

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 11 June 2025
starting at 10.30am

(Conducted via MS Teams)

There will be a governor pre-meeting at 9.45

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	Welcome & introductions	Chair	1
2.	Apologies for Absence	Julie Hill, Company Secretary	1
3.	Declarations of Interest	All	1
4.1	Minutes of Last Formal Meeting and the of the Council of Governors (including the minutes of the private meeting) Minutes of the Extraordinary meeting held on 7 May 2025	Chair	1
5.	Uncontested Public Governor Election Results (enc)	Julie Hill, Company Secretary	1
6.	NHS Staff Survey Results Presentation (enc0	Jane Nicholson, Director of People	10
7.	Mental Health Services “One Team” Presentation (this will also highlight how developments in the One Team approach link with the Forbury Gardens Incident Prevention of Future Death actions)	Theresa Wyles, Interim Chief Operating Officer, Jayne Reynolds, Director of Delivery, Sue McLaughlin, Clinical Director and Reuban Pearce , Lead Consultant Nurse	20
8.	Minor Changes to the Trust’s Constitution (enc)	Julie Hill, Company Secretary	5
9.	Committee/Steering Groups Reports: a) Membership & Public Engagement (Enclosure) b) Quality Assurance Group (Enclosure) c) Living Life to the Full (Enclosure)	Committee Group Chairs and Members	5

10.	Executive Reports from the Trust 1. Patient Experience Quarterly Report <i>(Enclosure)</i> 2. Performance Report <i>(Enclosure)</i>	Elizabeth Chapman, Head of Service Engagement and Experience Julian Emms, Chief Executive	10
11.	Governor Feedback Session <i>This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended</i>	Martin Earwicker, Chair	2
12.	Any Other Business	Martin Earwicker, Chair	2
13.	Dates of Next Meetings <ul style="list-style-type: none"> 16 July 2025 – Notice of an Extraordinary meeting* to appoint a new Trust Chair – this will be followed by the Joint Non-Executive Directors and Council of Governors meeting <i>*If the Appointments and Remuneration Committee are unable to make a recommendation for the appointment of a new Chair, the extraordinary meeting(s) will not be required.</i>	Martin Earwicker, Chair	1

Minutes of the Council of Governors Meeting held on

Wednesday, 12 March 2025 at 10.30am

(Conducted via MS Teams)

	<p>Present: Martin Earwicker, Chair</p> <p>Public Governors: Brian Wilson John Featherstone Fiona Price Ros Crowder Graham Bridgman James Cuggy Baldev Sian Madeline Diver Sarah Croxford George Matthew Ian Germer Debra Allcock Tyler Jon Wellum</p> <p>Staff Governors: Guy Dakin Marcella Browne Anne Jumba</p> <p>Appointed Governors: Cllr George Shaw</p> <p>In attendance: Julian Emms, Chief Executive Mark Day, Non-Executive Director Naomi Coxwell, Non-Executive Director Julie Hill, Company Secretary Cheryl Gardner, Deputy Executive Office Manager & Executive Business Assistant</p> <p>Guests: Elizabeth Chapman, Head of Service Engagement & Experience Mark Davison, Chief Information Officer Sarah Sollesse, Clinical Services Manager Digital & Support Services Talking Therapies</p>
1.	Welcome and Introductions
	Martin Earwicker, Chair welcomed everyone to the meeting and particularly welcomed to Marcella Browne to her first meeting as Staff Governor.
2.	Apologies for Absence
	Tom O’Kane, Hilary Doyle, Babs Evetts, Sarah Collin, Michael Karim, Alun Griffiths and Patrick Clarke.
3.	Declarations of Interest
	None declared.

4.1	Minutes of Last Formal Meeting of the Council of Governors and Matters Arising – 4th December 2024
	The minutes the meeting held on 4 th December 2024 were approved as a correct record of the meeting.
5.	Silver Cloud Direct to Digital Presentation
	<p>The Chair welcomed Sarah Sollesse, Clinical Services Manager, Digital & Support Services - Talking Therapies to the meeting.</p> <p>Sarah shared a presentation and highlighted the following</p> <ul style="list-style-type: none"> - SilverCloud is a digital mental health programmes for use online to support our patients - Programmes provide patients with flexible access to a variety of tools and information to support their mental health and wellbeing - A wide range of programmes are available including depression, anxiety, sleep, stress, panic, money worries and employment - Programmes can be used in a variety of ways: <ul style="list-style-type: none"> • Offered whilst patients wait for, or at the end of, treatment • Offered as part of treatment with support to work through the programme • Offered alongside treatment as an additional resource <p><i>(the level/type of support offered will depend on how the programme is offered)</i></p> <p><u>SilverCloud Journey</u></p> <ul style="list-style-type: none"> - 2014 Introduced to SilverCloud by Talking Therapies - 2015 Collaborative development Talking Therapies - 2017 Rapid growth and further product development - 2018 Randomised Control Trial - 2022 Broader Trust expansion - 2023 Employment Support programme Direct to Digital - 2024 RiO integration <p><u>Overview</u></p> <p>67,735 invites sent and 51,915 accounts created - 65% Average recovery rate for Talking Therapies</p> <p><u>Details of User Logins</u></p> <p>Average number of logins per user: 18 Average duration of logins: 10 minutes Total login time per user: 3 hours 7 minutes Average reviews per user: 3</p> <p><u>Programme utilisation</u></p> <p>31% - Space from Depression (Adult) 2,026 28% - Space from Generalised Anxiety Disorder (Adult) 1,847 8% - Space from Anxiety (Adult) 527 8% - Space from Stress (Adult) 507 3% - Space from Resilience (Adult) 220 3% - Self-Management Toolkit (Adult) 198 18% - Other 1,170</p> <p><u>Patient feedback</u></p> <p>High levels of patient satisfaction on the modules. Low-level satisfaction information can be accessed to identify areas for improvement.</p> <p><u>Cost effectiveness</u></p> <ul style="list-style-type: none"> - No additional cost of producing or sending materials - Reduced Session Numbers - Increases therapist capacity (reduce wait times) - Value for money

- Reduced time per session
- Quick access to start
- Session delivery method and administration

Benefits of SilverCloud

- Flexibility for patients and staff
- Excellent recovery rates in Talking Therapies (higher than national average), Positive initial finding from broader application
- Evidence based treatment (depression and anxiety National Institute of Clinical Excellence)
- Employment support focus in programmes and as a specific programme
- Low cost with opportunity to reduce cost further with growth
- Integration with BHFT main patient record systems RIO and IAPTUS
- Expansion to other mental health and physical health services across the Trust
- Reduces inequality through accessibility to wide populations within Berkshire
- Positive patient feedback

Future aims

- Provide access for more Berkshire Healthcare Foundation Trust services including Op Courage, physical health etc.
- Further integration with RIO for supported programmes to increase efficiency
- Broader use of the population approach and working with partners including GPs to provide quick access to support
- Increased programme content including a new carer programme
- Working with SilverCloud to develop more content for new areas including Menopause and Emotional regulation

Guy Dakin reported that he accessed this service online during the Covid Lockdown and found it very helpful.

Madeline Diver asked if only Talking Therapies patients can access the service or if there are other areas where it can be offered.

Sarah Sollesse reported that Talking Therapies had the highest number of users as this was where it was initiated and said that other areas where the service could be offered were under review.

Anne Jumba asked how we can support patients who were unable to reach out to Talking Therapies and GPs to access the service.

Sarah Sollesse agreed that more work was needed to support all members of the community and confirmed that this was in the future plan.

Sarah Croxford asked how we can ensure we reach across our population and demographic so they can use this service.

Sarah Sollesse reported that making the service more accessible to harder to reach groups was challenging.

The Chair commented that many people that would benefit are those that cannot get access for a variety of issues i.e. languages, neurodivergent.

Jon Wellum asked as the service was expands to providers, how was security of users' data protected.

Julian Emms reported that the Chief Information Officer had looked at the levels of data security of external providers to ensure they had the required level of data security.

	<p>Julian Emms asked when the service expanded e.g. Trauma, PTSD there may be a danger where recovery rates were lower than face to face but the credibility of the platform might be impacted by lower recovery rates.</p> <p>Sarah Sollesse reported that the programmes were designed for Talking Therapy Services and as it expanded this could dilute the reputation of the service.</p> <p>Naomi Coxwell asked for clarification if SilverCloud and Talking Therapies were available widely and was not just used by the Trust.</p> <p>Sarah Sollesse confirmed that the service was widely used by Talking Therapies providers. Research was taking place with various services including secondary care to develop the service.</p> <p>Ian Germer asked how often patients re-used the service post recovery.</p> <p>Sarah Sollesse confirmed that three month follow ups were provided and if required further follow ups were available through Talking Therapies and patients had access to the programme for 12 months.</p> <p>The Chair thanked Sarah and her colleague for their work and for the presentation.</p>
6.	Trust's Digital Strategy Presentation
	<p>The Chair welcomed Mark Davison, Chief Information Officer to the meeting.</p> <p>Mark shared a presentation and highlighted the following</p> <p><u>Our Digital Vision</u></p> <ul style="list-style-type: none"> • Optimise How we work <i>See and treat more patients whilst improving the quality of care we provide</i> • Empower our Patients <i>Improve patients access to care and help them to manage their own health</i> • Enable our People <i>Support our people to build a digitally ready workforce</i> <p><u>Summary of Progress</u></p> <ul style="list-style-type: none"> • The most digitally mature Trust in the country (as measured by NHS England's annual assessment) and the first Healthcare Information and Management Systems Society level 5 mental health and community provider. • Substantial aid provided to other Trusts • Total expenditure on all digital services is forecast to remain at 2021 level • A few duds explored... for patient chatbots, medicines management, social prescribing, social media health-behaviour nudging, etc. • New opportunities for artificial intelligence • Some Key Projects are currently in progress <p>Baldev Sian asked how this linked with primary care as there appeared to be a disconnect with work the Trust was doing but patients may not have access to these services at a GP level.</p> <p>Mark Davison reported that there were gaps in the system and confirmed that GPs can view the Trust's IAPT and Rio records using EMIS.</p> <p>The Chair thanked Mark for his presentation.</p>
7.	Election Report - New Clinical Staff Governor
	<p>Julie Hill formally welcomed Marcella Browne as Clinical Staff Governor.</p>
8.	Committee/Steering Groups

Reports:

a) Membership & Public Engagement

The report was taken as read.

- Working with MarComms relating to additional members from under-represented populations in the community

b) Quality Assurance Group

The report was taken as read.

- Thanks to Hilary Doyle who had agreed Co-Chair the Group
- ADHD Pathway Updates and Referrals investigations, conversations ongoing on changes to referral to treatment pathways and the impact on patients
- Patient Experience Complaint Reports - looking into output of data and whether it is providing information based on local feedback

Julian Emms reported that approximately 60% of referrals met the criteria and if there was a concern for a child with neurodiversity, they would be expected to start supportive work. The criteria for assessments was NICE approved it was the sequencing that had changed. Children with the greatest need would be prioritised. Berkshire was seeing the highest level of ADHD in the country.

c) Living Life to the Full

The report was taken as read.

- Joint mental health care and follow up by Social Services and healthcare staff which involves community engagement, drop ins and how these are run. Regular follow ups on patients that have progressed to reintegrate into the community. Opt-in/Opt-out service which patients can refer themselves back into and get support.

The Chair thanked the Sub-Committee Chairs for their reports.

Executive Reports from the Trust

1. Patients Experience Quarter 3 Report

The paper was taken as read.

The Chair welcomed Elizabeth Chapman, Head of Service Engagement and Experience to the meeting.

Elizabeth gave a presentation and highlighted the following points

Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Distinct patient numbers (inc patient discharges)	Number	151,330	169,235	221,601	
Number of iWGC responses received	Number	9,149	9,041	9,921	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	6.04%	5.34%	4.48%	
iWGC 5-star score	Number	4.78	4.80	4.80	
iWGC Experience score – FFT	%	94.1%	94.5%	94.7%	
Compliments received directly by services	Number	1237	1012	1289	
Formal Complaints Rec	Number	68	64	50	
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	3	13	12	
Formal Complaints Closed	Number	41	59	57	
Formal complaints responded to within agreed timescale	%	100%	100%	100%	
Formal Complaints Upheld/Partially Upheld	%	51%	55%	50%	
Local resolution concerns/ informal complaints Rec	Number	28	42	53	
MP Enquiries Rec	Number	5	6	6	

Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	7	4	6	
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IWGC

Particularly well:

- Involvement and support for family and carers
- Emotional support and empathy shown by staff

Opportunities for improvement:

- Continuity of care and transitions
- Clear information, communication and support for self-care

Complaints/PALS

Prospect Park Hospital saw the highest increase, multiple from the same person

Outcome of complaints: 46% of complaints closed last quarter were either partly or fully upheld in the quarter (compared to 55% in Q2 and 51% in Q1)

CQC: The Early Resolution process is designed to provide people who are detained under the MHA with a swift, person-centered response to their complaints wherever possible. **1 complaint received.**

PHSO: contacted about 2 new potential cases and one opportunity to resolve locally

PALS: 705 + 338 non-Trust contacts

Other activity

- Lived Experience Workforce programme and Awayday - 33 posts
- 15 Steps; dates for the year
- Actively part of the BOB Neurodiversity Forum - information circulated to QAG
- Positive feedback from a PSP who sits on QPEG
- Co-production - direction setting, clarity and enabling
- Patient Experience Framework published 19th February 2025

Fiona Price asked if there is an opportunity to brief local voluntary organisations on where to go for support.

Elizabeth Chapman noted this and will take back to the team to action.

The Chair thanked Elizabeth for her report.

2. Performance Report

The paper was taken as read.

The Chair welcomed Julian Emms, Chief Executive to the meeting and thanked him for his report.

3. Annual Plan on a Page 2025-26

The paper was taken as read.

Julian highlighted the following

- Trust Chief Executives had been invited to a meeting in London relating to the dismantling of NHS England. The Secretary of State for Health and Social Care will have control of day to day running of the NHS.
- Berkshire Healthcare was in a better financial position than some other Trusts.
- Local authority devolution and the removal of two-tier authorities, County Councils and District Councils, to become unitary authorities which will create greater delegated authority for areas.

Fiona Price asked for a view of the current risks with the changes of devolution and Integrated Care Board restructuring, particularly relating to the Buckinghamshire,

	<p>Oxfordshire and Berkshire West Integrated Care Board and NHS England and what we can plan in advance.</p> <p>Julian Emms reported that the Trust was aware of the importance of focusing on our patients and staff and collaborating with local government and other organisations will be key to this.</p> <p>The Chair thanked Julian for his report.</p>
10.	Governor Feedback Session
	<i>This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended.</i>
11.	Any Other Business
	None.
12.	Dates of Next Meetings
	<p>7th May 2025 - Notice of an Extraordinary meeting* to appoint a new Non-Executive Director to replace Naomi Coxwell - this will be followed by the Joint Trust Board and Council of Governor's meeting - In person/Hybrid meeting</p> <p>11th June 2025 - Formal Council Meeting - MS Teams</p> <p>16th July 2025 - Notice of an Extraordinary meeting* to appoint a new Trust Chair - this will be followed by the Joint Non-Executive Directors and Council of Governors meeting - In person/Hybrid meeting</p> <p><i>*If the Appointments and Remuneration Committee are unable to make a recommendation for the appointment of a new Non-Executive Director or a Chair, the extraordinary meeting(s) will not be required.</i></p> <p>24th September 2025 - Formal Council Meeting - MS Teams</p> <p>12th November 2025 - Joint Trust Board and Council of Governors Meeting - In person / Hybrid meeting</p> <p>3rd December 2025 - Formal Council Meeting - MS Teams</p>
13.	CONFIDENTIAL ISSUE: To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.
	Discussed in Private Meeting.
14.	Non-Executive Directors - extension to terms of office
	Appointment of a New Senior Independent Director
	Discussed in Private Meeting.

COUNCIL OF GOVERNORS

**The confidential private meeting was held at the end of the meeting on
12 March 2025**

(conducted via MS Teams – meeting not recorded)

Present: Martin Earwicker, Chair

Public Governors: Brian Wilson
John Featherstone
Fiona Price
Graham Bridgman
James Cuggy
Baldev Sian
Madeline Diver
Sarah Croxford
George Matthew
Ian Germer
Debra Allcock Tyler
Jon Wellum

Staff Governors: Guy Dakin
Marcella Browne
Anne Jumba

Appointed Governors: Cllr George Shaw

In attendance: Julie Hill, Company Secretary
Cheryl Gardner, Deputy Executive Office Manager &
Executive Business Assistant

MINUTES

ITEM	DESCRIPTION	ACTION
1.	Apologies for Absence Tom O'Kane Babs Evetts Hilary Doyle Alan Griffiths	

	Patrick Clark Sarah Collins Ros Crowder	
2.	Declarations of Interest None noted	
3.	Minutes of Last Formal Private Meeting of the Council of Governors Reviewed and approved	
4.	<p>Report of the Council of Governors' Appointments and Remuneration Committee:</p> <p>The Chair gave an overview of the recommendations for ratification from the Appointments and Remuneration as noted below. The recommendations for the extensions and appointments are to ensure continuity and stability within the Trust Board</p> <p>Non-Executive Director related issues</p> <p>a) Extension of Aileen Feeney, Non-Executive Director's Term of Office Aileen Feeney's term is proposed to be extended for one year, from 1 November 2025 to 31 October 2026.</p> <p>Extension of Mark Day, Non-Executive Director's Term of Office Mark Day's term is proposed to be extended for six months, from 1 September 2025 to 28 February 2026, to provide stability during the transition to a new Chair</p> <p>b) Appointment of a New Senior Independent Director Aileen Feeney is proposed to be appointed as the new Senior Independent Director, succeeding Naomi Coxwell. The Chair outlined the role of the Senior Independent Director which was primarily to undertake the Chair's annual appraisal and to act as an intermediary for other Non-Executive Directors.</p> <p>Re-appointment of Sally Glen, Non-Executive Director* Sally Glen's re-appointment for a second term from 1 June 2025 to 31 May 2028 is under consideration, with a recommendation to be provided at the upcoming meeting.</p> <p>The Chair reported that the Appointments and Remuneration Committee recommended that Sally Glen be appointed for another three-year term of office as a Non-Executive Directors.</p> <p>The Council of Governors ratified the Appointments and Remuneration Committee's recommendations as set out above.</p>	
5.	Any Other Business No items	

Minutes of the Council of Governors Extraordinary Meeting held on

Wednesday, 07 May 2022 at 10.30 am

In Person/Hybrid Meeting - Meeting Rooms 2 & 3, London House, Bracknell

	<p>Present: Martin Earwicker, Chair</p> <p>Public Governors: Brian Wilson John Featherstone Ros Crowder Graham Bridgman James Cuggy Tom O'Kane Madeline Diver Sarah Croxford Ian Germer Debra Allcock Tyler Jon Wellum Hilary Doyle</p> <p>Staff Governors: Guy Dakin Marcella Browne Anne Jumba Alun Griffiths</p> <p>Appointed Governors: Cllr Jacopo Lanzoni Sarah Collin</p> <p>In attendance: Linda Jacobs, Executive Business Assistant Julie Hill, Company Secretary Cheryl Gardner, Deputy Executive Office Manager & Executive Business Assistant Jennifer Knowles, Executive Office Manager & Assistant Company Secretary</p>
1.	Apologies for Absence
	Patrick Clark, Fiona Price, Baldev Sian, Cllr Michael Karim
2.	Declarations of Interest
	None.
3.	Report of the Council of Governors' Appointments and Remuneration Committee: - Appointment of a New Non-Executive Director
	<p>A report from the Council of Governors' Appointments and Remuneration Committee had been circulated.</p> <p>a) Appointment of a New Non-Executive Director</p>

	<p>The Chair advised that Naomi Coxwell was first appointed as a Non-Executive Director in December 2017. In December 2024, Ms Coxwell informed the Chair that she had been appointed a Director of BP's Pension Fund in addition to her other commercial Non-Executive Director appointment and wished to resign as a Berkshire Healthcare Non-Executive Director. Ms Coxwell agreed to remain a Non-Executive Director until her successor was appointed.</p> <p>The Committee met to review the list of candidates (27 candidates). Alumni Global had ranked each candidate as "recommended for longlist", "possible for consideration" and "not recommended".</p> <p>The Committee agreed a long list of 10 candidates. Alumni Global informally interviewed the 10 candidates and prepared summaries of each candidate.</p> <p>The Committee met to review the long list and agreed to interview 5 candidates. Candidates were given the opportunity to meet with the Chair and to meet with the Company Secretary to find out more about the role and the Trust. All candidates took up the offer.</p> <p>Face to face interviews were held on 14 April 2025. One candidate was on holiday and was interviewed via MS Teams.</p> <p>All 5 candidates were appointable.</p> <p>A summary of each of the candidates interviewed by the Lead Governor was included in the report.</p> <p>The Committee agreed to recommend that Sonya Batchelor be appointed as the Trust's new Non-Executive Director from 1 June 2025 for an initial term of office of three years.</p> <p>Decision: Governors ratified the Appointments and Remuneration Committee's recommendation and agreed the appointment of Sonya Batchelor for the Non-Executive Director role.</p>
4.	Any Other Business
	None.

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST**ELECTION TO THE COUNCIL OF GOVERNORS****CLOSE OF NOMINATIONS: 5PM ON 16 MAY 2025**

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

PUBLIC: WOKINGHAM 3 TO ELECT
<p>The following candidates are elected unopposed:</p> <p>Debra ALLCOCK TYLER Sofia NETTO BARBOSA BOUCAS JEFFREY Baldev SIAN</p>

PUBLIC: WINDSOR AND MAIDENHEAD 2 TO ELECT
<p>The following candidate is elected unopposed:</p> <p>Cara WADSWORTH</p> <p><i>1 vacancy remains</i></p>



Charlotte McGhee
Returning Officer
On behalf of Berkshire Healthcare NHS Foundation Trust

Making Berkshire Healthcare... A great place to give care

National Staff Survey results 2024

Steph Moakes, Health, Wellbeing & Engagement Lead



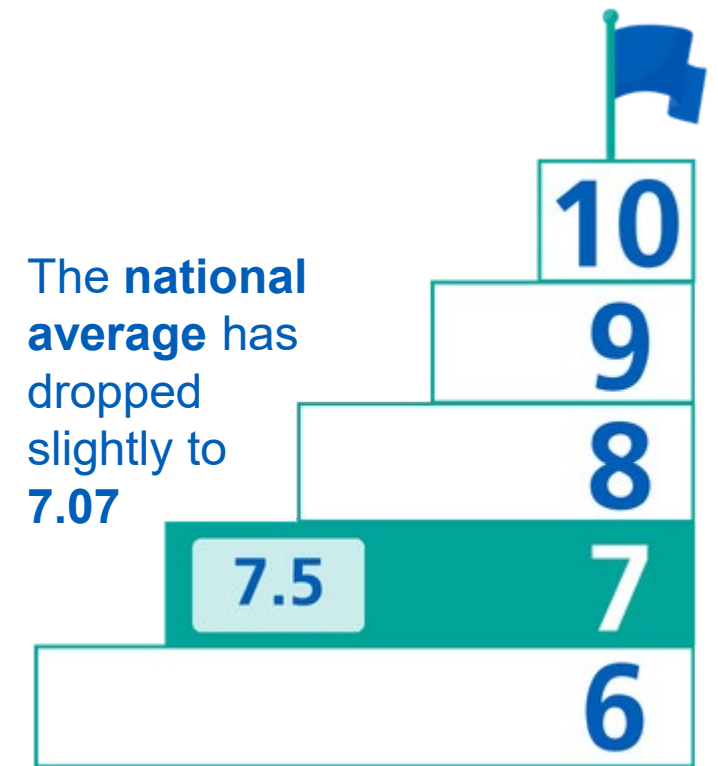
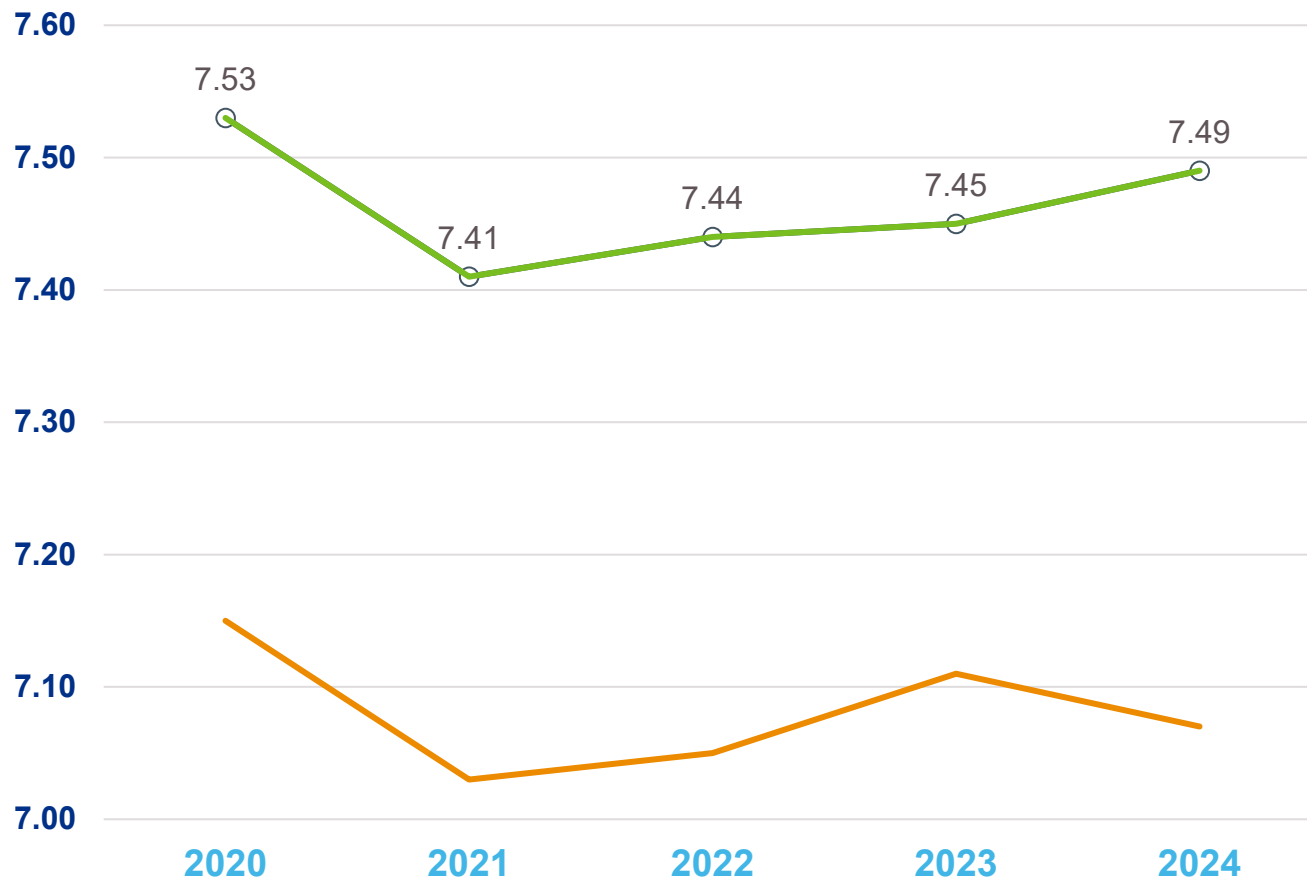
Headlines

- Our **staff engagement** score **rose to 7.5**
- We saw a **statistically significant improvement in 15 questions** compared to 2023 and these were across a range of areas
- There were **no questions with statistically significant declines**
- We had the **top scoring results for 25 questions** within our comparator group (Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts)
- We saw an **improvement in both our line manager (from 7.48 to 7.59) and compassionate leadership (from 7.59 to 7.71) scores**



Staff engagement score

Our overall engagement score is **7.49**. We're still achieving the **best score for our group** and have **maintained this for five years**, whereas others this year have seen a decline in scores.



