Council of Governors
Formal Meeting

Date	**Wednesday 11th March 2026**
Time	**10:30am** or on the rise of the Extraordinary Council of Governors' Meeting
Format	Online only via Microsoft Teams
Teams Link	Link to Meeting

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

AGENDA:

Item Num:	Topic	Presenter(s)	Paper or Verbal Update
1.	**Welcome and Introductions**	Frances West, Chair	Verbal
2.	**Code of Conduct Reminder:** All participants are expected to follow the Code of Conduct by maintaining professionalism, respecting others' opportunity to speak, and engaging in inclusive, non-discriminatory, and constructive discussions that values differing viewpoints.	Frances West, Chair	Verbal
3.	**Apologies for Absence**	Cheryl Gardner, Assistant Company Secretary	Verbal
4.	**Declarations of Interest**	All	Verbal
5.	**Minutes of the Last Formal Meeting held on 3rd December 2025**	Frances West, Chair	Paper
6.	**Service Presentation: BHFT Charity**	Jo Ramsey, Fundraising Manager Lynsey Odofin, Innovation & Engagement Manager Cathy Saunders, Director of Marketing & Communications	Verbal
7.	**Changes to the role of the ICB**	Alex Gild, Deputy Chief Executive Officer	Verbal
8.	**Committee/Steering Groups:** 1. Membership & Public Engagement 2. Quality Assurance Group	Committee Group Chairs and Members	Paper(s)

	3. Living Life to the Full		
9.	**Executive Reports from the Trust** 1. Patient Experience Quarterly Report (Enclosure) 2. Performance Report (Enclosure) 3. Annual Plan on a Page	Elizabeth Chapman, Head of Service Engagement and Experience Julian Emms, Chief Executive Julian Emms, Chief Executive	Paper(s)
10.	**Governor Feedback Session** This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended	Frances West, Chair	Verbal
11.	Any Other Business	Frances West, Chair	Verbal
12.	Dates of Next meetings: • Informal: 6th May 2026 • Formal: 10th June 2026	Frances West, Chair	Verbal

Berkshire Healthcare NHS Foundation Trust

Minutes of the Council of Governors Meeting held on

Wednesday, 3rd December 2025 at 10.30am

(Conducted via MS Teams)

	Present:	Mark Day, Interim Chair & Non-Executive Director
	Public Governors:	Ros Crowder James Cuggy Madeline Diver Ian Germer Sharon O'Reilly Debra Allcock Tyler Graham Bridgman Sarah Croxford Brian Wilson Jon Wellum Sofia Barbosa Bouças Cara Wadsworth
	Staff Governors:	Guy Dakin Alun Griffiths Marcella Browne
	Appointed Governors:	Richard Levell Cllr Megan Wright Cllr Puja Bedi Fiona Price
	In attendance:	Julian Emms, Chief Executive Rebecca Burford, Non-Executive Director Sonya Batchelor, Non-Executive Director Rajiv Gatha, Non-Executive Director Julie Hill, Company Secretary Cheryl Gardner, Deputy Executive Office Manager & Assistant Company Secretary
	Guests:	Reuben Pearce, Lead Nurse Consultant Rose Hombo, Service Director - Inpatients Catherine Evans- Jones, Consultant Clinical Psychologist Katie Humphrey, Carers Lead Trevor Lyalle, Patient Advice and Liaison Service Manager
1.	**Welcome and Introductions**	
	Mark Day, Interim Chair welcomed everyone to the meeting.	
2.	**Apologies for Absence**	
	Anne Jumba Jennifer Knowles Sarah Collin George Mathew	

	Patrick Clark Dr John Featherstone
3.	**Declarations of Interest**
	None declared.
4.1	**Minutes of Last Formal Meeting on 11th June 2025 of the Council of Governors (including the minutes of the Private Meeting) and Minutes of the Extraordinary Meeting held on 16th July 2025**
	The minutes the meeting held on 24th September 2025, and Minutes of the Extraordinary meeting held on 12th November 2025 were approved as a correct record of the meetings.
5.	**Service Presentation: Trauma Informed Care Model**

	The Chair welcomed Catherine Evans-Jones (Consultant Clinical Psychologist, Psychological Therapies Lead, Sorrel Ward) and Reuben Pearce (Lead Nurse Consultant) to the meeting.
	
	Catherine shared that the purpose of the presentation is to brief Council on the Trust's current approach to Trauma-Informed Care (TIC) on inpatient wards and how Trauma Informed care practices are being embedded alongside safer staffing methodologies and culture change at Prospect Park Hospital.
	
	Catherine shared a presentation on Trauma Involved Care the key points are outlined below:
	
	• **Purpose:** Embed trauma-informed principles across inpatient wards to improve safety, dignity, and recovery for patients and staff.
	• **Key Principles:** The "Four R's" – *Realise* trauma prevalence, *Recognise* its impact, *Respond* with appropriate systems, and *Resist re-traumatisation*.
	• **Practical Shift:** From "What's wrong with you?" to "What's happened to you?" to avoid labelling and understand context.
	• **Implementation:**
	  ○ Culture of Care programme on Sorrel Ward with fortnightly multidisciplinary meetings.
	  ○ Trauma history flags added to handovers.
	  ○ Staff training and interactive sessions to identify and prevent re-traumatisation during routine processes (e.g., admissions, seclusion, MDT reviews).
	• **Impact:** Staff report increased confidence and positive changes in practice; further data collection underway.
	• **Additional Focus:** Race equity and cultural competence integrated into TIC following a recent review.
	
	Reuben shared slides to provide more details on Safer Staffing & Embedding TIC in Daily Operations
	
	• **Approach:** Use MOST (Mental Health Optimal Staffing Tool) to set baseline staffing levels while emphasising clinical judgement.
	  • Baseline: 2 registered nurses + 5 support workers (acute/PICU); 2 + 8 (older adult wards).
	  • These are minimum levels; wards encouraged to escalate if needed.
	• **Integration with TIC:**
	  • Promote TIC language and values in MDTs, huddles, and supervision.
	  • Embed TIC in risk training and PMVA.
	  • Personalised, strengths-based safety planning and documentation reflecting patient stories.

	• **Environment Adjustments:** Single-sex wards for sexual safety; attention to neurodiversity and race equity. • **Early Outcomes:** Calmer ward atmosphere, improved staff confidence, growing interest from other wards. • **Challenges:** Bed pressures, exposure to violence, racial abuse, and staff burnout remain risks. • **Next Steps:** Expand TIC into induction, improve MDT processes, strengthen PMVA training, share learning at February Oxford event. The Chair thanked Catherine and Reuben for the really important and valuable work that is being done and noted the work touches on so many areas that are often raised as concerns and issues by governors and by us at board meetings, so is very relevant and interesting. The Chair invited questions from the group. Ros Crowder discussed that Trauma Informed Care has been around for a while and asked if Trauma-Informed Care will be applied outside Prospect Park, for example in crisis teams and community mental health teams? Reuben advised that work is already underway through the psychosocial interventions programme linked to the One Team transformation project. All clinicians (Bands 3–7) in community teams are being trained in trauma-informed principles. Around 50 crisis team staff have also begun applying these principles in their work, including managing difficult phone calls. Ros also questioned if the same approach be taken for female patients placed at Thornford Park, where staff are not employed by the Trust. Reuben noted that Ros had made a good point and advised he will take it away for consideration with Thornford Park to explore how consistency can be supported. Catherine added that liaison with psychologists at other wards (e.g., Poppy Ward) is already happening and this principle should apply more widely. Catherine highlighted that the Trust has been working in a trauma-informed way for quite a significant amount of time, with trauma-informed team formulations at Prospect Park since 2008. Catherine noted the PMVA team have also incorporated trauma-informed principles for years. This current project just makes it more overt and multidisciplinary. Cllr Megan Wright queried if social workers are using the same trauma-informed model. Reuben noted that the same principles apply in social care settings. Cllr Megan also asked how the anti-racism work fits with trauma-informed care. Reuben shared that the race equity review highlighted blind spots in cultural competence. The Trust is working to personalise care, considering cultural needs (e.g., hair care products), and improving staff support when racial abuse occurs. Catherine noted Sorrel Ward uses a daily “safety cross” to monitor racial abuse incidents and plans to strengthen communication strategies to prevent escalation. Jon Wellum asked if trauma-informed care is reducing the need for further interventions and improving long-term outcomes. Catherine advised that it is too early for formal data, but anecdotal feedback suggests benefits, supported by activity coordinators improving ward atmosphere. Jon went on to ask if there was any impact on staff retention. Reuben noted that Prospect Park’s staff turnover is significantly lower than the Trust average and national benchmarks, this was confirmed by Rose Hombo.
6.	**Carers Strategy Update**
	The Chair welcomed Katie Humphrey (Strategic Carers Lead) to the meeting. Katie shared a presentation with the group on the Friends; Family & Carers Strategy update the key points are outlined below: • **Definition & Context:** Unpaid carers are family members or partners supporting individuals with illness, frailty, disability, or mental health problems. Carer roles are increasing and impact physical and mental health. • **Strategy Refresh:** ○ A five-year plan (to 2030) was launched in June, building on existing work.

- Retained six standards, aligned with the Carers Charter, and linked to national priorities (Darzi report, NHS 10-year plan).

- **Annual Self-Assessment:**
  - Teams assess compliance with standards; Tableau report shows improvement over three years with more green ratings and fewer reds.
- **Training & Awareness:**
  - All new staff complete e-learning; 322 completions since April.
  - Carer principles embedded in clinical risk training and PMVA.
- **Digital & Partnership Work:**
  - New carers pages on the Trust website launching in January.
  - Collaboration with ICS and local authorities (e.g., Bracknell adopting Carers Handbook).
- **Projects & Co-Production:**
  - Memory Clinic review gathered feedback from 183 carers/service users.
  - Assertive Outreach project focused on engagement and crisis risk management.
  - Work on Mental Health Act detentions and advanced choice documents.
- **Race Equality & Inclusion:**
  - Exploring bespoke carers groups for racialised communities.
  - Linking with PCREF and Culture of Care initiatives.
- **Safety & Escalation:**
  - Introduced "Concerns About Safety Panel" for carers to raise urgent issues; two activations so far with positive feedback.
- **Future Plans:**
  - Silver Cloud programme for carers and digital resources.
  - Continued awareness campaigns (Carers Rights Day, Carers Week).

The Chair thanked Katie and acknowledged the amount of work that has taken place in this area. The Chair welcomed questions from the group.

Cllr Megan Wright raised concerns about child carers and young adult carers (20s–40s), noting they often lack support networks compared to older carers. Katie acknowledged this and explained that the Trust links with local authorities and commissioned organisations (e.g., Family Action) for young carers. Katie advised that a separate project is underway on transition from children's to adult services, including a survey and co-production with lived experience representatives. Katie agreed that carers in their 20s–40s may need more targeted support and this is an area for future focus. Cllr Megan shared that she did visit the Berkshire Healthcare community team for people with learning disabilities and they were talking about that transition care and parent carers needing support from when their child becomes an adult.

Katie acknowledged Fiona's presence and linked it to local partnership work in Reading and West Berkshire, where carers' partnerships include organisations like Promise Inclusion. She highlighted a recent session with Mary Derman, who spoke to staff who are parents of adults with learning disabilities. The focus of that session was on planning for next steps, particularly for carers concerned about what happens when they are no longer around. Katie emphasised the importance of practical guidance and proactive planning for families facing these challenging discussions and confirmed that the Trust is actively engaging in these initiatives.

The Chair noted that this subject is something very dear to the heart of many governors. And thanked Katie for such a comprehensive run through of the work that is being undertaken.

7.	**Audit Committee Annual Report to the Council of Governors**

The Chair welcomed Rajiv Gatha to the meeting.

Rajiv started by thanking Paul Gray and his team for all the work throughout the year to ensure that Audits are smoothly run. Rajiv thanked fellow Non-Executive directors and Executive directors that attend the Audit committee. Rajiv highlighted that the Audit

	Committee discussion focused on assurance and governance. Rajiv Gatha reminded members that the committee's role is to provide assurance on governance, risk management, and internal controls, not detailed financial or quality performance, which are handled by other subcommittees. Rajiv reported that external auditors Ernst & Young gave an unqualified audit opinion on the annual accounts, internal auditors RSM provided reasonable or substantial assurance across all audits with no high-risk findings, and the anti-crime specialist reported no material concerns. There were no material issues escalated to the Board, and the committee is satisfied that the assurance processes are effective. Governors noted their satisfaction with the report, and no further questions were raised. The Chair thanked Rajiv for his chairmanship of the Audit committee.
8.	**Committee/Steering Groups**
	Reports: **a) Membership & Public Engagement** The report was taken as read. No questions were raised. **b) Quality Assurance** Group The report was taken as read. Sarah Croxford shared that the group received a presentation from Mairi Evans on ADHD waiting lists. No questions were raised. **c) Living Life to the Full** The report was taken as read. Madeline Diver noted that Brett Nicholls had given an excellent presentation previously around 'Get Berkshire Active' and recommended that anyone interested should refer back to the minutes of the earlier meeting minutes for more detail. Madeline highlighted the importance of encouraging practice and application of the programme, mentioning that it requires financial support. Madeline also pointed out that Brett's website offers helpful resources and that Brett is willing to answer questions through his site. The Chair thanked the Sub-Committee Chairs for their reports.
9.	**Executive Reports from the Trust**
	1.**Patient Experience Quarterly Report** The Chair welcomed Trevor Lyalle (Patient Advise and Liaison Service Manager) to the meeting. The paper was taken as read. The Chair invited questions from the group, no questions were raised. 2.**Performance Report** The Chair thanked Julian Emms (Chief Executive Officer) for his report. The report was taken as read and Julian invited questions from the group. Brian Wilson noted the slides on the application of advanced foundation trust status were more information than he had from previous sources and expressed interest in Julian's view on Integrated Health Organisations (IHO), Brian went on to ask what scope and content the contracting would involve and what sort of services this would that include. Julian responded by explaining the Trust is already a Foundation Trust and is in the first wave for reaccreditation as an Advanced Foundation Trust. If successful, the Trust could apply for an Integrated Health Contract (not a change in organisational status, but a contractual position). This would allow the Trust to hold budgets currently managed by Integrated Care Boards for specific areas where it has expertise, such as mental health services across Berkshire. Julian provided the example: instead of ICBs holding contracts for mental health services (including voluntary sector provision), the Trust could manage the entire mental health budget for Berkshire, redesign services, and work directly with providers.

	Julian shared that similar opportunities could exist for physical health services, particularly for out-of-hospital care and long-term conditions, enabling the Trust to reduce bureaucracy and improve integration with voluntary sector, local authorities, primary care, and acute trusts. Julian stressed this would not mean managing all health budgets (e.g., elective surgery) but focusing on areas where the Trust can add value. Julian noted this is early thinking and would require collaboration with the ICB, but the aim is to simplify processes and use expertise to improve outcomes. Jon Wellum raised that there are sometimes accusations that the balance of staff between administrators and medical professionals is in the wrong favour and asked how we could control to make sure that the administration becomes more productive, more effective, so that the savings are actually met. Julian acknowledged Jon's concern and explained that while the NHS is often criticised for having too many managers, in reality it is under-managed compared to other industries internationally. Julian agreed that the NHS is over-administered, with multiple layers of oversight and duplication from regulators and national bodies. Julian explained that the Advanced Foundation Trust model aims to reduce this duplication and bureaucracy, creating a leaner system that is well-managed, clinically led, and focused on improvement rather than compliance paperwork. Julian emphasised that the goal is to remove unnecessary administrative burden while maintaining strong governance, so resources can be redirected to frontline care. Fiona Price requested an explanation of how Advanced Foundation Trusts fit with the Integrated Care Board's (ICB) strategic commissioning work. Fiona also noted that ICBs are going through a period of extreme change and restructure at the moment and queried if this is affecting the Trust, positively or negatively. Julian acknowledged the complexity, noting that the NHS is in the middle of a major reorganisation, which makes alignment challenging. Julian shared that the strategic commissioning by ICBs is intended to set priorities for their geography and financial envelope, then ask providers and partners to work collaboratively to deliver those priorities. Advanced Foundation Trust status would position the Trust to respond to these priorities, not as an independent silo but by galvanising partnerships to meet strategic goals. Julian contrasted this with past commissioning models where CCGs dictated detailed service design, which was inefficient. The new approach should allow those closest to the work to improve it. With regards the restructure, Julian explained that the two ICBs in the area are merging into Thames Valley, creating uncertainty and disruption. Treasury has approved a voluntary redundancy scheme, so many ICB staff face job insecurity, which affects decision-making. Julian explained that the Trust's mitigation strategy is to limit requests to mission-critical issues and maintain stability during this period. Julian stressed that while the environment is challenging, the Trust's strong performance and stability are assets, and these will be central to its application for Advanced Foundation Trust status. Ros Crowder asked Julian about the future role of governors in light of the proposed changes mentioned in the NHS plan and the move towards Advanced Foundation Trust status. Julian reassured governors that there will be no immediate change to their role or the Trust's governance arrangements. Julian advised that Advanced Foundation Trust status does not alter the constitution regarding governors; any such change would require legislation, which is not planned and may never happen. Julian emphasised that the focus for the next two to three years is on delivering the application and opportunities it brings, and continuing the strong collaboration between Executives, Non-Executives, and Governors. Julian encouraged governors to maintain their constructive challenge and support, which is highly valued and will remain central to the Trust's governance. Mark Day added that the Trust has a great set of Governors and a good form of governance across the organisation. Mrak noted that if we are able to maintain and demonstrate that to the outside world, whether it is NHS England or whoever may observe. Then we will be providing a really strong case for the value that governance brings to the organisation.
10.	**Governor Feedback Session**

