

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 3 December 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	Mark Day, Interim Chair	1
2.	Apologies for Absence	Cheryl Gardner, Assistant Company Secretary	1
3.	Declarations of Interest	All	1
4.1	Minutes of Last Formal Meeting held on 24 September 2025, and Minutes of the Extraordinary meeting held on 12 November 2025	Chair	1
5.	Service Presentation: Trauma Informed Care Model	Catherine Evans-Jones	15
6.	Carers Strategy Update	Katie Humphrey, Carers' Lead	15
7.	Audit Committee Annual Report to the Council of Governors (Enclosure)	Rajiv Gatha, Chair, Audit Committee	
8.	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
9.	Executive Reports from the Trust 1. Patient Experience Quarterly Report (Enclosure) 2. Performance Report (Enclosure)	Elizabeth Chapman, Head of Service Engagement and Experience Julian Emms, Chief Executive	10
10.	Governor Feedback Session	Mark Day, Interim Chair	2

	<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	Mark Day, Interim Chair	2
12.	Dates of Next Meetings <ul style="list-style-type: none"> 11 February 2026 – Joint NEDs/CoGs meeting (hybrid) 11 March 2026 – Formal Council Meeting (online) 	Mark Day, Interim Chair	1
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.	Mark Day, Interim Chair	
14.	Non-Executive Directors – Extension to Terms of Office and Chair and Non-Executive Directors Remuneration	Recommendations from the Appointments and Remuneration Committee	

Minutes of the Council of Governors Meeting held on

Wednesday, 24 September 2025 at 10.30am

(Conducted via MS Teams)

Present:	Mark Day, Interim Chair & Non-Executive Director
Public Governors:	Ros Crowder James Cuggy Madeline Diver Ian Germer Sharon O'Reilly John Featherstone Baldev Sian Debra Allcock Tyler Graham Bridgman Sarah Croxford Brian Wilson George Mathew
Staff Governors:	Guy Dakin Anne Jumba Alun Griffiths
Appointed Governors:	Richard Levell Cllr Megan Wright Cllr George Shaw Cllr Puja Bedi Cllr Jacopo Lanzoni Fiona Price Sarah Collin
In attendance:	Julian Emms, Chief Executive Paul Gray, Chief Financial Officer Rebecca Burford, Non-Executive Director Sonya Batchelor, Non-Executive Director Julie Hill, Company Secretary Cheryl Gardner, Deputy Executive Office Manager & Executive Business Assistant Jennifer Knowles, Office Manager & Assistant Company Secretary
Guests:	Helen Degruhy, Patient Safety and Compliance Manager Liz Chapman, Head of Service Engagement & Experience Daniel Badman, Deputy Director of Nursing for Patient Safety & Quality Alison Kennett, Ernst and Young LLP

1.	Welcome and Introductions
	Mark Day, Interim Chair welcomed everyone to the meeting and particularly to Richard Levell to his first meeting as Appointed Governor for Reading University.
2.	Apologies for Absence
	Marcelle Browne and Sofia Barbosa Boucas.
3.	Declarations of Interest
	None declared.
4.1	Minutes of Last Formal Meeting on 11th June 2025 of the Council of Governors (including the minutes of the Private Meeting) and Minutes of the Extraordinary Meeting held on 16th July 2025
	The minutes the meeting held on 11 th June 2025, and Minutes of the Extraordinary meeting held on 16 th July 2025 were approved as a correct record of the meetings.
5.	Slough Public Governor Election Results (enc)
	<p>The Chair welcomed Julie Hill, Company Secretary to the meeting.</p> <p>Julie formally noted that Sharon O'Reilly was elected as a Governor for Slough.</p>
6.	External Auditors Report to the Council of Governors
	<p>The Chair welcomed Alison Kennet from Ernst and Young LLP to the meeting.</p> <ul style="list-style-type: none"> Alison presented the Independent Auditors' Report for the year ending March 2025, confirming an unqualified (clean) audit opinion for the Trust. The audit process went smoothly, with prompt cooperation from Trust Officers and minimal findings reported. The Auditor's Annual Report reviewed arrangements for value for money, covering financial sustainability, governance and efficiency, and found no significant risks. Overall, there were no major issues or significant risks identified, and the Audit Committee had already received the results. <p>The Chair thanked Alison for the positive Audit Report and expressed appreciation to both Alison's and Paul Gray's teams for their work in achieving a successful audit outcome.</p>
7.	Trust Annual Report and Accounts 2024-25 (Presentation)
	<p>The Chair welcomed Julian Emms, Chief Executive Officer to the meeting.</p> <p>Julian provided an overview of the Trust's Annual Report, highlighting achievements from April 2024 to March 2025.</p> <ul style="list-style-type: none"> The Trust maintained strong clinical care standards and improved services, with notable progress in patient safety, satisfaction, and reduced waiting lists (except for neurodiversity assessments, which remain a national challenge). The Trust balanced its finances while maintaining quality, putting it in a unique position among NHS organisations. Significant digital advancements were made, including automation of processes and use of connected care data to target health inequalities and support prevention. Staff engagement was high, with improvements in morale and inclusion, though challenges with racial abuse persist in some areas. Partnership working was emphasised, especially with local authorities and the development of the Thames Valley Integrated Care Board.

	<ul style="list-style-type: none"> • Board-level changes were noted, including new appointments and retirements, ensuring stability and continuity. • Julian concluded that, despite NHS-wide challenges, the Trust is well positioned for the future and thanked Governors for their support and contributions. <p>The Chair welcomed Paul Gray, Chief Financial Officer to the meeting.</p> <p>Paul provided an overview of the Trust Accounts.</p> <ul style="list-style-type: none"> • The Trust planned for a £1.9 million surplus and £13.6 million in financial efficiencies, with £15.6 million allocated for capital investment in Estates and IT. • Actual performance exceeded the Plan, delivering a £4.9 million surplus due to an unexpected £3 million income allocation received mid-year. • Income increased by £32 million, mainly from inflation funding, pension contributions and service-specific funding, including for the new Poppy Ward. • Pay costs rose due to national pay awards and workforce growth of nearly 240 staff, but agency spend was reduced by 4%. • £12.8 million was spent on capital, with significant investments in estates improvements, a new dental suite, Place of Safety Facility and IT infrastructure. • The Trust's cash position improved by £1.4 million, better than planned, and the accounts received an unqualified audit opinion. • For the year ahead, the Trust aims for another surplus, higher efficiencies (£17.5 million) and increased capital investment (£22.8 million), expecting a cash reduction of £7.1 million. <p>The Chair thanked Julian and Paul for their comprehensive presentations, noting they covered a wide range of the Trust's activities over the past 12 months.</p> <p>Graham Bridgman asked for clarification on the term "cash" used in the Financial Report, wondering if it referred to reserves as understood in local government finance, such as earmarked reserves or money set aside for future needs. He requested an explanation of how "cash" is defined and managed within the Trust's financial context.</p> <p>Paul Gray explained that "cash" refers to the actual money the trust has in the bank, not long-term investments or reserves. He clarified that this cash is available to fund the Trust's capital programme.</p> <p>Julian Emms added that the term is more akin to business liquidity, with specific rules for Trusts on how it can be spent, mainly for capital investment and infrastructure.</p> <p>Megan Wright asked about the Trust's pay costs, specifically how the increase in income due to higher National Insurance and other factors, as well as the rise in permanent staff and reduction in agency staff, affected overall pay costs compared to the previous year. She wanted to understand if pay costs had increased and how much of the additional income was allocated to pay.</p> <p>Paul Gray confirmed that pay costs have increased compared to the previous year. He explained that pay costs rise annually due to pay inflation (about 4%) and noted a £7 million increase from pension contributions. He emphasised that the Trust managed these increased pay costs within its financial allocations and that a significant portion of the extra £32 million income was used for pay costs.</p> <p>Baldev Sian asked if the Trust invests its cash balances to earn interest or generate additional income.</p> <p>Paul Gray confirmed the Trust does invest its cash, but there are strict rules about where it can be invested, especially after past issues like the Icelandic banks. He explained that most investments are placed in overnight funds to balance access and security, and the Finance and Investment Committee regularly reviews investment options.</p>
8.	<p>Patient Safety and Learning Presentation</p> <p>The Chair welcome Daniel Badman, Deputy Director of Nursing for Patient Safety & Quality and Helen Degruchy, Patient Safety and Compliance Manager to the meeting.</p>

Helen explained the 2019 National Patient Safety Strategy, its seven main arms, and how Berkshire Healthcare has implemented them, including training, incident response, and the medical examiner process.