All NHS organisations



Berkshire Healthcare
NHS Foundation Trust

Organisation	Engagement Score	Recommend organisation as a place to work	Trust type	Response Rate (%)	Response Rate (n)
Liverpool Heart and Chest Hospital NHS Foundation Trust	7.72	83%	Acute Specialist Trusts	62%	1157
The Christie NHS Foundation Trust	7.52	79%	Acute Specialist Trusts	48%	1799
Hounslow and Richmond Community Healthcare NHS Trust	7.50	72%	Community Trusts	60%	407
Berkshire Healthcare NHS Foundation Trust	7.49	78%	MH&LD, MH, LD&Community Trusts	64%	3305
The Royal Marsden NHS Foundation Trust	7.41	75%	Acute Specialist Trusts	44%	2100
Cambridgeshire Community Services NHS Trust	7.40	76%	Community Trusts	61%	1627
Midlands Partnership University NHS Foundation Trust	7.39	75%	MH&LD, MH, LD&Community Trusts	57%	5975
Queen Victoria Hospital NHS Foundation Trust	7.39	73%	Acute Specialist Trusts	58%	683
The Clatterbridge Cancer Centre NHS Foundation Trust	7.39	73%	Acute Specialist Trusts	71%	1373
South Warwickshire University NHS Foundation Trust	7.39	77%	Acute&Acute Community Trusts	52%	2900

Local comparisons

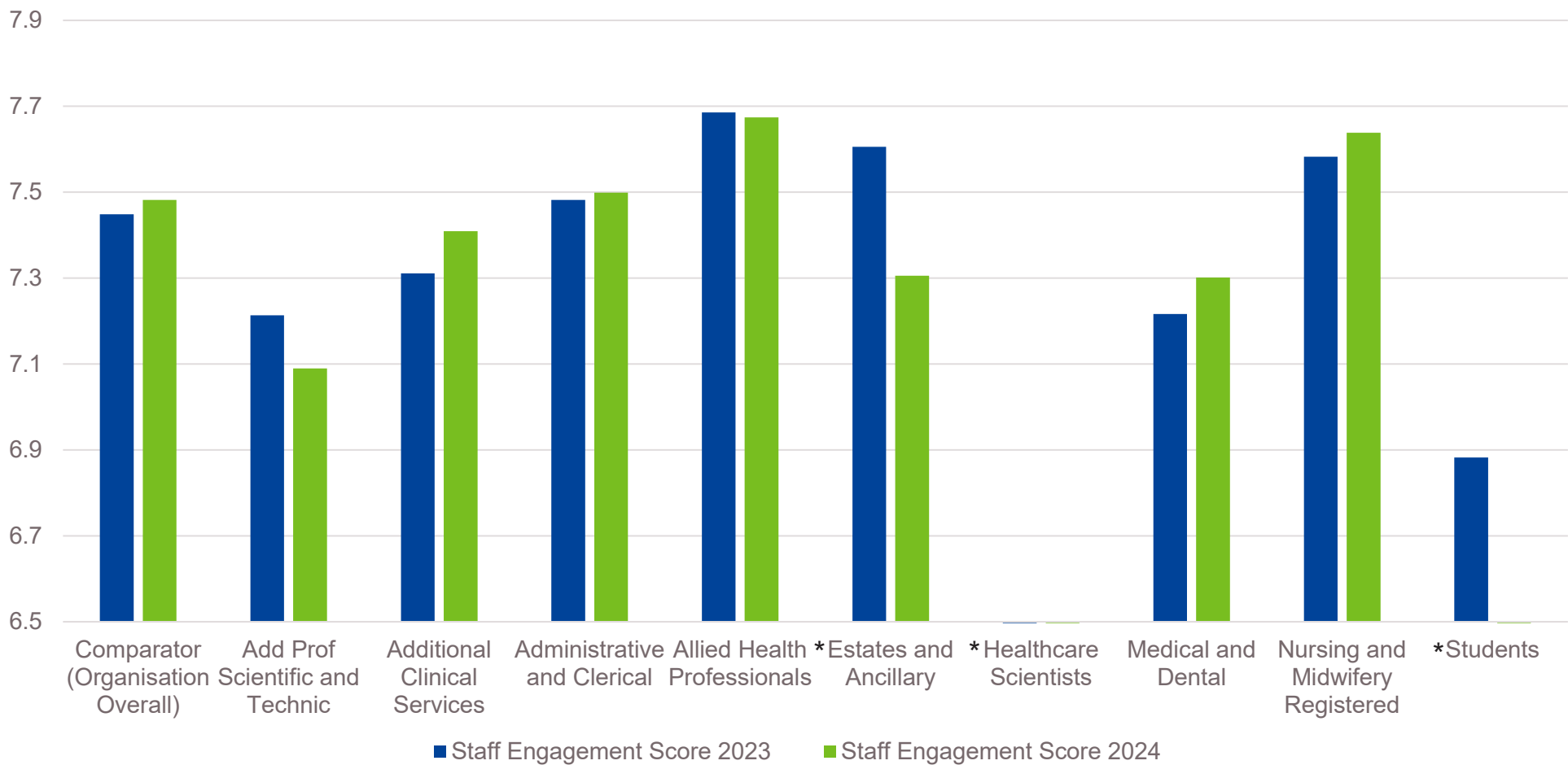


Berkshire Healthcare
NHS Foundation Trust

Organisation Name	Comparator Group	Response Rate 2024	Response Rate 2024 (numbers)	Theme: Staff Engagement	Theme: Morale	People Promise element 1: We are compassionate and inclusive	People Promise element 2: We are recognised and rewarded	People Promise element 3: We each have a voice that counts	People Promise element 4: We are safe and healthy	People Promise element 5: We are always learning	People Promise element 6: We work flexibly	People Promise element 7: We are a team	Recommend as a place to work
Berkshire Healthcare NHS Foundation Trust	MH&LD, MH, LD&Community Trusts	63.6%	3305	7.49	6.56	7.87	6.69	7.31	6.69	6.33	7.15	7.41	78%
Royal Berkshire NHS Foundation Trust	Acute&Acute Community Trusts	57.0%	3734	7.35	6.20	7.58	6.22	7.09	6.36	6.02	6.51	7.08	73%
Oxford Health NHS Foundation Trust	MH&LD, MH, LD&Community Trusts	53.2%	3666	7.24	6.26	7.75	6.52	7.09	6.42	6.10	6.83	7.27	71%
Surrey and Borders Partnership NHS Foundation Trust	MH&LD, MH, LD&Community Trusts	61.0%	1857	7.15	6.13	7.66	6.49	6.99	6.38	5.88	6.57	7.32	66%
Buckinghamshire Healthcare NHS Trust	Acute&Acute Community Trusts	64.7%	4519	7.03	6.07	7.40	6.15	6.85	6.30	5.93	6.55	6.97	63%
Oxford University Hospitals NHS Foundation Trust	Acute&Acute Community Trusts	48.2%	7211	6.98	5.92	7.34	5.96	6.76	6.16	5.92	6.25	6.91	62%
NHS Frimley ICB	ICBs	71.5%	296	7.04	6.06	7.53	6.85	7.00	6.58	5.68	7.51	7.13	59%
South Central Ambulance Service NHS Foundation Trust	Ambulance Trusts	49.6%	2228	5.74	5.19	6.84	5.25	5.77	5.38	4.84	5.08	6.45	40%
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	ICBs	66.9%	309	5.80	5.10	6.72	5.77	5.98	6.02	4.21	6.80	6.52	25%

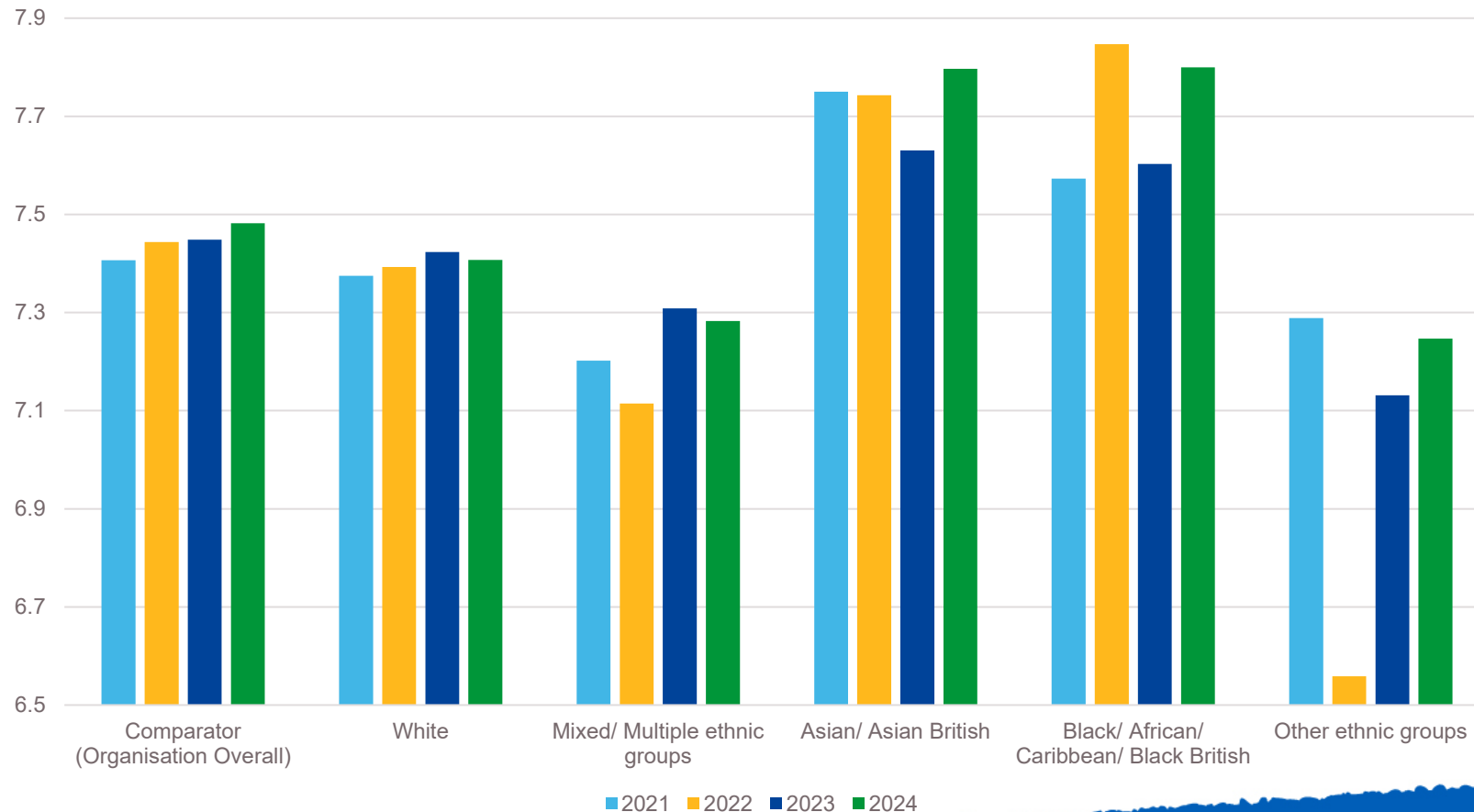
Staff group variation

Looking at staff engagement scores for different groups shows a difference in experience. For staff groups, **Allied Health Professionals** and **Nursing and Midwifery** colleagues topped the engagement score.



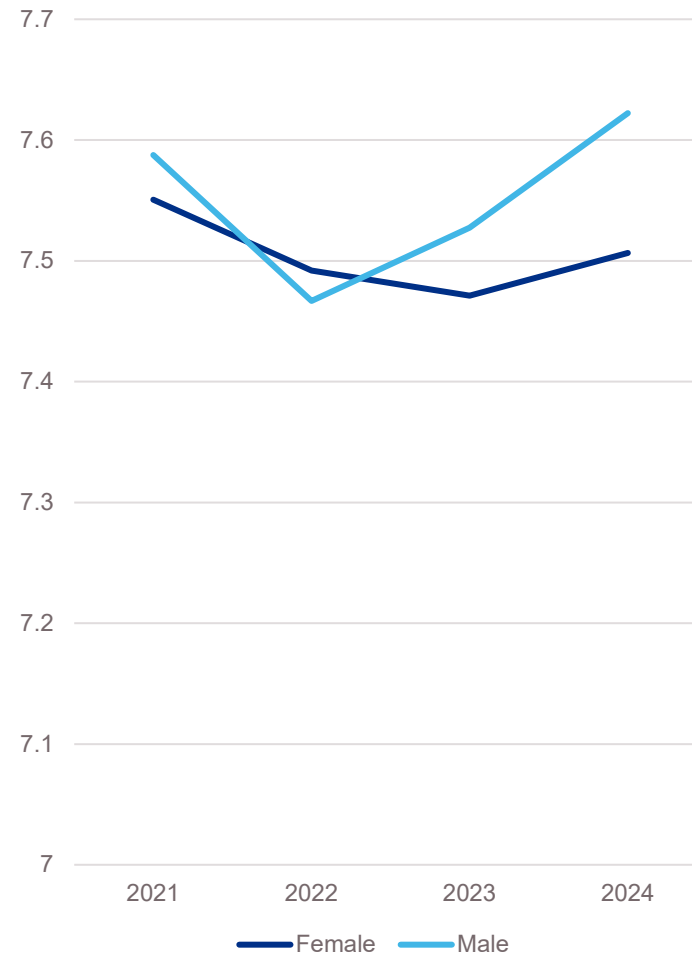
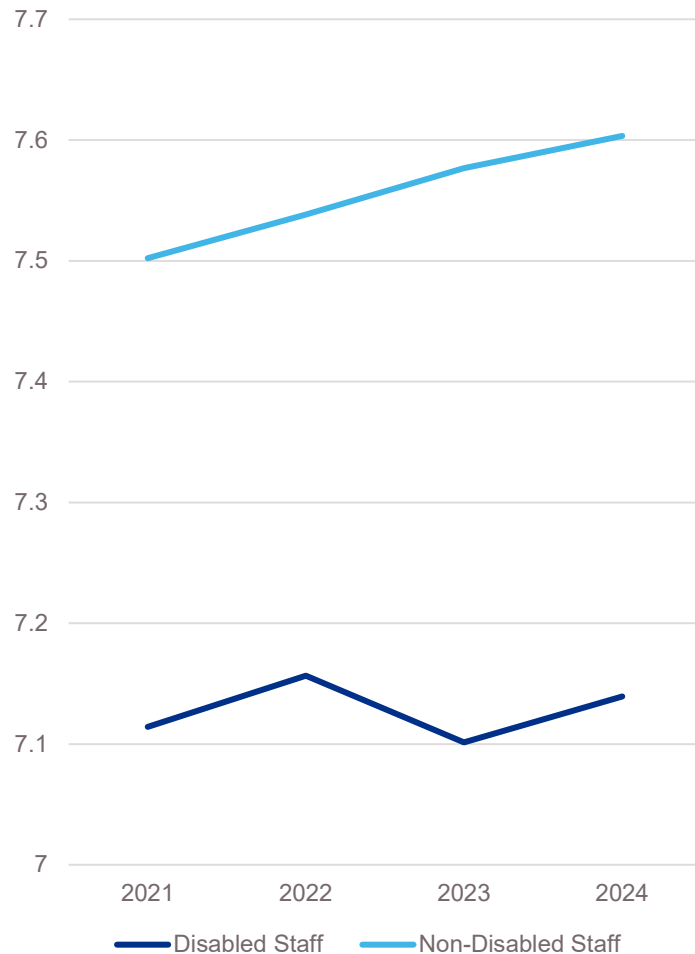
*Estates, Healthcare scientists and students are small staff groups.
Healthcare scientists and students did not reach the minimum response threshold so no 2024 scores available

Ethnicity variation



Ethnically diverse staff reported higher job satisfaction and staff engagement (particularly Asian/Asian British and Black/African/Caribbean/Black British groups) despite experiencing higher rates of discrimination, bullying, and physical abuse than white colleague.

Disability and gender variation

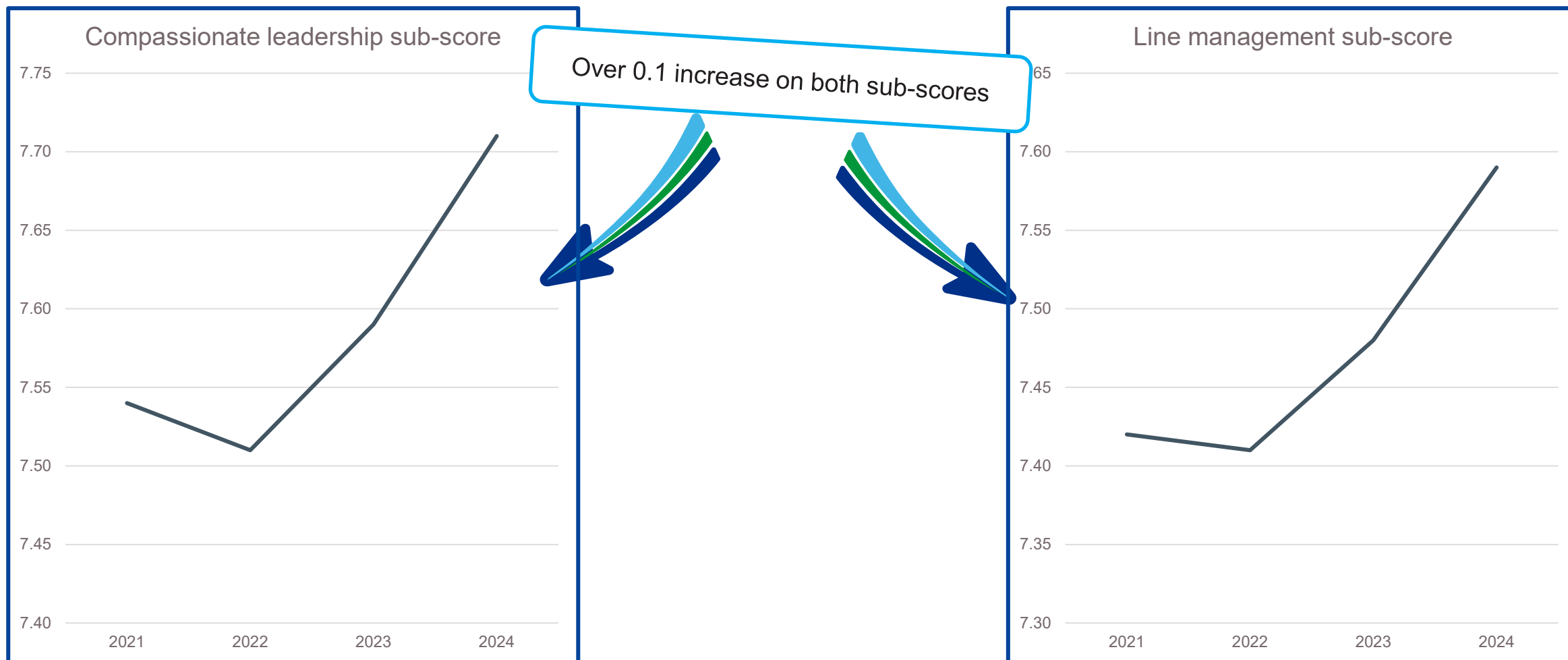


Disabled and females reported lower levels of staff engagement compared to their counterparts.

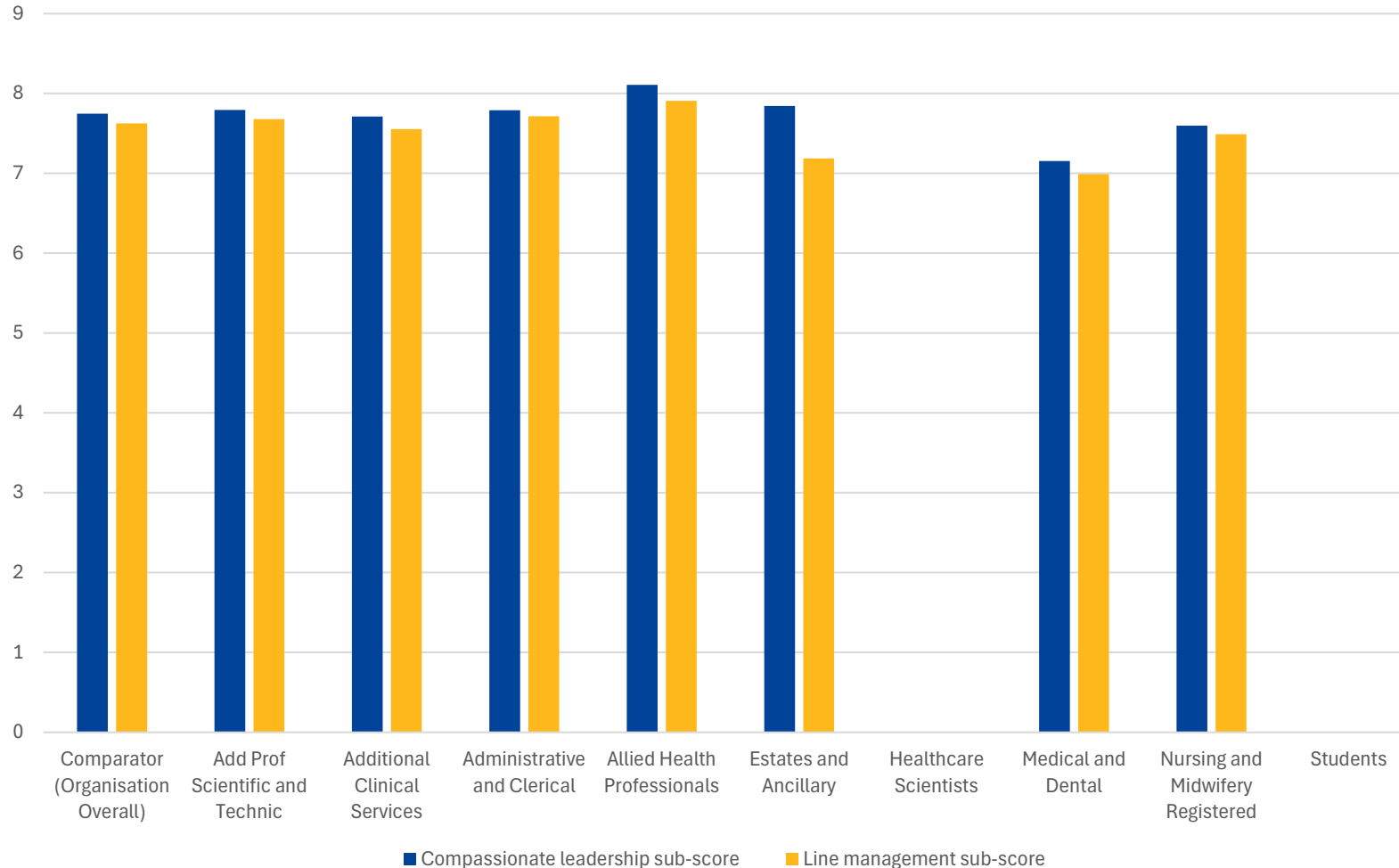
For our disabled staff, the gap is stark.