	Brian Wilson shared that during the Governors' pre-meeting, they discussed a news item from BBC Radio Berkshire about Berkshire Healthcare pausing adult ADHD referrals. Brian mentioned that this was the first he had heard of it, while two colleagues had heard from Autism Berkshire. Brian also noted that there is a statement on the Berkshire Healthcare website about the pause. Brian noted he would raise a Governor's assurance question for a formal response. Julian confirmed that this is correct. Julian shared that the service was originally designed for around 100 assessments per year, but demand has grown to thousands. Julian advised that continuing to accept referrals would have resulted in a waiting list of over 20 years, which Julian described as morally and ethically wrong. Julian shared that Berkshire residents can still access assessments through the Right to Choose pathway with approved external providers. Julian added that they can also be referred to Oxford Health, which has recently reopened its waiting list after a pause. Brian raised that the radio discussion also discussed a Medication shortage. Julian explained that there is a national shortage of ADHD medication, which has been ongoing for about two years, due to increased demand and supply chain issues. This has caused disruptions, requiring patients to switch medications and staff to manage additional work to reiterate medication for patients. Sharon O'Reilly raised concerns about the lack of rehabilitation services for addictions and suggested an idea to involve supermarkets in funding more rehabilitation centres. Sharon's reasoning was that these companies lose significant money due to theft and could benefit from employing rehabilitated individuals (e.g., ex-offenders as security or shelf stackers). Sharon highlighted that many people with addictions want help but face barriers such as home detox requirements and limited residential rehab options, leaving some homeless or sofa-surfing. Julian responded by acknowledging that addiction is a major issue and confirmed that residential rehab and detox services have been cut over time, creating significant gaps. Julian agreed that this is a high-risk area impacting individuals and services and suggested the need for further discussion on how to address these gaps locally. Julian also noted that the trust already provides employment support through its Individual Placement Support team, which helps people return to or stay in work. Sarah Croxford raised three key points about the ADHD situation: 1. **Communication with GPs** – Sarah stressed that primary care needs clearer communication about the *Right to Choose* pathway because some GP surgeries are refusing to process these requests, which creates challenges for patients. 2. **Medication Availability** – Sarah asked for assurance that the external providers being recommended can also prescribe medication, as patients need continuity of care after diagnosis. 3. **Children's Services** – Sarah sought reassurance that pausing adult ADHD referrals will not affect children's ADHD services, given the significant demand in that area. Julian made it clear that the pause on adult ADHD referrals is a temporary measure, not a permanent change. He explained that the pause is intended to allow time to work with the Integrated Care Board (ICB) and redesign the future provision of ADHD services because the current model is unsustainable. Julian advised that while this temporary pause is in place, Berkshire residents can still access assessments through the Right to Choose pathway and via Oxford Health, so there is continuity of care. Julian confirmed that GPs have been engaged and agreed to shared care protocols, bit noted that individual practice compliance may vary. Julian advised that external providers have been quality-checked, and some were deselected to ensure standards. Julian gave reassurance that Children's ADHD services remain unchanged, with no plans to pause them. Julian summarised by noting that Berkshire is above the national average for ADHD assessments per 100,000 population, and demand is particularly high because ADHD correlates with deprivation.

	Sofia Babosa Bouças agreed with Sarah that service users need reassurance that the pause is temporary and will not be forgotten. She emphasised the importance of clear communication about when and how services will resume. Sofia highlighted that the surge in demand for ADHD assessments is partly because adults, especially women who historically were misdiagnosed or ignored. Sofia explained that she had personally used the *Right to Choose* pathway for an ADHD assessment but encountered a significant issue: her GP refused to complete an EEG form because the provider was private, even though it was part of the official Right to Choose process. She raised this as an example of inconsistent understanding among GP practices and asked how the trust would ensure that all GPs are properly informed and comply with the process. Sofia expressed concern that without timely assessments, individuals may struggle to access reasonable adjustments, which are often contingent on having a medical diagnosis. Cllr Megan Wright, speaking as a councillor and cabinet member for public health, explained that local authorities commission drug and alcohol services. She noted that Bracknell is currently in the process of recommissioning its service and highlighted a major issue: the current provider is not very amenable to people with a dual diagnosis (mental health and addiction). Cllr Megan questioned whether these services sit in the wrong place under public health and suggested that, given the NHS's shift towards prevention and community care, there might need to be a national policy change on where these services are commissioned. She asked Julian if there are ways to address this locally or nationally. Julian explained that around 14–15 years ago, NHS trusts like ours routinely provided comprehensive substance misuse services, including drug and alcohol treatment and dual diagnosis support. These services required specialist expertise, such as consultant psychiatrists trained in addictions. When responsibility shifted to local authorities under public health, many of these specialist services were cut due to austerity and funding pressures. As a result, the current offer is subscale and inadequate, leaving significant gaps for people with complex needs. Julian acknowledged that this is a national problem and not currently a top priority for reform, but he agreed that the current model is not working. He suggested exploring local collaboration between the NHS and public health to do things differently, even though there is no immediate national solution. A challenge was raised in respect of comments made in the discussion around supporting individuals with ADHD and the appropriate use of language. Please Note: the Transcript has been stopped at this section of the meeting to remove confidential or sensitive information. The minutes provide the formal record of the meeting.
11.	**Any Other Business**
	Jon Wellum expressed his appreciation for the support provided by Julie Hill to governors over the years. He noted that he was now in his fifth year as a public governor for Reading and wanted to formally record thanks for the assistance and backing that governors have received, which he described as very useful.
12.	**Dates of Next Meetings**
	• 11 February 2026 – Joint NEDs/CoGs meeting (hybrid) • 11 March 2026 – Formal Council Meeting (online)

Berkshire Healthcare NHS Foundation Trust

Confidential

COUNCIL OF GOVERNORS MEETING

There will be a confidential private meeting of the Council of Governors after the public meeting on 3rd December 2025

(conducted via MS Teams)

MINUTES

ITEM	DESCRIPTION	ACTION
1.	**Apologies for Absence** Anne Jumba Cllr Patrick Clark Sarah Collin George Mathew	
2.	**Declarations of Interest** It was noted that Mark Day (Interim Chair) would withdraw from the meeting prior to the discussion on the extension of his term of office and NED remuneration recommendations.	
3a	**Report of the Council of Governors' Appointments and Remuneration Committee:** - **Non-Executive Directors' Terms of Office:** o **Re-appointment for a second term of office - Rebecca Burford:** Mark Day shared that Rebecca Burford has expressed interest in serving a second term. The meeting supported her re-appointment. o **Extension of Term of Office - Aileen Feeney:** Aileen Feeney's current extension to her term of office is due to end in the autumn. The proposed extension is intended to provide continuity and to stagger changes alongside Mark Day who will be stepping down from his role as Interim chair. Mark Day noted that Julian Emms (CEO) is keen to see the staggering of NED changes. Jon Wellum expressed strong support for the extension to ensure consistency and support for the incoming chair. **DECISION:** The meeting was in favour of both recommendations for Non-Executive Directors' Terms of Office.	

4.	**Any Other Business** Mark Day thanked the governors for their support during 2025.	
Mark Day withdrew from the meeting for its remaining duration. Brian Wilson as Lead Governor will preside over the rest of the meeting.		
5.	**Report of the Council of Governors' Appointments and Remuneration Committee** - **Non-Executive Directors' Terms of Office:** o **Extension of Term of Office - Mark Day** Brian Wilson shared the recommendation for extending the term of office for Mark Day to 31st July 2026, allowing for a six-month overlap with Frances West who will commence as Chair on the 1st of February 2026. No concerns raised. The meeting supported this extension and confirmed the decision. - **Non- Executive Director Renumeration:** The remuneration discussion covered two parts: the Chairs (MD) and the NEDs themselves. Brain Wilson advised that the standard practice for the Trust in terms of remuneration is to align the increase with that received by Very Senior Members and Executive board members. Jon Wellum noted that the increase figures were not to the whole pound and suggested agreeing a total and dividing the figure by 12, Julie Hill advised that the figures are produced by applying a 3.25% uplift. It was agreed to consider alternative calculation methods in the future to achieve whole or half-round figures. **DECISION:** The group approved the decisions of the Appointments & Remuneration Committee. **Any Other Business:** Cllr Megan Wright inquired about the selection process for presentations. Julie Hill clarified that presentations are governor-led, with suggestions and topics logged. Brian Wilson advised Governors to send any suggestions to Cheryl Gardner Marcella Browne suggested inviting the Dual Diagnosis Services (COMHAD) to a future meeting. Marcella Browne and Cllr Megan wright noted that Drug and Alcohol services are commissioned by different authorities. Marcella Browne advised Helen Phillips wis the service lead. **ACTION:** CG to include the Dual Diagnosis Services (COMHAD) to the list of requested speakers for future meetings **UPDATE:** Completed post meeting – CG to discuss with Mark day and Brian Wilson the preference for the next meeting.	**CG**

GOVERNORS' MEMBERSHIP & PUBLIC ENGAGEMENT SUBCOMMITTEE REPORT

One of the statutory elements to the role of Governor is public engagement. This goes beyond but also includes seeking out appropriate, permissible contact with patients, families and carers. As Lead Governor, one of the aims I have set for myself this calendar year is to try and encourage and develop the time and opportunities for Governors to achieve more in this area.

There are two, physical and intractable problems which cannot be changed. BHFT has more than a hundred service units spread across more than sixty locations, throughout the geography of Berkshire. We can't be everywhere!

However, the key to greater success with this is to be "out and about" more, and as much as we can, subject to our own individual commitments overall. We have an established programme of Service Visits, 15 Step Visits and PLACE assessments in our hospitals. I would encourage all Governors who can to book as many visits as possible over the year and complete the post-visit reporting process, which is highly informative and valuable learning for all other Governors.

In early January I met online with Mark Day (then Interim Chair) and Julie Hill, Jenni Knowles and Cheryl Gardner to discuss the possibilities for extending Governors' access to opportunities to meet a wider variety of members of the public, patients, families and carers. Various teams and projects meet as focus groups, forums, co-production and other 'public' and patient events, some of which may be suitable for Governors to be invited to attend as observers. All these activities are well reported in the meeting papers we receive but there will be even greater, additional benefit in attending in person as Governors.

A number of Governors are also active in the Volunteer Community and Social Enterprise (VCSE) sector which includes fail-based organisations and attend a number of meetings and events of interest and relevance to the role of Trust Governor. For example, Staff Governor, Marcella Browne has been to diverse community events, grass roots community events and supporting mental health wellbeing in the community.

The last M&PE Governors' Subgroup meeting was held online on 27th January with 16 attendees, including 11 Governors, a higher turnout this time, for which, thank you to all.

Standing Agenda items such as the Membership Newsletter and Membership Report were discussed, full details of the discussion are in the meeting minutes.

Membership Communications – Scope of Work: presented by Cathy Saunders, Director of Marketing and Communications and Frankie Stewart, Communications Manager. There are obvious and necessary constraints on resources, both people and finances which in part define the Scope. This also serves to remind Governors that we have to make our own headway too in delivering M&PE.

Katie Humphreys was unable to attend this M&PE meeting, so her Carers Update with a focus on Engagement and Public Engagement was presented to the Governors' Living Life to the Full Subgroup instead.
(Included her to add further context to matters earlier in this report – more potential opportunities for Governor M&PE participation)

Summary of Katie Humphrey's Carers Update Presentation to the Governor Living Life to the Full Group on 21st January 2026 with a focus on Engagement & Public Engagement

1. Co-Production as the Core Engagement Model

- Public engagement is built around co-production, not just consultation.
- True co-production means:
  - Sharing decisions with carers, service users, and communities.
  - Ensuring people feel listened to, respected, and involved in shaping services.
- Staff are encouraged to move from informing → consulting → involving → collaborating using the Ladder of Co-Production.

2. Meeting People Where They Are

- For major pieces of work (e.g., memory clinic review), Katie emphasised engaging people in their own spaces:
  - Community groups run by councils
  - Charity-run support groups
  - BHFT-run carer groups
- This approach avoids duplication and improves reach, resulting in over 180 people engaged across surveys and focus groups.

3. Improving Engagement With Ethnically Diverse Communities

- Katie highlighted that ethnic minority carers are under-represented in some BHFT groups (e.g., crisis care groups).
- The Trust is addressing this by:
  - Strengthening links with racialised communities
  - Building outreach through ACRE and Slough CVS
  - Ensuring community groups are not "over-asked" by multiple teams
- Future focus includes outreach work with faith and community groups to address inequalities.

4. Engagement Opportunities for Governors

- Governors requested opportunities to attend BHFT public and carer-facing activities.
- Katie agreed to explore a process where:

    - Events are shared in advance
    - Governors can attend as observers for learning and community visibility
- This supports broader public accountability and engagement.

5. Digital Public Engagement

- BHFT is developing digital platforms to support wider engagement:
    - A SilverCloud programme tailored for carers
    - A mental health digital hub enabling peer-to-peer support
- A Lived Experience Advisory Panel (LEAP) database is being created to allow the public, carers, and service users to register for involvement opportunities. Expected go-live: end of March.

6. Engagement with Vulnerable Communities

- A new multi-agency review is underway to improve mental health support for homeless and rough sleepers in Slough.
- Partners include BHFT, Thames Valley Police, Slough Homeless Concern, and others.
- This will involve significant public and community engagement to understand lived experience.

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

Governors Working Group - Quality Assurance Group

23rd February 2026

The Quality Assurance Group met to review the Trust's current position across patient experience, complaints, service quality and waiting times, with a particular focus on areas where governors sought deeper assurance or clarity. The discussion was constructive and appropriately challenging, reflecting the Group's continued commitment to understanding both performance data and the lived realities behind it.

A substantial part of the meeting centred on the Quarter Three Patient Experience Report and associated complaints data as presented in the February papers . Governors noted that overall feedback across services remains positive, with strong five star ratings and high Friends and Family Test scores in many areas. However, the Group explored the context behind some of the data variations. In particular, members examined the impact of the large volume of immunisation feedback on children's services results, recognising that lower scores often reflected children's understandable dislike of injections rather than concerns about staff professionalism or care quality. Governors also discussed the reported increase in MP enquiries and sought clarification to ensure accuracy of the figures and understanding of underlying causes. There was interest in whether further demographic cross tabulation could be undertaken to better understand patterns in response rates by age and ethnicity, reinforcing the Group's focus on equity of voice.

The "I Want Great Care" data demonstrated improved response rates following resolution of previous SMS issues. Governors welcomed the richer dataset now available and were reassured that this is strengthening triangulation between survey feedback, complaints and informal concerns. The second edition of the Lived Experience newsletter was positively received, with recognition of the continued growth and integration of the lived experience workforce and its contribution to service improvement.

Formal complaints reporting prompted important discussion around confidentiality and reporting standards. A concern was raised regarding identifiable information appearing within documentation, and assurance was provided that this would be rectified prior to wider circulation. Governors also sought assurance that complaints escalating beyond the Trust, including to the Parliamentary and Health Service Ombudsman or through patient safety processes, remain visible within governance reporting so that organisational learning is not lost once cases move into different pathways.

The most significant area of scrutiny during the meeting related to waiting lists, particularly within ADHD pathways for children and young people. Governors expressed concern at the continued rise in medication wait times despite reductions in unseen numbers. The discussion acknowledged the real world impact being reported by families, including extended timelines from referral through to treatment. Members requested a fuller narrative explanation of the drivers behind the increasing waits, including comparison with national benchmarks, the interaction between private and NHS diagnostic pathways, the specific bottlenecks within medication titration, and whether locality differences exist across the system. This reflects the Group's commitment to understanding not only headline figures but also the operational and system factors influencing them.

More broadly, governors explored how the Trust evaluates clinical effectiveness alongside experience and waiting time metrics. Assurance was provided that services monitor their own quality indicators, that complaints, safeguarding and safety data are reviewed corporately on a weekly basis, and that the Clinical Effectiveness Group oversees audit activity. Governors welcomed confirmation that waiting list patient surveys will expand to include community health services, providing a broader view of quality across pathways.

Service visit reports were noted as providing valuable insight into frontline delivery. Examples discussed included strong community engagement within ACRE, effective multi agency working within the Looked After Children's Team, and the East Berkshire Wheelchair Service. Governors reaffirmed the importance of continuing service visits as a mechanism for deepening understanding of patient and staff experience beyond the data.