All staff, clinical and non-clinical, are required to complete level one patient safety training, achieving nearly 100% compliance. Higher levels are for patient safety specialists. Additional in-house and commissioned training is provided for investigations. The Trust moved from the Serious Incident Framework to a new, more proportionate framework, allowing focus on local priorities and learning opportunities rather than just outcome severity.

Nearly 90 learning responses were completed in the last year. The new framework allows for varied methodologies and greater involvement of staff, patients and families in reviews.

Findings from investigations inform improvement workstreams, training (e.g. clinical risk and wound care) and new processes. There have been reductions in incidents like pressure ulcers and falls as a result.

The Trust has a strong Duty of Candour and now employs a family liaison practitioner to support families affected by incidents, especially in mental health.

Staff perspectives are included in reviews, supporting a culture where staff feel safe to speak up. The Trust has a safety culture committee focused on collaboration and diversity.

The Trust involves patient safety partners and Lived Experience workforce in reviews and improvement work, aiming to further expand this involvement.

All community inpatient and Prospect Park deaths not going to the coroner are independently scrutinised. The Trust aligns its reporting systems with national requirements.

Key areas for further work include improving patient engagement, utilising patient safety partners and monitoring the effectiveness of actions and improvements.

The Chair thanked Helen for her presentation.

Megan Wright asked how the Trust implements changes identified from patient safety incident reviews, how the success of these changes is monitored to ensure they are embedded, and requested an example of a change that was made and how its effectiveness was reviewed.

Daniel Badman explained that after an incident is reported, the patient safety team reviews it and selects an appropriate investigation method, such as after-action reviews for straightforward cases or Quality Improvement (QI) approaches for complex issues. Actions may include updating processes or involving teams in finding solutions, with a focus on integrating patient safety and QI efforts.

Helen Degruchy provided an example involving deteriorating wounds in the community: reviews revealed delays due to limited staff able to take wound swabs and reliance on GPs for prescriptions. Changes included training more community nurses to take swabs and administer antibiotics, reducing delays and improving patient care.

Sarah Croxford asked whether there are disparities in patient safety outcomes or practices between Berkshire East and Berkshire West, and if any learnings have been identified from differences between these areas.

Helen Degruchy confirmed that the patient safety team covers all of Berkshire and that their investigations have identified some disparities between East and West, such as differences in how mental health workers operate in GP practices and variations in community nursing teams. Actions are being taken to standardise approaches and processes across both areas while allowing for necessary local differences.

	<p>Ros Crowder asked whether the high level of patient safety training compliance includes contracted staff (such as those on the new Poppy Ward and domestic staff from private contractors) and also inquired about how the team plans to engage more patients and patient safety partners, including how interested individuals can get involved.</p> <p>Daniel Badman clarified that the high compliance with patient safety training currently applies to Trust-employed staff, not contracted staff, and acknowledged this as an area to review, especially regarding expectations for partner providers and NHSP staff.</p> <p>Daniel/Helen will review the inclusion of contracted and NHSP staff in patient safety training compliance and follow up on expectations for partner providers.</p> <p>Helen Degruchy explained that people interested in becoming patient safety partners or getting involved should contact her or the Head of Patient Experience. She aims to increase involvement by inviting patient safety partners into reviews and investigations and is considering bringing patients directly into after action reviews for greater engagement.</p> <p>Dr John Featherstone asked about how funding is allocated at different levels to ensure systems work together for complex patient cases, highlighted challenges with communication and service differences across regions and expressed interest in collaborating with Helen due to his personal experience supporting a patient navigating multiple specialties.</p> <p>Helen Degruchy expressed empathy for John's situation and welcomed his involvement in patient safety work.</p> <p>The Chair invited Governors interested in being more involved to contact Helen and Dan directly.</p>
9.	Committee/Steering Groups
	<p>Reports:</p> <p>a) Membership & Public Engagement The report was taken as read.</p> <p>b) Quality Assurance Group The report was taken as read.</p> <p>c) Living Life to the Full The report was taken as read.</p> <p>Madeline highlighted new collaboration with Abri Housing staff, focusing on training independent living partners (housing officers) to be more mental health aware. She explained that Abri Housing aims for these staff to recognise early signs of mental health issues among residents and foster supportive community environments.</p> <p>The Chair thanked the Sub-Committee Chairs for their reports.</p>
10.	Executive Reports from the Trust
	<p>1. Patient Experience Quarterly Report The paper was taken as read.</p> <p>The Chair welcomed Liz Chapman, Head of Service Engagement & Experience to the meeting, providing highlights of the Report.</p> <ul style="list-style-type: none"> • The number of patient feedback responses via "I Want Great Care" continues to rise, with higher response rates and consistently high satisfaction scores. • Compliments from patients are increasing, providing positive balance alongside formal complaints and regulated feedback. The Trust calculates patient feedback contacts based on both outpatient appointments and discharges, not just discharges, to ensure every contact and experience is counted.

	<ul style="list-style-type: none"> • The Trust is now monitoring complaints and survey outcomes by ethnicity, disability and age, with a new focus on analysing upheld rates by ethnicity to address disparities. • A named worker system was introduced for the Crisis Resolution Home Treatment Team (CRHTT) to improve continuity for patients in crisis, based on patient feedback. • PALS (Patient Advice and Liaison Service) activity remains high, with many contacts redirected from other organisations due to search confusion; the Trust collaborates with Royal Berkshire Hospital to manage this. • The Trust is running the 15 Steps Challenge and preparing for an NHS England review, with opportunities for Governors to participate. • There are 35 Lived Experience Practitioners/Peer Support Workers, with ongoing efforts to expand and support this workforce. • The Trust is preparing for the new NHSE Patient Experience Framework, gathering a baseline for a four-year improvement plan. • PLACE (Patient-Led Environment) Assessments are underway and Governors are invited to get involved. <p>The Chair thanked Liz for the report.</p> <p>Sharon expressed concern that referring to East and West Berkshire in reports is unclear for residents of Slough and suggested more granular, town-level data to better identify and address local issues. Specifically, about mental health service access in Slough, mentioning reports of inadequate support and questioned whether suicides of people recently discharged from mental health services are properly classified and investigated. Julian Emms clarified that any suicide by someone who has been in contact with Berkshire Healthcare services in the past year is classified and investigated as associated with the Trust. He offered to investigate any specific cases Sharon could provide, as all Crisis Team calls are recorded. Julian confirmed the Trust can analyse data at the town level, including Slough, and is able to identify local differences and challenges using their electronic records system. He welcomed Sharon's offer to provide names for further review and investigation of Crisis Team practices in Slough.</p> <p>Liz offered to meet Sharon to discuss her experiences and concerns.</p> <p>Megan Wright asked about monitoring good practice and relationships between NHS mental health services and adult social care, especially with upcoming local government reorganisation, and suggested benchmarking where collaboration works well to inform future integration.</p> <p>Julian Emms reported that the Trust does review and discuss the relationship between NHS services and Local Authorities, noting that integrated joint teams (such as in Reading and West Berkshire) provide a better patient experience compared to areas where services are less integrated. He acknowledged that the setup varies across the six Local Authorities and that insights are shared with Council counterparts.</p> <p>2. Performance Report The paper was taken as read.</p> <p>Julian highlighted that the Trust was recently ranked third nationally in the NHS Oversight Framework and placed in segment one, with a message of recognition from the Secretary of State for Health. He noted this was the only significant update since the papers were published.</p> <p>The Chair thanked Julian for his report.</p>
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>
12.	Any Other Business