For female staff, it has historically been closer but has widened in the last two years.

Our leaders



Staff group variation

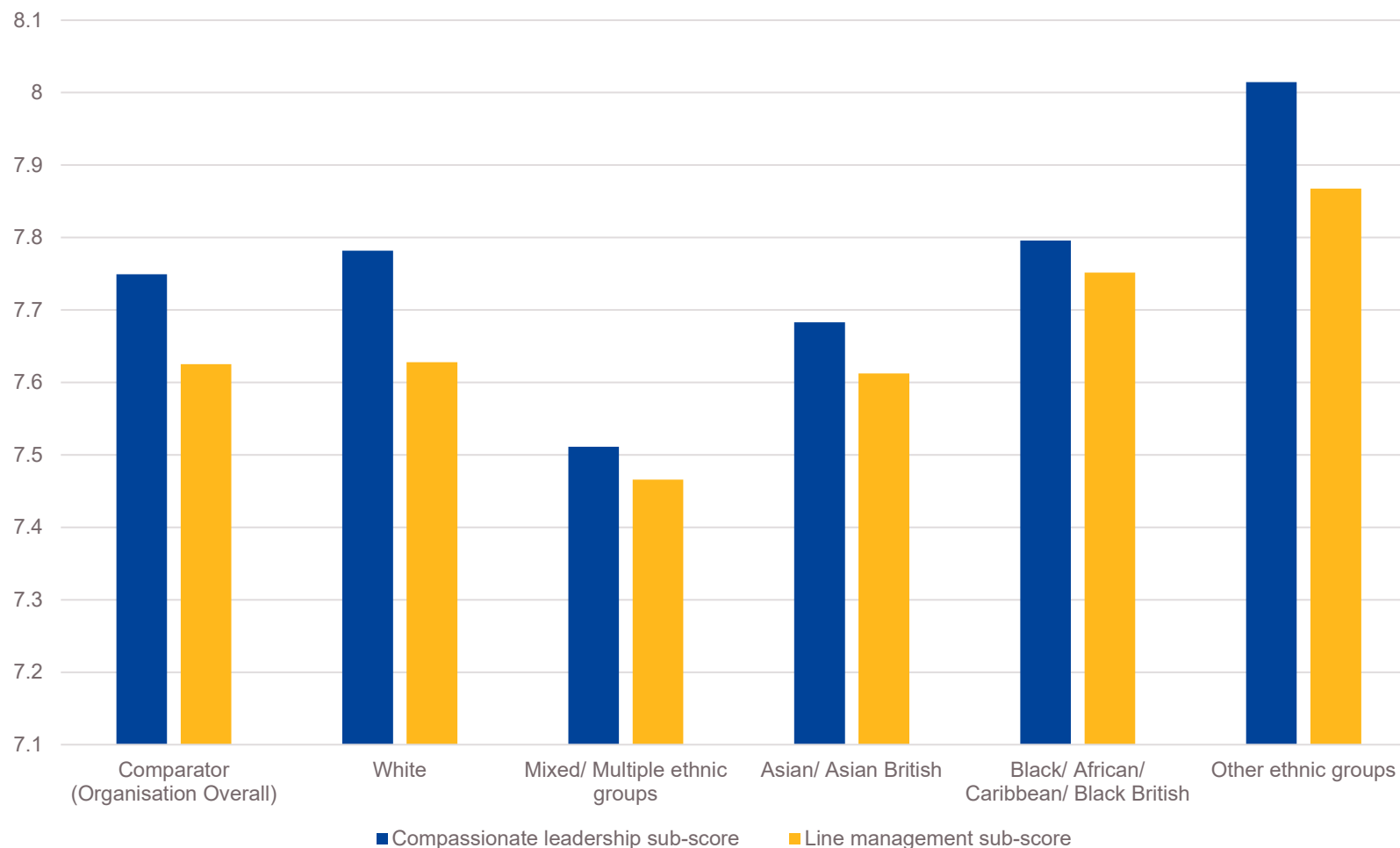


There is limited variation in leadership experiences across the different staff groups.

Medical and dental appear the lowest across the board.

Estates and ancillary show a greater difference in compassionate leadership and line management than other groups.

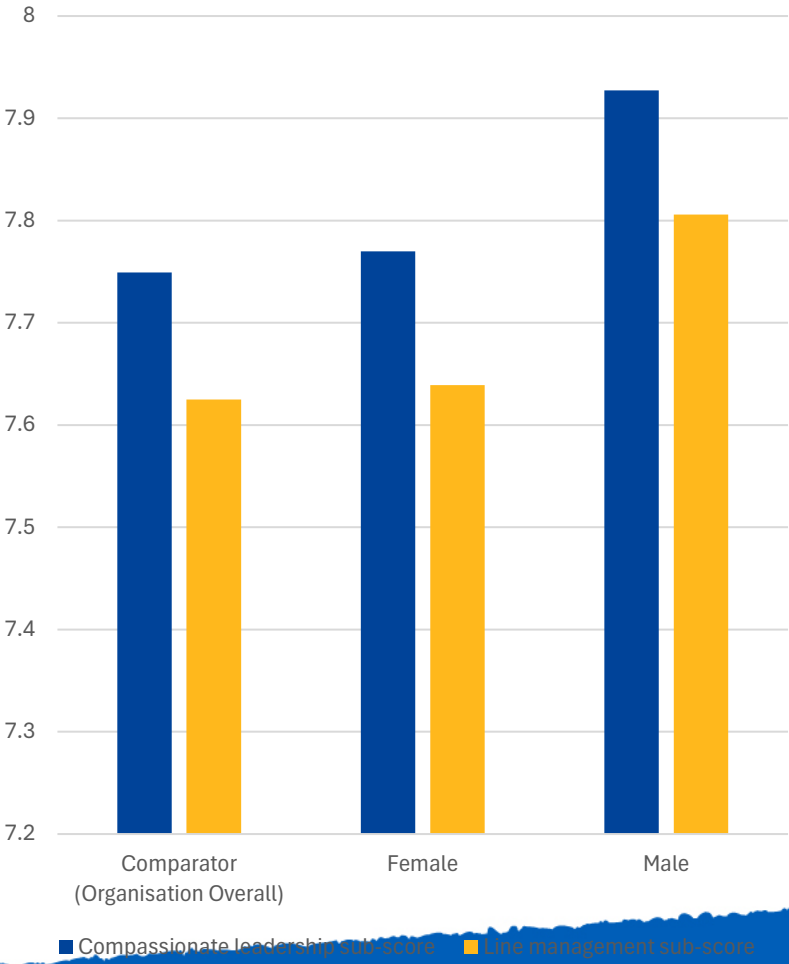
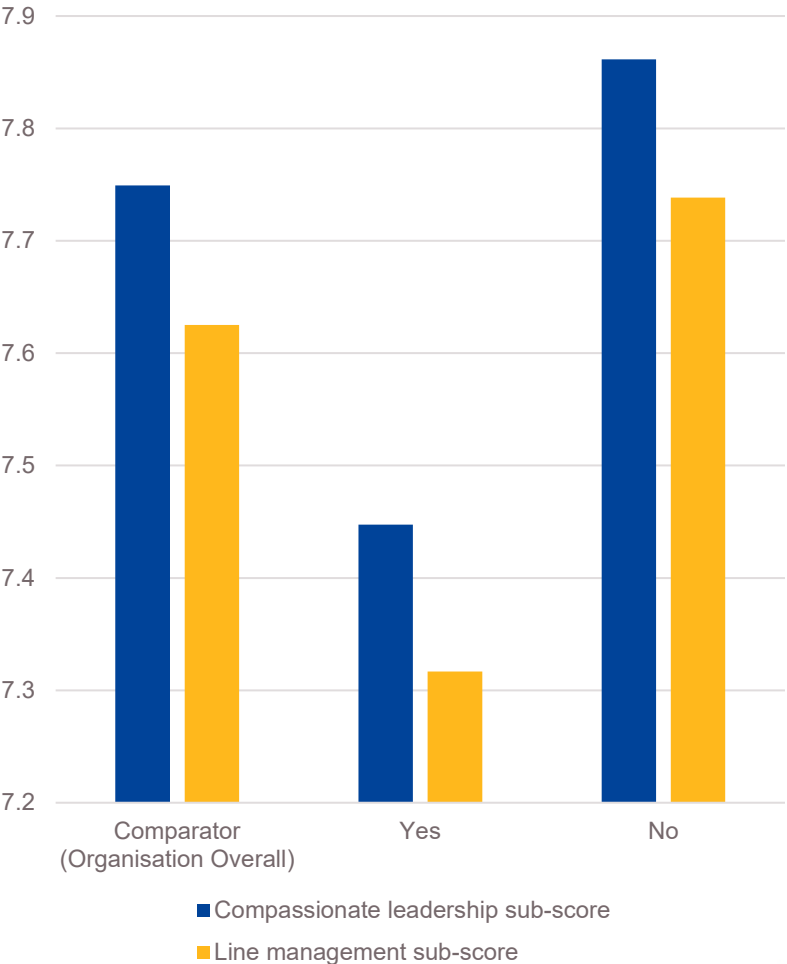
Ethnicity variation



Mixed ethnic groups and Asian/Asian British report the lowest leadership scores with other ethnic groups reporting the highest.

The gap between compassionate leadership and line management appears smaller for most ethnic groups in comparison to both white and the organisation as a whole

Disability and gender variation



Non-disabled and male staff reported higher levels of both compassionate leadership and line management.

Workforce Race Equality Standard (WRES)

The experience of our ethnically diverse colleagues is poorer than those who are white, and this is not acceptable.

Question		2021	2022	2023	2024	3 year progress trend
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the general public in the last 12 months	White	19.9%	18.5%	16.3%	16.6%	
	Ethnically diverse	29.4%	29.4%	25.5%	27.2%	2.2%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	14.1%	15.4%	13.7%	15.5%	
	Ethnically diverse	22.9%	20.8%	20.4%	19.7%	3.2%
Percentage believing that the trust provides equal opportunities for career progression or promotion	White	67.5%	68.1%	68.4%	68.6%	
	Ethnically diverse	45.7%	51.7%	53.2%	56.4%	10.7%
In the last 12 months, have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues	White	5.3%	5.2%	5%	5.1%	
	Ethnically diverse	14.5%	13.3%	13.3%	10.7%	3.8%

We continue to see positive trends across the WRES staff survey indicators. The past 3 years have shown between a 2% and 10% improvement for our ethnically diverse colleagues across all indicators. Our scores remain better than the average, but we know there is still more to do

We also look to triangulate the experience with other data, such as success rates for job applications which are currently lower for ethnically diverse staff. Addressing this disparity is a priority in our new People Strategy and both our anti racism and recruitment improvement work aims to tackle this.

Workforce Disability Equality Standard (WDES)

The experience of colleagues with disabilities is poorer than those without, and this is not acceptable.

Question		2021	2022	2023	2024	3 year progress trend
Experienced harassment, bullying or abuse from patients, managers or colleagues in the last 12 months	Non-disabled	30.8%	28.6%	25.3%	26.2%	
	Disabled	48.5%	40.3%	37.2%	36.5%	12%
Reporting harassment, bullying or abuse after last incident	Non-disabled	63.4%	57.3%	62.3%	64.7%	
	Disabled	55.5%	59.8%	58.1%	65.9%	10.4%
Percentage believing that the trust provides equal opportunities for career progression or promotion	Non-disabled	64.3%	64.5%	66%	66.7%	
	Disabled	52.9%	60.6%	57.8%	59.9%	7%
Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Non-disabled	16.3%	16%	14.3%	11.1%	
	Disabled	19.8%	22.5%	22.3%	21.1%	1.3%
Percentage of staff satisfied with the extent to which their organisation values their work	Non-disabled	61.1%	61.4%	64.2%	64.8%	
	Disabled	51.6%	51.9%	53.8%	55.2%	3.6%
Employer has made reasonable adjustment(s) to enable them to carry out their work	Disabled	80.8%	80.9%	80.9%	81.9%	1%

Overall, we are making positive progress. Across the last 3 years we've seen improvements of between 2% and 12% across 7 indicators, with one metric declining by 1.3%.

We have triangulated the experience with other data, such as success rates for job applications which are lower for disabled colleagues. Our neurodiversity and recruitment work aim to tackle this inequality.



Career Progression/Promotion

Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?

Berkshire Healthcare		64.59%	% difference comparing underserved groups to more privileged groups
Ethnicity	White	68.6%	- 12.2 gap
	Ethnically diverse	56.4%	
Disability	Non-disabled	66.7%	- 6.8 gap
	Disabled	59.9%	
Sexual Orientation	Straight	65.8%	+ 1.8 gap
	LGB	67.6%	
Gender	Male	66.1%	- 0.5 gap
	Female	65.6%	

*In the WRES and WDES, q15 is worded: Percentage believing that the trust provides equal opportunities for career progression or promotion. They are the same question and worded as above.

Shortlist and offer rates for internal applicants

Actual recruitment data for internal applicants (April–September 2024)

	Likelihood to be shortlisted comparing underserved groups to more privileged groups	
Ethnicity	White	1.54
	Ethnically diverse	0.64
Disability	Non-disabled	0.97
	Disabled	1.00
Sexual Orientation	Straight	TBC
	LGBT	TBC
Gender	Male	0.74
	Female	1.34

	Likelihood to be offered a role after interview comparing underserved groups to more privileged groups:	
Ethnicity	White	1.37
	Ethnically diverse	0.72
Disability	Non-disabled	1.37
	Disabled	0.72
Sexual Orientation	Straight	TBC
	LGBT	TBC
Gender	Male	0.72
	Female	1.33

Internal promotion rates

	% of staff promoted	% difference of staff promotions comparing underserved groups to more privileged groups
White	7.9%	9.0 gap
Ethnically diverse	16.9%	
Non-disabled	10.5%	4.5 gap
Disabled	15.1%	
Straight	10.9%	0.9 gap
LGBT	11.8%	
Male	12.1%	-1.9 gap
Female	10.1%	

Exploring the data more:

- Progression stagnates at 8A level: No one disabled was promoted past 8B, or those ethnically diverse promoted past 8C, or those LGBT promoted past 8A.
- From B2 to B8b Ethnically diverse colleagues have a higher % of staff being promoted, peaking at B5, and becoming a 'negative' gap at band 8C upwards, with no promotions.
- LGBT colleagues have most success at bands 3 – 5, all other bands are a 'negative' gap compared to heterosexual colleagues.
- Disability is slightly more varied – bands 2 - 4, 6 and 7 are 'positive', the rest is 'negative'.
- Female staff experience a negative gap across most grades except B2 and B6, which are 'positive'.

Internal movers: a staff member has made an internal move which has resulted in them going up at least 1 grade and only includes staff on the agenda for change pay scales. i.e. Band 5 to Band 6.

Summary

- Data appears contradictory and needs further exploration.
- Deep dive into ethnicity differences has begun.
- A key factor appears to be the significant difference in application rates. Our ethnically diverse staff appear to apply for more roles.

For example:

- If there were 100 ethnically diverse staff, and 50 of them applied for a role, with 25 being successful, this would mean 25% of the ethnically diverse workforce progressed, and 50% of applicants were successful.
- If there were 300 white staff, and 40 applied, with 30 being successful, this would mean 10% of the white workforce progressed, but 75% of applicants were successful.
- When reviewing internal recruitment data, we received more applications from ethnically diverse staff than the total number of available roles – not the case for white staff.

Further areas to explore

- Application clustering—whether certain roles attract disproportionately high numbers of applications from ethnically diverse staff but see little interest from white staff.
- Rate of unique applications—how many individuals submit multiple applications versus those applying only once.
- Progression in more senior bands

Thank you

Questions...?





Berkshire Healthcare
NHS Foundation Trust

Meeting Date	11 June 2025
Title	Minor Changes to the Trust's Constitution
Purpose	The Council of Governors is requested to approve minor changes to the Trust's Constitution.
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Compliance with Standing Orders and relevant statutory and regulatory requirements
Equalities and Diversity Implications	N/A
SUMMARY	<p>The Trust's constitution sets out the framework for governance of the organisation in conjunction with relevant statutory and regulatory requirements. The constitution largely follows the original 'model' constitution adopted by most NHS Foundation Trusts.</p> <p>The constitution was last reviewed in 2022.</p> <p>The Trust's legal advisers, DAC Beachcroft, were instructed to undertake a review of the constitution to ensure it reflected current legislation, namely the Procurement Act 2023. A summary of the changes proposed is set out in the attached paper.</p> <p>This is a "light touch" review of the Constitution. Further changes to the Constitution will be required to reflect the abolition of NHS England and therefore there will be an opportunity for a more in-depth review of the Constitution at that stage. In addition, a new Chair may have suggestions for further changes to the Constitution.</p>

	The proposed changes to the Constitution will also be presented to the Trust Board meeting on 8 July 2025 for approval.
ACTION	The Council is invited to approve the proposed changes to the Trust's Constitution.

Summary of the Proposed Changes to the Trust's Constitution

Page No	Section	Current Wording	Proposed Changes	Reason for the Change
3	Interpretation and Definitions	Public Procurement Regulations means the Public Contracts Regulations 2015	To be replaced with: Procurement Act means The Procurement Act 2023, as amended from time to time	New legislation
3	Interpretation and Definitions	New section	PSR Regulations means the Health Care Services (Provider Selection Regime) Regulations 2023 (SI 2023/1348), as amended from time to time	New legislation
9	CoGs – disqualification and removal	New section	A person may not become or continue as a member of the Council of Governors if they: “are subject to a moratorium period under a debt relief order (under Part 7A of the Insolvency Act 1986)”	To bring this in line with existing legislation

Page No	Section	Current Wording	Proposed Changes	Reason for the Change
19	Auditor	New section	<p>The Auditor may be an individual or a firm. A person appointed as auditor must be:</p> <p>Eligible for appointment as a statutory auditor (Part 42, Companies Act 2006);</p> <p>Eligible for appointment as a local auditor (Part 4, Local Audit and Accountability Act 2014); or</p> <p>A member of a body of accountants approved by the regulator for this purpose.</p>	Updated to reflect paragraph 23 of Schedule 7 to the NHS Act
25	Membership of the Council of Governors – Partnership Governors	(The partnership governors includes the Red Cross and the Alzheimer's Society – both charities no longer appoint partnership governors).	<p>It is proposed to update the Constitution to reflect our current charity partnership Governors from:</p> <p>Age UK Berkshire Family Action</p>	To reflect changes in the partnership governor representation
81	Annex 5 Schedule A -	See Appendix 1	Proposed changes are in tracked changes at appendix 1	
95	Standards of Business Conduct	The current wording refers to NHSE's previous Code of Governance for NHS FTs.	Directors and Officers shall at all times act in accordance with the NHSE Code of Governance for NHS Provider Trusts ("Code of Governance"). This section of SOs should be read in conjunction with the Code of Governance.	To reflect NHSE's updated Code of Governance

Page No	Section	Current Wording	Proposed Changes	Reason for the Change
95	Tendering and Contract Procedure	The Procurement Regulations shall take precedence over these Sos with regard to procedures for awarding all forms of contracts and shall have effect as if incorporated in these Sos.	The Procurement Act, the PSR Regulations and the Regulatory Framework shall take precedence over these SOs with regard to procedures for awarding all forms of contracts and shall have effect as if incorporated in these SOs.	To reflect the new Procurement Act
95	Tendering and Contract Procedure	The Trust shall comply as far as practicable with the requirements of the Department of Health and Social Care Capital Investment Manual and Estatecode and associated relevant guidance	The Trust shall comply as far as is practicable with the requirements of the NHSE capital investment and property business guidance and the NHSE Capital Guidance in respect of capital investment and estate and property transactions. In the case of management consultancy contracts, the Trust shall comply with NHSE guidance on Consultancy spending approval criteria for providers.	As above

P96	Formal Competitive Tendering	<p>The Existing wording refers to the Procurement Regulations which have been superseded by the Procurement Act.</p> <p>(The current wording in the Constitution is attached at appendix 2 of the paper.</p>	<p>Formal Competitive Tendering</p> <p>The Trust shall ensure that competitive tenders are invited for the supply of goods, materials and manufactured articles and for the rendering of services including all forms of management consultancy services; for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); and for disposals.</p> <p>Formal tendering procedures may be waived by Officers to whom powers have been delegated by the Chief Executive without reference to the Chief Executive (except in (9.3.2.5) to (9.3.2.8) below) where:</p> <p><i>the estimated expenditure does not, or is not reasonably expected to, exceed £25,000 (this figure to be reviewed annually) and does not fall within the scope of the PSR Regulations; or</i></p> <p><i>the estimated expenditure is expected to exceed £25,000 (this figure to be reviewed annually) but does not, or is not reasonably expected to exceed the applicable threshold for the purchase under the Procurement Act and does not fall within the scope of the PSR Regulations; or</i></p> <p><i>by virtue of Part 1 of the Procurement Act or Part 2 of the PSR Regulations, the contract does not require a competitive tendering process; or</i></p> <p><i>the supply is proposed under special arrangements negotiated by the DHSC in which event the said special arrangements must be complied with.</i></p> <p><i>the timescale genuinely precludes competitive tendering (and this complies with any applicable</i></p>	As above
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			<p><i>provisions of the Procurement Act or PSR Regulations). Failure to plan the work properly is not a justification for single tender; or</i></p> <p><i>after considering the specification, specialist expertise is required and is available from only one source (and this complies with any applicable provisions of the Procurement Act or PSR Regulations); or</i></p> <p><i>the task is essential to complete the project, AND arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate (and this complies with any applicable provisions of the Procurement Act or PSR Regulations); or</i></p> <p><i>there is a clear benefit to be gained from maintaining continuity with an earlier project (and this complies with any applicable provisions of the Procurement Act or PSR Regulations). ; or</i></p> <p><i>where provided for in the NHSE capital investment and property business guidance.</i></p> <p>The limited application of the single tender rules should not be used to avoid competition or for administrative convenience.</p> <p>Where it is decided that competitive tendering is not applicable and should be waived by virtue of 9.3.2 above the fact of the waiver and the reasons should be documented and reported by the Chief Executive to the Board of Directors in a formal meeting and the applicable provisions of the Procurement Act or PSR Regulations complied with.</p> <p>The Tendering Procedure is set out in Appendix 1 to the Standing Financial Instructions.</p>	
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Page No	Section	Current Wording	Proposed Changes	Reason for the Change
			<p>The Board of Directors shall review the Tendering Procedure not less than every two years.</p> <p>Quotations</p> <p>Quotations are required where formal tendering procedures are waived under SO 9.3.2, the proposed contract falls outside the scope of the Procurement Act or PSR Regulations and the intended expenditure or income exceeds or is reasonably expected to exceed the limits defined in the Scheme of Delegation.</p>	
P98	Private Finance	<i>Where required by the Public Procurement Regulations contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.</i>	<i>Where required by the Procurement Act or PSR Regulations contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.</i>	As above
P99	Cancellation of Contracts	Where a contract is subject to the Public Procurement Regulations	Where a contract is subject to the Procurement Act or the PSR Regulations, that contract shall also include any termination clauses required by the applicable legislation.	As above
P99	Disposals	Land or buildings concerning which guidance has been issued ...	Land or buildings concerning which DHSC or NHSE guidance has been issued but subject to compliance with such guidance	To make it explicit that this relates to DHSC or NHSE

Page No	Section	Current Wording	Proposed Changes	Reason for the Change
				guidance

- Declaration to the Secretary of Berkshire Healthcare NHS Foundation Trust (TC)
"Declaration to the Secretary of Berkshire Healthcare NHS Foundation Trust" (f-C-V-
"2")

¶

¶

A person may not stand for election to the Council of Governors as a public governor unless he or she has made a declaration in the form specified below of their qualification to vote as a member of the public constituency and is not prevented from being a member of the Council of Governors by paragraph 12 (disqualification and removal).

¶

THE DECLARATION

I hereby declare that I am entitled to stand for election to the Council of Governors as a governor elected by the public constituency because I am a member of the public constituency and I am not prevented from being a member of the Council of Governors of the Trust.

¶

~~I am not prevented from being a member of the Council of Governors of the Trust.~~

¶

1. By paragraph 8 of Schedule 7 to the National Health Service Act 2006, which provides that a person may not become or continue as a member of the Council of Governors if he or she is a person.

¶

¶

~~which states:~~

~~A person may not become or continue as a member of the Council of Governors if he or she:~~

- → who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;
- → in relation to whom a moratorium period under a debt relief order applies (under Part 7A of the Insolvency Act 1986);
- → who has made a composition or arrangement with, or granted a trust deed for, their creditors and has not been discharged in respect of it;
- → who has within the preceding five years been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on them, or

¶

2. By paragraph 12 (Council of Governors — disqualification and removal) of this Constitution.

¶

→

- has within the preceding five years been dismissed, otherwise than by reason of redundancy or ill health, from any paid employment with a Health Service Body;
- he or she is a person whose tenure of office as the chair or as a member or director of a Health Service Body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
- he or she is a Director of the Trust, or a director, chair, or chief executive officer of another NHS Foundation Trust;
- he or she is a Governor of another NHS Foundation Trust which is considered by the Secretary, at their absolute discretion, to be in competition with the Trust;

- ~~• he or she has had their name removed from a list maintained under regulations pursuant to sections 91, 106, or 123 of the 2006 Act, or the equivalent lists maintained by Local Health Boards in Wales under the National Health Service (Wales) Act 2006, and he or she has not subsequently had their name included in such a list; or~~
- ~~• he or she lacks capacity within the meaning of the Mental Capacity Act 2005 to carry out all the duties and responsibilities of a governor.~~

I further hereby declare that I am entitled to stand for election to the Council of Governors as a governor elected by the public constituency under the Constitution of the Trust.