Sarah Croxford

Co-Chair of the Quality Assurance Group

Report to Governors: LLTF Committee 21 January 2026

Committee received 2 presentations:-

- **a/ Ruth Pearse CEO** and founder with 20 yrs lived experience spoke about

Parenting Special Children which

1. Focused on the entry route and guided signposting.
2. A wide range of Parent Carer Workshops and Training
3. Community support Groups
4. Trauma and attachment services
5. The Children and Young People support structure
6. Professional Training, Staffing and Sustainability

Questions covered:

The relationship with other services and the inclusiveness of each

1. Whether PSC can help with engagement in ethnic minority centres
2. Sharing the information across LA s and with others
3. Access to schooling

Further questions could be asked via Jenni Knowles and Ruth is happy to be contacted by governors on r*uth@parentingspecialchildren.co.uk*

b/ Katie Humphrey, Strategic Carers Lead

Carers Update covering the Strategy refresh in June 2025 + feedback from Liz Chapman and the Patient Experience Team. The Strategy is aligned with the Trust's Carers Strategy and how it is implemented to achieve:

1. Full Health and Well Being of Carers
2. An annual Trust wide self-assessment of performance against 6 Standards
3. Ongoing workstreams, including e-learning for staff; collaboration with partners; participation in the triangle of care and Race Equality Framework work

Methods employed include:

1. Co-Production encouraging progression from consultation to collaboration.
2. Transition Project from Children to Adult Services;
3. Crisis/Urgent Care Carers Groups
4. Concerns about Safety Panel (a new initiative)
5. Digital and future developments eg Silver Cloud
6. Partnership Working to improve coordination and avoid duplicated requests to community.

Madeline Diver, Co- Chair LLTF

Berkshire Healthcare
NHS Foundation Trust

Patient Experience Quarterly Report

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

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

Patient Experience Report Quarter Three 2025/26

Introduction

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

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

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

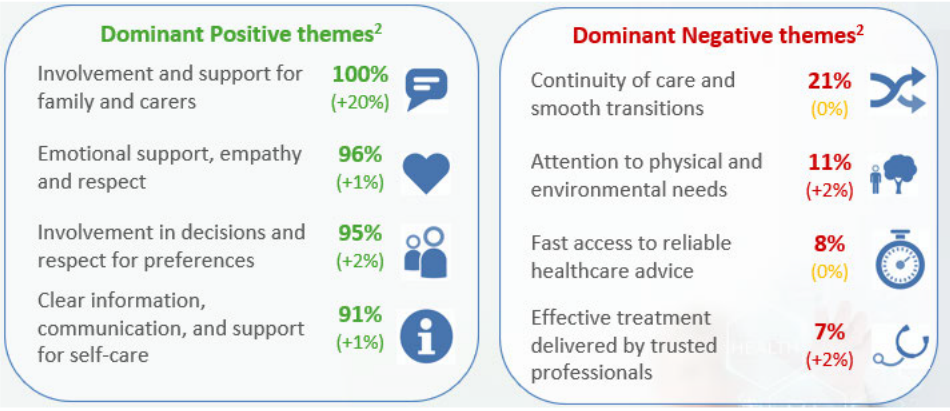
The response rate is calculated using the number of unique/distinct clients rather than the total number of contacts. Patients will continue to be offered the opportunity to give feedback at each appointment.

Table 1

Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Year end
Distinct patient numbers (inc patient discharges)	Number	162,555	146,499	229,798		
Number of iWGC responses received	Number	13,604	11,107	20,708		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.4%	7.6%	9.1%		
iWGC 5-star score	Number	4.80	4.82	4.74		
iWGC Experience score – FFT	%	94.67%	92.56%	88.35% (95.60% excluding imms) *		
Compliments received directly by services	Number	1682	1285	1430		
Formal Complaints Rec	Number	51	58	60		
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	13	13	19		
Formal Complaints Closed	Number	57	61 *	60		
Formal complaints responded to within agreed timescale	%	100%	100%	100%		
Formal Complaints Upheld/Partially Upheld	%	54%	62%	37%		
Local resolution concerns/ informal complaints Rec	Number	46	71	43		
MP Enquiries Rec	Number	12	14	16		
Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	6	4	5		

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

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



The brackets () in the picture above shows the comparison to the report for Quarter 2. This is based on qualitative feedback. (+) means that there has been an increase in satisfaction since the last report, (-) means a decrease. The picture shows that there has been a positive decrease or no change across the dominant negative themes.

Appendices 1 and 2 contain our PALS and Complaints information for Quarter 3.

What the data is telling us

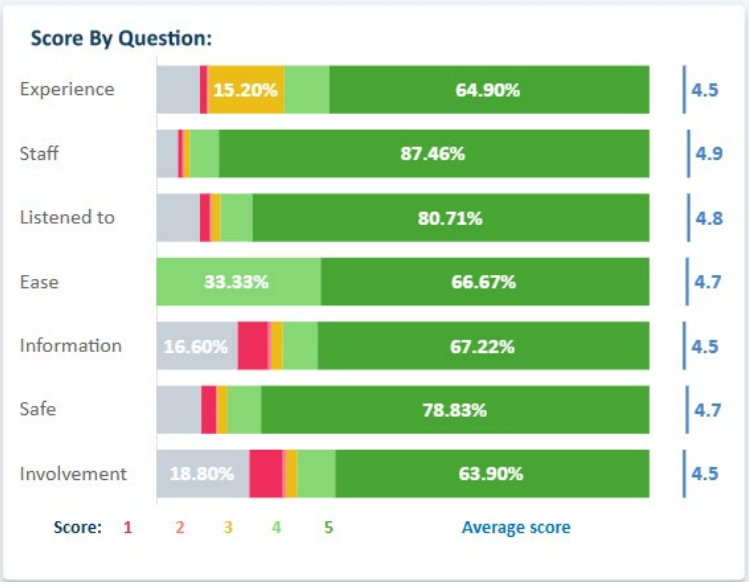
Below are a summary and triangulation of the patient feedback we have received for the divisions.

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

Table 2: Summary of patient experience data.

Patient Experience - Division CFAA and LD		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	4956	3530	12,229	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	12.7%	7.7%	10.9%	
iWGC 5-star score	Number	4.78	4.82	4.69	
iWGC Experience score – FFT	%	94.2%	86.4%	83.2%*	
Compliments received directly by services	Number	163	118	123	
Formal Complaints Rec	Number	16	6	12	
Formal Complaints Closed	Number	13	16	10	
Formal Complaints Upheld/Partially Upheld	%	53.8%	62.5%	50%	
Local resolution concerns/ informal complaints Rec	Number	7	11	8	
MP Enquiries Rec	Number	3	7	32	

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



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

Of the 12,229 responses, 12,034 responses related to the children's services within the division; these received, with positive comments about staff being friendly and kind and a few suggestions for further improvement, this included 7 reviews for Phoenix House. 119 of the responses related to learning disability services and 26 to eating disorder services.

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

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

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

11705 of the 12229 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Immunisation and Health Visiting Bracknell; the Immunisation Team received 10884. Health visiting services also receive very positive feedback with positivity score of 99.0%- and 5-star rating of 4.93.

Immunisation Service
The immunisation team has developed feedback stations for gathering feedback during school immunisation sessions with posters to promote, paper copies and pens, this is having a positive impact on responses received back to the team. The overall positivity score from the 10884 responses was 81.2% and a 5-star rating of 4.66. Feedback included that the injection was quick, and nurses were kind. "Everyone was very nice and helpful. It enabled me to feel safe from the flu." with the themes to improvements being wanting biscuits, not liking immunisations and to provide tissues.

Child and Adolescent Mental Health Services (CAMHS)
For Child and Adolescent Mental Health Services there were six complaints received, of these 2 related to communication, 3 were about care and treatment and 2 were about discharge planning.

There have been 306 responses for CAMHS services received through our patient survey for this Quarter. These include 169 received from those attending our neurodiversity services (positive score 95.78% and star rating of 4.90 with lots of positive comments about staff and the experience).

Adult ADHD Service
There have been two complaints about neurodevelopmental services this quarter. One related to medication and the other to waiting times.

Learning disability
There were no complaints received for the Community Team for People with a Learning Disability but there was one for the Learning Disability Intensive Support Team. This related to bullying and harassment; however, this was able to be escalated and resolved locally and the concern was not upheld.

Overall, there were 119 responses for all Learning Disability services; responses were for the Community Teams for People with a Learning Disability and Learning Disability Intensive Support Team. These received a 96.6% positive score; feedback included that staff provided support, "*[name removed], the LD has been very supportive. He always responded to our enquiries promptly and provided useful information in a timely manner. He has done his best in trying to get the best outcome for our client."* there were comments for improvements including wanting regular check ins, give patients eye contact, patients didn't feel listened to and wanting more guidance. The 4 response that received with a score below 4 left comments including "I enjoyed telling the Doctor that I was pleased at having an appointment with her. Nothing has really changed for me and the Doctor said that I should have gone to the Neurology appointment as she could not change the medication because of this. I will go to the appointment in March 26. I did not attend because I had a family member visiting."

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

Eating disorders
There was one complaint for the Eating Disorder Services which related to clinical care received as the patient was unhappy with their therapist.

Of the 26 feedback responses received, 18 scored a 5 with comments such as "*[Name removed] has put up with me for a very long time now and continues to listen, support and believe me, for which I'll be eternally grateful. My sessions are not easy, but [name removed] supports me through them in her kind, calm way, giving me endless ideas of what to do. Thank you.*" *"I admit I'm not an easy person to work with and must have frustrated my therapist at times. However, I have always felt safe in all of my sessions even when I would completely shut down. My therapist has been a real inspiration to me and hope I can work towards new goals in the future." "My therapist has been extremely helpful with a variety of breathing, meditation and other techniques. I felt in a safe environment to talk about things I have never spoken of before. After many other medical diagnoses, my therapist was there to help me through in sessions. Also going above and beyond."* Areas for improvement included staff to be more sympathetic and shorter wait times.

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

- Service-user led activities in the 'Together' Group, which is a co-delivery participation space where service-users suggest psycho-social activities (e.g. some 'summer of fun activities' for families open to children's social care, World Mental Health Day activities, 'couch to 5k'). This group originated from service-user feedback and is entirely co-produced. These are families who have children's social care involvement, and have limited access to such groups and feel stigmatised and

marginalised within 'universal access' (a recent quote from one service user: "these are the only groups I feel I can come too without feeling embarrassed about having a social worker. We all have *stuff* going on and we don't judge each other").

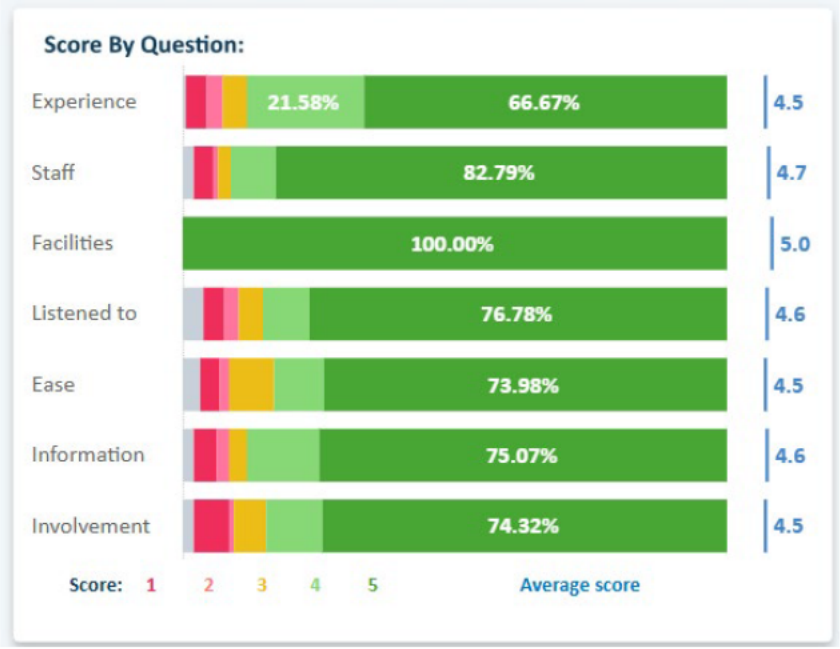
- The service are commencing a participation project (registered as a Trust service-evaluation on around understanding the barriers to our services for different community members. We are inviting those who have declined our service to share their experiences of being offered the service and rational for declining. This will help us to monitor who our service does not reach and potential access barriers.

Mental Health Division

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

Table 3: Summary of patient experience data.

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	315	332	366	
Response rate (calculated on number contacts)	%	3.25%	3.37%	3.71%	
iWGC 5-star score	Number	4.64	4.65	4.55	
iWGC Experience score – FFT	%	91.4%	90.7%	88.49%	
Compliments received directly by services	Number	159	50	249	
Formal Complaints Rec	Number	5	14	16	
Formal Complaints Closed	Number	12	7	15	
Formal Complaints Upheld/Partially Upheld	%	58%	57%	26%	
Local resolution concerns/ informal complaints Rec	Number	2	8	4	
MP Enquiries Rec	Number	2	1	2	



16 Formal Complaints were received into the division; in addition, there were 4 informal/locally resolved complaints. 15 complaints were closed during the Quarter. 4 of these were partially upheld and none were fully upheld. they were across CMHTs and Talking Therapies.

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

The services receiving the majority of iWGC responses were Crisis Response Home treatment Team (CRHTT) East with 87 responses, OPMH WAM with 43 responses and CMHT Bracknell with 37 responses.

Across the CRHTT East survey, the average 5-star score was 4.34 with 80.5% positive feedback, a slight decrease in the 5-star score and a slight increase in the percentage positive feedback from last Quarter. 70 of the overall number of responses received (87) scored a 4 or 5-star rating with many comments about staff being supportive, listened, kind and helpful; "*They listened to me. They were very supportive. They made sure I took my medication. They really helped me.*" "*They were very good - especially the first two guys that came out to see me - It was [name removed] and I think the other guy was called [name removed] - they were both so lovely and so kind, and so patient.*"

This Quarter, questions relating to feeling safe and feeling involved were least likely to be positive with areas for improvement and dissatisfaction with the service about wanting more information, longer appointments, and staff to show empathy.

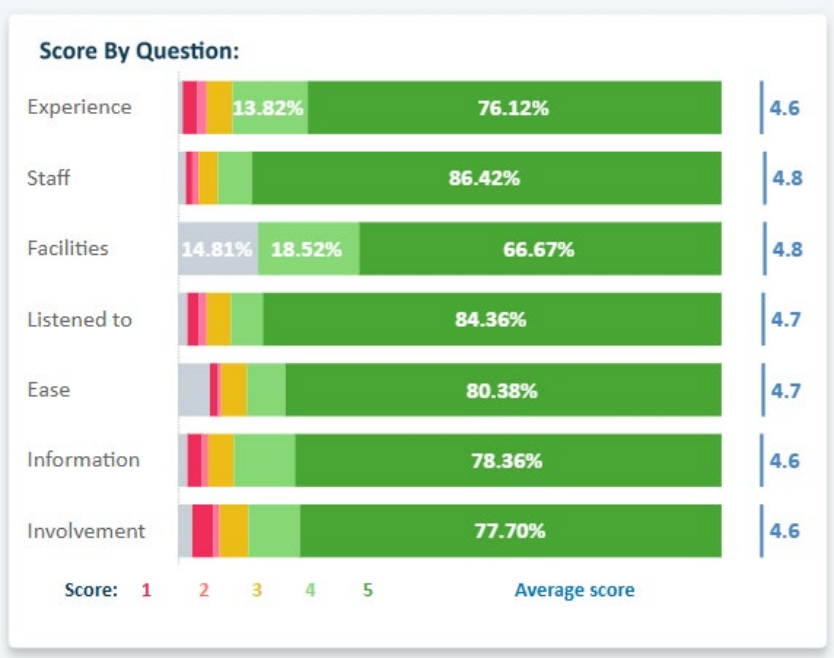
The Memory Clinic – Bracknell received 100% positive score (4.97-star rating) and received positive feedback about staff being professional, helpful, and listened. "*The whole experience was conducted professionally [name removed] [name removed] was exceptional in manner, clarity & was east to relate to. Nurse [name removed] was also very professional & helpful.*"

CMHT received 96 responses (Bracknell 37, Slough 36, and WAM 23) with 89.6% positive score and 4.51 star with 10 of the total responses scoring less than a rating of 4; comments included *"Appears to be an eagerness to discharge patients back to GPs." And "I'm not being listened to nor given help by any NHS professional I have seen over the last 10 years"*. There were several positive comments that staff listened, were professional, helpful, and understanding examples of comments are "*I came with my father [name removed] for his mental health review. We were treated with care and respect and understanding my dad's needs*," "*Dr [Name Removed] listened was understanding offered up an answer, explained to me in understandable terms. Lucky to have him in my corner." And "[name removed] was always available and around to help. She helped me learn the skills from therapy and deal with issues inside and outside of therapy."* Some of the suggestions for improvement included providing patient with more information and listen to the patient. Further work is being conducted with Mental Health services to improve uptake as part of the wider patient experience improvement plan.

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

Table 4: Summary of patient experience data.

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



14 Formal Complaints were received into the division; in addition, there was 1 informal/locally resolved complaints. 14 complaints were closed during the Quarter. 8 of these were either fully or partially upheld and they were from services across the geographical localities and services.

The Mental Health West division has a wide variety of services reporting into it, including the Talking Therapies service and Court Justice Liaison and Division service (CJLD), as well as secondary mental health services. The 3 services with the most feedback through the patient survey were CRHTT West with 120 responses, Memory Clinic Newbury with 84 responses and OpCourage Veterans Mental Health Services with 65 responses.