	<ul style="list-style-type: none"> Mark raised the reappointment of the Lead Governor and Deputy Lead Governor, announcing that Brian Wilson will continue as Lead Governor and John Wellum as Deputy Lead Governor for the next year, noting there were no other nominations.
13.	Dates of Next Meetings
	<ul style="list-style-type: none"> 12 November 2025 (hybrid meeting) - Notice of an Extraordinary Meeting* to appoint a new Trust Chair - this will be followed by the Joint Trust Board and Council of Governors meeting. <p><i>*If the Appointments and Remuneration Committee are unable to make a recommendation for the appointment of a new Chair, the extraordinary meeting will not be required.</i></p> <ul style="list-style-type: none"> 3rd December 2025 - Formal Council Meeting (online meeting)

Annual Report of the Trust's Audit Committee to the Council of Governors January 2025 to December 2025

SUMMARY

It is good practice for the Audit Committee to provide a report annually to the Council of Governors to:

- Highlight any relevant audit issues identified during the year in respect of which the Committee considers action or improvement is required and setting out the steps to be taken.
- Comment on the quality of the auditors' work and on the reasonableness of the fees (if appropriate).

The Audit Committee's terms of reference are attached at appendix 1 for information.

Introduction

The Audit Committee's chief function is to advise the Trust Board on the adequacy and effectiveness of the Trust's systems of internal control, risk management and governance and also its arrangements for securing economy, efficiency and effectiveness. The Committee's terms of reference are attached.

As requested by the Council of Governors, this annual report has been expanded to provide more detail about the work of the Committee. It should be noted that the full minutes of the Audit Committee are presented to the next meeting of the Public Trust Board (the Trust Board's meeting papers are available from the Trust's website at <https://www.berkshirehealthcare.nhs.uk/about-us/key-documents/board-meetings>

Committee Membership

The members of the Committee during 2025 (all of whom are Non-Executive Directors) were as follows:

- Rajiv Gatha, Non-Executive Director, and Audit Committee Chair
- Naomi Coxwell, Non-Executive Director until 31 May 2025
- Sonya Batchelor, Non-Executive Director from 1 June 2025
- Mark Day, Non-Executive Director (Interim Trust Chair from 1 August 2025)

Executive support to the Committee included regular attendance by the Chief Financial Officer, Director of Finance, Director of Nursing and Therapies, Medical Director and Head of Clinical Effectiveness and Audit. The Company Secretary supports the Committee.

External representation included representatives Ernst and Young, External Auditors, RSM Risk Assurance Services, Internal Auditors and TIAA, Anti-Crime Services.

During 2025, the Committee met on five occasions, including June 2025 when the Annual Accounts were presented for approval.

All meetings were quorate.

The minutes of each Committee meeting are received at the next available Trust Board meeting. The Audit Committee Chair presents the minutes and highlights any key areas of the Committee's discussions.

Audit Committee Seminars

The Audit Committee's external representatives (internal and external auditors and anti-crime specialists) are invited to facilitate seminars prior to the Audit Committee meeting. The seminars were conducted virtually and covered the following topics:

- AI in Healthcare led by the Internal Auditors
- Procurement Act led by TIAA, Anti-Crime Specialist
- Risk Management led by the Internal Auditors

Committee Self-Assessment of Effectiveness

The Committee undertakes an annual self-assessment of effectiveness. Members and regular attendees are requested to rate the performance of the Committee and to make suggestions for improvement. The results are then considered to determine what action, if any, may be necessary.

The results of the latest self-assessment exercise were reported to the July 2025 Audit Committee meeting. Overall, the results were positive. One suggestion for improvement was for the External Auditors to provide the Committee with benchmarking reports and briefings. The Internal Auditors regularly provide briefings and benchmarking reports. The External Auditors agreed to develop a programme of information reports over the course of the year.

Summary of Work Undertaken

During 2025 key activity included:

A) Board Assurance Framework and Corporate Risk Register

The Committee reviews the Board Assurance Framework and the Corporate Risk Register at each meeting in order to maintain scrutiny on the management of risks to strategic and corporate objectives.

B) Cyber Security Annual Report 2024-25

The Chief Information Officer presented the Trust's Cyber Security Annual Report to the Committee and highlighted the following points:

- Implementing strong cybersecurity measures was essential for protecting our digital services and sensitive information. The cyber threat landscape was diverse, including both domestic challenges and external risks from nation-state groups. These threats can be driven by financial motives or a desire for retribution against governments and organisations supporting countries in conflicts. This underscores the importance of proactive cybersecurity involvement at the executive level.
- In 2024 **we had no cyber security incidents** which was testament to the technical and cultural measures we have taken to protect the Berkshire

Healthcare estate. Patient care was affected by the cyber incident to [NRS Healthcare](#) in April 2024 which temporarily stopped orders of living aids for Berkshire Healthcare patients. The NRS contract is provided by the Local Authority with Berkshire Healthcare staff request living aids for patients being discharged to support their recovery.

- The **top three cyber risks** we face are a cyber-attack on our digital infrastructure, phishing for staff credentials, and an attack on our supply chain. Any of these have the potential to impair our ability to deliver patient care. Whilst the risk of a cyber-attack and phishing have been prevalent for several years, supplier attacks were rising as they have a far-reaching effect making it more likely that a private supplier will pay a ransom.
- We anticipate the **main threats of attack in 2025** to be the security of our cloud services and digital supply chain. The key actions for 2025 are, to continue to comply with and then exceed the national multi-factor authentication policy, focus risk identification on our supply chain and maintain our cybersecurity conscious culture in the Trust. We will work with the Emergency Preparedness, Resilience and Response team to ensure our plans in this area are effective in the event of a large-scale cyber incident which could affect critical national infrastructure as predicted by the [Chancellor of the Duchy of Lancaster in his speech to NATO](#).
- We have layered cybersecurity defences and systems protecting our network and cloud infrastructure using software to detect and mitigate threats. We have an enterprise-wide software update regime which applies software updates regularly to prevent any newly discovered vulnerabilities being exploited. Each new system introduced to the Trust is reviewed for security risks prior to implementation. Our certified email includes filters to prevent the delivery of malicious programmes and notifications to inform staff of which emails are certified safe and those that are potentially unsafe.
- We gain external, independent assurance on our cyber security measures through a number of independent assessments, audits and certifications.

C) Information Governance Annual Report 2024-25

Information Governance provides a framework to ensure that patient and staff personal information is dealt with lawfully, securely, efficiently and effectively, supporting our delivery of the best possible care. Information Governance should be seen in the context of organisational value rather than preventing new activity. The source of that value remains risk and cost-based; preventing data breaches, reducing risk exposure and meeting compliance concerns rather than top-line focused; enhancing employee productivity, improving data quality and process integration.