¶
¶

¶ Signed.....Name.....¶

Dated.....¶

Page number 46

Appendix 2

Trust' Constitution – Section 9 – Current Wording

Tendering and Contract Procedure

Duty to comply with Standing Orders

The procedure for making all contracts by or on behalf of the Trust shall comply with these SOs (except where SO 3.15 is applied).

Public Procurement

The Public Procurement Regulations shall take precedence over these SOs with regard to procedures for awarding all forms of contracts and shall have effect as if incorporated in these SOs.

The Trust shall comply as far as is practicable with the requirements of the Department of Health and Social Care "Capital Investment Manual" and "Estatecode" and associated relevant guidance issued by NHSE in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the Trust shall comply as far as is practicable with Department of Health and Social Care guidance "The Procurement and Management of Consultants within the NHS". The Trust will also comply with the Guidance from NHSE entitled "Best Practice in Making Investments" and the Regulatory Framework.

The Tendering and Contract Procedure is governed by 3 ranges of expenditure (refer to the Scheme of Delegation):

Formal Competitive Tendering details are contained in SO9.3.

Competitive Quotations details are contained in SO9.4.1-9.4.; and

Expenditure where Tendering or Competitive Quotations are not required (details are contained in SO10).

Formal Competitive Tendering

The Trust shall ensure that competitive tenders are invited for the supply of goods, materials and manufactured articles and for the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DoH); for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); and for disposals.

Formal tendering procedures may be waived by Officers to whom powers have been delegated by the Chief Executive without reference to the Chief Executive (except in (9.3.2.5) to (9.3.2.8) below) where:

the estimated expenditure does not, or is not reasonably expected to, exceed £25,000 (this figure to be reviewed annually); or

the estimated expenditure is expected to exceed £25,000 (this figure to be reviewed annually) but does not, or is not reasonably expected to exceed the applicable threshold for the purchase under the Public Procurement Regulations; or

by virtue of Part 1 of the Public Contracts Regulations 2015 or Part 2, Chapter 2 of the Concessions Contracts Regulations, the contract does not require a tendering

process; or

the supply is proposed under special arrangements negotiated by the DoH in which event the said special arrangements must be complied with.

the timescale genuinely precludes competitive tendering (and this complies with any applicable Public Procurement Regulations). Failure to plan the work properly is not a justification for single tender; or

after considering the specification, specialist expertise is required and is available from only one source (and this complies with any applicable Public Procurement Regulations); or

the task is essential to complete the project, AND arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate (and this complies with any applicable Public Procurement Regulations); or

there is a clear benefit to be gained from maintaining continuity with an earlier project (and this complies with any applicable Public Procurement Regulations). However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering; or

where provided for in the Capital Investment Manual.

The limited application of the single tender rules should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

Where it is decided that competitive tendering is not applicable and should be waived by virtue of 9.3.2.5 to 9.3.2.8 above the fact of the waiver and the reasons should be documented and reported by the Chief Executive to the Board of Directors in a formal meeting and the provisions of the applicable Public Procurement Regulations complied with.

Except where SO 9.3, or a requirement under SO 9.2, applies, the Board of Directors shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than three firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

The Board of Directors shall ensure that normally the firms/individuals invited to tender (and where appropriate, quote) are among those on approved lists [see Appendix of the Standing Financial Instructions]. Where in the opinion of the Finance Director it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Chief Executive.

The Tendering Procedure is set out in Appendix 1 to the Standing Financial Instructions.

The Board of Directors shall review the Tendering Procedure not less than every two years.

Quotations

Quotations are required where formal tendering procedures are waived under SO9.3.2.1 or SO9.3.2.2 and where the intended expenditure or income exceeds or is reasonably expected to exceed the limits defined in the Scheme of Delegation.

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

Highlight Patient Experience Report - Quarter Three 2024/25

1. Why is this coming to the Board?

This report is written to provide information and assurance to the Board in relation to the Trust's handling of formal complaints and to provide information and learning around broader patient experience data available to us.

The handling of Complaints is set out in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Both the CQC and Parliamentary Health Service Ombudsman (PHSO) set out expectations in relation to the handling of complaints; these are based on the principles that complaints are a valuable insight for organisations and should be seen as a learning opportunity to improve services. There is a requirement for complaints to be reviewed robustly in a timely manner that is fair, open, and honest.

Complaints are only one element of understanding the overall experience of those accessing our services, we therefore analyse data gathered through a variety of means including the 'I want great care' (iWGC) tool now used as our primary patient experience tool, to support understanding of patient experience and areas for improvement.

2. What are the key points?

The iWGC tool enables patients to provide a review of their experience using a 5-star rating for several areas (facilities, staff, ease, safety, information, involvement and whether the person felt listened to) as well as making suggested improvements. The trust has an ambition as part of the Trust strategy to increase the volume of feedback received and to increase the use of the information received to support improvement. All divisions have a performance metric that they are monitoring to improve levels of feedback.

The table below provides the overall Trust metrics in relation to patient experience. The full report provides more detailed information by division. A target is added where there is one. There is not a metric for number of complaints/ MP enquiries, all feedback should be viewed as an opportunity for learning, however where there are not metrics per say last year's total are included to provide some context.

Patient Experience – overall Trust Summary		Target	Q1	Q2	Q3	Q4	Year end
Patient numbers (inc discharges from wards)	Number		151,330	169,235	221,601	167,704	709,870
Number of iWGC responses received	Number	61,000 year	9,149	9,041	9,921	11,660	39,771
iWGC Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	10% by Mar '25	6.04%	5.34%	4.48%	7%	5.6%
iWGC 5-star score	Number	4.75	4.78	4.80	4.8	4.81	4.79
iWGC Experience score – FFT (good or very good experience)	%	95%	94.1%	94.5%	94.7%	95.5%	94.7%
Compliments received directly by services	Number	^{23/24} 4522	1237	1012	1289	1366	4904
Formal Complaints received	Number/ %	^{23/24} 281 0.030%	68	64	50	48	230
Formal Complaints Closed	Number	^{23/24} 257	41	59	57	41	198
Formal complaints responded to within agreed timescale	%	100%	100%	100%	100%	100%	100%
Formal Complaints Upheld/Partially Upheld	%	50%	51.7%	55%	50%	39%	49%
Local resolution concerns/ informal complaints Rec	Number	^{2023/24} 149	28	42	53	66	189
MP Enquiries Rec	Number	^{2023/24} 73	5	6	6	10	27
Complaints upheld/ partially by PHSO	Number	^{2023/24} 0	1	0	1	0	2

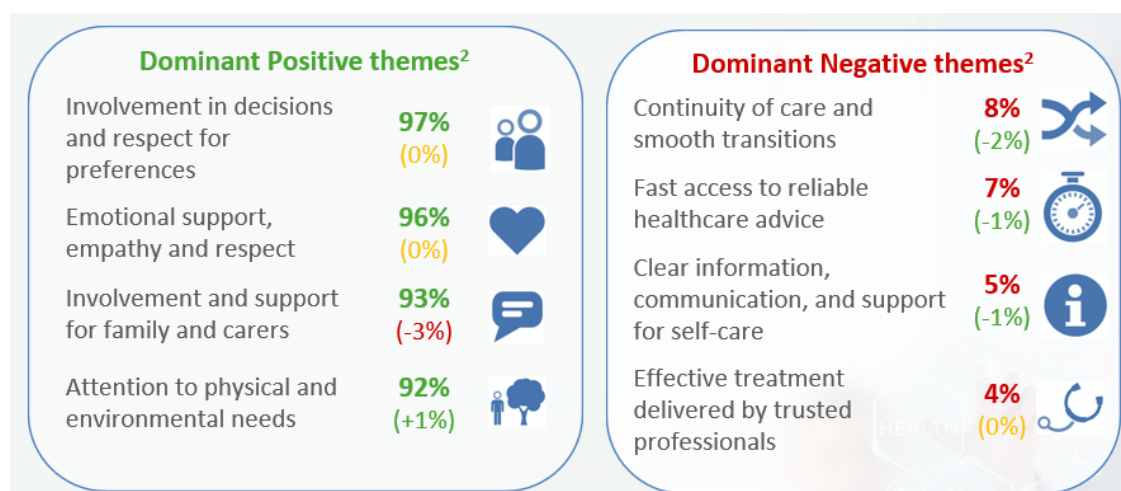
The data continues to show only small variations each quarter although we have continued to see a significantly lower number of MP enquires compared to previous years. We have also continued to see fewer formal complaints and a continued increase in the number of concerns able to be resolved locally.

During this quarter we have continued to see an increase in the number of feedback forms received with services focusing on achievement of this, and whilst we have not achieved our aim of 10% patients providing feedback by year end, for March we achieved our highest percentage to date at 7.8% (March 24 was 3.2%).

We are continuing to see more focus on 'you said we did,' with more examples of how feedback has been used to make changes and improvements to services being reported; Examples are included within the main report.

The lowest sub scores across all divisions remain within the mental health inpatient services, where feeling informed, involved and listened to remaining lower in terms of star rating than other services. The wards all have ongoing work to support improvement, and 3 of our wards participating in NHS England Culture of Care programme which was offered to all Mental Health Trusts as part of their transformation programme. This programme aims to improve the culture of inpatient mental health and learning disability wards for patients and staff so that they are safe, therapeutic, and equitable places to be cared for, and fulfilling places to work. The full report provides some detail on pages 10 and 11 of feedback received through this programme, areas of focus and how the service is addressing the themes.

Overall feedback remains overwhelmingly positive with questions around our staff and involvement continuing to be dominant positive themes. There is very little movement from the last quarter in terms of these themes.



*Number in brackets shows change from previous quarter

What are the implications for EDI and the Environment?

We aim to receive feedback that is representative of the diversity across the population. The below table shows the split of both complaint and survey responses by ethnicity.

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
Asian/Asian British	4.84%	9.80%	9.94%
Black/Black British	4.84%	3.10%	3.31%
Mixed	1.61%	3.00%	3.40%
Not stated	9.68%	15.10%	8.46%
Other Ethnic Group	4.84%	5.40%	2.08%
White	74.19%	63.60%	72.80%

The data indicates for this quarter that Asian/Asian British people continue to be less likely to complain, there has been a shift in terms of Black / Black British who historically have also been less likely to complain or complete the survey, for this quarter completion of the survey is representative of attendance and there are slightly more complaints compared to percentage attendance. Historically we have also observed Asian / Asian British to be less likely to complete the survey, for this quarter the survey responses were representative of attendance which is positive to see. Whilst the survey is provided in easy read and several differing languages it is important for services to ensure that they are explaining about the survey when having contact with patients, their families, and interpreters to enable the opportunity for all patients to provide feedback.

In terms of gender, as in most previous quarters we see a slightly higher percentage of males making formal complaints compared with attendance and we have continued to see a lower percentage of people stating that they are male completing the survey than either females or those identifying as non-binary/ other. We continue to see around 20% percentage of people completing the survey who are not completing some of the demographic questions including gender.

In terms of age the data would indicate that those over 60 years of age are more likely to complete the survey and less likely to make a formal complaint than those in younger age brackets, this is also unchanged from previous quarters.

During Quarter 2, we introduced further filters into the patient survey dashboard, which means that services can now drill down into the feedback given by people by characteristics. 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).

Below are some of the themes that emerge when reviewing our survey data over the last quarter.

Age

19-50 year olds are least likely to rate their experience positively, with the lowest score at 4.43 for 19-30 year old age group, this age group (19-30) are also most likely to score lower for ease of accessing services, information, feeling involved or listened to. They also score lowest in terms of staff, with a score of 4.6 /5-star rating compared to all other ages scoring 4.8 and above. This age group accounts for 3.5% of total surveys completed (around 400). Those over 70 years of age (34% total responses) and those scoring for their children under 5 (5.3% total responses) are the most satisfied across all questions.

Disability

Those declaring as having a disability (25.5% total respondents) score slightly less positively across all questions than those not declaring a disability, this is true for those with a recorded physical or mental health related condition, although those declaring a mental health condition (10% of total completed questionnaires reporting a disability) score lower than other disabilities across all main questions with the exception of ease of access where those reporting neurodivergence score slightly lower.

Ethnicity

Bangladeshi, Indian and White British report most positively in terms of overall experience (with scores ranging from 4.80-4.85 / 5-star rating); whilst Chinese, African and Gypsy/ travellers report the lowest overall experience (4.58-4.69/ 5-star rating). In terms of a patient's experience of staff white British, Pakistani, and Indian patients report the most positive (4.88 - 4.91) whilst African report the least positive scores (4.67).

Indian, Pakistani and White British are most likely to feel that they receive adequate and appropriate information and feel most listened to (Indian 4.85, Pakistani 4.85, white British 4.84) along with White Irish (4.86).

Gender

There is very little difference in ratings across the questions between men and women, except for the question related to facilities where men rate this higher, they also rate their overall experience slightly higher at 4.80 (women 4.77). Non-binary patients have slightly lower scores across all questions except for facilities where they rate higher than women at 4.79.

Sexual orientation

Heterosexual patients report higher levels of satisfaction across all questions compared to Bi, Gay or lesbian patients. Those reporting a mental health disability who are Gay, lesbian or Bi record lower levels of overall experience than those with a physical illness.

The 15 steps programme has continued with several visits undertaken during the quarter as detailed in appendix 3.

3. Conclusions and Recommendations for consideration by the Board

It is the view of the Director of Nursing and Therapies that there are no specific new themes or trends identified within this patient experience report. For areas where there is concern or identified needs for improvement there are service and quality improvement programmes of work in place. There is also an on-going programme of work involving staff, service users and those with lived experience that is reviewing the service delivery model of our community mental health services, this aims to provide clarity around care and treatment as well as improved access to the right services and therefore a better patient experience.

We continue to work to increase the number of responses received through the patient experience tool and we are seeing the use feedback to inform improvement across services. Board members should continue, as part of their contact with services to explore how patient feedback is being used for improvement.

Patient Experience Report Quarter 4 2024/25

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.

From April 2024, the response rate has been 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.

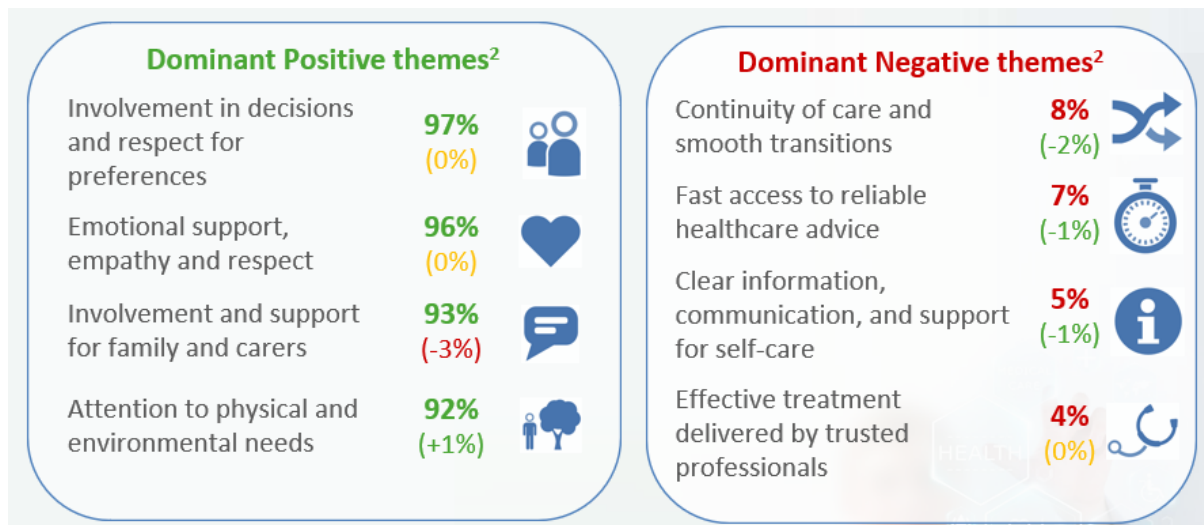
Table 1

Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Year end
Distinct patient numbers (inc patient discharges)	Number	151,330	169,235	221,601	167,704	709,870
Number of iWGC responses received	Number	9,149	9,041	9,921	11,660	39,771
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	6.04%	5.34%	4.48%	7%	5.6%
iWGC 5-star score	Number	4.78	4.80	4.80	4.81	4.79
iWGC Experience score – FFT	%	94.1%	94.5%	94.7%	95.5%	94.7%
Compliments received directly by services	Number	1237	1012	1289	1366	4,904
Formal Complaints Rec	Number	68	64	50	48	230
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	3	13	12	8	36
Formal Complaints Closed	Number	41	59	57	41	198
Formal complaints responded to within agreed timescale	%	100%	100%	100%	100%	100%
Formal Complaints Upheld/Partially Upheld	%	51%	55%	50%	39%	49%
Local resolution concerns/ informal complaints Rec	Number	28	42	53	66	189
MP Enquiries Rec	Number	5	6	6	10	27
Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	7	4	6	5	

There was a very slight decrease during this quarter of the number of formal complaints received although an increase in the number of complaints that were able to be dealt with locally or were informally resolved. There has also been an increase in number of MP enquires received, this is to levels more consistent with previous years.

The PHSO concluded one investigation during this quarter which was not upheld.

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



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

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

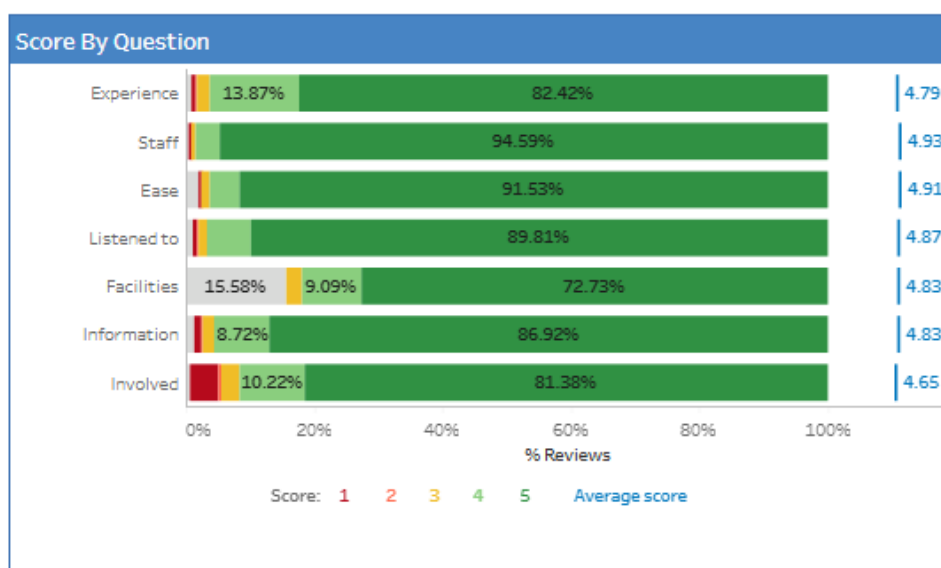
What the data is telling us

Below is 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	1,530	1,313	1,557	3,533
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3.9%	2.7%	1.5%	7.1%
iWGC 5-star score	Number	4.9	4.88	4.83	4.82
iWGC Experience score – FFT	%	95.3%	94.1%	94.7%	96.3%
Compliments received directly by services	Number	98	70	90	83
Formal Complaints Rec	Number	17	17	8	9
Formal Complaints Closed	Number	6	14	15	7
Formal Complaints Upheld/Partially Upheld	%	33.33%	35.2%	46.6%	43%
Local resolution concerns/ informal complaints Rec	Number	6	1	18	8
MP Enquiries Rec	Number	3	3	4	4



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. The Vaccination team has now started to collect feedback through paper forms, and the response rate has increased significantly.

Of the 3533 responses, 3452 responses related to the children's services within the division; these received 96.5% positivity score, with positive comments about staff being friendly and kind and a few suggestions for further improvement, this included 4 reviews for Phoenix House. Thirty-six of the responses related to learning disability services and 28 to eating disorder services.

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

Children's Physical Health Services

There were no formal complaints for children's physical health services received this quarter.

3075 of the 3533 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 2048 (10% response rate) of these responses which scored positively receiving a rating of 4.74 and feedback included they were kind; injection was quick, and nurses were friendly. *"They were very nice and kind and understanding so as I was very nervous they helped me to understand. Overall, it was an amazing experience. Thank you so much."* health visiting services also receive very positive feedback with positivity score of 97.56%- and 5-star rating of 4.95.

Child and Adolescent Mental Health Services (CAMHS)

For Child and Adolescent Mental Health Services there were 5 complaints received, two related to waiting times but there were no other discernible themes.

There have been 363 responses for CAMHS services received through our patient survey for this Quarter. These include 239 received from those attending our neurodiversity services (positive score 96.65% and star rating of 4.90 with lots of positive comments about staff and the experience).

Learning disability

There were no complaints received for the Community Team for People with a Learning Disability.

Overall, there were 36 responses for all Learning Disability services; responses were for the Community Teams for People with a Learning Disability, Learning Disability Inpatient Unit and Learning Disability Intensive Support Team. These received an 86.1% positive score; feedback included that staff listened, *"We enjoyed meeting [name removed] at the university and at home. He listened and was very interested in all I was doing at day services. Gave support wrist trying to use a knife and open my hand."* there were comments for improvements including bigger assessment rooms, more time, and more visits, write things down for patients to read and staff to be consistent in information given to patients. The 6 responses that received with a score below 5 left comments in the free text boxes, comments included wanting to be listened to and felt they didn't know who to trust.

Eating disorders

There was 1 complaint received for the Eating Disorder Services. This related being unhappy as treatment offered was already completed at previous Trust and the extended wait times now for treatment.

Of the 28 feedback responses received, 26 scored a 5 with comments such as *"The two facilitators were knowledgeable, patient, kind and empathetic. They gave us space to talk as a group and share experiences. The material used and information given was very relevant and a great basis to start the journey of recovery. I enjoyed the workbook and will continue to use it and carry out the work," "[name removed] has always been kind and supportive to me. She always provided me with time to express how I was feeling and never judged me. I am incredibly appreciative of the care that I received from [name removed]. My experience with the BEDS team overall has been fantastic. I have learned a lot about my disorder, and I am not equipped with the tools/techniques to practise managing on my own. For that I will always be grateful."* *"I have always been treated with great care from my therapist. I feel listened to, given time to think about questions or responses. Despite some very low points my therapist has been more than understanding. My therapist also has so many different tools and approaches to ensure I get the most out of therapy as possible."* Areas for improvement included make sure patients have team's links for meetings and less reminders as they feel overwhelming.

Mental Health Division

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

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	365	382	365	347
Response rate (calculated on number contacts)	%	4.5%	4.1%	4.3%	3.8%
iWGC 5-star score	Number	4.70	4.65	4.60	4.55
iWGC Experience score – FFT	%	93.7%	92.9%	91.7%	89.3%
Compliments received directly by services	Number	34	25	28	28
Formal Complaints Rec	Number	12	11	8	11
Formal Complaints Closed	Number	10	10	8	7
Formal Complaints Upheld/Partially Upheld	%	70%	60%	62.5%	43%
Local resolution concerns/ informal complaints Rec	Number	1	2	2	13
MP Enquiries Rec	Number	0	1	0	1

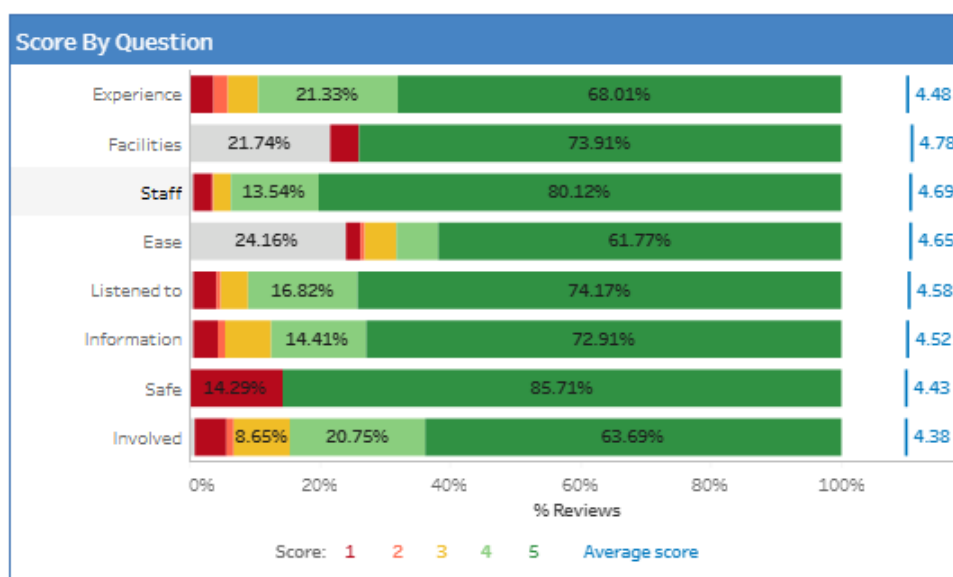


Table 3: Summary of patient experience data.

11 Formal Complaints were received into the division; in addition, there were 13 informal/locally resolved complaints. None of the Formal Complaints were Secondary Complaints. 7 complaints were closed during the Quarter. 3 of these were either fully or partially upheld.