Mental Health West saw a decrease in responses due to an error in the SMS being sent for Talking therapies. Therefore, there was a significant drop in the number of responses for Talking therapies services. This has been rectified.

Questions relating to involvement and information have the least number of positive responses. Examples of feedback include patients were not involved in their decisions regarding their care when accessing Psychological Medicine West, CMHPT and CRHTT.

For CRHTT West there was an 78.3% positivity score and 4.38-star rating. There were lots of positive comments about staff listening, being helpful, and kind, "*I was supported and listened to, I felt that the staff cared and wanted to help me get better. I hit a real low point and thank you so much for your help."* Some of the areas for improvement included some staff didn't seem to care, would like more help rather than medication and wanting long term therapy. There were comments for improvement such as wanting more help than just medication, some staff didn't seem to care, some staff didn't listen and some patients felt rushed to be discharged. For example, "*It seemed to me like just because I didn't want medication I was dismissed and didn't get any help. not sure if that's a normal thing but it really shouldn't be some people don't want to have to rely on medication*."

The Older Adult Mental Health Service and Memory Clinic combined have received a 96.6% positivity rating (4.84-star rating) some of the feedback included *"I have needed to call here on a few occasions regarding my mother and have always had an amazing, patient, thoughtful, understanding person on the other end of the phone to calm my nerves and give me advice and help. Today we have had an appointment with [name removed] who was lovely and calm and reassuring for my mother, so I thank you all for that."*

There were 24 responses received for West CMHT teams with 95.8% positivity score and 4.82-star rating, 23 of these were positive with comments received that staff listened and

were supportive, there was 1 negative response for Wokingham there were no comments left for the review.

Most comments were very positive about the staff, including that they listened, were kind and professional. Several of the comments/areas for improvement where they wanted longer sessions and rooms were cold. For example, *"[name removed] was really good, she listened, I felt understood, valued, and respected. We had a good conversation. Thanks."*

For Talking Therapies, the overall scores were 90.70% positivity and 4.72-star rating with the Talking Therapies pathway getting the highest scores. Many of the comments were positive about staff having listened, and that they were helpful and kind.

Examples of positive feedback about Talking Therapies included, *"Each time I spoke to a therapist I was listened to and encouraged with my ongoing treatment, therapist was very understanding & explained things regarding my condition that I was unaware of."* *"I feel like the treatment was high quality, I was listened to when I wanted to share and was never forced to share if I didn't want to. The providers were really friendly and caring."* and *"[name removed] was incredibly attentive throughout the whole of my therapy sessions. It was clear she had my best intentions at heart and suggested tasks that were helpful and supported me through them when they were challenging. [name removed] has undoubtedly changed my life and opened up so many opportunities for me, she is an amazing therapist."* Patients reported that they felt *"Everyone was so helpful and treated me so well. I'm very grateful for all of the support, I felt listened and cared for. All the meetings and explanations were very clear, and everyone was able to communicate well. Thank you again for all of the support."*

Op Courage

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

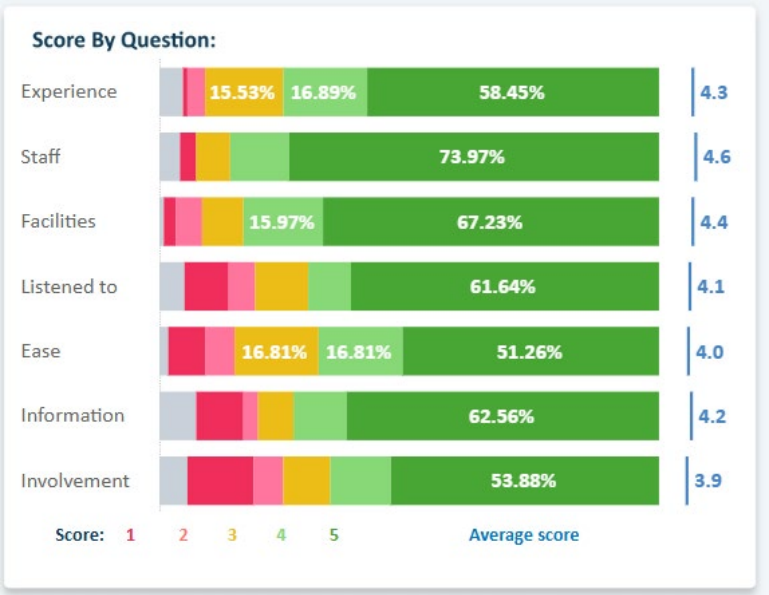
Op COURAGE received 65 responses during the Quarter, their patient survey responses gave a positivity score of 95.4% (4.78-star rating), 3 of the reviews scored less than 4 with comments such as therapist had no military experience and communication with GP was limited.

Mental Health Inpatient Division

Table 5: Summary of patient experience data.

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

*This excludes the number of surveys completed for Place of Safety, as whilst we collect feedback on people's experience, it is not an inpatient ward. Place of safety received a positivity percentage of 83.3% and a five star score of 4.54.



The satisfaction rate was 76.7% with 44 of the 219 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to involved received the least positive scores with overall 5-star rating for this question being 3.9 and 85 of the 250 giving a score of 3 or less to this question.

The lowest score was in relation to feeling of involvement, all of the wards are currently participating in various programmes as part of the national culture of care programme which focuses on safety and involvement of patients, the aim of the programme is to promote an environment where caring, empathy, and support are central to both service users and staff; there is also ongoing work in relation to improving communication and the involvement of patients making decisions about their care, particularly around managing risk.

The information question asks whether they felt the information they were given was easy to understand, comments relating to ease of also received lower scores with some comments relating to wards are too noisy, food could be improved and medication could be more organised.

There were 12 formal complaints received for mental health inpatient wards during the quarter across all wards.

There were 10 formal complaints closed during the quarter and of these two were partially upheld or upheld; these were for Orchid and Bluebell Ward. The other 8 closed complaints were not upheld.

There were many positive comments received in the feedback including comments such as staff were friendly, helpful, kind, and caring. There were some comments for improvement about listen to patients, more staff and wards being noisy. Examples of the feedback left are "*I think staff listen to me they are attentive helpful help to carry out the tasks. They are all lovely without exemption.*" "*[name removed] has always been so kind since I came to the ward, always looks out for me and always asks if I'm ok, she has also given me lots of good advice." "Always very welcoming, with a big smile always helps with anything I need and also listens to me all the time."*

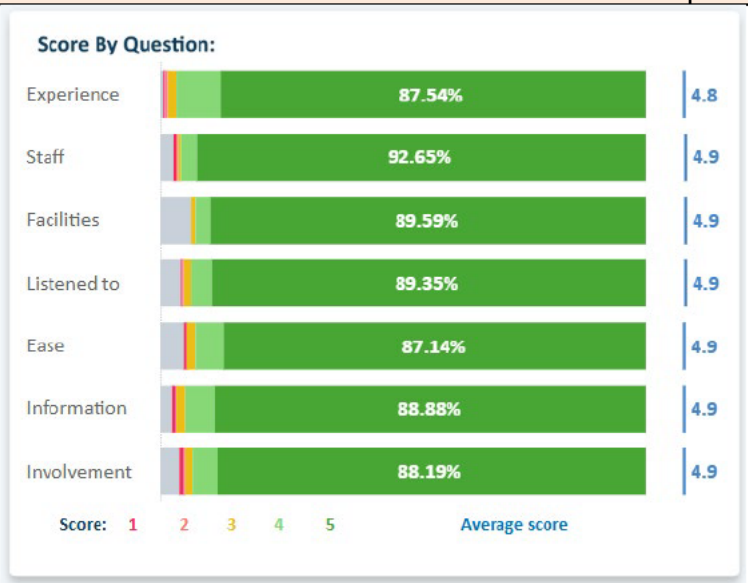
In addition to the feedback about the wards, there were 24 responses for a Place of Safety, and the average score was 4.55, with 4 reviews giving a score of less than 4/5. Some comments received were "Very friendly and professional, caring and providing. Helpful and very understand of others." "*Whenever I asked staff for assistance they helped asap. Staff especially [name removed] and [name removed] engaged in conversation which made my time here easier. [name removed] also stayed after his shift to offer words of advice,*"

Community Health Services Division

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

Table 6: Summary of patient experience data.

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



There was one Formal Complaints received this quarter; this related to care and treatment by the District Nursing Service in Slough. Additionally, there were 14 matters resolved locally or informally, and five cases brought to us by MPs.

The Hearing and Balance Service received 149 responses to the patient experience survey with a 97.3% positive score and 4.92-star rating.

East Community Nursing/Community Matrons received 415 patient survey responses with a 98.3% positive scoring, many comments were about staff being kind and professional, for example "*The nurses that visited were so good. They treated me with kindness and respect. I asked a lot of questions, and they took their time to answer them. I understood everything that they said*" "*The nurses are so kind and considerate. They give me 100% of their time and attention. I do not feel that they rush they are all very patient with me and my family. thank you*" "*The Nurses were very professional and knowledgeable. They explained the procedure and process, they were present throughout the treatment, and I had no trouble following their guidance.*" There were also some comments around wanting to know a time the nurses will visit for example *"It's a shame we aren't given a rough time that you will be visiting but other than that it's all great."*

The wards received 118 feedback responses (61 responses for Jubilee ward 95.1% positive score and 57 responses for Henry Tudor ward with a 98.3% positive score). Positive comments were received in relation to staff being caring, helpful and friendly. Four of the responses scored less than 4, comments for improvement related to needing more staff, quicker response to their calls and wards need cleaning.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 96.8% (4.89-stars), comments were very complimentary about staff being professional and helpful, *"[name removed] was very informative, patient and helpful, she explained in great detail, using a skeleton, the reason for my back pain. She showed me one to one, how to do Pilates exercises to strengthen the muscles around my back. She also printed instructions for me to do regularly at home."* The reoccurring improvement suggestion for this Quarter was for shorter waiting time.

Outpatient services within the locality received a positivity score of 96.95% with 4.89 stars from the 853 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"All of the team were fantastic. They were extremely kind and caring. All of our questions were answered, and no stone was left unturned. We appreciate all of their help so much and would be glad to have them care for my husband again in the future."*

The Diabetes Service received 265 feedback responses with 96.6% positivity and some lovely comments including "*Listened to, respected, treated as an individual. Always a bit nerve wracking meeting a new consultant after seeing the same person for so many years but Dr [name removed] put me at ease and I left feeling cared for. Thank you*." Alongside some helpful suggestions for the service to consider around and the rooms being cold and needing heating "*Needed the room to be heated – quite chilly."*

The Assessment and Rehabilitation Centre (ARC) also received positive feedback including "*The staff made everything better, from what could have been a nervous, worrying experience. I came away thankful that at last I was going to find the answer to my health problems - which has been very worrying.*''

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

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

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

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

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

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

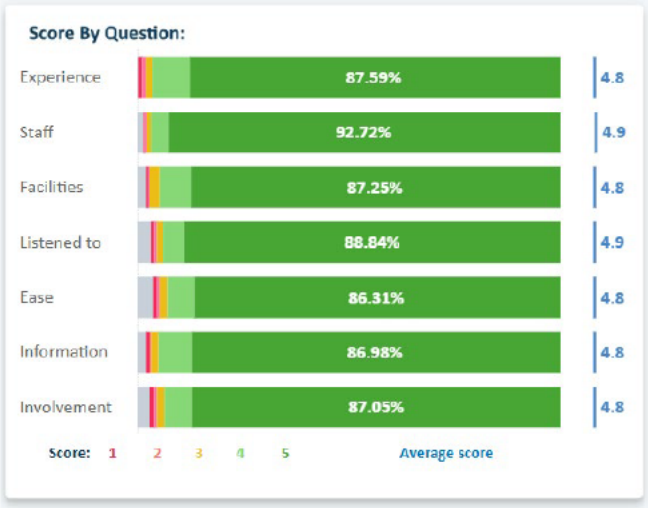
Integrated care the service continues to embed co-production and patient engagement in service development across inpatient and community settings. Feedback from patients and staff identified confusion around returning to driving post-stroke; work is underway to develop a clear professional pathway and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

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

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

Table 7: Summary of patient experience data.

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



There are a significant number of services within the division, and a generally high level of satisfaction received as detailed in the overall divisional scoring of 96.6% positive satisfaction and 4.85-star rating and the question on staff receiving a 96.7% positive scoring from the 4463 responses received.

There were 7 Formal Complaints received in Q3, these were split across several different services. The only services with more than one complaint were Out of Hours GP Services and the Integrated Pain and Spinal Service - IPASS. There was only one partially upheld complaint and this related to Care and Treatment on Ascott Ward.

The community hospital wards have received 164 responses through the patient survey receiving an 92.1% positive score and 4.70-star rating, (13 responses scored three and below) questions around feeling listened to and information receive the most results of three and below. Comments include *"The place is actually excellent. The staff are wonderful. The food is great and the cleanliness of the place is very, very good and I think I am very well*

looked after. It is a good very good service. Staffs are all very helpful.," "One thing that was really, really good was that the food was excellent. Overall, the experience using the gym with the physiotherapists and the MTAs was excellent. In general, all the help and treatment given was deeply appreciated." "My care was fantastic, all so caring and helpful. It was amazing to think I was being cared for in an NHS facility. It was more like a hotel." And *"The staff were very professional and caring. I would like to thank the staff for the care I receive."* there were some individual comments where patients were less satisfied with answer bell quicker, listen more, food needed improvement and more staff. Comments for reviews with responses that scored below 4 included patients were bored, they wanted more contact with staff, did not feel listened to, call bell wasn't working, medication not given on time, wanted to shower more and want more exercise. There was one review which received a score of 1, the patient reported that they did not feel listened to and felt some staff did not have empathy.

There were two Formal Complaints for the Out of Hours GP service. These related to communication and attitude of staff.

WestCall received 363 responses through the iWGC questionnaire this Quarter, an increase from the previous quarter (89.8% positive score a slight decrease from last quarter, 4.71-star rating, 37 scores received below 4. Positive comments included "*My whole experience, from 111 to West Call and the Out of Hours service at West Berks Community Hospital, was superb. Sympathy, understanding, efficiency and effectiveness at every level. Especially loved the doctor, whose medical prescriptions have already cleared up my painful symptoms." "Fast response. Clean. Short waiting time-but it was not busy. Received the treatment I needed and starting to feel better. Doctor was amazing, caring and understanding." "The GP on duty Dr [name removed] was absolutely outstanding. He was thorough, considerate, and comprehensive and ensured I fully understood his assessment and instruction. The whole experience at Westcall was brilliant especially being over the Christmas period."* Areas for improvement included better call back in 2-hour slot given, wait times long and an onsite pharmacy.

The Podiatry Service received 174 patient survey responses. Most responses were very positive receiving five stars (overall 94.8% positivity 4.83-star rating) with examples including *"The staff member I was seen by was very professional, polite, and answered all questions I had. I was worried I would be in a lot of pain while having my whole nail removed, however, I was very pleasantly surprised by the care and attention that went into my treatment. This resulted in a very smooth, very painless procedure. Could not thank her enough!*" *"Friendly and professional welcome, good listening and very good results as I left with my new insoles which fit perfectly."* and *"Because the team was amazing made me feel comfortable and relax. Couldn't have asked for anything more. Best treatment I have received from the NHS."*

There were no formal complaints for the Community Nursing Service.

To provide some context across our East and West District Nursing teams combined there were 15,053 unique patients this Quarter.

784 responses were received for Community nursing (98.5% positive score and 4.94/5 stars) Lots of comments included nurses were kind, caring, and friendly, *"I just wanted to thank your team so much for all the amazing support you gave mum especially over the last year when her catheter was such a challenge. As a result, she saw many of you quite frequently but really appreciated seeing a friendly face coming to try and help her yet again and was very fond of her 'regulars. Thank you again for everything.," "Catheter Clinic Nurses [name removed] and [name removed] were amazing. Professional, efficient, and friendly. The appointment was quick, problem free and great. Both amazing members of the team." and "All the Nurses that have visited have been first class level. A special thanks to [name removed] and [name removed] they have been very friendly and very professional and [name removed] managed to get GP appt for me which is very hard to do! Appreciate the excellent service."* There were several positive comments about nurses being caring and

there were very few suggestions for improvement; update patient if the visit changes and would like to be given notice for when nurses will visit.

MSK Physio has received one Formal Complaint in the Quarter. The service has received 816 patient survey responses with a 96.6% positive score (4.86 -star rating), very few areas for improvement were included in the feedback there were a few suggestions including long wait times, waiting area was too small and lack privacy in the rooms and the overall feedback was extremely positive with lots of comments about staff were helpful, professional, kind and listened.

Bladder and Bowel (continence) services received 134 survey responses with 97.8% positivity and 4.88-star rating, with comments about staff listening and being helpful.

Demographic profile of people providing feedback.

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q3 attendances
Asian/Asian British	2.56%	10.14%	10.26%
Black/Black British	2.56%	2.28%	3.19%
Mixed	2.56%	4.12%	3.30%
Not stated	7.69%	28.70%	8.37%
Other Ethnic Group	3.85%	3.66%	1.92%
White	80.77%	51.12%	72.96%

The table above shows that during this quarter there was a slightly lower % of complaints received by Black/ Black British, Asian/ Asian British and mixed-race people in relation to the percentage who were seen. For White British there is a slightly higher percentage of complaints compared to attendance . We saw an increase in the % of feedback through the patient survey which aligned to our activity for those people who were Asian/Asian British.

