellectual disability; adapted psychological therapies for individuals with intellectual disabilities; views and attitudes towards offenders with intellectual disabilities.
Psychological therapies and digital innovation	Blending low- and high-intensity cognitive behavioural therapy in NHS Talking Therapies; evaluation of the Paddle app for post-discharge psychological therapy support.
Pharmacogenomics and psychotropic prescribing	CYP variation and antipsychotic treatment outcomes; mental health professionals' perceptions, knowledge and educational needs relating to pharmacogenomics.
Community, physical health and inequalities	Lipoedema overview and recommendations; wound pain management; social determinants of health and quality of life for people of Black ethnicities with HIV; caregiver burden following spinal cord injury.

Please refer to the full report (Appendix 3 BRAG Report_25-26) for the abstracts and links to publications. Compiled by Katie Smith, Knowledge Specialist.

For further information or access support, please contact the Library and Knowledge Service team.

Appendix 4: Evidence Searches conducted in 2025-26 by the Library and Knowledge Service

178 evidence searches were conducted by the Berkshire Healthcare Library and Knowledge Service in the financial year 2025-2026.

Most searches were conducted for the purpose of clinical decision-making including patient care (table 1). Search purposes are categorised by their primary purpose, although some searches have multiple purposes. Requests increased from Administrative and Clerical, with a roughly even spread across other staff groups (table 2). This may be because we have worked more closely with Leadership and Organisational Development, Research and Development and other teams who have submitted multiple searches on a particular project.

Table 1: Primary purpose (NHS England criteria)

Clinical decision making (inc. patient care)	83
Research / education / prof. development	47
Knowledge management / management decision making	43
Patient info: health & wellbeing	5

Table 2: Staff groups requesting searches (NHS England staff groups)

Additional clinical services	24
Additional Professional, Scientific and Technical	23
Administrative and clerical	66
Allied health professionals	33
Local authority (including Public Health – clinical and non-clinical)	3
Medical and dental	12
Nursing and midwifery	17

Search topics for searches with the main purpose of Research/education/professional development:

- Best practice and tools for effective facilitation including the use of PowerPoint slides and sending out slides as handouts.
- Effectiveness of learning styles, e.g. MBTI.
- Treatment resistant PTSD in veteran population and general population.
- Cannabinoid hyperemesis syndrome.
- Eating disorders in the Black African/Caribbean and South Asian community.
- AKI (Acute Kidney Injury) and Heart Failure (HF).
- SBAR and handover written clinical accounts
- Smoking and drinking while on psychiatric treatments (dark occupations)
- How do cultural/ethnic/religious factors influence family based treatment for anorexia nervosa (FT-AN) for children and young people?
- Myth of meritocracy
- Equality impact assessments
- To what extent do different drugs cause drug induced psychosis?
- The impact of suicide on family members and subsequent mental disorders in family members impacted by suicide.
- Guidelines or recommendations for manual handling in the community i.e. from the patient's family.
- Factors which increase the likelihood of rereferrals to the Wheelchair service.
- Management of hip dislocation or subluxation in dystonic patients.
- The psychological impact of functional neurological disorders.

- Contracture management, particularly how patients with contractures can be supported to maintain good posture, drive and remain mobile.
- The impact of positioning on swallowing, digestion and organ function.
- Dementia and personality disorders.
- Holistic patient-centred care in Type 2 diabetes and LTC. The epidemiology and the effects on families and caregivers.
- Posture management, postural care and contracture management in elderly care settings.
- Creative methodologies for conducting and disseminating research with people with learning disabilities.
- Is making a diagnosis of dementia in a general hospital safe and desirable and is there movement towards this internationally and in the UK?
- IV drug use and the relationship with heart/cardiac/heart valve problems.
- Link between mental illness and physical illness and the challenges service users face to access physical health services leading to physical health deterioration.
- Health librarian experiences of teaching.
- Support that is recommended for Internationally Educated professionals as they adjust to their roles in the UK.
- Reducing waiting lists for CGA's or for appointments both urgent and routine.
- How do personal, educational and workplace factors affect Allied Health Professionals' choice to enter mental health practice after qualification?
- Resources for administrative and professional staff on: accounting, business cases, decision-making, problem solving, influencing others, project management, customer service, managing people, organisational skills, multi-tasking and time management.
- How to improve the diabetes service while looking after diabetic patients within community through district nursing.
- Falls prevention programs.
- Prevention and management of clozapine induced constipation in inpatients.
- Using voting technology to engage students in large groups.
- Journal searches for: emotional regulation/dysregulation in teenagers/adults with eating disorders, disordered eating, and experiences of practice supervisors.

Please contact the Library and Knowledge Service team if you would like any information or the search topics in other categories.