Feedback through IWGC indicates that the opportunity for most improvement is in relation to the feeling of being involved in your care and treatment (although it appears that safe also scored lower the total number responding to this question was a small sample of the total respondents, with a total 12 of the 347 scoring this and of these 2 answering negatively)

The services receiving the majority of iWGC responses were Crisis Response Home treatment Team (CRHTT) East with 120 responses, CMHT Bracknell with 35 responses and IPS Employment Service with 20 responses.

Across the CRHTT East survey, the average 5-star score was 4.30 with 88.3% positive feedback, a decrease in the 5-star score and a decrease in the percentage positive feedback from last Quarter. 106 of the overall number of responses received (120) scored a 4 or 5-star rating with many comments about staff being helpful, listened, kind and supportive; “[name removed] was awesome. She really helped me so much. If it wasn’t for her I don’t think I would’ve made it through. She didn’t make me feel judged. She made me realise that I wasn’t the enabler even though I kept being told I was.

[name removed] made me feel like a human being. Not only did she support me with my mental health help, but she also made sure I was put in touch with DASH. I can’t thank her enough.” This Quarter, questions relating to listening and feeling safe were least likely to be positive with areas for improvement and dissatisfaction with the service about feeling like there was poor communication, staff didn’t listen and were not told about discharge.

The IPS Employment Service received 100% positive score (4.87-star rating) and received positive feedback about staff being supportive, helpful and friendly. “Both [name removed] and [name removed] who I saw were fantastic. They were very friendly and approachable. Every session ended with them telling me that if I needed anything between appointments to get in touch with them straight away. They found me my first job and continued to support me after I had started. Every appointment we had was well worth attending.”

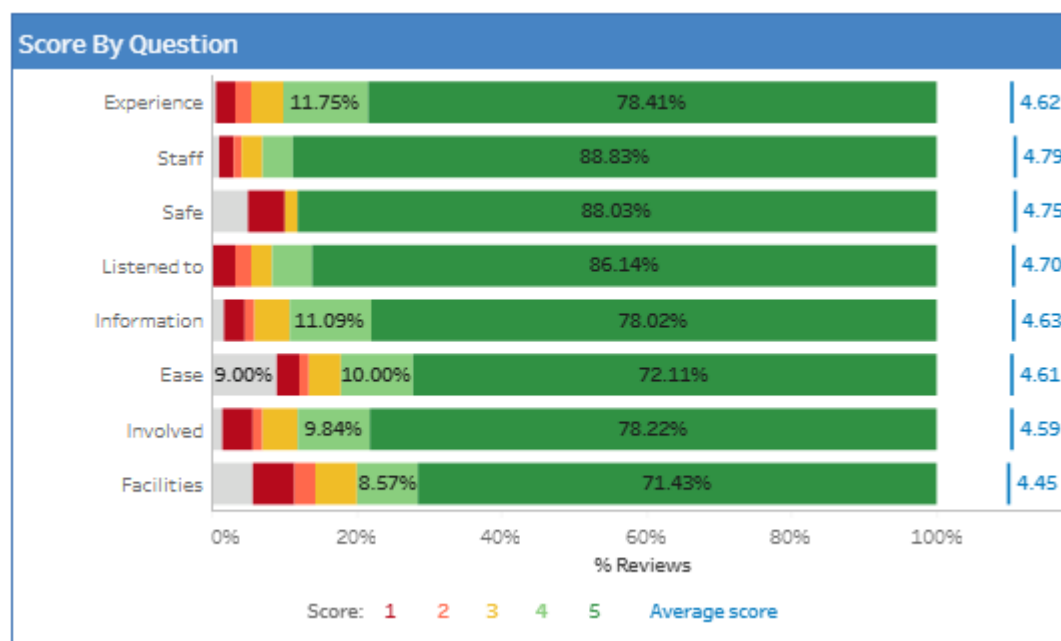
CMHT received 71 responses (Bracknell 35, WAM 18 and Slough 18) with 87.3% positive score and 4.59 star with 9 of the total responses scoring less than a rating of 4; comments

included “I think mostly it couldn’t have been much better given that I am not seen as a priority so was ultimately on a hiding to nothing. The only thing I really didn’t like was that the lady told me that you don’t help with benefits which I knew, when in reality my benefit struggles were a major trigger making my depression and anxiety worse which in theory you could help me with. I don’t like telling tales so this review itself has increased my anxiety, but you did ask and hopefully my response will help somebody else. I repeat the lady was perfectly pleasant and I’m certain she was just following policy.” There were several positive comments that staff were caring, kind, understanding and listened. Some of the suggestions for improvement included higher chairs in waiting area and read patients record. Further work is being carried out 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	1281	1218	1237	1047
Response rate (calculated on number contacts)	%	6.06%	6.01%	5.66%	4.90%
iWGC 5-star score	Number	4.51	4.62	4.63	4.66
iWGC Experience score – FFT	%	84.8%	89.5%	90.1%	90.2%
Compliments received directly by services	Number	435	375	339	390
Formal Complaints Rec	Number	12	12	5	16
Formal Complaints Closed	Number	6	3	4	9
Formal Complaints Upheld/Partially Upheld	%	33.32%	27.2%	75%	44.4%
Local resolution concerns/ informal complaints Rec	Number	1	1	4	7
MP Enquiries Rec	Number	0	1	2	2



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. Of these complaints the CMHT received 8 including older adult CMHT, CRHTT received 5 and Mental Health integrated community service (MHICS) had 1. The 3 services with the most feedback through the patient survey were Talking

Therapies Step 2 with 207 responses, Talking Therapies – Step 3 with 130 responses and CRHTT West with 92 responses.

There was a reduction in the number of iWGC responses for this Division, the services seeing the greatest numbers being (Court Justice Liaison and Diversion) CJLD (6 compared with 34 last quarter) and Talking Therapies (51 compared with 213 last quarter).

Questions relating to ease, involvement and facilities have the least number of positive responses. Examples of feedback include waiting times were long for people accessing Talking Therapies, CRHTT, Community Mental Health psychological Therapies (CMHPT) and Common Point of Entry (CPE).

For CRHTT West there was an 83.7% positivity score and 4.43-star rating. There were lots of positive comments about staff being supportive, listening, and caring, *“Service was excellent. felt really well supported, as someone that was hesitant to ask for support, my care was managed really well, with meetings being scheduled for me but with my knowledge at all times to just help progress through.”* Some of the areas for improvement included more information around discharge process, wait times when referred to another service are too long and would have liked to have written information given as a lot of information to take in.

The Older Adult Mental Health Service and Memory Clinic combined have received a 93.6% positivity rating (4.89-star rating) some of the feedback included *“Both [name removed] [name removed] and [name removed] [name removed] were highly professional, caring and kind to me and my husband. I felt they listened and understood my situation and the letter from [name removed] [name removed] to our GP reflected this. They gave us as much time as we needed. The psychometric assessment was certainly testing but it was done with consideration and encouragement. [name removed] [name removed] and [name removed] [name removed] spent considerable time getting to the bottom of my situation. I am grateful to them. I feel much more settled about my situation now. The staff in the office at the Memory Clinic were highly helpful and kind.”*

There were 75 responses received for West CMHT teams with 94.7% positivity score and 4.66-star rating, 71 of these were positive with comments received that staff listened and were understanding, there were 3 negative responses with reviews stating that patients felt like staff didn't listen and felt like questions were repeated.

Most comments were still very positive about the staff, including that they listened, were helpful and supportive. Several of the comments/areas for improvement were that the rooms felt bare and need some decoration and wait to be seen was long. For example, *“Have a warmer feeling in colour to the rooms. The walls are very bare. You could have some positive quotes on the walls and also some sensory gadgets for calming experience.”*

For Talking Therapies, the overall scores were 91.92% positivity and 4.71 star rating with the Step 3 pathway getting the highest scores. Many of the comments were positive about staff having listened, and that they were kind and understanding.

Examples of positive feedback about Talking Therapies included, *“The therapist was very responsive to my particular needs and the speed at which I wanted to get stuck into helping me find solutions. She was very sensitive to my emotional state and to my previous experience and therapy I had already received. She was quick to ‘get down to businesses and patient with me when I didn’t quite understand what she needed from me. I particularly appreciated the follow up email summarising what we had done, giving me advice and techniques to practice and resources to study before we meet again. These were exactly what I needed, and it was good to have them to refer back to and learn from. I really appreciated and benefitted from our first session.”* “[name removed] was an amazing counsellor, really providing care, support, and expertise to help me in my journey and making the process easy to follow and leaves me feeling in a much better place having ended my care. Massive thanks to [name removed], I’m so appreciative of his guidance and would recommend him to anyone requiring the help I’ve needed.” and “[name removed] was always very kind and helpful during the sessions, I enjoyed talking to her and really liked the

positive attitude/vibes and understanding during the call. I believe it helped me a lot because I felt like I can be honest with her without judgment so I could open up fully and made me to want it more to achieve my goals.” Patients reported that they felt “I felt that I was listened to, I felt that I could express my concerns and after the phone call I felt that there was someone there to help me.”

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.

Further work is being carried out with Mental Health West services to improve uptake as part of the wider patient experience improvement plan.

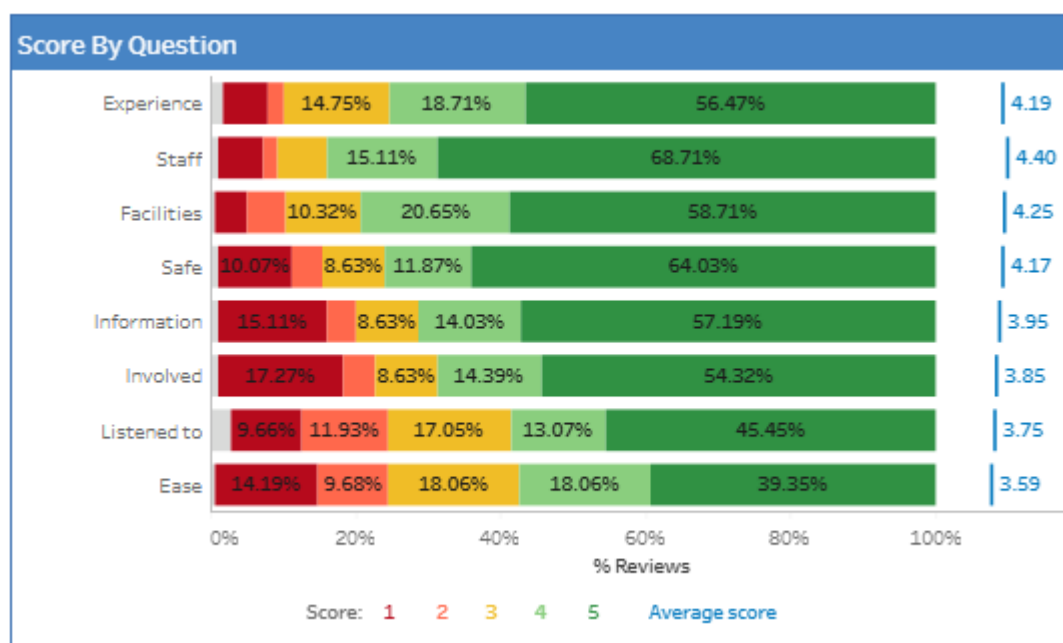
Op COURAGE received 52 responses during the Quarter, their patient survey responses gave a positivity score of 96.2% (4.81-star rating), 2 of the reviews scored less than 4.

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	229	300	318	278
Response rate	%	111.3%	180.7%	163.1%	143.3%
iWGC 5-star score	Number	4.07	4.17	4.24	4.06
iWGC Experience score – FFT	%	71.7%	73%	73%	75.2%
Compliments	Number	12	20	19	7
Formal Complaints Rec	Number	11	11	9	8
Formal Complaints Closed	Number	8	11	12	4
Formal Complaints Upheld/Partially upheld	%	37.5%	63.6%	33.3%	75%
Local resolution concerns/ informal complaints Rec	Number	1	0	2	4
MP Enquiries Rec	Number	1	0	0	0

- This excludes the number of surveys completed for Place of Safety, as whilst we collect feedback on people's experience, it is not an inpatient ward.



Although there has been a decrease in the number of IWGC responses received, we continue to see patients complete this during their ward stay as well as on discharge which is why we have over 100% response rate. The Activity Co-ordinators and PALS Volunteer have been on the wards encouraging patients to share their feedback, which has a positive impact in the response rate.

The satisfaction rate was 75.2% with 64 of the 278 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to ease received the least positive scores with overall 5-star rating for this question being 3.59 and 65 of the 155 giving a score of 3 or less to this question. The Ease question asks whether the place they received their care, assessment and/or treatment is suitable for their needs, comments relating to feeling listened to and feeling involved in terms of needs also received lower scores with some comments relating to staff needing to listen to their needs, wards are too noisy and would like more activities. Some of the wards are currently participating in a national culture of care programme which focuses on safety and involvement of patients (this is detailed alongside actions being undertaken further down in this section); there is also ongoing work in relation to improving communication and the involvement of patients making decisions about their care, particularly around managing risk. Feeling listened to and involved in care are also lower scores for the inpatient wards, People with lived experience are supporting ongoing work to support improvements.

There were 8 Formal Complaints received for mental health inpatient wards during the quarter across all wards. They were regarding Individual care and treatment and discharge planning/arrangements.

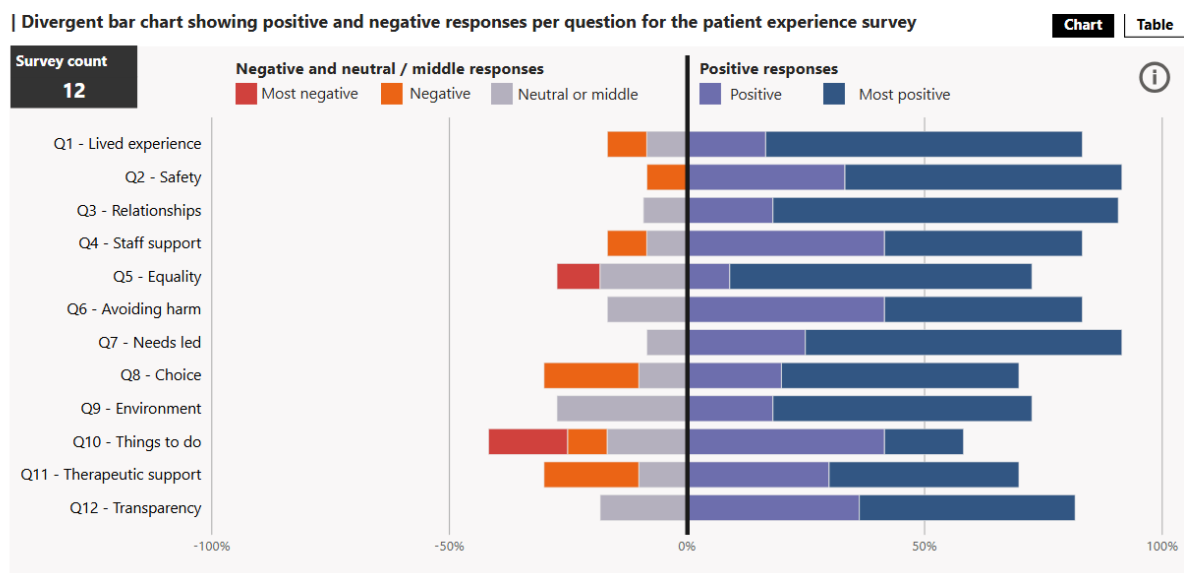
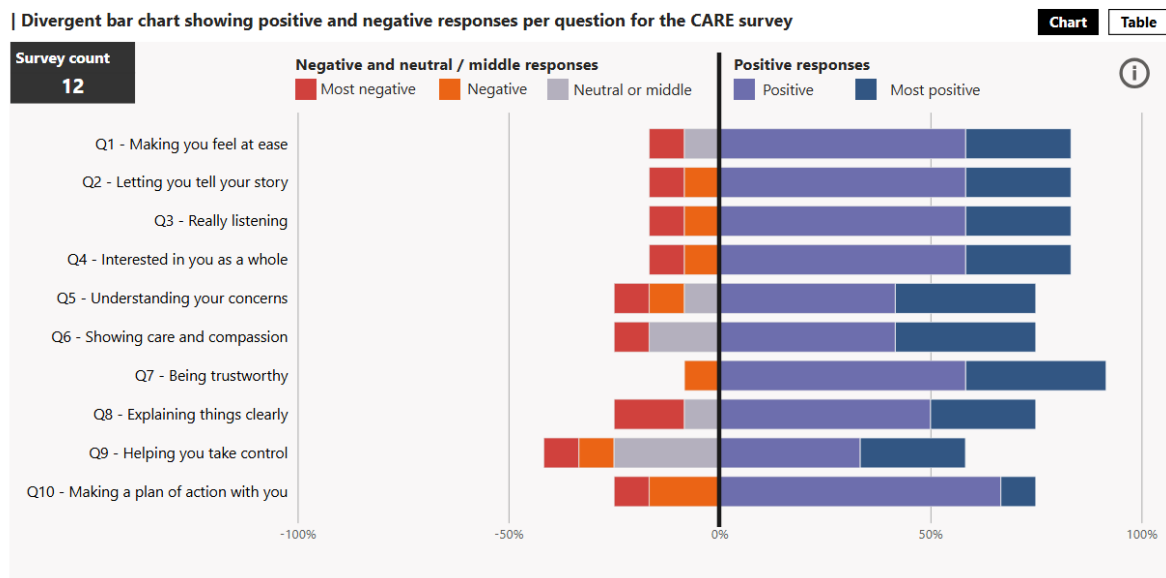
There were 4 Formal Complaints closed during the quarter and of these 3 were partially upheld and 1 found to be not upheld.

There were many positive comments received in the feedback including comments such as staff were friendly, caring, understanding and helpful. There were some comments for improvement about more information, better communication, and better food. Examples of the feedback left are *"Thank you to rose ward for providing a more rehabilitative and gentler environment for the recovery period. Staff are consistent with me and that is something that goes a long way. There's enough to do, the radio was a great choice."* *"I was given a bed, my meds, a place to rest and reflect. The place is clean. The food is good. There are activities that I couldn't partake in because I am resting but I believe the place generally offers good care. Most of the staff are friendly. I'm thankful."* *"Very kind and attentive staff and I felt welcomed and not judged or any prejudice against me just respect and quality advice and support."*

As detailed above, the wards are currently participating in the national Culture of Care programme and an element of this is the collation of patient feedback and hearing of the patient voice from a care and experience perspective; we are gathering this via a number of differing ways including:

- **Ward Culture of Care Project Teams** – Cross-disciplinary teams, including lived experience input, identify areas for improvement.
- **Community Meetings & Coffee Mornings/Evenings** – Offering spaces for patients and carers to share experiences and influence change.
- **National and Local Surveys** – The Culture of Care Patient Care Survey and Patient Experience Survey.
- **Semi-Structured Interviews on Physical Assaults/QI Project** – Capturing both patient and staff perspectives on safety, emotional impact, and reporting barriers.
- **External Engagement** – CommUNITY Forum and Every Little Thing Festival provide broader lived experience input.
- **Senior Leadership Team (SLT) Monthly Night Drop-Ins** – Provides and informal opportunity for patients to talk to SLT members at night.

Survey results from the questionnaires are as below:



The main areas for improvement have been identified as:

- **Ward Environment & Activities** – Patients would value more structured activities, better backup plans for cancellations, and improved outdoor and sensory spaces.
- **Patient Involvement & Choice** –some patients report feeling excluded from decision-making, lacking choices in care, and experiencing boredom.
- **Physical Assaults, Safety and Boundaries** – some patients (*and staff*) have shared concerns about physical assaults, inconsistent boundary-setting/differing expectations.
- **Community Meetings & Representation** – Patients want meetings to be more meaningful, with more senior staff involvement and clearer pathways for influencing change.
- **Personalised and Inclusive Care** – Suggestions include torch filters for night-time observations, sensory-soothing environments, and reducing biases in care.

The next steps to address these themes include:

- **Enhancing Community Meetings** – Strengthening patient involvement, increasing senior staff presence, and creating clearer pathways for patient-led change.
- **Ward Culture of Care change ideas include** Rose Ward is enhancing its garden to create a therapeutic, neurodivergent-inclusive environment.
- **Addressing Physical Assaults and Boundaries** – Expanding physical assault interviews to older adult wards, launching a Quality Improvement project to address concerns, and embedding professional boundaries training into staff development e.g. newly qualified, B4, risk training. Feedback used within Culture of Care /Patient and Carer Race Equality Framework /Unity Against Racism project work to develop scripts and training videos based on real patient experiences.
- **Strengthening Lived Experience Partnerships** – Expanding engagement through lived experience and external forums to further integrate patient voices.
- **Personalised Risk and Carer Involvement** – Continuing support for individualised risk assessments and introducing a clearer mechanism for hearing carers' concerns (Martha's Rule). Introduction of coffee evening for carers at PPH in April

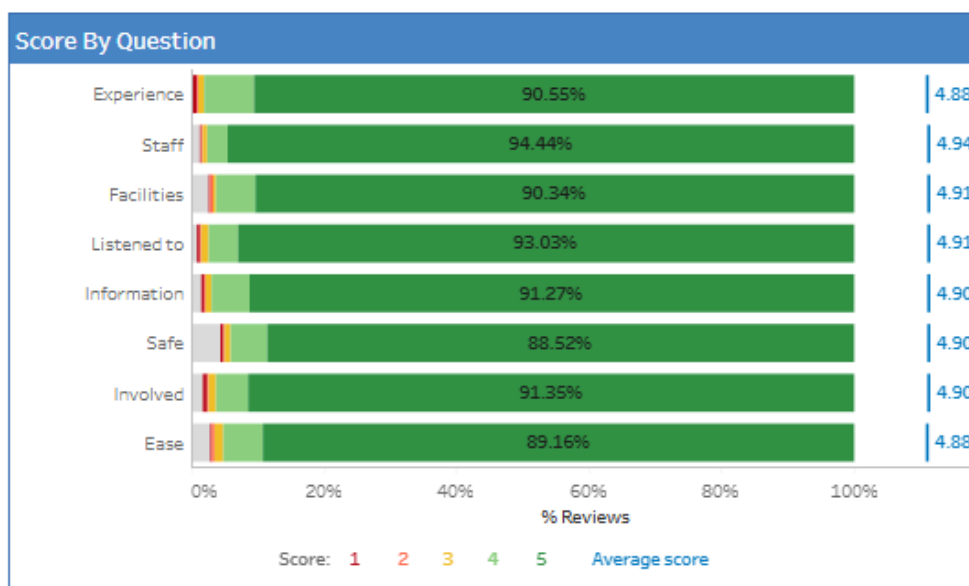
In addition to the feedback about the wards, there were 29 responses for a Place of Safety and the average score was 4.23. Some comments received were *"I felt safe and cared for, by all staff such as [name removed], [name removed], [name removed], [name removed], [name removed]. All engaged with me and took care of me."* *"Everyone has a very kind demeanour and feel their intentions are kind and also."* And *"Staff have been kind, caring and supportive as well as understanding."*

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	2462	2364	2405	2519
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.4%	7.1%	7.2%	8.0%
iWGC 5-star score	Number	4.89	4.89	4.91	4.90
iWGC Experience score – FFT	%	97.6%	97.8%	97.9%	98.1%
Compliments received directly into the service	Number	382	136	245	187
Formal Complaints Rec	Number	4	2	4	0
Formal Complaints Closed	Number	5	1	3	2
Formal Complaints Upheld/Partially Upheld	%	100%	0%	100%	0%
Local resolution concerns/ informal complaints Rec	Number	3	9	7	14
MP Enquiries Rec	Number	0	0	0	1



The 2 Formal Complaints received this quarter related to different services. It should be noted that the division receives very few formal complaints but those received are generally upheld/partially upheld. This quarter however, neither of the complaints were upheld.

The Hearing and Balance Service received 105 responses to the patient experience survey with a 95.2% positive score and 4.86-star rating.

East Community Nursing/Community Matrons received 531 patient survey responses with a 99.3% positive scoring, many comments were about staff being kind and professional, for example *"All staff very friendly and professional, come in daily to give injections. All are very professional, kind, and considerate. When they can they stay a little while for a chat, giving me much needed contact."* *"The team has been wonderful at my hour of need, I could not do without you, thank you for the daily calls for my drain care and look forward for the drain to come out. All the staff are kind, caring and professional."* *"Very efficient joined up care between DN and TH really appreciate the quickness of both service at our time of need, from the lady on the phone to the staff that visited very professional and calming thank you."* There were also some comments around wanting more time with the nurse for example *"More time to spend with us/patients."*

The wards received 141 feedback responses (50 responses for Jubilee ward 96% positive score and 91 responses for Henry Tudor ward with a 94.5% positive score). Positive comments were received in relation to food, staff being kind and caring. 6 of the responses scored less than 4, comments for improvement related to food, staff, bedding, safety, and toilet.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 98.2% (4.91-stars), comments were very complimentary about staff being professional and helpful, *"[name removed] is a truly a great asset to your team, she was not only kind, caring and professional, she went above and beyond in trying to ease the pain I was going through in each session I had with her, without that help and treatment I received I would still be in extreme pain now. I am so gratefully appreciative in all her support."* The reoccurring improvement suggestion for this Quarter was for more parking.