We also saw an increase in feedback through the survey from people who are of Mixed Race, who in previous quarters were less likely to provide feedback this way.

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

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

Over 25% people completing the patient survey do not complete the demographic questions and it is therefore less easy to draw conclusions. The survey includes narrative explaining why we value completion of the demographic data.

The Patient Experience Team are working with the EDI Team to ask for the experiences of people in the CommUNITY forum in terms of what encourages or discourages giving their feedback.

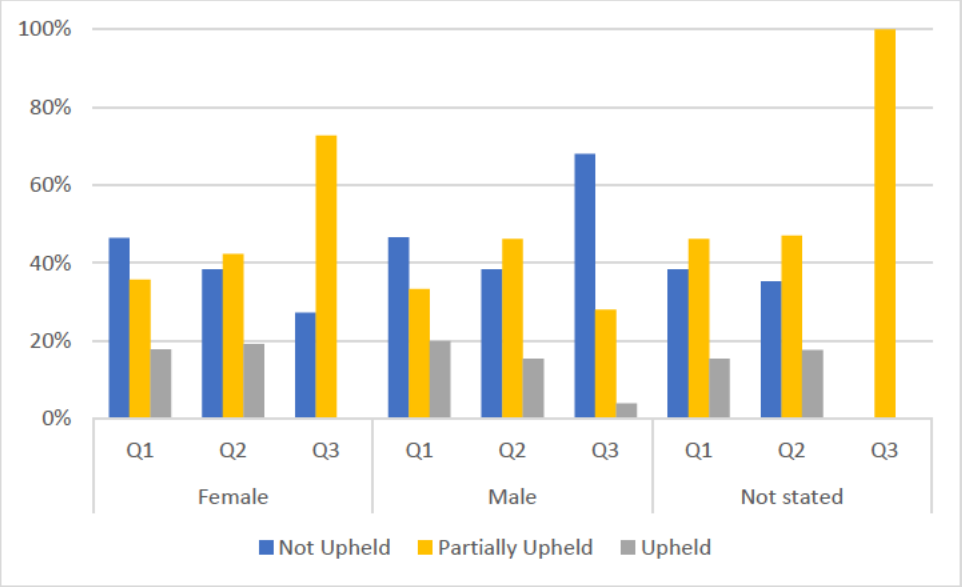
Table 9: Gender

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q3 attendances
Female	44.87%	37.54%	55.38%
Male	55.13%	31.59%	44.58%
Non-binary/ other	0%	2.11%	0.04%
Not stated	0%	28.77%	0.00%

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

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

Table 9A: Gender by outcome code



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

The above demonstrates that overall for the 3 quarters there were more complaints not upheld from men and more partially upheld for women. It was fairly even across male and female for those found to be fully upheld.

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q3 attendances
0 to 4	0.00%	37.96%	6.53%
5 to 9	5.13%		2.06%
10 to 14	6.41%		3.85%
15 to 19	5.13%		5.28%
20 to 24	11.54%	2.16%	3.64%
25 to 29	8.97%		3.37%
30 to 34	6.41%	3.02%	3.62%
35 to 39	7.69%		4.08%
40 to 44	10.26%	3.36%	3.91%
45 to 49	12.82%		3.91%
50 to 54	1.28%	5.37%	4.13%
55 to 59	6.41%		4.83%
60 to 64	5.13%	7.10%	5.08%
65 to 69	5.13%		5.05%
70 to 74	2.56%	8.35%	5.90%
75 to 79	2.56%		8.67%
80 to 84	1.28%	7.22%	9.26%
85 +	0.00%		16.82%
Not known	1.28%	25.46%	0%

Comparatively, people over 60 years old continue to be more likely to give feedback via the patient survey and are less likely to make a formal complaint, this is a trend following previous reporting periods. Interestingly, we are seeing more patient feedback from people over 60 years old being received via paper, which could indicate more proactive staff promotion of the survey in this way. The Patient Experience Team have been supporting the Immunisation service to collect paper feedback at the clinics they hold in schools, which is showing as an increase in school age patient survey feedback.

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

Staff interested in EDI from across the Physical Health Division met in December to share project they were working on – broadly fell into a few areas – equality of access, DNAs, community outreach, and cultural/ disability awareness.

- Plan on a Page next year will look at how service work together to deliver community outreach for populations with poorer health outcomes.
- Dentistry looking at improving the recording of ethnicity.

- Sexual Health have been looking at equitable access to the service - considering deprivation, frailty, and ethnicity. Clinics set up new locations to make access easier.
- Diabetes identified not the most deprived patients but midband that don't attend their educational classes. Often because they feel they are educated through other sources or live with a diabetic.
- Diabetes have noted patients with mental health issues are less likely to attend their appointments, affecting the patient engagement and self-care.
- Diabetes: Attending Divisional Health Inequalities Meetings with aim to work together on common themes. Reviewing data for current access to service as part of QMIS project
- ARC Upton – To hold a patient forum/coffee morning – with more promotion and offer of an extra exercise class for those who are not able to attend more frequently for various reasons.
- Urgent Care: Continue to improve access and timeliness at RPCC, especially at weekends.

Lived Experience Workforce Programme

A copy of the most recent Lived Lens newsletter is attached as an appendix. To highlight the activity this quarter:

- There are currently 32 substantive posts across the Trust.
- The Peer Educator Post became substantive (having been a 12-month secondment) and we have been asked to lead a national Peer Educator Network with a focus on collaboration, development, and co-production.
- Following feedback on our workforce Training Needs Analysis, a new Career Development Subgroup has been created.
- Experience Exchanges continue to be well attended and a great way to bring together learning and collaboration.
- We continue to support our workforce to attend a fully funded, accredited training programme for Lived Experience, as well as locally facilitated training and development at colleague and service level.

Ongoing improvement

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

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

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

Some examples of services changes and improvements are detailed below. The Head of Service Engagement and Experience is attending the Senior Leadership Team meetings for

both Prospect Park Hospital and Community Mental Health Services to support their collection and reporting of patient experience activities.

Service	You said	We did
Family Safeguarding Service	More information about the MECS (More emotions, challenging situations) group prior to the group.	We updated our group leaflet and have shared with those referred to the group at the point of referral.
	The link between trauma and emotion dysregulation to be more explicit in the first session of the MECS group.	We changed our initial session to highlight that flight, fight, and freeze are responses to trauma / adversity.
	The MECS Group to be more explicit around how skills might need to be adapted in response to neurodiverse experiences.	We have adapted the content to be more explicit around the purpose of the use of the skills and how they might be adapted in response to neurodiverse experiences. For example, for people who hyperfocus on activities to the detriment of coping with difficult feelings, how to set limits around activities and move between tasks.
	CBT Parental Wellbeing group slides and content to be available for those clients who require 'catch up' sessions after missing one, e.g. to attend child protection meetings and other statutory appointments.	This content also enables service-users to maintain their learning by accompanying the guided self-help resources after the sessions have concluded.
Bluebell Ward, Prospect Park Hospital	More information about S17 Leave.	Information is shared with patients twice a week.
MSK Physiotherapy	Issues with space/privacy and noise at some of our sites.	We are working with estates to find more space and individual clinical rooms at our sites.
	Waiting times for appointments.	We have implemented community assessment days to help reduce waiting lists.
Bladder and Bowel	Patients want to know when they're on the waiting list.	Service now provides a waiting list letter at the point of triage.
Lower Limb Clinic	Concerns re wait times for new assessments	Waiting list letter sent to both GP Practices and patients.
Hearing and Balance	Could text reminders have information about buildings and not just site name? Could the patient information be given in an audible way, rather than as written text? Why don't we fit rechargeable hearing aids?	Looking into whether SMS appointment reminders could include more address information. Exploring software which reads information aloud, as requested by a patient, though may not be accessible to all due to hearing loss.

		New clinical lead will look into rechargeable hearing aids once in post.
Diabetes	Unsure on which contact number to call.	Changed phone line access from 3 different phone numbers to one phone number.
Dietetics	Weight loss programme feedback that it would be nice if audience participated more. Distributing agenda in advance of the weekly session. Wish this session was slightly longer.	Participants are encouraged to participate. This has increased using Chat function. Course content will be included in the updated handbook. Three sessions were shortened to allow a focus group to take place. Sessions have now returned to usual length.
Community Inpatient wards	Ward temperature fluctuations.	Discussed with estates re temperature control and used local methods to resolve issue.
	Staff handled the cutlery using the part that patients are meant to put in their mouth. I would like staff to announce and introduce themselves and who they are.	Cutlery is now wrapped in tissues to ensure safe handling and reduce the risk of cross infection. All staff announce their presence and introduce themselves by name and role when entering the patients space. All staff to wear visible ID badges at all times.
Urgent Care	Signage at Reading Primary Care Centre (RPCC) based at RBH site was poor.	We worked with RBH Facilities to review and improve signage for clearer navigation.
Westcall	Long waiting times at Reading Primary Care Centre.	We reviewed appointment scheduling and staffing levels to better align with demand and reduce waiting times.
	The toilets were not always clean at Reading Primary Care Centre.	We collaborated with RBH Facilities to enhance cleaning schedules and maintain high hygiene standards.
ARC (Assessment and Reablement Clinic)	Need more challenging exercises within the groups.	Reviewing the group class exercises, including a Standard/ easier and more challenging elements for some of the exercises.
	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.
	More information about ongoing classes	Reiterated to the staff to ensure they direct the patients to the

		board with information displayed already, and to provide patients with a list of possible community classes they can attend.
CBNRT (Community Based Neuro Rehabilitation Team)	Returning to driving post-stroke is confusing for staff and patients.	Developing professional pathway for returning to driving post stroke and developing resources for patients to know their legal obligations

15 Steps

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

Summary

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

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

Formal Complaints closed during Quarter Three 2025/26

ID	Geo Locality	Service	Description	Outcome code	Outcome	Subjects
10259	Slough	CMHT/Care Pathways	complainant unhappy with care coordinator. Feels they are very unprofessional	Partially Upheld	There is no indication that there have been issues in relation to some elements of the complaint. Unfortunately, as some challenges as noted in the complaint have not been documented it is the investigators view that this may never have been discussed until here may have been a significant life event affecting the patient, which then led to a complaint being made. As indicated by the team, the visits were predominantly without incident and most notably, the complainant partner is hardly mentioned as being present. It is further the view of the investigator that explicit communication is required to ensure that both the patient and his partner are clear as to what the service can offer, what the service does not offer but also what obligations and responsibilities the patient has to his own recovery. Considering the issues raised in this complaint my advice would be a formal meeting with all parties to ensure that there is clarity regarding the issues identified in the complaint. Minutes of that meeting must be made available to all attendees and copies saved on RIO.	Care and Treatment
10311	West Berks	Out of Hours GP Services	Very poor attitude of staff member who called the pt	Local Resolution	Closed: local resolution	Attitude of Staff
10316	Slough	District Nursing	The points raised include: •Visits only occur in the afternoon; would prefer mornings or at least a confirmed timeslot. •Being asked to take pictures of their feet themselves which they says they cannot do. •The visits feel rushed and completed as quickly as possible. •Staff are not perceived as kind when attending.	Not Upheld	The DN service followed procedure and tried to ensure the patient has easy access to onward care	Care and Treatment
10254	Reading	Adult Acute Admissions - Bluebell Ward	Forced medication and allegedly dragging of the pt across the floor with force for refusing medication 7 years ago	Not Upheld	The patient was under section 2 and refused medication and was therefore administer medication via injection under restraint. PMVA was used and there is no evidence of inappropriate treatment	Care and Treatment

10301	Reading	CMHT/Care Pathways	Following on for informal complaint 10015, regarding 'Patient concerns about an appointment they had that left them re-traumatised due to the lines of questioning. They feel they were discriminated against due to their gender and sexual orientation' pt now wishes a formal response	Partially Upheld	Reading CMHS were responsive in addressing the concerns raised by the complainant and ensured that the teams consultant psychologist supported the assessment process to support the complainant accessing the appropriate support, which did lead to referral, acceptance and now accessing DBT within the IMPACT team. CMHS have also reflected on areas of need around trauma informed care and communication, and have organised and completed training, to help ensure that another individual does not experience the distress that the complainant received. It is unclear what level of response that the complainant received after the informal investigation, and clearer communication around an apology and actions completed may have highlighted to him how seriously the team took his concerns and the level of distress that was caused. CRHTT attempted to contact the complainant after his initial complaint, although have never received a response from him as to how he would like to move forward with the complaint and any issues that they could support with addressing. CRHTT also did offer face to face contact with the complainant with female workers as requested, with flexibility with the support. There is some learning around how people communicate patients who are experiencing trauma, and they can be more proactive with communicating feedback from meetings and using trauma informed communication.	Communication
10281	Reading	CAMHS - Rapid Response	Following poor consistant communication with ITT service parent feel consistantly blamed and judged. they feel there is a lack of meaningful help	Partially Upheld	Family therapy was not explained properly. However, general communication was acceptable. Complaints regarding a lack of appropriate support are not upheld. Concerns about the parent feeling dismissed or blamed are partially upheld and upheld.	Communication
10236	West Berks	CMHT/Care Pathways	Feels response is inadequate and wants to know why IO made no contact with them. Outstanding concerns ORIGINAL COMPLAINT BELOW Complainant unhappy that BHFT may have spoken to outside agencies about Pt care GDPR	Not Upheld	Information was shared in line with policy and procedure	Confidentiality
10287	West Berks	CAMHS - Common Point of Entry (Children)	Family extremely concerned the YP has been discharged when there are such high risk concerns around their behaviour	Partially Upheld	The decision to discharge the patient from CAMHS was clinically appropriate based on the evidence at the time. He did not present with acute psychiatric symptoms requiring inpatient care, and a safety plan was in place alongside referrals for further support. However, communication with the family regarding the discharge rationale and escalation options was insufficient, causing distress and misunderstanding. While no lasting clinical detriment occurred and risks were managed through safety planning and multi-agency involvement, we recognise the need to improve clarity and inclusivity in future discharge communications.	Discharge Arrangements

10169	West Berks	CMHT/Care Pathways	Complainant raising concerns about redactions in a Subject Access Request, the way they were referred to in emails that have been shared and delays in their care and treatment	Partially Upheld	The questions and complaints about the patients care have previously been investigated and responded to in 2 complaint responses and no further response can be given beyond what has been provided. We have explained the level of redaction in the records is not fully in line with policies and procedures, and need to apologise for this. Staff email addresses have been redacted where they should not have been. We can provide these documents again with less redaction. The patient will be provided with formal psychological intervention as soon as this is available within Oxfordshire Mental Health Services. Whist she is waiting she remains able to access the duty service and CRHTT as and when this is necessary. Clinically we believe this will be sufficient.	Medical Records
10272	Bracknell	CYP - ADHD	Unhappy that the ADHD referal has been closed	Not Upheld	The triage process discharged the referral appropriately due to lack of evidence (particularly from school setting) that warranted ADHD assessment. SENCO did not report features of ADHD and indicated referral only being made due to recommendation from autism assessment. The autism assessment clinicians did not make an internal referral and there was a plan recorded in RiO to gather more information to inform whether this was required. However, it appears the referral then came in from school before this could be followed up. Not able to find reason calls not returned – no record of these found	Care and Treatment
10297	Reading	Community Based Neuro Rehab - CBNRT	Funding being withdrawn for special CBNRT equipment Pt says this is seriously affecting them	Not Upheld	The patient is correct in that equipment could not be accessed but it was not a BHFT decision to withhold funding to access the equipment it was due to the sudden collapse of the company providing equipment.	Support Needs (Including Equipment, Benefits, Social Care)
10329	Reading	Integrated Pain and Spinal Service - IPASS	Complainant unhappy the pt was referred to TT, says the pt did not want this. Complainant demands f2f physio with someone different	Case not pursued by complainant	Unable to pursue as complainant would not give their name	