The Information Governance functions within the Trust are mature and well established.

For 2024, the key highlights and assurance included:

- There were no current or historical conditions or cautions against the Trust's data protection registration.
- The NHS Data Security and Protection Toolkit (annual) assessment of Standards Exceeded.
- Of the 1,381 Subject Access Requests (SARs) the Trust received, 0 deadlines were extended and 2 exceeded the timeframe for response.

- Of the 467 internally reported incidents, 1 met the threshold of a reportable breach to the Information commissioner's Office (ICO) who has confirmed that they will be taking no action in this case.
- 3 complaints were made directly to the ICO by members of the public; none resulted in further action by the ICO against the Trust.
- 97.7% of staff are compliant with information governance training (95% is the requirement).

Key areas of focus for 2025 will be to maintain the quality standards of our Information Governance processes and to address the emerging needs of.

- **Artificial Intelligence (AI)** development in healthcare coupled with robotic process automation, the use of large language models and extensive data-lakes indicating a pressing need to understand the new scale and complexity of this technology in the context of the intertwined web of privacy, clinical safety, safeguarding, etc. which may lead to patient harm.
- **Significant Court of Justice of the European Union (CJEU) decisions** have been made which set new case law. The CJEU ruled businesses can sue competitors over GDPR violations under certain unfair competition laws. As part of the ruling, the CJEU also expanded the definition of 'health data' to include information from online pharmacy orders, including names, delivery addresses, and product details. This could affect organisations in the Healthcare sector who will face stricter GDPR protections relating to special category data.
- **The Data (Use and Access) Bill** is moving through the House of Lords before reaching the next part of the passage before final Royal Assent.
- Data democratisation – The Trust is currently deploying a patient portal replacement for our current Digital Appointment Correspondence (DAC) solution which will give wider access to patients to their own health records within the Trust.
- **Data Subject Access Request (SAR) processes** in the Trust are currently managed across different teams leading to inefficiency and poor experience for requestors. The Director of CYPF, Director of Mental Health Services and DPO who currently have SAR functions within their areas will undertake a review and options appraisal for SAR delivery across the Trust.

D) Clinical Audit Programme

The Audit Committee's role is to ensure that there is an effective Clinical Audit process. This included reviewing the annual clinical audit plan and receiving regular reports on both progress against plan and status of relevant action plans. The results of the individual clinical audits together with action plans to address any areas identified for further improvements are reviewed by the Quality Assurance Committee.

E) Data Quality Assurance

The Trust recognises that all its decisions, whether clinical, managerial or financial need to be based on sound information that is of the highest quality. Information is derived from individual data items that are collected from numerous manual and digital sources. Use of information to support:

- effective patient care
- clinical governance

- management and service agreements for healthcare planning

This means that data quality is a crucial element in providing assurance that decisions made are the correct ones. The Committee received a quarterly Data Quality Assurance Report which sets out the results of the Trust's data quality audits.

F) Single Waiver Report

The Committee receives a quarterly report setting out details of any contracts which have been awarded to a provider without going through the usual procurement process. There are a number of reasons for single waiver contracts, for example, if the provider is the sole source of supply or an existing contract is extended pending a full procurement exercise.

G) Losses and Special Payments Report

The Committee receives a quarterly report on any losses or special payments made during the reporting period.

H) Clinical Claims and Litigation Report

The Committee receives a quarterly report on clinical negligence and employers' liability claims together with any learning and on-going work in relation to any themes identified as part of the claims process. Learning from the analysis of the claims (both clinical and employee) detailed within this paper will be shared with the wider organisation through learning newsletters and patient safety and quality forums.

I) Approval of the Trust's Annual Accounts on behalf of the Trust Board

We convened a special meeting in June 2025 to approve the Trust's Annual Accounts on behalf of the Trust Board.

K) Other Matters

The Committee also received:

- Reports from the Internal Auditors, External Auditors and Anti-Crime Specialist.
- The Internal Auditors and the Anti-Crime Specialist share national good practice and help the Audit Committee to be kept up to date with any new policy developments.
- Minutes of assurance related Committees, including the Finance, Investment and Performance and Quality Assurance Committees

There were no substantial issues or concerns that the Audit Committee needed to draw to the Council's attention from its work in 2024-25.

External Audit Matters

The Trust's External Auditors, Ernst and Young attended the September 2025 Council of Governors meeting to present their audit report to the Governors. NHS England has removed the requirement for the Trust's Quality Accounts 2024-25 to be subject to external assurance so the External Auditors' report to the Governors only included their comments on their audit of the Trust's year-end accounts.

The External Auditors' Report on the Trust's Annual Accounts 2024-25 was "unqualified" which meant that the Trust's financial statements gave a true and fair view of the financial position of the Trust as at 31 March 2025 and of its expenditure and income for 2024-25.

Internal Audit Reports

The Trust's Head of Internal Audit opinion for the year was "The organisation has an adequate and effective framework for risk management, governance and internal control. However, work identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective."

In reaching their opinion, the Internal Auditors had taken into effect the positive assurance ratings in respect of the individual audit reviews over the course of the last year and management's response to addressing any areas for improvement when assigning an internal audit opinion.

A summary of the audit reviews completed since the last Annual Audit Committee Report to the Governors is set out below:

2024-25

a) Key Financial Controls – Debtors (*substantial assurance*)

The Auditors identified that there was a well-designed control framework in place for the management of the Trust's Accounts Receivables and identified a number of examples of good practice.

The Auditors raised one low priority management action relating to contract that had not been signed by the contracting party. The Trust will continue using an internal written approval route to ensure that works and invoices were raised in line with the proposed fees.

b) Risk Management (*reasonable assurance*)

The Auditors highlighted that overall, a robust control framework had been implemented regarding risk management processes at the Trust. The review focussed on the divisional risk registers (Children, Family and All Age Services, Mental Health and Physical Health).

The Auditors raised one medium and one low priority management actions. The Auditors identified that several risks across all three registers had expired review dates. The Auditors highlighted that if risks were not received regularly there was a risk that controls in place may become outdated or risks may increase in consequence or likelihood and not be escalated effectively.

Management agreed to ensure that risk registers were fully completed including current risk scores and up to date review dates (medium action).

2025-26

a) Safety Planning/Risk Assessments (*Reasonable Assurance*)

The Auditors found that overall, a robust control framework had been implemented regarding Safety Planning at the Trust. The Auditors identified some areas that could be improved. These related to:

- There were instances where risk assessments were outdated. Some risk assessments had missing information and there were instances where risk assessments were not always updated by the team when a patient transferred to a new team. Where risk assessments were not updated, this could impact patient experience.
- Safety planning forms were not completed for some patients in the sample reviewed and in one case safety planning was recorded within the RiO (electronic patient record system) notes. Where safety planning was not in place or recorded in the progress notes, there was a risk that patients' safety may be compromised.

b) Cyber Assessment Framework Aligned Data Security and Protection Toolkit Independent Assessment (*risk rating – medium/confidence level – high*)

The Auditors found that for only one, outcome was below the minimum expected level was not reached. This was due to an annual review of all users with access to RiO, the Trust-wide electronic patient record system supporting essential functions, not taking place. There could be a risk of inappropriate access if access reviews are not undertaken.