Outpatient services within the locality received a positivity score of 97.6% with 4.89 stars from the 625 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"The care provided for my mum by the UCR team has been exceptional. It has been much quicker than I would have ever expected for a community service. We are really grateful, and we know she feels much safer at home with your team visiting her. Thank you to everyone."*

The Diabetes Service received 263 feedback responses with 97.3% positivity and some lovely comments including *“I am very happy with how everything was presented; it was easy to understand, and any questions were answered in a very good manner. I came away with a lot of positive knowledge about the pump and felt very confident and positive about having one of these for my Diabetes treatment.”* Alongside some helpful suggestions for the service to consider around the rooms being cold *“The room was very cold had to leave and missed the cause in what was disappointment.”*

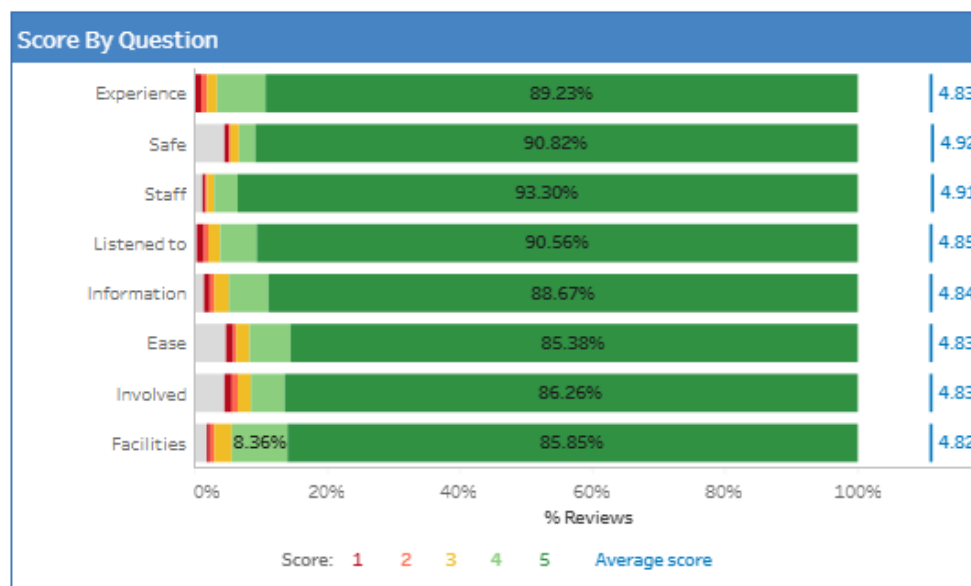
The Assessment and Rehabilitation Centre (ARC) also received positive feedback including *“The person I saw was kind and respectful. He explained carefully what he wanted me to do and why he was asking me to do it. He then explained to me what he thought was the cause of my problem which gave me understanding of it.”*

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

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	3227	3426	4029	3909
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	5.9%	5.9%	7.1%	6.9%
iWGC 5-star score	Number	4.83	4.84	4.85	4.85
iWGC Experience score - FFT	%	96.4%	96.3%	96.1%	96.4%
Compliments (received directly into service)	Number	260	95	149	153
Formal Complaints Rec	Number	12	10	11	10
Formal Complaints Closed	Number	6	10	3	11
Formal Complaints Upheld/Partially Upheld	%	83.3%	70%	75%	54.5%
Local resolution concerns/ informal complaints Rec	Number	16	23	22	16
MP Enquiries Rec	Number	1	0	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 96.4% positive satisfaction and 4.85-star rating and the question on staff receiving a 97.0% positive scoring from the 3909 responses received.

There were 10 Formal Complaints received compared to 11 in Q3, these were split across several different services.

The community hospital wards have received 187 responses through the patient survey receiving an 95.2% positive score and 4.63-star rating, (9 responses scored 3 and below) questions around information and feeling involved receive the most results of 3 and below. Comments include *"I was on Highclere Ward. The care I received was amazing. The staff were very caring, compassionate, considerate and nothing was too much trouble for them. Their encouragement to help me become more independent was great and I feel I really benefited from my weeks stay," "The staff, in all capacities, have been kind, helpful and caring and professional, except one night duty person who I found quite brusque and unsympathetic when I was at my lowest."* *"I have been here several times, always lovely staff, kind, pleasant and caring. Food is very nice."* And *"Staff have been most wonderful, with their kindness, care and support, thank you."* there were some individual comments where patients were less satisfied with noise on the wards, more physiotherapy, food needed improvement and more staff. Comments for reviews with responses that scored below 4 included didn't feel listened to, just wanted to go home, did not come when they said they would, some staff were not nice, communication, doctors should work on weekends, not respectful, would like more physiotherapy and staff not having enough time for patients. There were 3 reviews which received a score of 1, 1 of these said the service was excellent.

Of the 5 Formal Complaints for the Out of Hours GP service, 2 related to the quality of care received and 2 were about an incorrect diagnosis.

WestCall received 310 responses through the iWGC questionnaire this Quarter (89.7% positive score, 4.70-star rating, 32 scores received below 4. Positive comments included *"I found [name removed] [name removed] a really helpful Doctor who explained things clearly to me. I arrived feeling very anxious about my situation but left feeling confident to continue with the treatment I had been administered. [name removed] [name removed] is an excellent Doctor with genuine care for her patients. She is a total professional. I was lucky she was on duty that night."* *"Fantastic care by West Call Out of hours service. I was seen at west Berkshire community hospital. My doctor was very thorough and explained everything to me. The nurses who did my observations were also great. It was a friendly, efficient service in very clean, pleasant surroundings."* *"Excellent service - from the moment we arrived and were triaged by the receptionist staff (nurse). We had a short wait before we were seen by [name removed] [name removed]. Spent time to understand the symptoms my 3 year old was suffering from and gave a course of antibiotics as needed."* Areas for improvement included long wait times, did not feel listened too and poor staff attitude.

The Podiatry Service received 196 patient survey responses. Most responses were very positive receiving 5 stars (overall 98.5% positivity 4.90-star rating) with examples including *"When I visited the Royal Berkshire hospital main entrance, I met the Buggy car driver Mr. [name removed] and drove me to the Podiatry foot Clinic, as I was a disable Person, at the foot clinic front desk I was taken care by Mrs. [name removed] and she guided me to the sitting area, Where later I was invited by [name removed] [name removed], and [name removed], they both helped me by taking good care of my Feet by cleaning all the dead tissues from both my feet. And later instructed me to explain to the GP [name removed] s how to do the dressing and when to come back on my next appointment I thank them all and God bless them for their Professionalism. And love they share with all the Patients."* *"I was so nervous about having the in growing toenail done as I've been in so much pain with it the young lady was excellent keeping me calm kept me talking she was very gentle. I cannot thank her enough. I was so relieved she got the nail out too. Thank you"* and *"The podiatrist I saw gave me great advice and thoroughly explained what was causing my foot pain. She was very personable, and I felt comfortable during my appointment. She is going to follow up with a phone call in a few weeks."*

There was one Formal Complaint for the Community Nursing Service. This related to the completion of Continuing Healthcare Paperwork.

To provide some context across our East and West District Nursing teams combined there were 16,913 unique patients this Quarter.

885 responses were received for Community nursing (97% positive score and 4.92/5 stars) Lots of comments included nurses were kind, helpful, and friendly, *“All attending nurses were professional, kind and patient. It was clear they were thinking of my health and were doing everything they could to make me comfortable and What amazed me was they all go the extra mile e.g. talking to the doctors and or specialist nurses. I am very grateful especially to [name removed] for attending at the beginning and triaging via doctor and checking the results which required further investigation and confirmation. It reinforced my trust and made me feel safe. ”*, *“The DN team at Wokingham have been amazingly supportive to myself and my wife, both of us are palliative and also under [name removed] , My wife had a bed organised and delivered within 24 hours , special thanks [name removed] who was extremely helpful on the telephone and organised all we needed .”* and *“All district nurses are very professional and friendly. They always help out whatever needed, really appreciated. The nurses are absolutely fantastic.”* There were several positive comments about nurses being caring and there were very few suggestions for improvement, would like to know when they will visit and would like the nurses to stay longer.

MSK Physio has received no Formal Complaints in the Quarter. The service has received 688 patient survey responses with a 97.5% positive score (4.89 -star rating), very few areas for improvement were included in the feedback there were a few suggestions including parking, long wait times, rooms were too hot and lack privacy in the rooms and the overall feedback was extremely positive with lots of comments about staff were helpful, professional, friendly and listened.

Bladder and Bowel (continence) services received 132 survey responses with 95.5% positivity and 4.88 star rating, with comments about sensitive and kind approach.

Demographic profile of people providing feedback

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
Asian/Asian British	4.84%	9.80%	9.94%
Black/Black British	4.84%	3.10%	3.31%
Mixed	1.61%	3.00%	3.40%
Not stated	9.68%	15.10%	8.46%
Other Ethnic Group	4.84%	5.40%	2.08%
White	74.19%	63.60%	72.80%

The table above shows that during this quarter there was a slightly higher % of complaints received by Black/ Black British people in relation to %. Those identifying as white and of mixed race are also less likely to provide feedback via our survey; although it is recognised that we have a high rate of patients who do not complete the ethnicity section of the feedback survey (15%). Intelligence such as this feeds into our wider work to ensure that we capture the outcomes and experience of all people who use our services.

It will be important to ensure as we continue to gain an increase in our patient survey responses that everyone is able to access and use the survey; the survey is provided in easy read and several differing languages, but it will be important to ensure that the prompts

to complete this are not inhibiting feedback representative of the community and our patients.

The Patient Experience Team will be 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 Q4 attendances
Female	50.00%	41.50%	55.74%
Male	46.77%	33.30%	44.25%
Non-binary/ other	0%	2.40%	0%
Not stated	3%	23.10%	0.00%

The data for this quarter shows that we are more likely to hear the voice of female attendees either through complaints or the staff survey. 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 by gender. The data shows us that:

Table 9A: Gender by outcome code

Gender - as stated	Not Upheld	Partially Upheld	Upheld	Grand Total
Female	33.33% (reduction from 55%)	61.11% (increase from 45%)	5.56% (increase from 0%)	100.00%
Male	68.75% (reduction from 75%)	18.75% (increase from 13%)	12.50% (stayed the same as Q3)	100.00%
Not stated	50.00%	41.67%	8.33%	100.00%
Grand Total	50.00% (decrease from 67%)	41.30% (increase from 26%)	8.70% (increase from 7.4%)	100.00%

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
0 to 4	0.00%	22.10%	6.42%
5 to 9	0.00%		2.31%
10 to 14	9.68%		3.76%
15 to 19	3.23%		5.11%
20 to 24	6.45%	3.50%	3.25%
25 to 29	12.90%		3.24%
30 to 34	9.68%	4.70%	3.48%
35 to 39	8.06%		4.02%
40 to 44	9.68%	5.90%	3.79%

45 to 49	4.84%		3.82%
50 to 54	4.84%	9.20%	4.13%
55 to 59	6.45%		4.77%
60 to 64	4.84%	11.60%	5.33%
65 to 69	1.61%		5.04%
70 to 74	3.23%	12.40%	6.02%
75 to 79	3%		8.16%
80 to 84	1.61%	11.60%	9.58%
85 +	6.45%		17.11%
Not known	3.23%	19.00%	0%

Comparatively, people over 60 years old are more likely to give feedback via the patient survey and are less likely to make a formal complaint. 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).

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. During this Quarter, we introduced further filters into the dashboard, which means that services can 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.

Service	You said	We did
CRHTT	We need a more consistent response from the service.	Brought in the concept of a 'named worker'
CAMHS Anxiety Disorder Treatment Team	Unclear on process when a group intervention has finished. What happens after group therapy?	ADTT have introduced individual appointments for all group participants after final group session. This allows for clear communication about the next steps for treatment or Discharge.

	More clarity required regarding what happens if appointments are missed/cancelled either by service user or clinician.	New Therapy contracts produced and shared with service users at start of treatment within ADTT for both individual treatment and Group treatment. Clear guidelines on procedure explained regarding missed appointments within this.
Adult Berkshire Eating Disorder Service (BEDS)	The waiting rooms at St Marks to look more pleasant.	Changes and improvements have been made to the waiting rooms.
	For a map to be included with the first information pack that is given to new service users.	Bus and train route information has been added to emails sent to patients.
	Did not want so many appointment reminders for group sessions.	Staff are now able to input group appointments on RiO so that patients do not receive multiple reminders.
	A patient reported that they were unable to read or write.	Easy read resources were made to support with accessibility to treatment.
Family Safeguarding	Wanted to learn from previous group members about their experiences of the group.	We invited service-users who have 'graduated' from previous groups to return to support new group members with this meet and greet process.
	More detailed resources to support learning around the content of the MECS Group [Managing Emotions and Challenging situations].	We created a comprehensive resource pack of all the skills covered.
	CBT Parental Wellbeing group materials to be more accessible for those who were unable to attend the group consistently due to work / other safeguarding children's meetings.	We reviewed the content and looked at creating more visual aids to support understanding of the materials.
Immunisation Service	Provide students with a paper form with vaccination details following vaccination. Provide parents with information regarding the timings of the sessions on the day and improve the confirmation email as	<p>We offer a paper patient information leaflet at all sessions for students to take away if they wish to.</p> <p>We updated the parent letter to include information about the session day on the back of the letter:</p> <ul style="list-style-type: none"> - Following vaccination your child will be provided with verbal post vaccination advice and vaccine information leaflets will be offered.

	the information is generic to all vaccines.	<p>We are unable to provide specific timings for when your child will be vaccinated at school. The timetabling of vaccination sessions can be quite complex and is managed by individual schools.</p> <p>We also reviewed the email confirmation sent to parents following vaccination, utilising QMIS methodology and created a streamlined confirmation:</p> 
Adult Speech and Language Therapy	Acknowledgement letter is vague. Would like more information as to when they will be seen/ contacted.	Updated acknowledgement letter advising service users will be invited to contact to arrange appointment when at the top of the waitlist.
	Patients frustrated re having to go to Wokingham main reception and then walk to port-a-cabin	Updated appointment letter with instructions to go to portacabin and sit in waiting area ahead of appointment
Bladder and Bowel	Better signs	Placed signs in every location indicating what the time is of the clinics and who is available.
CARSS	Give an option of morning or afternoon when booking appointments.	Giving an expected time of arrival AM or PM may be difficult to achieve for all patients as timing can depend on needs of previous patients in the day. We will explore offering timed slots for those patients needing exact times and/or give rough expected time of arrival for visits where we can.
Diabetes	There is work you can do to make the service more accessible.	<p>Improved audio-visual aid for group education as patients attending group education could not see screen well.</p> <p>Changed Venue in Bracknell as patients were complaining of venue being too hot and noisy.</p> <p>Started group education in Hindi/Urdu for non-English speaking community in Slough.</p> <p>Bringing care closer to patient home by setting up community clinics.</p>
Community Dental	The signage from the car park could be clearer (Skimped Hill)	Estates have been informed and have put in place some temporary signage.

MSK Physio	Parking	Has been raised to estates, plan to add to the new patient letter info on arriving early for parking.
	Privacy/space/noise	Review with estates regarding individual sites
	Expectations of session	Ongoing discussions with team regarding shared decision making from initial assessment and ongoing.
	Not receiving exercise handouts	Feedback to the team and review of requests for handouts is being undertaken
Urgent Care	It would help to be given a visiting time.	We will call you to let you know we are on our way and will arrive within the next ... minutes.
ARC	Somewhere to hang coats/bags when in the toilets (and clinic rooms), so don't need to put on the floor	Put up coat hooks on all doors in the St Marks ARC Clinic rooms and toilets
	Screens in gym at SM Gym – identified as trip hazard due to legs sticking out	Purchase of screen without trip hazard
	Chairs too low in reception area in SM ARC reception	Seeking quotes for adjustable height and differing chair sizes
	I am hard of hearing and have poor vision and my daughter has to be around when I have therapy visits.	Large print leaflets to support people with poor vision
	The physio only provided an hour or two notice to the visit	To provide a date when they will be seen again at the previous visit
Community Children's Nursing West	Review how to communicate with families (including leaflets) to give more clarity.	Looking at how to involve families in a focus group to explore further, including involving them in coproduction of leaflets/ other resources.
	A parent fed back that as her child was developmentally delayed and that they were unable to use the IWGC feedback tool.	The team are exploring the use of different communication tools to see if they can develop a tool to gain feedback.
Phoenix Unit	More activities within the day.	We have added a quality improvement project and developed a team focus group to develop a new timetable to include more activities with the aim to include young people within this process. Which has resulted in the need to revise the current therapeutic programme with the aim for more therapy groups and activities.
	To be able to have a nature area in the garden and more gardening activities.	We have brought more planters and have started a gardening group lead by the service users and members of the team.
	Would like more sensory items in the quiet room	We have brought a range of therapy and sensory toys, such as a galaxy projector, bubble tubes and other items

	and accessible on the unit.	that are current either in the quiet room, therapy rooms or in the process of being put in the sensory cabin.
	To be able to go on more walks off the unit.	We have risk assessed the local area to identify possible safe routines to take young people off the unit for a short walk.

15 Steps

There have been eight '15 Steps' visits during Quarter Four. We are receiving consistently positive feedback about the visits, with services relaying how helpful they are.

The Head of Service Engagement and Experience is continuing to lead an end-to-end review of the 15 Steps programme, looking at how these are planned, reported, and how any improvements are implemented. Our review is providing information into to national NHSE review of the 15 Steps programme. Insight from our services, Governors and Non-Executive Directors is integral to this piece of work and a schedule of visits has been shared which has resulted in a vast increase in the participation of this programme.

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.

Continuing to increase feedback to enable services to understand the experience of those using their services and to use this for improvement remains a key strategic ambition for the Trust and, all our divisions are reviewing how they ensure that patients understand the value that we place on receiving this feedback to further increase the amount of feedback received.

Formal Complaints closed during Quarter Four 2024/25

ID	Geo Locality	Service	Description	Outcome code	Outcome	Subjects
9775	Reading	Learning Disability Service Inpatients - Campion Unit - Ward	Pt unhappy that threats have been made telling pts relatives they will be put on a section 3 if pt keeps calling the police	Not Upheld	The concerns and thoughts about taking his medication were acknowledged and reassured that we will listen to him and help him better understand the reasons. Reassured the complainant that we want to help him stay out of hospital.	Abuse, Bullying, Physical, Sexual, Verbal
9761	West Berks	Integrated Pain and Spinal Service - IPASS	Pt feels the physio used excessive force and had an authoritarian attitude and was clearly angry with the pt. the staff member offered no assistance when the pt obviously needed help. Compliant not visible in the complaints inbox IT to explain what has happened	Not Upheld	Both the patient and clinician have different recollections of the appointment. The clinician does recall being unclear what management options the patient would be happy with and recognises that some options she is unable to offer due to the nature of her role and commissioning agreements that are in place beyond her control. No evidence was found that excessive force was used and the clinicians skill mentor confirmed they use safe techniques.	Attitude of Staff

9748	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	BHFT to lead BOBICB: Pt with autism who has been on the ward for 4 years is unhappy they have not been discharged to a placement. also wishes to know why they can't move to an acute ward in the meantime	Partially Upheld	The patient has remained on Sorrel Ward longer than he should have. This has however, been carefully considered by his care team as he has previously not coped well on the acute wards and in placements he has been put in. Effort has been made by staff to ensure he is discharged to the right placement to reduce the risk of relapse. There have been delays in this happening due to staff leaving and new staff needing to learn about his case however, significant effort has been made to find a placement	Discharge Arrangements
9694	West Berks	CMHT/Care Pathways	Pt believes they should be given a specific medication the Dr has refused, they believe they know better than the Dr, questioning their qualifications	Not Upheld	Withdrawn	Medication
9810	West Berks	Community Hospital Inpatient Service - Highclere Ward	RO2 - remains unhappy 3 points to answer 1. Errors in issuing medication 2. The claim by a staff member that the pt did not wish to go home to the complainant 3. several contradictions and inaccuracies within the letter Also unhappy that no one has been in touch to discuss the concerns direct with the complainant	Not Upheld	Questions were asked by the complainant which were answered	Care and Treatment

9772	Wokingham	Community Hospital Inpatient Service - Ascot Ward	lengthy inpt stay led to decline of pt MH, safeguarding concerns. When readmitted to RBH pt did not want to return to Wokingham under any condition. Learning also around communication with SCAS	Not Upheld	Despite the feelings of the patient's daughter the patient received good care. He had complex issues requiring hospital interventions and staffing didn't directly impact his length of stay or problems raised in the investigations that had also been completed as part of his stay and review.	Care and Treatment
9784	Reading	Integrated Pain and Spinal Service - IPASS	Pt feels their confidentiality was breached. Dr suggested TT who contacted them and sent a letter to their GP. They gave no permission for this. Pt wants to records changed	Not Upheld	It was felt there was confusion around confidentiality as the clinician did confirm the appointment would be kept confidential however, they did not mean from the GP. Details on how/why information is shared with GP's is available on the IPASS website and is provided to all patients prior to the appointment. The clinician acted in line with policy and procedure and the IG team have confirmed this does not constitute a breach of confidentiality.	Confidentiality
9808	Bracknell	CMHT/Care Pathways	Pt finds the informal response to be patronising, pt not happy at being told they do not engage explaining it is because they are unwell. Doesn't understand why all sessions are on line	Not Upheld	There is no evidence to substantiate the claims. However, much of her complaint is generalised and subjective such as text messages were not sent "often" so it could be difficult to substantiate. The IO does not have any concerns about how she was supported and then discharged.	Communication
9773	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Discharged from CRHTT 21.11. Following A&E 24.11 pt unhappy attempts to investigate risk were not made. Family history of suicide	Partially Upheld	The team were reminded of the importance of sharing care decisions with patients.	Care and Treatment

9777	West Berks	Estates	<p>Unhappy the response was dated 10 Dec but was received on 10th Jan. Unhappy with the response believes being in the car park for 27 mins is not the same as being parked if you are sat in the care and moving the vehicle around. ORIGINAL BELOW</p> <p>Car parking fine, pt doesn't think they should pay as they drove round for 30 mins but didn't park</p>	Not Upheld	<p>The complainant received a parking charge notice for failing to pay the parking fee. The complainant used the car park as a drop-off zone and drove around the car park until his wife's appointment ended. There is no evidence that the complainant parked or drove around, but did remain in the car park for 27 minutes and therefore used the car park for the same purposes as someone who did park and pay. The penalty is fixed and is the same no matter the length of stay. The penalty was agreed by both Total Car Parks and the Trust.</p> <p>The penalty is in place to reduce inappropriate use of the car park; therefore, the demand to cancel the PCN cannot be met.</p>	Communication
9792	West Berks	CMHT/Care Pathways	<p>Therapist feels their client needs more support from MH services</p>	Partially Upheld	<p>It appears on review that perhaps the therapist is not aware of what support is actually being provided by the locality MHS and is often calling prompted by patient request. The IO has included in their recommendation that it may be of benefit to organise professional meetings for transparency and a collaborative approach for consistency of care</p>	Care and Treatment

9739	Reading	Learning Disability Service Inpatients - Campion Unit - Ward	Pt accused of racism, allegedly threatening the pt with the padded room, complainant feels staff are abusing their powers. Phone and vape taken from pt, staff allegedly fought with pt breaking their glasses. Complainant say cctv footage needs to be reviewed	Partially Upheld	<p>There was some evidence of inappropriate restraint however, this was in the context of a staff member being attacked and being scared. They have been reminded of the proper process.</p> <p>The patient and family member have been racially abusive to staff and a warning has been given to them in relation to this.</p> <p>The Investigator does not believe that the photos provided as part of the complaint were of the patient.</p>	Attitude of Staff
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9806	Slough	CMHT/Care Pathways	Pt unhappy with their psychiatrist, feel they make inappropriate comments which they are not happy to hear.	Not Upheld	<p>There is no evidence of wrongdoing on the part of the member of staff. To support both the member of staff, and promote good patient experience, the patient's next review will be with a female clinician.</p> <p>Clinically, the patient does not appear to require further secondary care treatment presently, hence is likely to be stepped down to primary care following her upcoming Pharmacy review. This is not the patient's desire – she has expressed a desire to remain under services permanently – hence this potentially difficult conversation is likely best addressed by a member of staff who has not been complained about.</p> <p>Additionally, management support will be offered to the new (female) clinician. Expectations have already been set with the patient that the way services are set up nowadays facilitates episodic care and treatment, and the door is always open to return to CMHS</p>	Communication
9652	Reading	CAMHS - Specialist Community Teams	Family feel completely let down by CAMHS services. 11 areas of concern. incorrect info on records showing assessments that have not taken place. Suicide attempts which CAMHS did not assist. family want a psychiatric assessment	Partially Upheld	There were delays in documentation being received and communication issues which were apologised for	Care and Treatment

9791	Bracknell	Community Physiotherapy	Family feel the physio team who attended on 3 dec were very rude and obnoxious and do not agree with the letter that was subsequently sent to the spouse regarding behaviour and they state they were not rude and have witnesses to prove this	Not Upheld	<p>It appears that the husband was upset that they were late but the admin had rung ahead to explain this. Staff introduced themselves on arrival and apologised for being late.</p> <p>The staff were very upset by this visit, and they immediately reported this back to their manager. The staff, who are both senior were distressed by this event.</p> <p>The letter was written in collaboration with both the Risk team & Head of Service.</p> <p>On reflection could have elaborated that she sought advice from the policy in her letter, however this would have changed the outcome.</p>	Attitude of Staff
9900	Wokingham	Continence	Re appt on 14 October 2024. Wants to know why the nurse has to record words the pt wished them not to, pt wishes this erased.	Not Upheld	There is no evidence that the documentation was inappropriate, it was found to be factual relevant and appropriate as it pertained to risk	Communication
9878	Reading	CMHT/Care Pathways	Concerns being raised by a friend in relation to how a patient was spoken to during a call.	Partially Upheld	<p>The staff member apologies if they came across as blunt, it was not their intention but they accept that this was how they were perceived.</p> <p>The staff member does recall talking about religion but not asking the questions raised in the complaint</p>	Communication