10290	Reading	Adult Acute Admissions - Rose Ward	Pt believes they were given diagnosis whilst in PPH Dec 2024 without assessment, they felt they were not listened to. Believes false info was given by RBC Social Services	Not Upheld	The patients admission was clearly identified as the need to assess and manage his presenting symptoms. His admission was considered necessary to support further assessment and intervention. There is no evidence within the progress notes to suggest that an incorrect date was recorded regarding the reported “citizen’s arrest.” Information documented appears consistent with the details provided at the time. Review of the Patient MDT Summary demonstrates that nursing staff were actively involved in MDT meetings throughout the patient's admission. They contributed observations and updates on his presentation, and this information was considered within discussions about his treatment and care planning. There is no comprehensive documentation confirming that a detailed discussion about diagnosis took place. However, it is noted that an attempt was made to explain the diagnosis to him, though this was dismissed by the patient during that interaction.	Care and Treatment
10321	West Berks	CYP - ADHD	Unhappy with wait times for referal	Local Resolution	Appt given	Waiting Times for Treatment
10289	Reading	Eating Disorders Service	Pt unhappy with therapist	Partially Upheld	Review of notes and conversations with therapist and manager indicates that the client had progressed well with the therapy and that goals had been met. Therapist had sought supervision throughout her work with this client and particularly when client had shared his feelings with her. The therapist had a structured session with the client following the client sharing this information, focusing on the gains in the therapy and re-iterating the boundaries of the client/therapist relationship. Client decided to end therapy. From therapist’s perspective, therapy ended prematurely prior to a relapse prevention plan being made. Client indicated in his emails that the therapist had been very ‘open about her private life’. There is no evidence to support that the therapist did this.	Care and Treatment
10235	Bracknell	Crisis Resolution and Home Treatment Team (CRHTT)	Why were all the calls not taken into consideration? Does the Trust take the pt's feelings and clinical presentation into account when taking calls? Pt feels they have suffered psychiatric harm by the trust	Not Upheld	No new information was brought to light as part of the investigation, apologies were repeated and questions answered	Care and Treatment
10202	Reading	Integrated Pain and Spinal Service - IPASS	JOINT WITH RBH - patient unhappy with the lack of progress following treatment	Not Upheld	The patients care was appropriately managed and directed to the service that best fit their needs	Care and Treatment
10285	Bracknell	Crisis Resolution and Home Treatment Team (CRHTT)	Complaint regarding the conduct, attitude, and complete lack of meaningful support received from the Crisis Team. Pt now feels hopeless and suicidal		The complainant withdrew the complaint	Care and Treatment

10267	Wokingham	Talking Therapies - PWP Team	Unprofessional assessment from TT	Upheld	The client has clearly expressed concerns with the clinical ability – from common factor skills through to clinical decision making. These concerns are not an isolated incident and therefore the member of staff has been placed on a PIP. From my (the IO) understanding of the member of staff's current abilities from the client's complaint as well as the meetings with his manager and the service lead, I agree with the outcome of putting them on a PIP and observing a large quantity of his clinical work.	Care and Treatment
10238	Reading	Common Point of Entry	Pt feels unsupported following their assessment from CPE	Local Resolution		Attitude of Staff
10229	Reading	Adult Acute Admissions - Rose Ward	Pt who has never had S17 leave in 1.5 yrs is due to be discharged on 6/10 Family are unhappy and worried.	Consent Not Granted	No consent received	Discharge Arrangements
10230	Slough	Crisis Resolution and Home Treatment Team (CRHTT)	When CRHTT arrived with autistic pt they asked them to go to New Horizons the next day.	Consent Not Granted		Care and Treatment
10193	Reading	Older Adults Inpatient Service - Orchid ward	Stolen phone dating back to May 2025, family do not understand how pt can sign a declaration form for valuables when they do not have capacity. Also raising historic allegations of section 44 neglect	Partially Upheld	The investigation identified several areas where communication and documentation practices required improvement. Feedback has been provided to the team regarding the importance of introductions during meetings, and steps have been taken to ensure roles and meeting purposes are clearly communicated.	Care and Treatment
10153	Bracknell	CMHT/Care Pathways	Concerns raised that the patient has on multiple occasions been made to feel uncomfortable and intimidated by different staff members. There are also concerns about poor communication, inaccurate reports and intimidating emails being sent by management	Partially Upheld	There were some issues with the way BCMHT managed this situation it very quickly escalated. There were far too many emails. Some of the staff interactions although well meant were not received that way	Attitude of Staff
10240	Reading	Adult Acute Admissions - Bluebell Ward	Complainant raising concerns regarding their experience on the ward.	Not Upheld	The Mental Health Act Assessment was completed appropriately.	Care and Treatment
10184	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Disappointed with the ward managers attitude and responses to concerns raised regarding poor communication and attitude of nursing staff toward pt	Not Upheld	Consent was not received so usual process was explained	Attitude of Staff
10320	Reading	CAMHS - Rapid Response	Complainant concerned by interaction with staff during YP's appointment, states police investigation did not find the complainant to be racist	Not Upheld	Complainant admitted to offence when questioned by Police so no further investigation necessary	Communication

10242	Reading	Adult Acute Admissions - Bluebell Ward	Complainant concerned there are not enough staff on the ward leading to sporadic leave that takes place without a risk assessment and only occasional checks when returning to the ward. There are also concerns about the cleanliness of the ward and that it is not autism friendly	Partially Upheld	There is a significant programme of work currently underway within the Trust focused on delivering the Neurodiversity Strategy, which includes specific developments within the inpatient setting. As part of this work, Autism Berkshire recently visited the hospital and provided initial feedback following a review of the wards. All wards have a sensory trolley has been introduced on each ward to enable patients to access sensory items that promote comfort, self-regulation, and wellbeing. Work is also progressing to ensure that all patients admitted to inpatient psychiatric wards receive a Care, Education and Treatment Review (CETR). This process has been initiated and continues to be developed to ensure consistency across all services. A Neurodiversity Project Group has also been established within the hospital to bring together staff involved in this area of work. The purpose of this group is to promote collaboration and to develop a clear, structured action plan setting out how the hospital supports neurodiverse individuals and each ward has its dedicated Neuro Diversity champion.	Environment, Hotel Services, Cleanliness
10232	Bracknell	Crisis Resolution and Home Treatment Team (CRHTT)	Pt triggered to complaint about an unanounced visit by CRHTT on xmas day has they have just received a Security management letter regarding behaviour	Not Upheld	The service followed their procedures and responded to all calls. Additionally, the sending of the zero tolerance letter was inline with policy	Attitude of Staff
10183	Wokingham	CMHT/Care Pathways	Neurodiverse pt sectioned on Rose Ward. States when on the ward pt was held down and given sedation medication. Dr attended a meeting with 3 other people following discharge without prior notice causing major stress and anxiety for the pt. Family also feel the pt should be under LD team and BEDS due to being v underweight	Partially Upheld	The patient was admitted on Rose Ward after much discussion around what the best environment would be for her as she did not meet the criteria for Campion Ward	Care and Treatment
10280	Windsor, Ascot and Maidenhead	Children's Occupational Therapy - CYPIT	Unhappy with EHCP report submitted by OT. Wishes to know 1.what ICB responsibilities are as info provided is not consistant with SEND code of practice. 2. why did the advise not meet SEND requirements 3. comminication issues to be prevented 4. If right to provide provider cannot provide advice where do organisation go? 5. Plan to obtain outcome-based advice in line with SEND for the pt	Partially Upheld	There is clear evidence of the patients name being misspelt. The OT report(s) did include information about strengths, needs, recommendations for strategies to be implemented. It lacked explicit detail about where advice/information had been taken from and was not explicit about how the recommendations were providing universal/targeted support which is part of the OAP for schools. It is widely accepted that in the absence of any new information, a report written within 6 months remains appropriate and relevant to submit for an EHCNA request.	Communication

10234	Bracknell	CAMHS - Specialist Community Teams	Passed around teams, told in July they would see a psychiatrist and still waiting despite being told they are at the top of the list - despite being given an appt, wishes this investigated formally	Not Upheld	The patient was seen quicker than the usual waiting time and they had assessments in multiple teams to ensure they were receiving the correct care	Waiting Times for Treatment
10313	Slough	Common Point of Entry	Insensitive MH professional	No Further Action	This moved to a clinical concern process	
10140	Slough	CMHT/Care Pathways	Psychiatrist made adjustments to medication but has been on A/L since leaving no clinical oversight. Pt has deteriorated significantly impacting physical health too. Lack of assistance from Crisis	Consent Not Granted	Not pursued, pt moved away	Care and Treatment
10264	Reading	CMHT/Care Pathways	Pt with paranoid schizophrenia has run out of medication, site mgr of hotel keeps calling and receives no call back	Not Upheld	No consent received, appt's sorted for pt who is happy	Medication
10195	Reading	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Family unhappy that Dr contacted DVLA to advise the pt should not be driving at the present time believes it to be a breach of professional standards	Not Upheld	The complainant accepted the apology, was reassured that we would share learning from his complaint with the wider team to continue to improve our service	Communication
10152	Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward	Concerns raised in relation to the patient being given an anticoagulant despite it being stated on his discharge summary that this should not be administered. This led to the patient being re-admitted to Wexham Park Hospital.	Partially Upheld	Medication incidents need to be recorded on Datix at the time and the DOC conversation must take place and be recorded on discovery of the incident. Allowing relatives to remain on the ward outside visiting hours to address concerns/issues should be considered on an individual basis.	Medication
10243	Reading	LD Intensive Support Team	Patient raising concerns in relation to bullying and harassment by staff	Not Upheld	Local resolution	Abuse, Bullying, Physical, Sexual, Verbal
10172	Wokingham	Community Hospital Inpatient Service - Windsor Ward	Family concerned about an incident in which a patient with dementia, Alzheimer's and a fractured pelvis was left unattended and soiled on the toilet for 30 minutes	Not Upheld	Not Upheld.	Care and Treatment
10126	Bracknell	Neurodevelopmental Services	Does not accept the ADHD report and remains disappointed with the assessment process ORIGINAL BELOW Unhappy the way the assessment to carried out and the report has inaccuracies, also sent to the wrong GP and surgery	Partially Upheld	1. The assessment report will be amended in line with the feedback provided and will be reissued. 2. Dr would be happy to offer a further appointment. 3. A brief summary report can also be provided . 4. The team have acknowledged that the experience did not meet the high standards they set for the service and reflected on the reasons for this and what would have provided a better experience. 5. GP details have been updated to ensure named GP is correct on RiO	Communication
10189	Bracknell	Talking Therapies - Admin/Ops Team	Pt states they have not been able to access employment support, they state it was rejected as they are under a secondary service not a primary service	Partially Upheld	The self referral was declined in line with policy however, it was found that the wording on the website could be improved to be clearer to patients.	Access to Services

10188	Bracknell	Mental Health Integrated Community Service	Lack of proper psychological support offered following breach of confidential information sent to the house without permission	Partially Upheld	The alleged breach of confidentiality and mishandling of personal information was not upheld because the sharing of information and details included, is more about clinical processes, standard service practice of sharing assessment details, findings and outcomes with the patient and their GP. A referral to trauma specialised services was not done at the time because the assessing psychologist and the patient, at the time, both agreed that it was not the right time to start any trauma work for personal and other factors. According to the email and records, the referral was declined as the patient and asked for it to be closed	Confidentiality
10225	Reading	Adult Acute Admissions - Snowdrop Ward	Physical assault from another pt on the ward. Complainant feels the pt should have been adequately safeguarded, wish to know if the police are involved	Case not pursued by complainant	Withdrawn	Abuse, Bullying, Physical, Sexual, Verbal
10270	Windsor, Ascot and Maidenhead	Mental Health Integrated Community Service	Lack of support from services whilst on the wait list for EMDR treatment	Local Resolution		Care and Treatment
10261	West Berks	Community Hospital Inpatient Service - Highclere Ward	Unhappy as believes there are outstanding points re clinicians attitude	Not Upheld	Not upheld - this is the final letter confirming that we are not responding further. Signposted to Talking Therapies for support.	Care and Treatment
10197	Windsor, Ascot and Maidenhead	Continence	Family feel suitable product is not being provided to the YP. the family wish 14 pads a day. Family wish compensation for pads bought	Partially Upheld	Continence products are being supplied in line with assessed needs however, there was no discharge letter sent to the complainant so this was outside of process	Support Needs (Including Equipment, Benefits, Social Care)
10210	Windsor, Ascot and Maidenhead	East Berkshire Wheelchair Service	Pt wants a lightweight wheelchair as seen on TV, but service will not support this. Concerns also raised in relation to information provided to age concern	Not Upheld	The patient has requested a lightweight wheelchair or powered chair similar to models he has seen advertised on television. However, these options fall outside the scope of equipment supported by the NHS under the Personal Wheelchair Budget (PWB) scheme. The Service has provided him with consistent and thorough care over the past several months, including liaison with relevant teams and exploration of all clinically appropriate and safe equipment options available through NHS provision. Three suitable options remain available to the patient should he choose to accept them. The Service is bound by established clinical criteria and safety regulations, which cannot be disregarded. All viable options have been carefully reviewed and presented. While the Service is unable to meet the patients specific expectations, every effort has been made to offer appropriate solutions within the framework of safe and approved NHS provision.	Attitude of Staff

10182	Wokingham	Crisis Resolution and Home Treatment Team (CRHTT)	Pt beleives their information was shared without permission to their spouse despite specifically requesting for this not to happen	Partially Upheld	It appears the wife was given some basic information regarding involvement but no evidence that staff shared as many details as complainant is reporting. It was found that there was poor communication with the complainant and internal processes not followed correctly regarding the discharge. This has been shared with the management team and staff involved. Staff appeared to take his tone and content of the calls as aggressive/abusive and terminated the calls. This has been raised with staff involved and their managers for reflection.	Confidentiality
10064	Wokingham	Crisis Resolution and Home Treatment Team (CRHTT)	Pt disputes the investigation and wishes a LRM ORIGINAL BELOW Pt feels Crisis East have left them isolated and vulnerable following a suicide attempt, an assessment and being discharged with suicidal thoughts. Pt feels the 2 staff members who visited lacked empathy and understanding	Not Upheld	The patient was not keen on medication; therefore, no medical review was offered. No psychiatrist assessment indicated because he reported that was resourcing that privately. No psychological pathway indicted because he was already having counselling through Priory privately. The transfer or discharge letter did mention that he was advised to self-refer to the Gateway Hub/Common Point of Entry if further mental health interventions were required. I included the contact for Gateway Hub/ Common Point of Entry in the letter.	Attitude of Staff
10162	Wokingham	Community Hospital Inpatient Service - Ascot Ward	Feels there are unresolved issues ORIGINAL COMPLAINT BELOW Complainant concerned that their father appeared covered in plasters and tape whilst on the ward and there was poor communication around his care. They also raised that the consultant was rude and ignored the families concerns about declining health which led to a transfer to the RBH	Partially Upheld	Learning around communication primarily. The tape where the cannula was placed could have been removed sooner.	Care and Treatment
10231	Reading	Adult Acute Admissions - Bluebell Ward	Fellow pt threw milk and water over pt. Complainant wishes toknow why the attacker is still on the same ward. Wish to know how will the pt be kept safe	Consent Not Granted	Not pursued as no consent given	Abuse, Bullying, Physical, Sexual, Verbal
10187	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Pt has concerns about care dating back to 2006 in Fairmile. Wishes to meet with HoS	Partially Upheld	This was a historic allegation that was addressed at the time however, safeguarding procedures were not followed but this has now been reported to the Police, in line with Policy	Care and Treatment
10190	West Berks	Crisis Resolution and Home Treatment Team (CRHTT)	Patient is unhappy about: weekend and out-of-hours psychiatric cover, a lack of support or risk assessment and reassurance that this will not happen again, including information about the correct process at a weekend.	Not Upheld	The call was terminated by the patient before full options could be explored CRHTT could have explored seeing the patient face to face either that evening or the following day	Care and Treatment

10199	Bracknell	Health Visiting	Complainant unhappy by an information disclosure that took place in a Child Protection conference in front of the person concerned without any prior warning. Feels this could have a potentially big impact on them	Partially Upheld	When the initial disclosure was made the HV advised that they would be making a referral to social care and would share this information and his concerns. It would be reasonable for the complainant to understand that he would be cited as the individual making the disclosure and he did not communicate his expectation of remaining anonymous. It is not part of the process to discuss anonymity and would be difficult to guarantee. Although the HV did not communicate with about how his disclosure might be used, they would be required to share this information with relevant partner agencies even without permission, in the interest of safeguarding the child. Best practice would be to share the report with the family prior to the ICPC, even by phone if a face-to-face meeting is not possible, but this did not happen. Discussion of the disclosure within the report with the complainants ex-partner prior to conference would have given her the opportunity to process this information.	Confidentiality
10227	Reading	Adult Acute Admissions - Daisy Ward	Past Care co-ordinator moved roles in LA and was now able to be part of the assessing team for MHA. Beleives they have been given forcably given insulin when it was not needed. Pt concerned about fire risks	Not Upheld	Psychoeducation to be offered to the complainant regarding mental health and physical health, including signposting the complainant to the advocacy services.	Care and Treatment
10186	Slough	Common Point of Entry	Thanked for thorough investigation but, doesnot think it is accurate, would like a copy of the recording IO listened to as they do not think the word 'empathy' described the call handler at all ORIGINAL COMPLAINT BELOW Referrals from GP triaged without speaking to the pt, meds changed that didn't need to be , in the pt's opinion. CRHTT staff with a poor unhelpful attitude to pt in crisis.	Not Upheld	Not Upheld	Care and Treatment
10196	Wokingham	IPS - Individual Placement support	Unhappy, feels the IPS worker is racist ORIGINAL BELOW Historic complaint raised oct 23 regarding IPS staff member allegedly being racist and unsupportive. Previously dealt with informally	Not Upheld	The investigation found that the situation was handled appropriately, the patients feelings regarding the matter were acknowledged and to try to avoid any further upset for the complainant, he was offered another worker within IPS to continue his support and to ensure he has no further interactions with the member of staff	Communication
10178	Slough	Crisis Resolution and Home Treatment Team (CRHTT)	Attitude of call handler increased pt's anxiety by repeatedly asking how to spell the person name and terminating the calls	Not Upheld	Not Upheld.	Attitude of Staff

10207	West Berks	Mental Health Integrated Community Service	Believes the response is wholly inadequate, factually dismissive of the pt's experience, and they do not accept it as a satisfactory resolution. ORIGINAL COMPLAINT BELOW Concerns about communication, unhappy with the way PALS handled concerns in June 24. Person named in the complaint was the person who called to sort this out. Caused further concerns, therapy given by a trainee, they want a senior clinician and they want to know why this was not handled properly before	Partially Upheld	The verbal complaint should have been passed to the service manager to respond to and not dealt with by SMHP the complaint was referring to. This has been identified as a learning point for administrative staff and the team members therefore this point is upheld. Complaint relating to delay in treatment and treatment being conducted by a trainee under supervision is not upheld and contradictory to evidence in notes and conversations with key members involved in care. To resolve, a review has been offered a review with a senior clinical psychologist and a medication review as he requested with a specialist pharmacist.	Communication
10256	Bracknell	CMHT/Care Pathways	Text re appt's being sent to the wrong phone number (NOK) complained before but still not sorted	Not Upheld	Concerns were by the RBH not BHFT	Confidentiality

Appendix 2: complaint, compliment, and PALS activity

All formal complaints received.