Management agreed to define a formal criteria for when time-bound privileged access should be used to ensure examples of expiry were documented and retained for assurance purposes.

c) Controlled Drugs (*reasonable assurance*)

The Auditors found that overall, controls were generally effective and found to be operating reasonably well. The Auditors noted adequate safety and security arrangements around the storage and management of Controlled Drugs. However, there were a few areas where opportunities for improvement were identified. These included improvements in documentation, timely disposal of expired stock and system modernisation. The Auditors raised four medium priority management actions to address these shortfalls.

d) Human Resources Case Work (*reasonable assurance*)

The Auditors acknowledged that the Trust evidenced robust controls relating to disciplinary case management and related Human Resources practices. Policies and procedures were thorough, provided clear processes for managers to follow, and were updated regularly and in line with legislative and internal process changes.

The Auditors found that cases were well managed, and this was helped by having external Investigating Officers handling cases. This enabled independence and input from professionals who were skilled at conducting thorough, unbiased investigations. However, timescales for case completion were on average slightly longer than the targeted timeframes outlined in Policy documents. This was an area for potentially reviewing the timescales that were used currently. There was no record made when patient safety was considered but no action was required to be taken, and the lack of documented evidence regarding the consideration of suspension highlighted a gap in the Trust's documentation practices.

While informal discussions were taking place, the absence of formal records meant that there was no clear rationale for decisions not to suspend. Also, the Trust will consider the inclusion of a refresher training for all Line Manager's completing the Essential Knowledge for Manager's course. The Auditors raised one medium and four low priority management actions to address these issues.

The table also sets out the ratings of the audit reviews conducted so far during 2025-26.

Audit Area	Risk Rating
2024-25	
Key Financial Controls - Debtors	<i>Substantial Assurance</i>
Risk Management	<i>Reasonable Assurance</i>
2025-26	
Safety Planning/Risk Assessments	<i>Reasonable Assurance</i>
Cyber Assessment Framework Aligned Data Security and Protection Toolkit Independent Assessment	<i>Risk Rating Medium/Confidence Level High</i>
HR Case Work – Disciplinary Processes	<i>Reasonable Assurance</i>
Controlled Drugs	<i>Reasonable Assurance</i>
Mental Capacity Act	<i>TBC</i>
Medical Staffing Process	<i>TBC</i>
Risk Management	<i>TBC</i>
Key Financial Controls – General Ledger	<i>TBC</i>

ACKNOWLEDGEMENTS

The Audit Committee also commends the sterling work carried out by the Trust's finance team on the annual accounts this year.

ANTI-CRIME SPECIALIST AND AUDITORS' CONTRIBUTION:

Throughout the year, the Audit Committee has been supported fully by the Trust's internal and external auditors and by the Anti-Crime Service.

The Committee is fully satisfied with the quality of the work undertaken by the Anti-Crime Service, TIAA, the Internal Auditors, RSM and the former External Auditors, Deloitte and current External Auditors, Ernst and Young.

ACTION:

The Council of Governors is invited to note the report and to seek any clarification.

Prepared by Julie Hill
Company Secretary

Presented by Rajiv Gatha,
Chair of Audit Committee

Terms of Reference

Audit Committee

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Disclaimer

Berkshire Healthcare NHS Foundation and its sub-contractors have no duty of care to any third party, and accept no responsibility and disclaim all liability of any kind for any action which any third party takes or refrains from taking on the basis of the contents of this document.

Purpose

This document contains the terms of reference for the Trust Audit Committee.

Document Control

Version	Date	Author	Comments
1.0	12 Mar 08	Garry Nixon	Initial Draft for Committee Chair
2.0	14 Mar 08	Garry Nixon	Updated following Committee Chair comments
3.0	1 May 08	Garry Nixon	Updated following Audit Committee consideration
4.0	22 May 09	John Tonkin	Revised per Internal Audit Report Recommendations on Integrated Governance –
5.0	28 May 09	Clive Field	Minor amendments
6.0	12 August 2010	John Tonkin	Revision following Audit Committee review July 2010
7.0	14 Sept 2010	John Tonkin	Revision following Board consideration 14 Sept 2010
8.0	8 May 2012	John Tonkin	Revision following Board consideration 8 May 2012
9.0	12 April 2013	John Tonkin	General revision to reflect changes in past year
10.0	23 May 2013	John Tonkin	Revision following Board discussion on 14 May 2013
11.0	11 June 2013	John Tonkin	Board approved – 11 June 2013
12.0	13 May 2014	John Tonkin	Board approved - 13 May 2014
13.0	27 July 2016	Julie Hill	Revision following Audit Committee review – October 2016
14.0	08 November 2016	Julie Hill	Board approved – 08 November 2016
15.0	July 2018	Julie Hill	Revision following Audit Committee review – July 2018 – Board approved September 2018
16.0	July 2019	Julie Hill	Revision following Audit Committee review – July 2019 – Board approved September 2019
17.0	October 2020	Julie Hill	Revision following Audit Committee review – October 2020
18.0	July 2022	Julie Hill	Revision following Audit Committee review – July 2022

Document References

Document Title	Date	Published By
NHS Audit Committee Handbook	2005	Department of Health & Healthcare
The NHS Foundation Trust Code of Governance	2006	NHS Improvement, Independent Regulator of NHS Foundation Trusts

Authority

- 1.1 The Audit Committee is constituted as a Standing Committee of the Trust Board of Directors. Its constitution and terms of reference shall be set out as below, subject to amendment at future Board of Directors' meetings.
- 1.2 The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.
- 1.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary.

Purpose

- 2.1 To conclude upon the adequacy and effective operation of the Trust's overall internal control system and independently review the framework of risks, controls and related assurances that underpin the delivery of the Trust's objectives.
- 2.2 To review the disclosure statements that flow from the Trust's assurance processes ahead of its presentation to the Trust Board, including:
 - a. Annual Governance Statement, included in the Annual Report and Accounts and the Annual Plan together with the external and internal auditors' opinions.
 - b. Annual Plan declarations relating to the Assurance Framework.

Membership

- 3.1 The membership of the Committee shall comprise three Non-Executive Directors, at least one of whom shall have recent and relevant financial experience, plus, ex officio, the Chair of the Finance, Investment & Performance Committee. The Chair of the Quality Assurance Committee will attend as and when there are appropriate matters to discuss with the Audit Committee.
- 3.2 The Chair of the Trust and the Chief Executive shall **not** be members.
- 3.3 The Chair of the Committee will be a Non-Executive Director and will not be a member of any other standing Committee of the Board.
- 3.4 A quorum shall be two members.

In attendance at meetings

- 4.1 The Committee will be supported by the following in attendance:
 - Chief Financial Officer
 - Director of Finance
 - Medical Director
 - Head of Clinical Effectiveness and Audit
 - Director of Nursing and Therapies (or deputy)

- The Company Secretary
- 4.2 The Committee can invite the Chairman and Chief Executive as well as other Trust Directors or Officers to attend to discuss specific issues as appropriate.
- 4.3 The Committee will be attended by representatives of the following:
- External Audit
 - Internal Audit
 - Counter Fraud
 - Clinical Audit
- 4.4 The Committee will consider the need to meet privately, at least once a year, with both the internal and external auditors. The internal and external auditors may request a private meeting with the Committee at any time.

Frequency and Administration of Meetings

- 5.1 The Committee will meet at least 4 times a year. It may meet more frequently at any time should circumstances require.
- 5.2 It will be supported by the Company Secretary who will agree the agenda for the meetings and the papers required, directly with the Chair.
- 5.3 Minutes of all meetings shall be formally recorded and submitted, together with recommendations where appropriate, to the Board of Directors.