9925	Reading	Talking Therapies - PWP Team	Patient concerned that they are being discriminated against for being male and was not taken seriously when he said he felt unsafe due to his gender	Not Upheld	Withdrawn	Discrimination, Cultural Issues
9886	West Berks	Out of Hours GP Services	Pt feels diagnosis was missed the night before as Xray at 11.30 showed fractured wrist and elbow	Upheld	The investigation shows that a fracture was missed due to poor assessment. The record keeping supports this statement. An apology should be given to the patient for his experience.	Care and Treatment
9884	Slough	CMHT/Care Pathways	Inappropriate comments and suggestions from CMHT, called Crisis, again not helpful pt took overdose and was taken to A&E. Found CRHTT lacking in communication. CTPLD refused referral. LA needed risk assessment from CMHT which took an eternity resulting in pt being homeless and requiring a hospital stay. Wishes to understand delay in support between 1/11/24-6/11/2024. Wishes a copy of last MH care review	Partially Upheld	It is clear from this investigation that there are actions that could have been taken by Slough mental health services to better support the patient between 1.11.24 and 7.11.24. Workers from Slough community mental health services who received calls from the patient could and should have passed on the risk assessment to the Housing officer at Slough Borough Council at the point of request.	Care and Treatment
9858	Reading	CAMHS - ADHD	Family unhappy with waiting times for treatment	Not Upheld	Not upheld.	Waiting Times for Treatment

9790	West Berks	Community Hospital Inpatient Service - Donnington Ward	DECEASED PT: Medication management and Application of MCA	Partially Upheld	This was an extremely complex case incorporating many disciplines. Interactions with family were often heated with inappropriate behaviours displayed from the two daughters. There was a clear disconnect on their ability to comprehend their father continuing to live an altered lifestyle post cerebral bleed with an ideation that hospice care be sought rather than home with a care package or care home when there was no indication that palliation was required at that time. The input from professionals was thorough with due attempt given at communicating the needs to his family however, the documentation surrounding the MCA by the doctor was not completed as per guidelines.	Care and Treatment
9852	Reading	CMHT/Care Pathways	Unhappy with medication and treatment plan. Feels they are being threatened with an inpatient stay if they do not comply to medication.	Not Upheld	Patient does have a mental disorder and lacks an understanding of the disorder. They have had frequent relapses and admissions and the use of a CTO has been supportive and effective.	Care and Treatment

9854	Reading	Out of Hours GP Services	DECEASED PT - pt diagnoses as EOL but not prescribed the appropriate treatment	Partially Upheld	<p>Better communication between the OOH GP, family and the paramedic on scene would have allowed the opportunity to discuss the merits of hospital admission for purpose of brain imaging. Given the patients age and frailty, the family may still have opted for a palliative approach, but this would have then been an informed decision. A plan could then have been discussed and agreed with the family for on-going care in the care home.</p> <p>It is always good practice to use the Respect form as a guide to discuss the patient's wishes before clinical decisions are made. In this case the Respect form was vague and 5 years old. This case will be discussed at the Royal Berkshire Hospital Elderly Care Clinical Governance meeting to raise awareness amongst those clinicians who put Respect forms in place to ensure that they are clear and detailed and reviewed during any subsequent admission to ensure they are still reflective of the patient's current state and</p>	Care and Treatment
9869	West Berks	CAMHS - Rapid Response	Mum is raising a complaint about the waiting time for their son to receive treatment; she reports that he has self harmed and has been told that this will not affect his waiting time, as he will not be expedited.	Partially Upheld	<p>The patient was referred and placed on the straight to treatment pathway. He has waited for an appointment but no longer than we would expect. Because he was placed on this pathway he has not been assessed so there has been no opportunity for his voice to be heard. For this reason an assessment will be offered.</p>	Waiting Times for Treatment

9842	Wokingham	District Nursing	Complainant still believes the DN should complete the retrospective CHC paperwork ORIGINAL COMPLAINT family state the CHC paperwork was filed late and as a result are not entitled to any back dated funding and now have to do lots of retrospective paperwork	Upheld	The FT CHC forms were not completed in a timely manner, meaning that the patient's family have to complete process following his death.	Financial Issues/Policy
9836	Wokingham	Mental Health Integrated Community Service	Delays caused by MHP being unable to access online meeting. Unhappy no one has followed up with them since Xmas. Has TT appt on 23 Jan but says it hasn't worked in the past Wishes to know why MHICs think it is appropriate to suggest having your nails done or going to an Art gallery in London. And to get a dog?	Partially Upheld	Patient dissatisfaction and distress has been communicated to the staff and advise given to staff to be mindful when giving advice to patients	Care and Treatment
9848	Slough	CMHT/Care Pathways	Pt turned up for appt to find it had been cancelled again without notification. Pt feels they should charge BHFT £150 as that is what we charge people who DNA?	Partially Upheld	It was found that a cancellation message was sent to the patient which our system recorded as delivered and read. As the Trust does not charge for people who miss their appointments we were not able to entertain the notion that we compensate her for cancelling her appointment.	Care and Treatment

9863	Reading	Adult Acute Admissions - Daisy Ward	Relative unhappy with care provided and wishes the pt to be transferred.	Partially Upheld	<p>The clinical care was appropriate - there were times when the patient received medication as part of their care plan which they did not agree with - they were detained under the MHA and the patient lacked insight into their illness at that time.</p> <p>An apology was given for a interaction with a clinician, in which the clinician was described as being rude.</p>	Care and Treatment
9832	Wokingham	Community Hospital Inpatient Service - Windsor Ward	Lack of compassion and neglect from staff, contributing to emotional distress. Discharge without contacting the family no care needs assessment from OT.	Upheld	<p>Clear evidence of a poor communication and areas of poor care of this patient. Therapy in terms of OT input and discussion and documentation around discharge have been insufficient. Discharged with a UTI due to results not being chased and the delay not acted upon in a timely manner.</p>	Care and Treatment
9851	Reading	Adult Acute Admissions - Daisy Ward	Pt feels medication is not helping. Unhappy with attitudes of staff on the ward, feel there is poor communication	Partially Upheld	<p>Apology given for how they feel - clinical care and medication are appropriate.</p>	Clinical Care Received
9812	Reading	CAMHS - ADHD	Adoptive YP on ADHD/complex case wait list for 2 years. Several self harm and suicide attempts during this time. Adoptive parents feel they need to fight for everything for the YP on a Child in Need plan	Not Upheld	<p>There is no expedited service for adopted children through CAMHS however, there is support available through the Anchor Service which the patient was engaged with.</p> <p>There is no evidence that the patient has anxiety and has therefore not been tested for this.</p> <p>It is not felt ADHD medication would support with school attendance and ADHD has not been diagnosed.</p>	Long Wait for an appointment

9802	Reading	Musculoskeletal Community Specialist Service	Nov 24 included in pt report was a choose and book for a different patient with full PI Info. The breach has dented their confidence in the service.	Upheld	The investigation confirms that the patient in question did receive information relating to another patient. A Datix was completed at the time of the incident which confirmed the issue related to human error around letter processing. The staff member has been reminded of the importance of data handling and we are exploring automated options to avoid this happening long term.	Breach of third Party Confidentiality
9826	West Berks	CMHT/Care Pathways	Unhappy with response believes elements were not answered - wants a further meeting ORIGINAL COMPLAINT BELOW Unhappy with the handling of the HR investigation and the lack of communication. Unhappy with patient care prior to the incident. Unhappy with response to the escalated HR investigation. Unhappy with care following the incident. Proof as to when the complaint was received from the pt.	Partially Upheld	It is recommended that the CMHT reviews the record keeping policies with staff to ensure email contact with patients and carers and communications preferences are recorded in line with Trust expectations and if preferences not followed a rationale given. It is recommended the service review how it communicates care offers with patients when care needs are complex and changing.	Healthcare Professional
9811	Slough	CMHT/Care Pathways	Pt has been through many MH services and is struggling to understand who will help them.	Not Upheld	Although the complaint was not founded it was understood that they did experience poor care from their perspective. It seems wise for a further meeting with the complainants to support them in understanding the facts of the matter whilst also validating their emotional experience.	Clinical Care Received

9818	Wokingham	CMHT/Care Pathways	Pt with DID has been moved around many different services and family are concerns MH needs are not being met. They state funding was denied for therapy.	Not Upheld	No consent received	Clinical Care Received
9799	Reading	Neurodevelopmental Services	Complainant feels the pt has not been provided with adequate care/support and believes medication has been withdrawn.	Not Upheld	No Consent	Clinical Care Received
9785	Slough	CMHT/Care Pathways	Frimley ICB to lead - complaint dates back to 26 August 2024 - no follow up from MH professional, poor communication moved from service to service then long wait list. Pt originally wanted a referral to Maudleys, under pt choice which was denied. 5 months from the beginning pt was referred to the Maudleys.	Partially Upheld	<p>The time the patient waited for definitive Psychological Therapy was longer than the 18-week guideline.</p> <p>The patient was sent a form to complete in advance of their assessment which is normal procedure for the service.</p> <p>As part of the stepped care model, it is important that lower-tier treatment options are either exhausted or ruled out before higher tier options are pursued. With the clinical information available at the time, it was appropriate to pursue Talking Therapies, then secondary services (CMHPT) sequentially.</p>	Clinical Care Received

9760	Bracknell	District Nursing	<p>DECEASED PT - Frimley to lead - DN refused to do injection and stated the family needed to do it, family member felt under extreme pressure and is now suffering with severe MH issues.</p> <p>Family believe more could have been done to minimise suffering in terms of pain and dehydration</p>	Not Upheld	<p>Apologies were made that the family felt pressured to administer the medication however, the service is not commissioned to provide this out of hours and therefore if they have not been happy to undertake this themselves the patient would have had to remain in hospital.</p>	Clinical Care Received
9758	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	<p>Un happy with time spent on Sorrel ward from 2 Sept 24. In particular 3 sept. Pt had a knee injury, staff ignored his request for help . Several staff members were not nice to the pt. Pt asked for CCTV to be kept as he intended to make a formal complaint.</p>	Not Upheld	<p>The patient did sustain and injury during a fall on the ward however, it was found that appropriate care and treatment was offered and he was seen by medical staff in a timely manner.</p>	Healthcare Professional
9742	Windsor, Ascot and Maidenhead	Mental Health Integrated Community Service	<p>Pt has gone from MHICS- ASD/ADHD-TT-CPE</p> <p>Family very unhappy that the pt has been bounced around services whilst their MH is steadily getting worse.</p>	Partially Upheld	<p>It was found that the appropriate number of sessions were offered by MHICS to allow for an assessment to take place. The patient was then referred to the most appropriate services for their needs.</p> <p>The length of wait to see a Psychiatrist was significant however the need for one was not identified at the time.</p> <p>No resources were provided following the session with Talking Therapies as they were not the correct service for her and therefore could not support with these techniques.</p>	Failure/Delay in specialist Referral

Appendix 2: complaint, compliment and PALS activity

All formal complaints received

	2023/24						2024/25								
Service	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Q2	Q3	Q4	Compared to previous quarter	Q4 no. of contacts	% contacts Q4	Total for year	% of Total
Acute Inpatient Admissions – Prospect Park Hospital	10	2	4	7	23	8.19	8	3	11	5	↓	185	2.70	27	11.74
CAMHS - Child and Adolescent Mental Health Services	8	11	7	9	35	12.46	10	13	3	5	↑	2007	0.25	31	13.48
CMHT/Care Pathways	16	6	13	14	49	17.44	12	13	7	9	↑	5546	0.16	41	17.83
Common Point of Entry	1	3	0	0	4	1.42	2	3	0	1	↑	608	0.16	6	2.61
Community Hospital Inpatient	1	2	5	4	12	4.27	4	4	4	1	↓	508	0.20	13	5.65
Community Nursing	3	6	5	3	17	6.05	6	3	1	1	No change	6698	0.01	11	4.78
Crisis Resolution & Home Treatment Team (CRHIT)	5	10	5	6	26	9.25	5	3	2	8	↑	4360	0.18	18	7.83
Older Adults Community Mental Health Team	1	2	1	0	4	1.42	1	0	0	1	↑	2193	0.05	2	0.87
Out of Hours GP Services	1	2	7	4	14	4.98	2	2	3	5	↑	6944	0.07	12	5.22
PICU - Psychiatric Intensive Care Unit	0	0	1	0	1	0.36	0	2	2	0	↓	9	0.00	4	1.74
Urgent Treatment Centre	1	1	2	1	5	1.78	1	0	0	0	No change	3503	0.00	1	0.43
Other services during quarter	21	19	25	26	91	32.38	17	18	17	12	↓	135143	0.01	64	27.83
Grand Total	68	64	75	74	281	100	68	64	50	48				230	

Informal Complaints received

	Month Received			
Division	October	November	December	Grand Total
Children Young People and Families	3	3		6
Mental Health East	2	3	2	7
Mental Health Inpatients	3	1		4
Mental Health West		3	1	4
Physical Health	4	3	2	9
Grand Total	12	13	5	30

Locally resolved concerns received

Division	Month Received			Grand Total
	October	November	December	
Children Young People and Families			1	1
Mental Health East	2		1	3
Mental Health West		2		2
Physical Health	8	10	8	26
Grand Total	10	12	10	32

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

Outcome	2023/24				2024/25				Higher or lower than previous quarter	Total for year	% of 24/25
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
Consent not granted	0	0	0	0	0	1	0	0	No change	1	0.53
Locally resolved/not pursued	0	4	1	3	0	1	1	0	↓	2	1.07
Not Upheld	20	25	30	25	19	24	29	14	↓	86	45.99
Partially Upheld	22	26	24	32	9	29	19	13	↓	70	37.43
Upheld	11	9	12	9	12	3	7	3	↓	25	13.37
SUI	0	0	2	2	1	1	1	0	↓	3	1.60
Grand Total	53	64	69	71	41	58	57	30		187	

53% of complaints closed last quarter were either partly or fully upheld in the quarter (compared to 51% in Q2 and 48% in Q3). These were spread across several differing services with no themes identified.

Complaints upheld and partially upheld

Row Labels	Main Subject of Complaint										Grand Total
	Abuse, Bullying, Sexual, Verbal	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discharge Arrangements	Discrimination, Cultural Issues	Financial Issues/Policy	Medication	Waiting Times for Treatment	
Adult Acute Admissions - Daisy Ward			1								1
CAMHS - ADHD										1	1
CAMHS - Rapid Response										1	1
CAMHS - Specialist Community Teams			1								1
CMHT/Care Pathways			5	3					1		9
Community Hospital Inpatient Service - Ascot Ward			1								1
Community Hospital Inpatient Service - Donnington Ward			1								1
Community Hospital Inpatient Service - Highclere Ward			1								1
Community Hospital Inpatient Service - Windsor Ward			1								1
Community Physiotherapy		1									1
Continence				1							1
District Nursing								1			1
Estates				1							1
Integrated Pain and Spinal Service - IPASS		1			1						2
Learning Disability Service Inpatients - Campion Unit - Ward	1	1									2
Mental Health Integrated Community Service			1								1
Out of Hours GP Services			2								2
PICU - Psychiatric Intensive Care - Sorrel Ward						1					1
Talking Therapies - PWP Team							1				1
Grand Total	1	3	14	5	1	1	1	1	1	2	30

Care and Treatment complaint outcomes

Service	Outcome of Complaints about Care and Treatment			Grand Total
	Not Upheld	Partially Upheld	Upheld	
Adult Acute Admissions - Daisy Ward		1		1
CAMHS - Specialist Community Teams		1		1
CMHT/Care Pathways	1	4		5
Community Hospital Inpatient Service - Ascot Ward	1			1
Community Hospital Inpatient Service - Donnington Ward		1		1
Community Hospital Inpatient Service - Highclere Ward	1			1
Community Hospital Inpatient Service - Windsor Ward			1	1
Mental Health Integrated Community Service		1		1
Out of Hours GP Services		1	1	2
Grand Total	3	9	2	14

PHSO

There have been no new complaint brought by the PHSO in Q4 and 5 cases to remain open with them.

The table below shows the PHSO activity since April 2023:

Month opened	Service	Month closed	Current stage
Apr-23	CMHT/Care Pathways	Sep-23	LGO not progressing, but now with PHSO to consider
Jul-23	CMHT/Care Pathways	July-23	PHSO have reviewed file and are not progressing
Jul-23	CAMHS – Specialist Community Team	Aug -23	PHSO have reviewed file and are not progressing
Sep-23	CRHTT	Oct-23	PHSO have reviewed file and are not progressing
Sep-23	CAMHS	Oct-23	PHSO have reviewed file and are not progressing
Nov-23	Neurodevelopmental services	Nov-23	PHSO have reviewed file and are not progressing
Dec-23	Heart Function	Dec-23	PHSO have reviewed file and are not progressing
Feb-24	CAMHS - Specialist Community Team	Awaiting update	PHSO have requested further information
Feb-24	CAMHS - Specialist Community Team	June-24	Apology given and closed by the PHSO
Sept-24	Community Dental Service	Ongoing	Documents sent to PHSO

Sept-24	CMHT/Care Pathways	Ongoing	Documents sent to PHSO
Oct-24	Older Adults Inpatient Service - Rowan Ward	Ongoing	Documents sent to PHSO
Oct-24	IPS - Individual Placement support	Ongoing	Small financial remedy offered
Dec-24	District Nursing	Ongoing	Documents requested by PHSO

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 Q4 we received one complaint via the CQC.

Compliments

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

Year	2023/24					2024/25				
Quarter	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Received	1091	1229	1408	1399	4036	1237	1012	1289	1366	4904

Patient Advice and Liaison Service (PALS)

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. PALS is also responsible for responding to postings on the NHS website

which refer to Trust services. 1 posting was responded to during this period which was a positive post about the care provided by the District Nursing Team based in Reading.

Arrangements have been made to attend community meetings on wards at Prospect Park Hospital and in the community. A visit to a supported living service was undertaken in February following an invitation to talk about PALS and PPI opportunities. The PALS Manager also attended a carers support meeting at Prospect Park Hospital to talk about the service and support available for carers. Office space has been identified at Prospect House and Wokingham Hospital.

PALS will also arrange visits to other PALS services in Berkshire in order to improve communication and collaboration.

The service currently reports on a quarterly basis and provides a SITREP weekly, highlighting open queries and themes. PALS also reports to the Mortality Review Group monthly.

There were 491 queries recorded during Quarter 4. A decrease of 97 since Quarter 3. 487 of these queries 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.

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.

Meetings have been held with the Digital Content Manager in order to update service information on the Trust website.

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.

PALS engaged a volunteer on a part time basis, and this improved direct access to the service. The volunteer was also recording queries which improved the rate of data collection. Our volunteer also helped to raise the profile of the service by providing services with publicity and information. Our volunteer has recently retired, and we wish her well. They will continue to offer their time for 15 Steps visits. The PALS manager has produced a volunteer Role Description to standardise the expectations of volunteers and their input.

In addition, there were 353 non-BHFT queries recorded. Another member of the Patient Experience Team is consistently helping with the recording process to improve the rate of data collection.

Meetings have been held with THE IA Transformation Specialist to develop an automated response method when dealing with non BHFT queries. A financial appraisal was held, and it was determined that the PALS Manager will undertake the Citizen Development Programme to implement an MS Form for the website. 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 but the services with the highest number of contacts are in the table below:

Service	Number of contacts.
CMHT/Care Pathways	41
CAMHS ADHD	21
CAMHS AAT	16
Physiotherapy	15
Neuropsychology	14

Appendix 3

15 Steps; Quarter Four 2024/25

The 15 Steps programme was relaunched in April 2024, and during quarter four there were eight visits:

Ward	Positives	Observations
Physical Health Services Division		
Community Inpatient Wards		
Ward	Positives	Observations
Ascot Ward, Wokingham	<p>Greeted positively by all ward staff.</p> <p>Nurse in charge identified via the board.</p> <p>Ward was clean and bright.</p> <p>Staff all aware of fifteen steps when asked.</p> <p>Ward was busy but everything was being managed effectively.</p> <p>Administrator at the desk was approachable.</p> <p>Available quiet room on ward if needed.</p> <p>Staffing levels clearly displayed at the entrance to the ward.</p> <p>Some beds were closed due to infection outbreaks, and they were highlighted and labelled.</p> <p>Staff wearing name badges.</p> <p>QI work via huddle boards evident.</p> <p>Dining area available and patients encouraged to come for meals.</p> <p>Identified learning/areas for improvement.</p> <p>Feedback displayed at back of ward.</p> <p>Bus stops available for disorientated patients.</p>	<p>There were staff pictures on a board, but these were behind the crash trolley so not all visible.</p> <p>There were armchairs over the back in the dining area which looked a bit cluttered and uninviting for patients.</p>
Windsor Ward, Wokingham	<p>Greeted positively and warmly by staff.</p> <p>Whiteboard with staffing levels and who was in charge on wall by entrance. Up to date.</p> <p>Ward was clean and bright.</p> <p>Staff were aware of what fifteen steps is.</p> <p>Staff all appeared to know what they were doing.</p> <p>We visited at a busy time of day, but the ward felt well organised and calm.</p> <p>Hand gel and masks available.</p> <p>Any bays closed due to infection outbreaks clearly identified and labelled.</p>	<p>No one at the nurses' station but we acknowledge it was a busy time, and managers were available in the office to answer any questions if necessary.</p>

	<p>Staff seen carrying out infection control processes on equipment.</p> <p>Staff were wearing name badges.</p> <p>QI work clearly displayed.</p> <p>Feedback from patients/relatives displayed.</p> <p>Staff noticeboard visible and at the back of the ward.</p> <p>Quiet room available.</p> <p>Visiting times displayed.</p> <p>Bus stop for patients who were disorientated.</p>	
Henry Tudor, St Mark's	<p>All staff we saw were welcoming and friendly.</p> <p>The ward areas were well decorated and maintained, with calming colours.</p> <p>There is a board with uniforms and roles.</p> <p>The service area was clean, and clear of clutter.</p> <p>Patients were supported by Physio colleagues in a calm way and were not rushing. Heard to be asking how they are etc. and referring to them by name.</p> <p>There are opportunities to give feedback.</p> <p>There was relevant information for carers on the walls and information on festivities of the month.</p> <p>Staff are knowledgeable about the service, what it provides and how it adapts based on patient need.</p> <p>iWGC information board was up to date, well located and eye catching.</p>	
Community Physical Health Services		
Service	Positives	Observations
Podiatry, Wokingham	<p>Greeted positively by staff on duty. Staff were aware of 15 steps and what it was.</p> <p>Clean and bright clinic area.</p> <p>Patients booked in a reception and either waited there or outside the department.</p> <p>Staff stated the department was fully staffed at present which had not been the case for a while.</p> <p>Relevant leaflets clearly displayed and adequate supply available.</p> <p>Noticeboards with relevant information on foot health available to educate patients. However not an overload of information.</p>	<p>Some of the boards were not as up to date as they could be as the department had recently been painted.</p> <p>Patient feedback was not up to date visually, but staff said they get direct feedback if patients report via IWGC on a specific staff member. Scores and feedback are reviewed at monthly meetings.</p> <p>No photos of staff but a board which showed clearly who was on duty and was up to date.</p>

Physio, St Mark's Hospital	<p>All staff we saw were welcoming and friendly.</p> <p>The reception and clinic areas were well decorated and maintained, with calming colours.</p> <p>There is a meet the team board.</p> <p>The service area was clean, and clear of clutter.</p> <p>The clinic bay areas were set up and ready for the next patient.</p> <p>There are opportunities to give feedback.</p> <p>There was relevant information about the service, Trust and care specific e.g. injury and exercise.</p> <p>Staff are knowledgeable about the service, what it provides and how it adapts based on patient need.</p> <p>QMIS board was up to date, well located and eye catching.</p>	You Said, We did poster needs to be updated.
Podiatry, St Mark's Hospital	<p>All staff we saw were welcoming and friendly.</p> <p>The waiting area was small but not cluttered.</p> <p>The service area itself was calm while patients were being seen in the clinical rooms.</p> <p>There are multiple opportunities to give feedback.</p> <p>There was relevant information about the service, Trust and care specific e.g. injury, exercise, and footwear.</p>	
ARC, St Mark's Community Hospital	<p>All staff we saw were welcoming and friendly.</p> <p>The waiting area was light, bright and not cluttered.</p> <p>The clinical areas were clean and clear of clutter.</p> <p>There are multiple opportunities to give feedback.</p> <p>There was relevant information about the service, Trust and care specific e.g. injury, exercise, and footwear.</p>	
Children Families and All Age Services		
BEDS – Berkshire Eating Disorders Service, St Marks Community Hospital	<p>All staff we saw were welcoming and friendly.</p> <p>The waiting area was small but not cluttered.</p> <p>There was inspirational information for patients, along with examples of feedback that had been given.</p> <p>The service area itself was calm while patients were being seen in various parts of the service.</p> <p>There are multiple opportunities to give feedback.</p>	



GOVERNORS' MEMBERSHIP & PUBLIC ENGAGEMENT SUBCOMMITTEE

29th May 2025

The M&PE Subcommittee of Governors met online on 29th April. There were 6 attendees, 2 of whom were Governors. This represents a **new record low attendance** by Governors.