	2024/25						2025/26								
Service	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Q2	Q3	Compared to previous quarter	Q3 no. of contacts	% contacts Q3	Q4	Total for year	% of Total
Acute Inpatient Admissions – Prospect Park Hospital	8	3	11	5	27	11.74	8	6	8	↑	56	10.71		22	146.67
CAMHS - Child and Adolescent Mental Health Services	10	13	3	5	31	13.48	8	4	8	↑	1102	0.36		20	133.33
CMHT/Care Pathways	12	13	7	9	41	17.83	10	10	10	No change	1739	0.58		30	200.00
Common Point of Entry	2	3	0	1	6	2.61	0	1	4	↑	1290	0.08		5	33.33
Community Hospital Inpatient	4	4	4	1	13	5.65	1	5	1	↓	172	2.91		7	46.67
Community Nursing	6	3	1	1	11	4.78	1	3	1	↓	4808	0.06		5	33.33
Crisis Resolution & Home Treatment Team (CRHTT)	5	3	2	8	18	7.83	3	9	8	↑	1532	0.59		20	133.33
Older Adults Community Mental Health Team	1	0	0	1	2	0.87	0	1	0	↓	3271	0.03		1	6.67
Out of Hours GP Services	2	2	3	5	12	5.22	2	0	2	↑	1696	0.00		4	26.67
PICU - Psychiatric Intensive Care Unit	0	2	2	0	4	1.74	0	1	0	↓	2	50.00		1	6.67
Urgent Treatment Centre	1	0	0	0	1	0.43	0	0	0	No change	1137	0.00		0	0.00
Other services during quarter	17	18	17	12	64	27.83	18	18	18	No change	54888	0.03		54	360.00
Grand Total	68	64	50	48	230	100	51	58	60					169	

Informal Complaints received

	Month Received			
Division	October	November	December	Grand Total
Children Young People and Families		1	1	2
Mental Health	3	1		4
Mental Health Inpatients			1	1
Physical Health	3			3
Grand Total	**6**	**2**	**2**	**10**

Locally resolved concerns received.

	Month Received			
Division	October	November	December	Grand Total
Children Young People and Families	2	2	2	6
Mental Health East				0
Mental Health West				0
Physical Health	9	10	8	27
Grand Total	**12**	**12**	**9**	**33**

KO41a Return

NHS Digitals are no longer collecting and publishing information for the KO41a return on a quarterly basis but are now doing so on a yearly basis. We submitted our information when

requested however when reviewing the first annual report from NHS Digital, they are no longer reporting to Trust level. The Head of Service Engagement and Experience has queried this and is still awaiting a response in terms of being able to benchmark our activity.

Formal complaints closed

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

Outcome of formal complaints closed.

	2024/25						2025/26						
Outcome	**Q1**	**Q2**	**Q3**	**Q4**	**Total for year**	**% of 24/25**	**Q1**	**Q2**	**Q3**	**Q4**	**Higher or lower than previous quarter**	**Total for year**	**% of 25/26**
Consent not granted	0	1	0	0	1	0.53	2	4	4		No Change	10	5.71
Locally resolved/not pursued	0	1	1	0	2	1.07	2	3	6		↑	11	6.28
Not Upheld	19	24	29	14	86	45.99	24	19	26		↑	69	39.42
Partially Upheld	9	29	19	13	70	37.43	19	21	21		No Change	61	34.85
Upheld	12	3	7	3	25	13.37	8	10	1		↓	19	10.85
SUI	1	1	1	0	3	1.60	0	1	0		↓	1	0.57
Other	0	0	0	0	0	0.00	0	3	1		↓	4	2.28
Grand Total	**41**	**58**	**57**	**30**		**187**	**55**	**61**	**59**			**175**	**100.00**

37% of complaints closed last quarter were either partly or fully upheld (excluding those which were not completed through the formal complaint process. This is compared to 62% in Q2. These were spread across several differing services with no themes identified.

Complaints upheld and partially upheld.

	Main subject of complaint								
Service	Access to Services	Attitude of Staff	Care and Treatment	Communication	Discharge Arrangements	Medical Records	Confidentiality	Other	Grand Total
Adult Acute Admissions – Bluebell Ward								1	1
CAMHS - Common Point of Entry (Children)					1				1
CAMHS – Rapid Response				1					1
Children's Occupational Therapy - CYPIT				1					1
CMHT/Care Pathways		1	3	1		1			6
Community Hospital Inpatient Service – Ascot Ward			1						1

Community Hospital Inpatient Service – Henry Tudor Ward								1	1
Continence								1	1
Crisis Resolution and Home Treatment Team (CRHTT)		1					1		1
Eating Disorders Service			1						1
Health Visiting							1		1
Mental Health Integrated Community Service				1			1		2
Neurodevelopmental Services				1					1
Older Adults Inpatient Service - Orchid ward			1						1
Talking Therapies - Admin/Ops Team	1					1			1
Talking Therapies - PWP Team			1						1
Grand Total	1	1	7	5	1	1	3	3	22

Care and Treatment complaint outcomes.

	Outcome of Complaints about Care and Treatment			
Service	**Not Upheld**	**Partially Upheld**	**Upheld**	**Grand Total**
Adult Acute Admissions - Bluebell Ward	2			2
Adult Acute Admissions - Daisy Ward	1			1
Adult Acute Admissions - Rose Ward	1			1
CMHT/Care Pathways		3	1	4
Common Point of Entry	1			1
Community Hospital Inpatient Service - Ascot Ward		1		1
Community Hospital Inpatient Service - Highclere Ward	1		1	2
Community Hospital Inpatient Service - Windsor Ward	1			1
Crisis Resolution and Home Treatment Team (CRHTT)	2			2
CYP - ADHD	1			1
District Nursing	1			1
Eating Disorders Service		1		1
Integrated Pain and Spinal Service - IPASS	1			1
Older Adults Inpatient Service - Orchid ward		1		1

Talking Therapies - PWP Team			1	1
Grand Total	**12**	**6**	**1**	**22**

PHSO/LGO

The table below shows the PHSO activity since April 2024:

Month opened	Service	Month closed	Current stage
Sept-24	Community Dental Service	May	Closed
Sept-24	CMHT/Care Pathways	Ongoing	Closed
Oct-24	Older Adults Inpatient Service - Rowan Ward	Aug-25	Closed
Oct-24	IPS - Individual Placement support	June-15	Small financial remedy offered but declined
Dec-24	District Nursing	Ongoing	Documents sent to PHSO
June-25	Place of Safety	Ongoing	Documents sent to LGO
June-25	Place of Safety	Ongoing	Documents sent to LGO
Dec-25	District Nursing	Ongoing	Documents sent to PHSO
Dec-25	CMHT/Care Pathways	Ongoing	Requested documentation being collated

CQC

At the point of triage, the Mental Health Act (MHA) complaints team within the CQC will consider whether any of the concerns raised could be dealt with as an early resolution by Trusts.

The Early Resolution process is designed to provide people who are detained under the MHA with a swift, person-centred response to their complaints wherever possible. It is an additional step where they will ask Trusts to respond to them within 24 hours with either the resolution or a plan of when and how the issue is to be resolved. It does not replace the MHA complaints process and instead offers an opportunity for Trusts to quickly address concerns that can have an immediate impact.

In Q3 we received one complaint via the CQC relating to various aspects of a patients care including inadequate treatment and discrimination.

Compliments

The chart below shows number of compliments received into services; these are in addition to any compliments received through the iWGC tool.

Year	2024/25					2025/25				
Quarter	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Received	1237	1012	1289	1366	4904	1682	1285	1430		

Patient Advice and Liaison Service

PALS provides a signposting, information, and support service across Trust services within Berkshire. The service deals with a range of queries with an emphasis on informal resolution. PALS collaborates with the complaints team to triage queries which may merit a formal investigation.

PALS has continued to facilitate the 'Message to a loved one' service, which involves collating messages for patients, which are then delivered on the ward. This is available across all inpatient areas. The PALS Manager continues in the role Armed Forces Service Network champion and has taken up the role as Freedom to Speak Up champion. PALS also contributes to the co production planning for 16-25 project and trust sustainability work.

Arrangements have been made to attend community meetings on wards at Prospect Park Hospital and in the community. The PALS service conducts outreach at all hospital sites within the organisation. Visits have been held at Upton, King Edward V11 Wokingham St Marks and West Berkshire Community hospitals. This enables the PALS service to engage locally with patients, public and staff and ensure that relevant information is available to all.

A visit to the Wheelchair Clinic has been undertaken following an invitation to talk about PALS and PPI opportunities. PALS will also be attending the Patient Information Point at West Berkshire Community Hospital later this year for the same purpose. PALS attended the Community Appointment Day is Slough, which was organised by the MSK Physiotherapy service. This was an opportunity to engage with patients and staff as an adjunct to clinical care provided on the day.

The service currently reports on a quarterly basis and provides a SITREP weekly, highlighting open queries and themes. There were 392 queries recorded during Quarter 3 and these were acknowledged within the 5 working day target. The recording of queries has improved with the involvement of other team members. Team members have been working

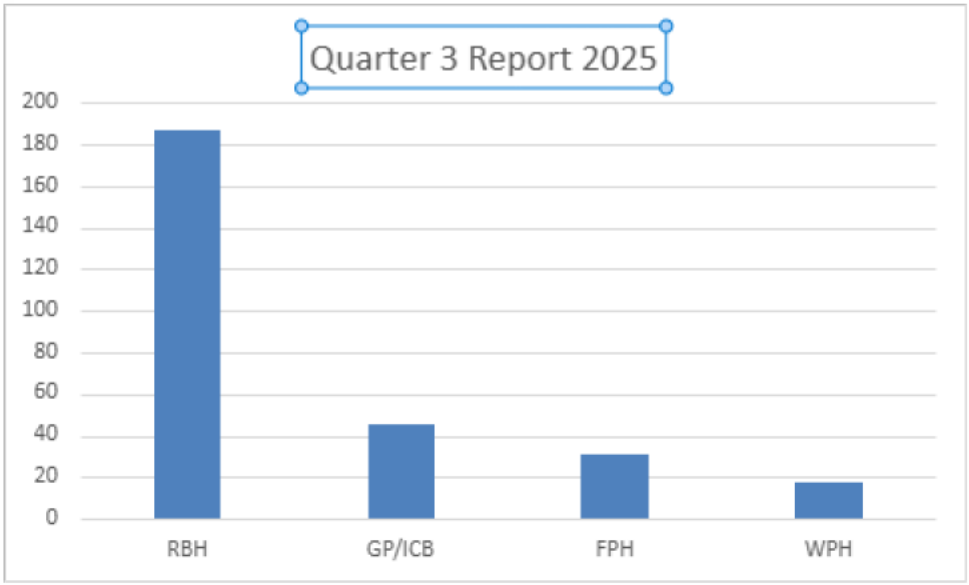
with the PALS Manager to familiarise with the response and recording processes. The volume of calls and e mails coming into the service continues to be high.

The Patient Experience Team has undertaken work to standardize and streamline the PALS process, to make it more user friendly for the wider team and enable the service to be covered consistently during the absence of the PALS Manager. Via the QMIS process we have implemented and updated Standard Works which help to provide consistency and continuity and adopted a skills matrix which highlights areas where individuals may need support. The PALS organisational policy has also been updated.

We have also refined the number of queries which need to be recorded on Datix, replacing this with a method which enables us to record more quickly and efficiently. To do this we have introduced Excel spreadsheets to capture queries which do not necessitate recording on Datix. These include queries relating to HR, Estates/Site Services, Access to Medical Records and Pensions/Finance.

To publicise the PALS service across the Trust, a meeting has been held with the Learning and Development team and the complaints manager. It has been agreed that the Patient Experience Team will be allocated space on the induction process. The Patient Experience Team will be convening to discuss the content to be put forward.

In addition, there were 326 non-BHFT queries recorded. Enquirers and complainants are signposted to the relevant organisation and liaison is conducted with other PALS services to address concerns. The PALS Manager visited the service at the RBH to promote collaboration and share best practice. Another member of the Patient Experience Team is consistently helping with the recording process to improve the rate of data collection.



The PALS Manager is completing Citizen Developer training with the aim of developing an automated response method when dealing with non BHFT queries. It is hoped that this will provide a timelier response for patients and the public and free up more time to develop our service.

PALS recorded queries from a wide range of services and the services with the highest number of contacts are in the table below:

Service	Number of contacts.
CMHT/Care Pathways	35

CYP ADHD	17
Physiotherapy MSK	14
CYP AAT	10
Physiotherapy (adult)	10
Neuropsychology	7
Integrated Pain and Spinal Service.	7

Appendix 3

15 Steps; Quarter Three 2025/26

During quarter three, there were 6 visits:

Mental Health Services Division		
Prospect Park Hospital		
Ward	**Positives**	**Observations**
Oakwood	Sign in book. Staff were welcoming. Up to date picture board. Ward was busy but appeared calm. Clear how many staff were on duty and grades. Lots of evidence of QI work and acting on feedback. The use of the triangular signs on individual rooms were good regarding dietary requirements. IWGC information good and acted on feedback.	Took a couple of minutes to be let in. There was no one on the reception desk. Thank you cards visible, but some were not recent. Directors' poster was out of date – these are being updated across the whole hospital. The fire alarm system in the entrance area had a key in one bit and not another. As there were tables and chairs around it was unclear whether this was a risk that someone could remove it or whether it should be there. Also, should there have been a key in the other lock. Therefore, it was unclear whether there was a risk. There were no instructions i.e. 'do not touch' but there was a folder available. This was fed back to the nurse in charge and after the visit the ward they confirmed that the key had been removed. Patient said that she had not received information about her condition that she had requested a few times. Understood that staff were busy.
Orchid	We were let in by a student nurse. Clear how many staff were on the ward and ratios. Clear which staff member was looking after which patients. Appeared busy but calm. Ward was clean and tidy. IWGC results visible QI work visible. Thank you cards visible and displayed. Liked the positive feedback on the orchid template and laminated for longevity.	Student omitted to let NIC know we were on the ward. He apologised later as he had let other people into the ward. We explained who we were. Hand gel dispenser was empty but were unsure whether this was due to a risk of visitors/patients using it inappropriately or if it had just not been replenished. Possibly student should have had clear information on letting visitors into the ward and processes. This feedback was shared to the nurse in charge who is following up about the hand gel, and sharing the importance of visitor processes as part of handover moving forward.

Place of Safety	Let in by care staff who verified who we were. Not able to access without access from staff. Staff were welcoming and informative. Unit was full but did not feel rushed or pressured. NIC knowledgeable on admission criteria.	Unit very cramped in staff area with little storage. NIC informed us that the unit would be moving to a purpose-built facility elsewhere in the hospital early December.
Physical Health Services Division		
Community Inpatient Wards		
Ward	**Positives**	**Observations**
Jubilee	We were welcomed to the ward with a smile from all the staff that we met. The Ward Manager knew about 15 Steps and was knowledgeable about the ward. There is a staff photo board near the entrance to the ward. The ward appeared busy but calm. Both patients and staff positively described the layout. Information on staffing was clearly visible. Information for staff and patients is visible. Staff were seen interacting with patients on the ward, who appeared settled and happy. A wonderful noticeboard celebrating staff.	It seemed a little chaotic around the re-gen trolley as lunch was being served. The throughfare between the wards was narrow and at times, congested with people. Could not see iWGC posters; did see this being completed by a patient in paper form. The leaflet rack appeared cluttered and not easily accessible. Would be good to have something similar and as prominent for patients and carers. The nurse in charge welcomed the feedback and recognised that both wall and floor space on the ward was limited. They are going to review the patient information that they have available.
Community Physical Health Services		
Service	**Positives**	**Observations**
Physiotherapy, Upton	Staff we saw were welcoming and friendly. There is a staff photo board with names and roles.	The first aid box was visibly out of date. Some of the information was out of date. It would be helpful have this updated. The tablet was in sleep mode and when prompted the iWGC app would not launch.