Duties

Governance Risk Management and Internal Control

- 6.1 The Committee shall review the establishment and maintenance of an effective system of integrated Governance, risk management and internal control, across the Trust's clinical and non-clinical activities that support the achievement of its objectives.
- 6.2 The Committee shall ensure that the Board Assurance Framework is effective in enabling the monitoring, controlling and mitigation of risks to the Trust's strategic objectives.
- 6.3 In particular, the Committee will review the adequacy of the following:
- a. All risk and control related disclosure statements, together with any accompanying Head of Internal Audit statement, external audit opinion or other independent assurances, prior to endorsement by the Board;
 - b. The underlying assurance processes that indicate the following:
 - The degree of the achievement of corporate objectives
 - The effectiveness of the management of principal risks
 - The appropriateness of the disclosure statements

- c. The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.
- 6.4 The Committee shall request and review reports and positive assurances from Directors and managers on the overall arrangements for governance (including clinical audit and data quality), risk management and internal control.

Audit & Counter Fraud

- 6.5 The Committee shall ensure that there is an effective internal audit function and clinical audit function that provide appropriate independent assurance to the Audit Committee and includes the following:
 - a. Review the Internal Audit Plan, operational plan and programme of work and recommend this for acceptance by the Trust Board of Directors.
 - b. The review of the findings of internal audits and the management response.
 - c. Discussion and agreement with the External Audit of the nature and scope of the External Audit annual plan.
 - d. The review of all external audit reports, including the agreement of the annual audit letter before submission to the Board and any work completed outside the External Audit annual plan.
 - e. Review and approval of the Counter Fraud Plan and operational plans.
 - f. The review of the findings of the Counter Fraud plan and the management response.

6.6 Clinical Audit

The Committee shall ensure that there is an effective Clinical Audit process. This includes reviewing the annual clinical audit plan and receiving regular reports on both progress against plan and status of relevant action plans.

- 6.7 The Committee shall ensure that Internal Audit, External Audit and Clinical Audit recommendations are implemented promptly by management.

Financial Reporting

- 6.8 The Committee shall review the Annual Accounts and Financial Statements before submission to the Board.
- 6.9 It will ensure that the financial systems for financial reporting to the Board are subject to review as to completeness and accuracy of the information provided to the Board.
- 6.10 It will review the annual accounts of the Charitable Trustees prior to submission.

Reporting

6.11 The Committee will routinely review the minutes of:

- Finance, Investment & Performance Committee
- Quality Assurance Committee
- Quality and Performance Executive Committee

and will review the work of other committees within the organisation whose work can provide relevant assurance to the Committee.

6.12 The Minutes of the Audit Committee will be formally submitted to the Trust Board.

6.13 The Chair of the Committee shall report to the Board any concerns and assurances relating to the Trust and the Committee's work.

6.14 The Audit Committee Chair will produce an Annual Audit Report setting out the work of the Committee and highlighting any issues raised during the course of year by the Trust's Internal and External Auditors and the Counter Fraud Specialist. It will report annually to the Council of Governors Trust Board through an 'Audit and Governance Report' which will include the following:

- a. The fitness for purpose of the assurance framework.
- b. The completeness and embeddedness of risk management.
- c. The integration of Governance arrangements.
- d. The Committee's self-assessment and any action required.

Other functions

6.15 The Committee will review and monitor compliance with Standing Orders and Standing Financial instructions.

6.16 It will review the following:

- a. Schedules of losses & compensations and making recommendations to the Board
- b. Any decision to suspend Standing Orders
- c. Decision to waive the competitive tendering rules when requested by the Board
- d. The Trust's Litigation activity
- e. Information Governance and Caldicott Guardian Annual Report

6.17 It will approve changes in accounting policies.

6.18 It will review the performance of the Audit Committee through self-assessment and independent review to be completed at least annually. It will also review the output from the annual self-assessment exercises conducted by other Board Committees.

- 6.19 It will provide oversight of the Trust's processes for ensuring robust data quality and will review periodic reports on data quality performance.
- 6.20 The Committee shall provide assurance on the quality checks of data used in the preparation of the Performance Assurance Framework.
- 6.21 The Committee will provide assurance on the system for identifying cost improvement plans, including the process for ensuring that there are no adverse impacts on quality.

Amended: July 2022

Board approved: September 2022

Next review: July 2026

GOVERNORS' MEMBERSHIP & PUBLIC ENGAGEMENT SUBCOMMITTEE REPORT

For Full Council in December

The M&PE Subcommittee met on 21st October with eight attendees, six of whom were Governors.

Despite reaching out to two youth organisations in Bracknell, no response was received at all. Cllr. Megan Wright offered to assist with further contact but still no response at the time of writing this report.

On a wider scale, email contact continues with individuals and organisations with a view to increasing membership in under-represented categories.

The first Health Talk was online on 8th October, with about 38 attendees. Very well presented and very interesting indeed -all about stopping smoking and the health risks of smoking and, less so, vaping. For those who haven't seen it yet, there is a link on the Trust's website.

The meeting also discussed supporting the work to fill the two Governor vacancies in WAM, including Brian Wilson's outreach to Healthwatch in East Berkshire; The Bracknell Health and Wellbeing Board; and the future abolition of Trusts' Council of Governors. Governors and the Trust are encouraged to engage locally to explore what provision for accessing patient voice and independent public scrutiny may arise in the future, as these aspects, not well referenced in the NHS 10 Year Plan, become better understood.

The Membership Newsletter, membership report and Membership Communications Strategy were not discussed in detail as the marketing and Communications Director and Marcomms were unable to attend the meeting.

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

Governors Working Group- Quality Assurance Group

The November meeting of the Quality Assurance Group brought together governors, Trust staff and specialist leads to review key areas of quality, performance and patient experience across Berkshire Healthcare. The central focus of the meeting was an in-depth update on children's and adults' neurodiversity services delivered by Mairi Evans, Clinical Director, following a request from governors at a previous meeting.

Mairi described a service under immense national and local pressure, with demand for both autism and ADHD assessment rising steadily year on year, particularly among adults. She explained that the Trust has significantly redesigned its approach, shifting referrals away from the Common Point of Entry and into a more specialist neurodiversity pathway. A new referral model now requires joint submissions from families and schools, emphasising early support based on need rather than focusing narrowly on diagnosis. This has had a major impact: a previous backlog of more than 3,000 untriaged referrals has been eliminated, and families are now signposted to support within weeks rather than months.

Governors were reassured that the redesigned process has not disadvantaged children from any particular ethnic group, locality or socioeconomic background. However, several points of challenge were raised. Governors questioned whether increasing automation risks making the process feel impersonal for families and sought reassurance that a human, relational element would remain. There were also concerns about how the new six-month evidence requirement works for children transitioning between schools, and for those who are home-educated or outside mainstream settings. Mairi confirmed that the Trust applies flexibility in these circumstances to avoid disadvantaging children.

A wider discussion emerged about the long-term increase in adult referrals, reflecting both improved awareness and changing public attitudes to neurodivergence. Governors highlighted the need for cross-system work—beyond health alone—to build an approach across education, employment and community services.

The Trust outlined future developments, including a region-wide AI-enabled neurodevelopmental questionnaire, continued partnership with external providers to expand assessment capacity, and a stronger focus on needs-led support for those who do not necessarily require a formal diagnosis.

Beyond neurodiversity, governors reviewed the action log and patient experience reports. The quarterly complaints report prompted a discussion about how governors can maintain oversight of patient safety incidents that originate from complaints; the Trust agreed to bring a case study to a future meeting to strengthen understanding of the process.

The meeting also noted the Trust's active involvement in the national refresh of the 15 Steps programme, with recent visits demonstrating strong practice. Governors were encouraged to take up opportunities to participate, recognising the value these visits bring to their assurance role.

Overall, the meeting provided strong assurance of ongoing service improvement while also highlighting several areas requiring continued scrutiny. Governors reinforced their commitment to understanding services first-hand through visits and to supporting the Trust .