This leads me to ask the question – *why?* It is well understood that a number of Governors have day jobs and the Appointed Governors from the six Boroughs have a large council workload, some also in employment too.

Is the content, conduct or any other feature of our subcommittees in need of attention?

I ask Governors to email me privately with any thoughts you would like to share. Thank you.

Membership Offer – BHFT Health Talks:

Similar to Frimley Health's Health talks, two are planned for this calendar year and four for 2026. Dates to be advised.

Membership Strategy:

The current strategy has been circulated to Governors. This is due to be reviewed and redrafted this Summer. Cathy Saunders, Director of Marketing and Communications will send the draft of the new draft strategy to Governors two weeks before the next M&PE meeting to be held on 1st July.

Membership Newsletter and Web Site Development:

Another very good newsletter was sent out on April 3rd and the "do you want to be a governor" article was in the top 5 and resulted in 5-10 new members.

James Cuggy and I have participated in focus groups for the development of the new web sites. More recently, we have received an online survey as part of the next stage of development. This survey has also been sent out to Trust Members. My overall impression of the work so far is that is definitely going in the right direction and addressing a number of improvements in web site performance for the benefit of patients and enquirers.

Support to Governor Elections and selected Membership Categories:

In the two weeks before the last meeting and 2-3 weeks after, I used three versions of the standard contact email – Membership, Elections and Membership/Elections combined. The text was tailored specifically for each recipient. *This outreach to membership categories will be rolled out to Governors in the coming weeks.*

The list below illustrates some of the individuals and organisations I contacted (sourced online):

People to Places (Maidenhead)	Young Minds (Berks)
Age UK (Berks)	The Ark Trust (N. Ascot)
Get Berkshire Active	RBWM

And former Governors, current Governors and Appointed Governors in the elections areas.

The reason for the above is to illustrate that the coverage only takes a few minutes at a time, spread across a number of days or occasions and doesn't take a huge commitment of time and effort.

My thanks to Tom O'Kane for the referral about the Residents Newsletter from RBWM which goes out on Fridays to the WAM area. We still have one Governor vacancy for the WAM area, so the outreach work needs to continue for this constituency. Please help if you can!

Brian Wilson, Lead Governor

Governors Working Group- Quality Assurance Group

Co-Chair Update

During our recent Governor Quality Assurance Group meeting, we discussed several key themes and presentations. We observed a positive trend in patient experience and feedback, with a notable decrease in complaints and a significant increase in compliments and 'I Want Great Care' feedback. Training and development efforts have been strengthened, particularly in Continuing Healthcare documentation. The crisis team has implemented several improvements based on patient feedback, enhancing the overall patient experience.

However, there are continual challenges with waiting times in certain services, and efforts are being made to address these issues.

Patient Experience and Complaints

It was good to see the impact of some of the patient experience and complaint reports where there had been a reduction in complaints and an increase from, I Want Great Care feedback with a rise in compliments.

Patient Feedback for Patients in Crisis:

Marcella Browne shared a presentation on patient feedback for the crisis team. Key points included feedback collection methods, suggestions received from patients, and improvements implemented based on the feedback

Waiting List Report

Jodie Holtham highlighted key areas from the waiting times report, including significant waiting times for MSK and Adult Speech and Language Therapy, Paediatric Occupational Therapy, and Neuropsychology services

Service Visits

The service visit reports from this quarter, included

CAMHS Bracknell & Wokingham, CFAA & Learning Difficulty: Brian Wilson shared that he and Dr. John Featherstone attended a multidisciplinary team meeting focused on complex and challenging mental health cases. He highlighted the complexity of individual cases, including factors such as housing, family relationships, school, and overall existence impacting treatment progress. He praised the competence and skill of the team in handling these cases

Children's Specialist Community Services East, Fir Tree House, Upton Hospital: Comments were noted around problems with room allocations, where staff were getting kicked out of meeting rooms, which can be disruptive.

Minor Injuries Unit (MIU) Visit: Graham Bridgman mentioned his last visit to the MIU, noting that the staff clarified it is not an Emergency Department (ED), which can lead to delays in treatment for those presenting expecting emergency care. He raised the change of name from MIU to Urgent Care Centre and whether it might send the wrong message to the public about the services provided. It was requested that external signage be made clearer to support what the unit does and does not do.

We would like to request that more governors and Non-Exec Directors attend more service visits, there are currently none scheduled in the forthcoming quarter. These are a helpful way of understanding more about the services Berkshire Health deliver and a great opportunity to learn first hand from staff and patients. With the new governors, it would be helpful to share more when these are coming up from the service visit spreadsheet so they can accompany more experienced governors on their visit.

12th May 2025

Sarah Croxford (Co-Chair)

Report to Council of Governors re Living Life to the Full on 28th April 2025.

Katie Humphrey, Carers Lead, presented the Carers Update. (The slides were circulated.)

Support for carers includes:

1. Creating training resources
2. Integration into healthcare planning and decision making
3. Awareness of cost of living impact and job insecurity.

Updates were provided on:

1. The self assessment review process
2. Identification of issues across the services
3. The development of a Carers Passport on RIO
4. - ongoing work to automate the process of attaching carers records to patient records.

There are workstreams operating in addition these principles:

1. The website: The creation of meaningful information and efforts to improve the accessibility and user-friendliness are in hand.
2. The creation of the Carers Handbook.
3. The development of a Carers Video for Carers Week - June 9 – 13

Resources include: Carers Toolkit; Friends, Family and Carers Charter; Carers Hub; Carers Implementation Strategy;

The Silver Cloud platform is being developed to host talking therapies sessions.

Next Meeting: July 23rd Abri Officers will present on Housing Issues.

October 15th Frimley VCSE will present on the work of the Alliance

Report to Council of Governors For Quarter 4 2024/25

June 2025



Chief Executive Highlights Update

Local

- **Bracknell Forest Centre for Health** (Skimped Hill Medical Centre) is part of a national programme to boost community-based healthcare services and bring services together in one place. With better local services, people will be able to access care nearer home, reducing the need for them to go to hospital. When completed, the centre will house a range of service supporting patients in Bracknell and wider Bracknell Forest area, including physical and mental health community services provided by Berkshire Healthcare, two GP practices provided by Evergreen Practice and Forest Health Group including, alongside maternity services provided by Frimley Health NHS Foundation Trust.
- 2025 marks a decade of the **Individual Placement and Support Service** (IPS) at Berkshire Healthcare. People with severe mental health challenges face huge barriers when it comes to getting and staying in employment. Whilst many would like to have paid work, only 8% achieve it. The IPS service supports people with severe mental health issues to find, secure and retain paid work. Over the 10 years at the Trust, the service has supported 824 people get into work, with an average of over 80 new service users supported into paid employment each year.

For those out of work, IPS provides personalised, one-to-one support to find roles that match their goals. From understanding the impact of employment on benefits to choosing the right job and settling in, IPS is there every step of the way. The team works closely with clinical services to ensure employment and mental health support go hand in hand.

For those already in work but facing challenges, IPS acts as a trusted bridge between the individual and their employer. Support includes arranging reasonable adjustments, exploring redeployment options, developing return-to-work plans, and helping service users decide when and how to talk about their mental health at work.

Chief Executive Highlights Update

Local Continued

- The Trust is getting ready to introduce the new **national NHS uniform for healthcare staff** - this new uniform has been co-designed with over 50,000 NHS staff to make sure it is practical, professional, and comfortable – it will create a consistent, recognisable look across the NHS.
- **Poppy Ward – our new outsourced ward** - national guidance highlights that smaller ward sizes lead to better outcomes for both service users and staff.

To support this transition, Poppy Ward has opened - a new outsourced ward in Newbury, operated by Priory. This short-term measure, expected to be in place for at least two years, ensures that the necessary bed capacity is maintained while work is done to optimise ward sizes at Prospect Park Hospital.

Since the opening of Poppy Ward, acute ward occupancy at Prospect Park Hospital has remained close to 87%. By optimising space and transitioning to smaller wards, patient care and experience is enhanced. This approach also allows all patients currently placed out-of-area to be brought back to a single, centralised unit, improving care coordination and overall outcomes.

Poppy Ward adheres to the same governance and quality standards as our existing inpatient services.

enhance safety and quality of care, Prospect Park Hospital will be reducing its maximum ward size for adult acute patients to 18.

Chief Executive Highlights Update

Local Continued



Berkshire Healthcare
NHS Foundation Trust

- **Berkshire Healthcare hosts the Mental Health Act Detentions All Partnership Conference** – on 1 April, the Mental Health Act Detention Project team hosted the Mental Health Act Detentions All Partnership Conference, alongside colleagues from NHS Race and Health Observatory, Thames Valley Police, Slough Borough Council, Slough CVS, Mind in Berkshire and ACRE Reading.

The latest national data from 2022–23 highlights a deeply concerning disparity in mental health care: Black people are 3.5 times more likely to be detained under the Mental Health Act than white people. This inequality is not just a national issue, it is reflected here in Berkshire, and the Trust has made proactive steps to address this inequality through its Mental Health Act Detention Project.

The aim of the project is to improve the access, experience and outcome for Black people who are being disproportionately detained under the Mental Health Act 1983, by better understanding the causes of the variation across Berkshire and reducing compulsory admissions.

The conference offered a platform to:

- Present the latest data, analysis, and early findings from the Mental Health Act Detention Project
- Share emerging recommendations and actionable steps
- Facilitate open, honest dialogue among professionals, partners, and community representatives

Chief Executive Highlights Update

Local Continued

The conference fostered a safe and collaborative space for discussion, encouraging attendees and presenters to network and have conversations, not only reflecting on the progress made so far, but also exploring the work still needed within the project and beyond. Forum theatre was used to set the scene and highlighted the key role lived experience has within the project. Attendees shared insights, networked, feedback and pledged their commitment to enhancing mental health care for Black people.

Chief Executive Highlights Update

National

Changes to NHS England and the Integrated Care Boards – the government has announced that NHS England will be abolished with the return of its functions to the Department of Health and Social Care under direct ministerial control. This will result in a 50% reduction in staff across the two organisations. In addition, the number of Integrated Care Boards are expected to reduce from 42 to around 20-25. Integrated Care Boards are also required to reduce their running and programme costs by 50%. NHS provider organisations are also required to achieve a 50% reduction in corporate cost growth.

The government is also committed to **local government reform** which would see the abolition of two tier (county and district councils) and the merger of smaller local authorities.

- Dr Arun Chopra has been appointed as the **Care Quality Commission's (CQC's) first Chief Inspector of Mental Health**.

The CQC have stated that:

'the creation of the new role of Chief Inspector of Mental Health recognises the crucial importance of mental health services in supporting people to lead fuller, healthier lives, and the need for specialist expertise in regulating these services. It is the first of a series of appointments to four CQC Chief Inspector roles leading on regulation and improvement across mental health, hospitals, primary and community care, and adult social care and integrated care - marking a realignment of the organisation around sector expertise'

Chief Executive Highlights Update

National Continued

- **The British Social Attitudes (BSA) survey** offers a unique look at how the British public are feeling about their health service. Carried out every year since 1983 by the National Centre for Social Research, it provides a barometer for understanding, not only how people feel the NHS runs nowadays, but also what is driving their satisfaction (or, rather more accurately in recent years, dissatisfaction); how they rate individual services; and what they make of social care.

The 2024 survey was carried out in September and October 2024. It documents the lowest levels of satisfaction with the NHS on record, provides context to a health service facing profound challenges and offers a clear baseline from which we can understand how the public are feeling at the start of a new government.

Findings

- Just 1 in 5 people (21%) said they were satisfied with the way the NHS runs in 2024.
- Almost 6 in 10 (59%) people said they were 'very' or 'quite' dissatisfied with the NHS in 2024, a sharp rise from 52% in 2023. This is the highest level of dissatisfaction with the health service since the survey began in 1983.
- Only 12% of people are satisfied with A&E waiting times, and 23% with GP waiting times.
- In 2024, only 13% of respondents said they were 'very' or 'quite' satisfied with social care. 53% of respondents were 'very' or 'quite' dissatisfied.

Chief Executive Highlights Update

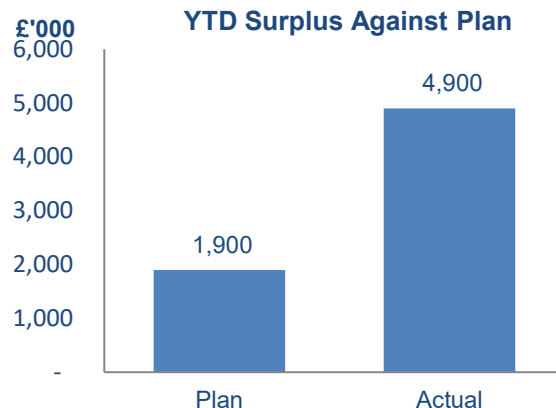
National continued

- The majority of the public (51%) are satisfied with the quality of NHS care. This view is more dominant in older generations, with 68% of over-65s satisfied with the quality of care compared to 47% of those under 65.
- Despite low satisfaction with the services, there remains strong majority support for the founding principles of the NHS, namely that it should “definitely or probably” be free at the point of use (90%), available to everyone (77%), and funded from general taxation (80%).

Conclusion

This year's results show that the startling collapse in public satisfaction with both the NHS and social care has continued. Satisfaction with the health service is now 39 percentage points lower than it was before the Covid-19 pandemic in 2019.

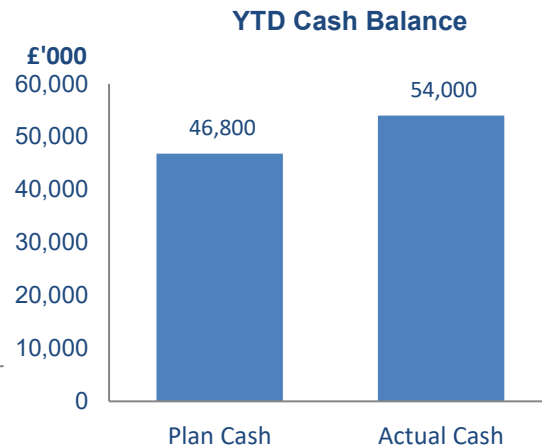
Financial Summary – 31st March 2025 (Subject to Audit)



Year to Date

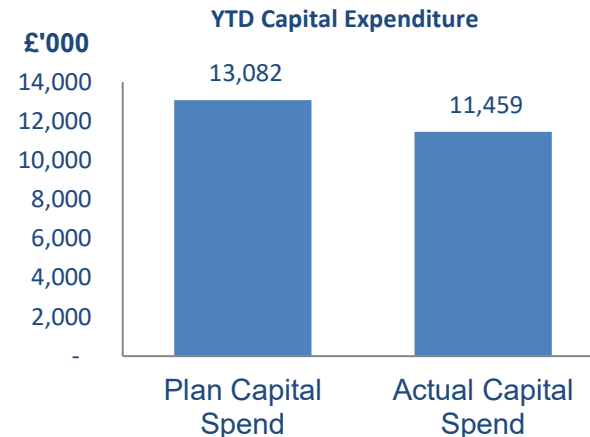
The Trust delivered a £4.9m surplus YTD against a plan of £1.9m surplus after receipt of funding for 23/24 overperformance.

We were set a cost improvement target of £13.6m for the current financial year which was delivered.



Cash

Our cash balance at the end of April is £7.2m better than plan



Capital Spend

The capital plan is on plan within Capital Department Expenditure Limits control total and £1,623k behind plan including spend outside of control total. This relates to delayed start to work on work on place of safety due for completion in May 2025.

True North Driver Metrics and Oversight Performance Metrics Quarter 4 2024/25

True North: Driver Metrics



Berkshire Healthcare
NHS Foundation Trust

			Harm Free Care												
Metric	Target	External/Internal	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	
Breakthrough Restrictive Interventions in Mental Health Inpatient Wards	241 from 1st August 2024 previously 309	Internal	213	274	242	263	233	183	186	246	257	284	262	351	
			Patient Experience												
Positive Patient Experience Score %	95% compliance	External	93.67%	94.37%	93.97%	94.19%	94.19%	95.09%	94.19%	95.09%	94.71%	95.19%	95.89%	95.39%	
Patient Experience Compliance Rate %	10% compliance	External	7.09%	7.39%	6.5%	5.70%	6.20%	4.39%	4.29%	4.10%	5.24%	5.89%	7.29%	7.79%	
			Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Breakthrough Clinically Ready for Discharge by Wards MH (including OAPS)	250 bed days	External	353	248	351	275	249	248	291	147	186	224	240	301	360
			Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	
Breakthrough Bed days occupied by patients who are discharge ready Community	500 bed days	External	554	643	812	999	830	886	876	849	977	890	603	583	

Page number 111

True North: Driver Metrics



Berkshire Healthcare
NHS Foundation Trust

Supporting our Staff														
Metric	Threshold / Target	External/Internal	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Breakthrough Physical Assaults on Staff	36 per month Sept 2024	Internal	30	38	55	64	47	70	73	38	55	50	47	85
Staff turnover (excluding fixed term posts)	10% by March 2025	External	12.4%	12.60%	12.59%	12.49%	12.32%	12.07%	11.54%	11.57%	11.51%	11.57%	11.16%	11.09%
Efficient Use of Resources														
YTD variance from control total (£'k)	0	External	0	0	-26	-103	-9	-16	-17	-2	-1	-3000	-3000	-3000
			Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Active Inappropriate OAPS at end of month	< 8 Q1, 5 Q2, 3 Q3, 1 Q4	External	5	3	4	3	4	7	4	0	1	1	1	0

Countermeasure Summary for Driver Metrics Continued

Restrictive Interventions – This metric comprises prone restraint, rapid tranquilisation, non-rapid tranquilisation, seclusion and long-term segregation and has been green for 12 months. Threshold has been reduced from 309 to 241. This metric has remained above target throughout Quarter 4. Individual service users can have a significant impact on numbers. For 2025/26 the focus will be on reducing Rapid Tranquilisation. An A3 piece of work was started on 16th May 2025.

Clinically Ready for Discharge Mental Health–The measure here shows the lost bed days between when a client is clinically ready to be discharged and their actual discharge date for Mental Health Inpatients. In March 2025 there was an increase in the number of patients clinically ready for discharge to 25 (from 13 in December 2024) and bed days lost increased from 187 in December 2024 to 351 in March 2025. The top contributors in December 2024. Bluebell 118 lost bed days for 6 patients and Rowan Ward with 113 lost bed days (9 clients). Reading were the top contributing locality with 200 lost bed days for 7 clients. Actions have included

- Priory Unit in West Berkshire opened in January 2025 – All 18 beds now open.

Bed Days Lost for those clients who are ready – Physical Health Inpatient Services New Metric from April 2024 - This is a new metric from April 2024 and measures bed days lost for those clients who are discharge ready on our Physical Health wards.. There were 589 bed days lost in March 2025 with the top contributing reason being patients awaiting packages of care. Weekly meetings take place amongst stakeholders and Unitary Authorities reported skeleton staffing due to Christmas holidays.

Physical Assaults on staff - This increased from 55 in December to 85 in March 2025 Assaults were carried out by 14 clients- top contributors were Rose ward with 29 and Bluebell ward with 23. As part of the 3 year Buckinghamshire, Oxfordshire and Berkshire West Provider Collaborative Mental Health Inpatient Transformation, the Trust will meet with colleagues from Oxford Healthcare NHS Foundation Trust to share learning.

Countermeasure Summary for Driver Metrics Continued

iWantGreatCare – The iWGC 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. Overall feedback remains overwhelmingly positive.

Continuing to increase feedback to enable services to understand the experience of those using their services and to use this for improvement remains a key strategic ambition for the Trust and, all our divisions are reviewing how they ensure that patients understand the value that we place on receiving this feedback to further increase the amount of feedback received.

Divisions report their progress on a quarterly basis, and some areas are using iWGC as a Yellow Belt QI project, to both increase the number of responses and act upon the feedback in a meaningful way. We are continuing to see an increase – we achieved our highest to date in April 2025 at 8.5%.

Inappropriate Out of area placements – This metric has changed to the number of active inappropriate out of area placements at the end of each month. A patient is deemed an inappropriate out of area placement if the reason for their placement is a lack of available bed within their own trust at Prospect Park Hospital. The number of active out of area placements was 0 at the end of March 2025.

Key Performance Indicators - Oversight Framework Metrics

Metric	Threshold / Targ...	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
C.Diff with learning (Cumulative YTD)	0	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	0	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias (YTD)	0	0	0	0	0	0	0	0	0	0	0	0	0
Count of Never Events (Safe Domain)	0	0	0	0	0	0	0	0	0	0	0	0	0
EIP: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral: %	60% treated	100	100	100	83	100	100	100	100	100	67	100	83.32
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	98.60	99.37	98.89	98.76	99.31	99.17	99.05	99.31	99.03	98.72	99.22	96.40

Key Performance Indicators - Oversight Framework Metrics

Metric	Threshold / Targ..	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
People with common mental health conditions referred to Talking Therapies will be treated within 18 weeks from referral	95% treated	100	100	99	99	99	100	100	100	100	100	100	100
People with common mental health conditions referred to Talking Therapies will be treated within 6 weeks from referral	75% treated	95	91	91	88	87	90	92	93	93	93	94	94
Talking Therapies Reliable Improvement for those completing a course of treatment	Q1 62%, Q2 64%, Q3 66%, Q4 67%	59%	64%	64%	63%	65%	69%	68%	68.5%	63.1%	66%	66.7%	69.0%
Talking Therapies Reliable Recovery for those completing a course of treatment	Q1 44%, Q2 46%, Q3 47%, Q4 48%	44%	47%	45%	48%	48%	50%	50%	51%	47.9%	49.5%	47.0%	51.3%
Patient Safety Alerts not completed by deadline	0	1	1	1	1	1	1	1	1	1	1	1	1

Key Performance Indicators - Oversight Framework Metrics



Metric	Threshold / Target	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% seen	98.21	71	98.92	96.20	96.39	98.40	98.62	98.48	96.32	96.81	100	99.14
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	100	100	100	100	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	99.59	100	100	100	100	100	100	99	100
Sickness Rate: %	<3.5%	3.9%	3.8%	3.7%	4.1%	4.1%	4.5%	4.7%	4.8%	4.8%	4.8%	4.3%	3.8%
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	40%	50%	100%	100%	60%	100%	100%	100%	100%	80%	100%	100%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	100%	90.9%	66.7%	80%	100%	100%	100%	100%	100%	100%	100%	100%

Key Performance Indicators Oversight Framework: Actions for Areas of Underperformance

Sickness – Stress and anxiety contributing to be the top contributing reason for sickness in December 2024 accounting for 27.3% followed by cough, colds and flu at 15.5%. A new supporting Attendance policy which seeks to proactively support the health and wellbeing of our people which reduces absence and turnover, and improves performance, morale and motivation, creating a positive environment for our people. This policy, introduced in November 2024 seeks to promote early intervention and helps identify support to prevent or minimise sickness absence. The policy sets out expectations of managers and staff to keep in contact with each other during any period of sickness and sets out the need to make referrals to occupational health and signposting to appropriate support services such as early intervention musculoskeletal and to mental health services. A survey has been introduced to gain feedback on the new policy.

Patient Safety Alerts - Patient Safety Alerts - This is still a safety alert around bed rails and bed grab handles. Many providers across the country are facing the same challenges and work is in place to address this. It relates to the fact that the alert states anyone issued with bed grab handles/bed rails now need a risk assessment in community and a regular review. Of the 7 actions in the action plan, 5 are green and one action regarding relevant staff training is rated red as compliance is 75% against a target of 85%. One remaining action is rated as amber. This relates to patients in the community who now require updated risk assessments and regular reviews. This requires a system working together and a regional action plan is being developed.

Board Assurance Framework Risk

2024/25 Summary



Berkshire Healthcare
NHS Foundation Trust

Strategic Ambition	Risk Description
<p>Workforce We will make the Trust a great place to work for everyone</p> <p>Patient Safety We will reduce waiting times and harm risk for our patients</p>	<p>Risk 1 – Workforce</p> <p>Due to national workforce shortage and increasing scarce supply there is a risk of failure to recruit and retain staff 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.</p>
<p>Patient Safety We will reduce waiting times and harm risk for our patients</p> <p>Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value</p>	<p>Risk 2 - Demand and Capacity</p> <p>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.</p>
<p>Patient Experience and Voice We will leverage our patient experience and voice to inform improvement</p>	<p>Risk 3 – Patient Voice</p> <p>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.</p>

Board Assurance Framework Risk

2024/25 Summary Continued

Strategic Ambition	Risk Description
Health Inequalities We will reduce health inequalities for our most vulnerable patients and communities	Risk 4 – System Working There is a risk that due to political, operational, workforce and funding pressures across health and care the Integrated Care Systems fail to deliver on their core aims of improving population health outcomes, reducing health inequalities, increasing system efficiency and contributing to wider social and economic development.
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 Failure to achieve system defined target efficiency and cost base benchmarks lead to an impact on funding flows to the Trust, and underlying cost base exceeding funding. Risk is described in the context of system funding allocations being allocated and controlled at ICS level, flowing to providers on a risk share and/or relative efficiency basis.

Board Assurance Framework Risk 2024/25 Summary Continued

Strategic Ambition	Risk Description
<p>Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value</p> <p>Patient Safety We will reduce waiting times and harm risk for our patients</p>	<p>Risk 7– Digital Risk</p> <p>There is 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.</p>
<p>Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value</p>	<p>Risk 8 - Sustainability</p> <p>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.</p>