	The reception area was busy, with lots of information. There was a lot of patient information. The clinical cubicles were clean, well laid out and set up ready for the next patient. 'You Said, we Did' is colourful with patient quotes. Information that is relevant to patients is easily accessible. Staff are knowledgeable about the service, what it provides and how it adapts based on patient need. There are opportunities to give feedback readily available through paper surveys and the QR codes for iWGC are visible.	The team lead covering that day was receptive to the feedback, particularly about out of date information and the first aid box being checked. The Patient Experience Team have since been in touch with the service about the ipad to see about adjusting the sleep mode activation.
Physiotherapy, Foundation House, Windsor	Staff we saw were welcoming and friendly. There is a staff photo board with names and roles. The reception area was clean, and clear of clutter. There was relevant information on the walls. The admin area staff work in is not cluttered. The clinical cubicles were clean, well laid out and set up ready for the next patient. The clinic and waiting area were calm. Doors were clearly labelled. 'You Said, we Did' is colourful with patient quotes. Information that is relevant to patients is easily accessible. Staff are knowledgeable about the service, what it	It would be helpful to add a time period for the results. The Patient Experience team has investigated the sleep mode of the tablet. There is an out of date QR code on one poster to be removed. The receptionist said that she would feed this back to the service (as it a shared reception on site).

	provides and how it adapts based on patient need. There are opportunities to give feedback readily available through paper surveys and the QR codes for iWGC are visible.	

NHS
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Report to Council of Governors

For Quarter 3 2025/6

March 2026

Julian Emms

Chief Executive Highlights Update

Berkshire Healthcare NHS Foundation Trust

Local:

- **Pheonix Unit Enhanced Outdoor Space-**The Phoenix Unit courtyard has been transformed into a vibrant therapeutic garden. It now features a covered teaching area, sensory planting, and a colourful biodiversity zone. This redesigned space supports wellbeing, creativity, and meaningful outdoor therapy for children, young people, and staff who use it.
- **Berkshire Healthcare Charity** - over 300 Christmas presents were donated, wrapped and delivered to children across Berkshire. Gifts also brightened the days of elderly patients on our wards at West Berkshire Hospital.
- **Equity Partnership Group Launched-** The Group consisting of independent experts and community leaders, will provide challenge, accountability, and lived experience insight at a strategic level. Their role is to make sure the voices of undeserved communities shape our decisions, our services, and our long-term plans.
- **Race Equality Week (2nd-8th Feb) –** Brought together staff across the Trust to reflect on our anti-racism journey and engage in meaningful learning, conversations, and action. Throughout the week, colleagues took part in events focused on microaggressions, allyship, cultural awareness, and practical ways to advance race equality in our workplace.

Local continued:

- **CAMHS Young People's Group** – held it's first meeting on 25th Feb and offers the chance for anyone aged 13-25 who have ben open to our CAMHS services the opportunity to share views and ideas to help shape our work.

National:

- **New National Mental Health Director –** Nick Broughton Nick Broughton, the Chief Executive of Buckinghamshire, Oxfordshire and Berkshire West ICB and Frimley ICB, , has been appointed to the role, pending final Treasury approval. Nick plans to continue in his existing role as they merge inro the Thames Valley ICB in April 2026.

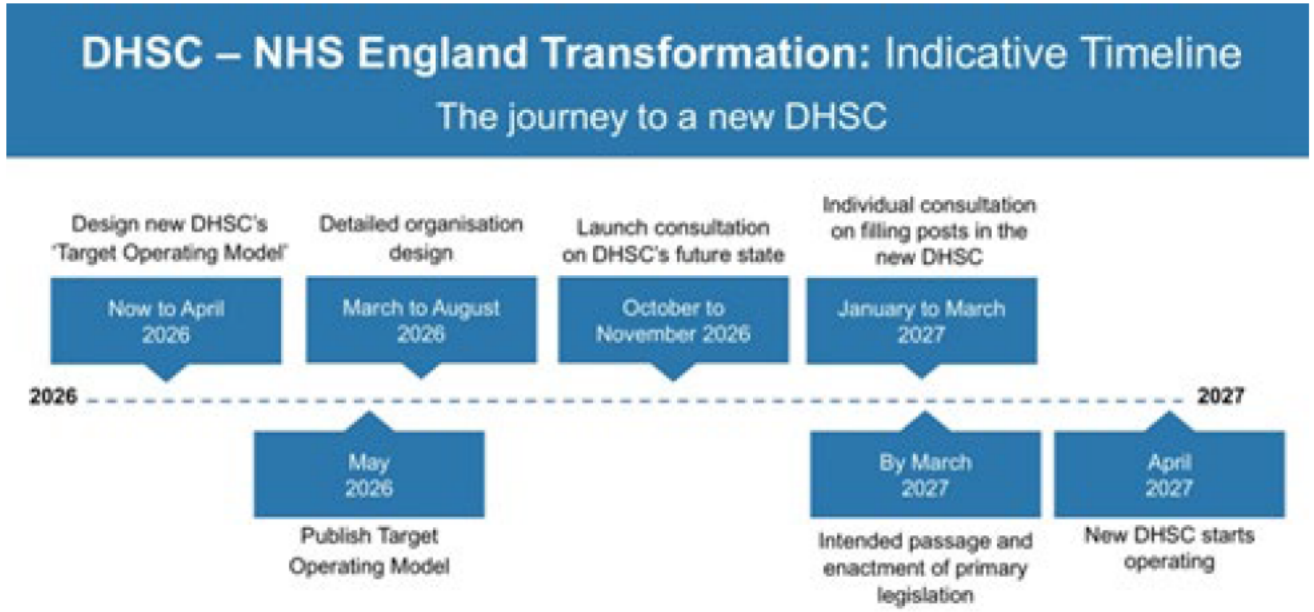
- **New CEO for Royal Berkshire announced** - James Blythe, interim CEO of the St George's, Epsom and St Helier Hospital Group, will replace Steve McManus as CEO of Royal Berkshire FT when he retires this summer.

National continued:

Berkshire Healthcare
NHS Foundation Trust

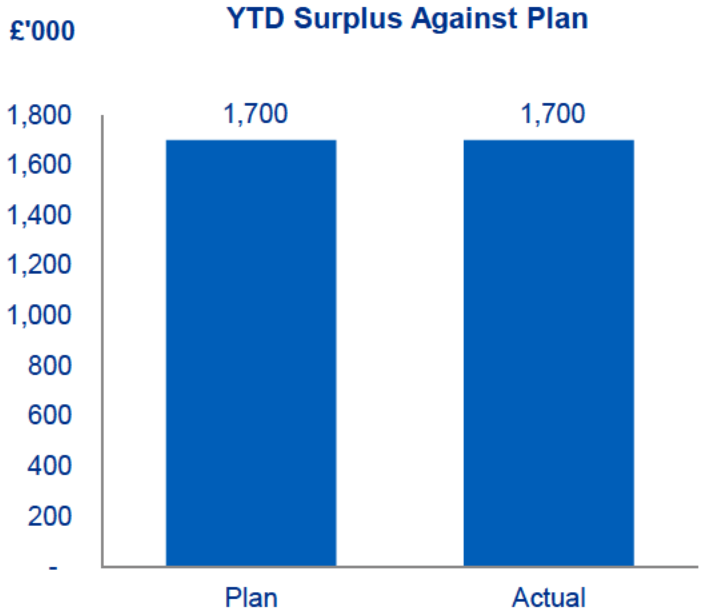
- **NHS Providers and NHS Confederation** have announced they are merging with the new organisation launching in April 26. Sir Ciarán Devane has been appointed chief executive of the new body having previously chaired the Ireland's public healthcare system.

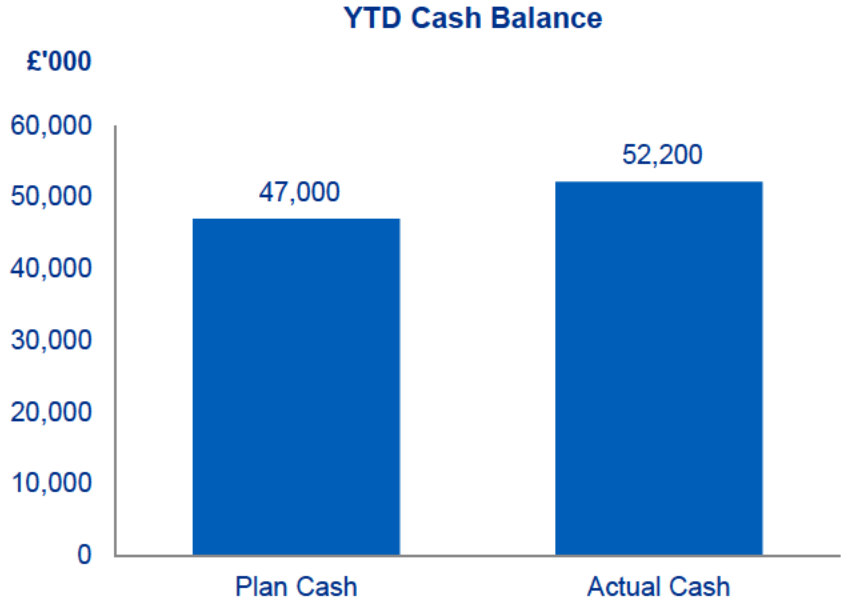
- **Department of Health and Social Care and NHS England have issued the timetable for merging their functions**

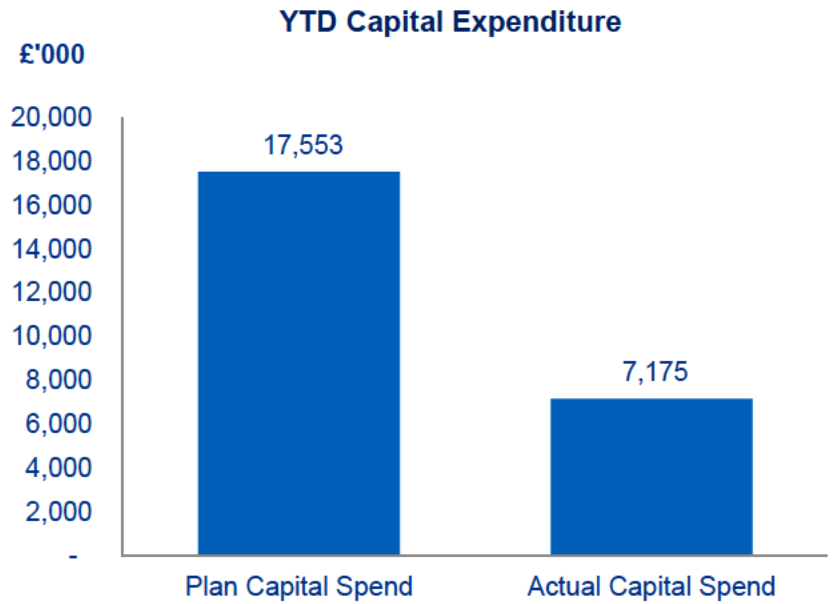


Financial Summary – 31st December 2025

Berkshire Healthcare NHS Foundation Trust







Year to Date

The Trust has delivered a surplus of £1.7m against a planned surplus of £1.7m

The efficiency program has delivered efficiencies of £13.1m against a YTD plan of £13.1m

Cash

Our cash balance at the end of Q3 is £5.2m better than plan

Capital Spend

The capital plan is £10.4m behind Capital Departmental Expenditure Limit control total and £10.8m behind plan including all spend. This relates to phasing in spend on the Jubilee programme and backlog maintenance.

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True North Performance Scorecard Driver Metrics

March 2026

Driver Metrics

Berkshire Healthcare
NHS Foundation Trust

			Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sept-25	Oct-25	Nov-25	Dec-25
Breakthrough Rapid Tranquilization (Intra-Muscular)	39	Internal	48	20	58	56	62	43	33	89	47	52	56	55
			Good Patient Experience											
Positive Patient Experience Score %	95% compliance	External	95.19%	95.89%	95.39%	94.52%	94.71%	94.79%	96%	95.03%	86.09%	80.90%	89.70%	94.69%
Patient Experience Compliance Rate %	10% compliance	External	5.89%	7.29%	7.79%	8.5%	7.79%	8.69%	8.90%	8.40%	5.80%	8.79%	8.40%	10%
			Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sept25	Oct25	Nov25	Dec25
Breakthrough Mental Health: Acute Average Length of Stay (bed days)	<42	External	42.25	40.04	63.10	30.75	32.84	55.28	49.85	42.96	38.78	47.15	46.41	54.04
			Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sept25	Oct25	Nov25	Dec25
Breakthrough Mental Health: Older Adult Average Length of Stay (bed days)	<80	External	95.33	77.45	87.56	82.15	109.82	81.82	81.86	73.33	109.60	99.00	92.57	119.50
			Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sept25	Oct25	Nov25	Dec25
Breakthrough Community Inpatient Average Length of Stay (bed days)	<21	External	26.04	24.12	23.90	25.05	23.71	23.95	22.35	23.12	25.34	25.61	22.35	23.17

Driver Metrics

Berkshire Healthcare
NHS Foundation Trust

Supporting Our People

Metric	Target/Threshold	External/Inter..	Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sept25	Oct25	Nov25	Dec25
Breakthrough Physical Assault on Staff	36 per month	Internal	50	60	92	97	58	101	89	89	69	67	96	52

	Target/Threshold		Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25
Staff turnover (excluding fixed term posts)	10%	External	11.57%	11.16%	11.09%	10.59%	10.44%	10.07%	10.02%	10.29%	10.35%	10.29%	10.28%	10.19%

Efficient Use of Resources

	Target/Threshold													
YTD variance from control total (£'k) (NOF Scoring)	0	External	-3000	-3000	-3000	0	0	0	0	0	0	0	0	0

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

Driver metrics

Berkshire Healthcare NHS Foundation Trust

Rapid Tranquilisation - there were **55 incidents** for December 2025, a slight reduction from November 2023. 33 incidents relate to self-harm. Top contributor was Rose ward with 30 incidents. Reviewing data from self-harm breakthrough project to see if counter measures from that still being used and whether they need to re-look at them for wards. Bluebell second top contributor. Other reasons for use of Restrictive interventions include assaults and physical damage. Turbo 10 learning sessions weren't being used consistently to learn from incidents.

Acute Mental Health Length of stay increased to **54.04 days** in December 2025. Top contributor was Rose ward with an average length of stay of 79.9 days, where one patient length of stay was 468 days. There has also been an increase in bed days lost for those clinically ready for discharge particularly for placements and Local Authority Funding Panel processes have changed. The wards are looking to increase discharge activities and to have counter measures in place by March 2026. Those on Psychosis pathways are staying longer and. a rapid improvement event to look at psychosis pathways is planned for March 2026. A multi agency discharge event took place during the period 2nd February 2026 to 6th February 2026.

Driver metrics Continued

Berkshire Healthcare NHS Foundation Trust

Older Adult Length of stay – **Increased to 119.5**. Orchid ward was the top contributor with an average length of stay of 165 days, Rowan ward 89.17 in December 2025. One patient stayed 247 days. Demand for beds has been high. Multi disciplinary team actions and targeted huddle and performance board support within the team started in January 2026.

Physical Assaults on Staff -This **reduced to 52** in December 2025. Sorrel ward was the top contributor with 17 incidents, followed by Place of Safety with 7 incidents. Campion and Bluebell had 4 incidents each. The teams are gathering data on the effectiveness of their counter measures.

Inappropriate Out of Area Placements – these increased to 6 at the end of December 2025 due to sustained high bed pressures. A **multi agency discharge (MADE) event** took place at Prospect Park in from 2nd -6th February 2026. This is a collaborative initiative to look at improving patient flow and discharge processes across healthcare systems. Key components include:-

- **Collaboration** – health and care work together to identify and address barriers to discharge.
- **Patient Feedback –** This involves expert patients to ensure that the patients and carers voices are heard
- **Implementation –** Took place 2nd to 6th February 2026
- **Learning and Improvement –** After the event document challenges and actions to improve processes and patient outcomes.

Driver metrics continued

Berkshire Healthcare NHS Foundation Trust

iWantGreatCare – response rate **improved to 10%** and was at target but the patient experience score reduced to 94.69% and was below the 95% target, this was driven by the Mental Health score of 89.2% - feedback showed

What's working well

- Staff kindness, compassion, and professionalism
- Patients feel listened to and supported
- High-quality therapeutic interactions
- Clear explanations (when given)

What needs improvement

- Involvement in care decisions
- Information and communication
- Consistency between staff experiences
- Avoiding perceptions of being rushed or dismissed
- Offering alternatives to medication
- Providing longer or more frequent sessions where possible

Board Assurance Framework 2025-26 – Risk Descriptions

Berkshire Healthcare
NHS Foundation Trust

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

Board Assurance Framework Continued

Berkshire Healthcare
NHS Foundation Trust

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

Board Assurance Framework Continued

Berkshire Healthcare NHS Foundation Trust

Strategic Ambition	Risk Description
Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value **Patient Safety** We will reduce waiting times and harm risk for our patients	**Risk 7– Digital Risk** There is a risk that using unapproved software (including AI solutions) could put patients at risk of potential misdiagnoses or other harmful outcomes. There is also a risk of cyber-attack which could compromise systems leading to unavailability of clinical systems which could impact on patient safety, loss of data, ransom demands for data and mass disruption
Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value	**Risk 8 - Sustainability** There is a risk that the Trust's will not be able to deliver its Green Plan due to a lack of resources including access to capital funding and a focus on short rather than long term initiatives.

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

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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