Sarah Croxford

14th November 2025

Report for Council of Governors 3 December 2025

Living Life to the Full Meeting 15th October 2025

Speaker Brett Nicholls CEO of Get Berkshire Active who:

- 1.gave a definition of **physical activity and outlined its benefits**. He mentioned barriers to activity and explained how place based strategies can help reduce inequalities.
2. outlined the **positive effect on mental health** and the help given to reduce stress, anxiety and depression by encouraging social interaction and reducing loneliness. Evidence is emerging that physical activity can slow the onset and progression of Alzheimer's disease.
3. showed how the **decline in strength and balance** as people age can be slowed.

Brett outlined the organisation's strategy as a connector and the pillars which guide it. He gave local examples.

Questions related to funding for capital projects; what counts as activity to raise heart rate and make people warmer; the best location; how crime can be reduced and the impact of home visits were so important some responses were deferred. Brett agreed to write answers after the meeting (these were sent with the minutes).

For further information and support; please contact their website:
<https://getberkshireactive.org>

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 Two 2025/26

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		162,555	146,499			
Number of iWGC responses received	Number	61,000 year for 10%	13,604	11,107			
iWGC Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	10%	8.4%	7.6%			
iWGC 5-star score	Number	4.75	4.8	4.82			
iWGC Experience score – FFT (good or very good experience)	%	95%	94.67%	94%			
Compliments received directly by services	Number	24/25 4904	1682	1285			
Formal Complaints received	Number/ %	24/25 230 (0.032%)	51	58			
Formal Complaints Closed	Number	24/25 198	57	61*			
Formal complaints responded to within agreed timescale	%	100%	100%	100%			
Formal Complaints Upheld/Partially Upheld	%	50%	54%	62*			
Local resolution concerns/ informal complaints Rec	Number	2024/25 189	46	71			
MP Enquiries Rec	Number	2024/25 27	12	14			
Complaints upheld/ partially by PHSO	Number	2024/25 2	0	0			

There has been a reduction in the number of responses through the iWGC survey. We have identified that no SMS were sent after 2 September 2025, over 25% of our total feedback responses are usually received through SMS. The error causing this has been rectified with monitoring put in place to alert of any issues in the future. A retrospective request of unsent SMS has been sent to patients, and any retrospective data will be updated in the Quarter 3 report.

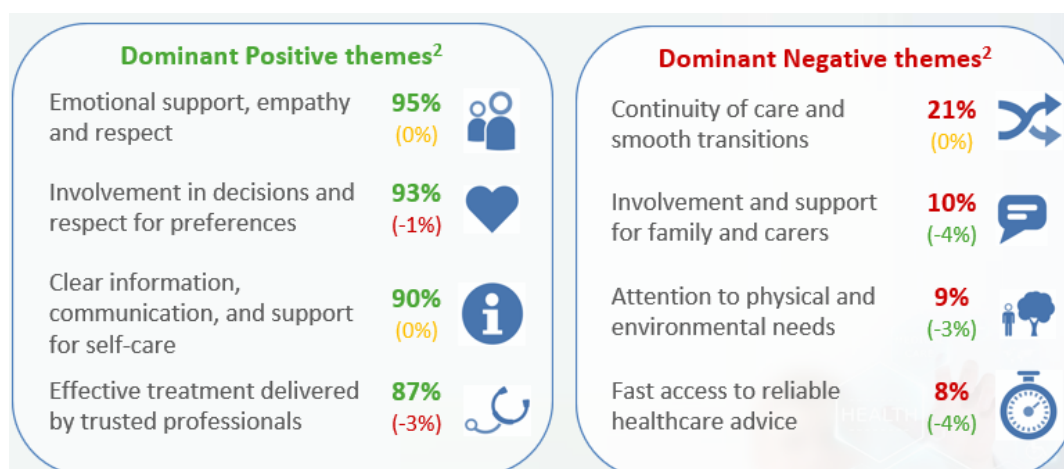
The data continues to show only small variations each quarter. The exception to this is that there is a drop in overall satisfaction for the CFAA division. Review of data suggests that this is due to us now successfully receiving feedback from our children's immunisations team and the response rate for this service being 80.7% with feedback being that biscuits would be appreciated and they don't like having vaccinations. When removing the immunisation team responses from the data the division overall positivity is in the 95%.

The other change is that over the last year we received a significantly lower number of MP enquires compared to previous years (27 in 2024/25 compared to 73 in 2023/24), the numbers are starting to increase to pre-election levels.

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, this quarter these scores have improved, and the rating was above 4/5 for these. The wards all have ongoing work to support improvement, 3 of our wards are participating in the full NHS England Culture of Care programme, and our other mental health wards are participating in bespoke elements of the 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.

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 that are dominant positive or negative although we have seen an improved position in terms of involvement and fast accessible advice since the last quarter. The predominant negative theme is in relation to smooth transition, and much work is being undertaken to improve transition between services within Mental health and between child and adult services.



*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 Q2 attendances
Asian/Asian British	9.20%	12.63%	10.08%
Black/Black British	5.75%	1.05%	3.14%
Mixed	2.30%	2.10%	3.34%
Not stated	6.90%	5.26%	8.98%
Other Ethnic Group	2.30%	2.11%	1.98%
White	73.57%	76.85%	72.48%

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

This quarter we have also looked at ethnicity by complaint outcome, due to the high number of complaints where ethnicity was not known/ not stated it is not possible to draw meaningful conclusions. Further work is needed to ensure that we have improved ethnicity recording.

In terms of gender, we continue to see a slightly higher percentage of males making formal complaints and lower completion of the patient survey compared to women. We continue to see a high percentage of people who are not completing some of the demographic questions including gender. The data would indicate that there is no discernible difference between the upholding or not of a complaint based on gender of complainant.

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.

Services are able to drill down into the feedback given 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).

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.

Further, targeted work is required to improve the recording of patient demographics in relation to complaints, as this will enable us to more accurately analyse data in terms of any differential experience. We have narrative within our survey to encourage people completing our staff survey to complete the demographic data which was agreed in collaboration with our EDI team and staff networks.

Berkshire Healthcare wants to ensure that all of their services are easily available and suitable for everyone. We are aware that certain groups of people struggle to access good healthcare. To help us achieve this, it is important to ask about things like age, gender, sexual orientation and religion (sometimes referred to as 'demographics').

We hope you feel able to provide this information (or tell us why you don't want to) which will help Berkshire Healthcare improve patient experience for everyone.

Any feedback provided is not directly identifiable to you, unless you choose to include this level of information in your response. All feedback is completely anonymous and will not be linked to any of your personal data or clinical records.

Continuing to increase feedback in general will enable services to understand the experience of those using their services and to use this for improvement. This 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.

NHS England have now published their Medium-Term Planning Framework, within this there are two areas specific to patient feedback of relevance to us as detailed below:

Between now and the end of 2025/26, all NHS trusts will be expected to:

1. Capture near real time experiences with a renewed focus on ensuring effective discharge processes. **This is in place through our patient experience survey.**
2. Complete at least one full survey cycle to capture the experience of people waiting for care: Have they had cancellations? Has anyone been in touch? What do they think has got worse since they have been on the waiting list? What information do they need to manage their condition well? This should support delivery teams to improve the experience of waiting and, where necessary, re-prioritise patients who may need to be treated faster. **How we achieve this will be explored over the next few weeks.**

Patient Experience Report Quarter Two 2025/26

Introduction

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

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

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

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

Table 1

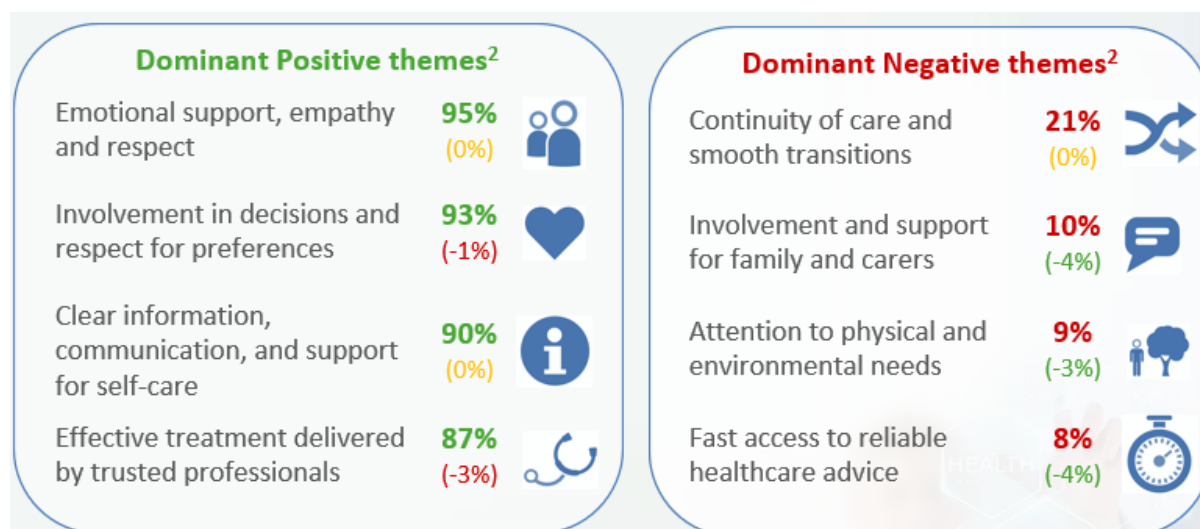
Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Year end
Distinct patient numbers (inc patient discharges)	Number	162,555	146,499			
Number of iWGC responses received	Number	13,604	11,107			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	8.4%	7.6%			
iWGC 5-star score	Number	4.80	4.82			
iWGC Experience score – FFT	%	94.67%	94%			
Compliments received directly by services	Number	1682	1285			
Formal Complaints Rec	Number	51	58			
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	13	13			
Formal Complaints Closed	Number	57	61 *			
Formal complaints responded to within agreed timescale	%	100%	100%			
Formal Complaints Upheld/Partially Upheld	%	54%	62%			
Local resolution concerns/ informal complaints Rec	Number	46	71			
MP Enquiries Rec	Number	12	14			
Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	6	4			

*11 of these closed complaints didn't progress due to lack of pt consent/ withdrawal of complaint

There has been a reduction in the number of responses through the iWGC survey. We have identified that no SMS were sent after 2 September 2025, over 25% of our total feedback responses are usually received through SMS. The error causing this has been rectified with monitoring put in place to alert of any issues in the future. A retrospective request of unsent SMS has been sent to patients, and any retrospective data will be updated in the Quarter 3 report.

There has been an increase in the number of formal complaints received this quarter and the number of complaints closed although year to date we continue to see a reduction in formal complaints received compared to last year (132 in first 6 months 2024/25 and 108 this year). The amount of informal complaints/local resolutions has increased with more cases able to be resolved without escalating to a formal complaint. There has also been an increase in number of MP enquiries received for the second quarter in a row; with enquires now returning to pre – election levels.

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 1. (+) means that there has been an increase in satisfaction since the last report, (-) means a decrease. The picture shows that there has been a positive decrease in the experience of patients across all but one of the dominant negative themes.

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

What the data is telling us

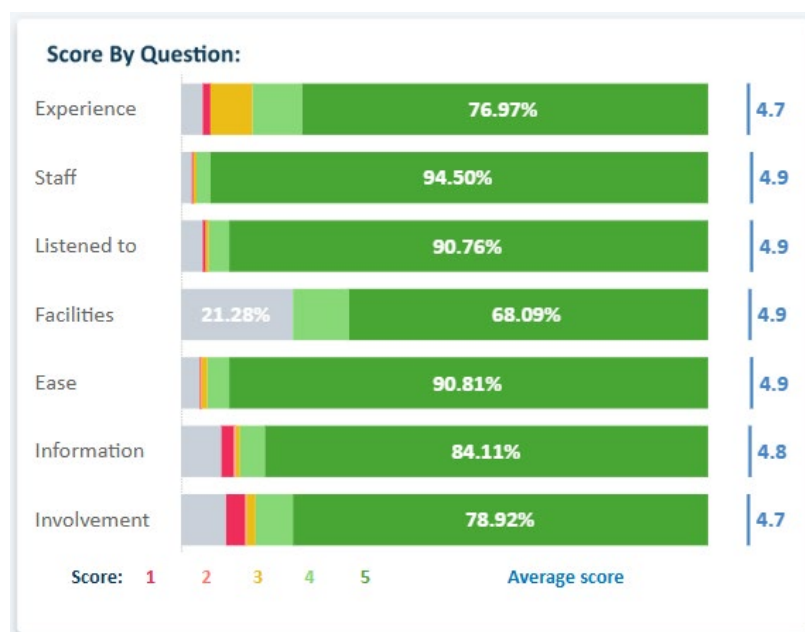
Below is a summary and triangulation of the patient feedback we have received for the divisions.

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	4956	3530		
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	12.7%	7.7%		
iWGC 5-star score	Number	4.78	4.82		
iWGC Experience score – FFT	%	94.2%	86.4%*		
Compliments received directly by services	Number	163	118		
Formal Complaints Rec	Number	16	6		
Formal Complaints Closed	Number	13	16		
Formal Complaints Upheld/Partially Upheld	%	53.8%	62.5%		
Local resolution concerns/ informal complaints Rec	Number	7	11		
MP Enquiries Rec	Number	3	7		

*95.7% excluding feedback from the young people's immunisation team which account for over 2000 of the responses and received an 80.7% positive response.



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

Of the 3530 responses, 3259 responses related to the children's services within the division; these received, with positive comments about staff being friendly and kind and a few suggestions for further improvement, this included ten reviews for Phoenix House. 169 of the responses related to learning disability services and 38 to eating disorder services.

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

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

Children's Physical Health Services

There was one formal complaint for children's physical health services received this quarter. This related to a breach of confidentiality within the Health Visiting Service.

2883 of the 3530 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Immunisation and Health Visiting Wokingham – New Birth Visit; the Immunisation Team received 2171 (14.5% response rate) of these responses which scored positively receiving a rating of 4.75 and feedback included they were kind; injection was quick, and nurses were kind. *"It and was not that bad because the NHS people were really nice and it was quick."* health visiting services also receive very positive feedback with positivity score of 97.7%- and 5-star rating of 4.96.

Immunisation Service

The immunisation team has developed feedback stations for gathering feedback during school immunisation sessions with posters to promote, paper copies and pens, this is having a positive impact on responses received back to the team. The overall positivity score from the 2171 responses was 80.7%, with the themes to improvements being to please supply biscuits and that the young people did not like having vaccinations.

Child and Adolescent Mental Health Services (CAMHS)

For Child and Adolescent Mental Health Services there were four complaints received, of these 1 related to waiting times, 2 were about care and treatment and 1 was about medication.

There have been 380 responses for CAMHS services received through our patient survey for this Quarter. These include 246 received from those attending our neurodiversity services (positive score 94.72% and star rating of 4.90 with lots of positive comments about staff and the experience).

Adult ADHD Service

There has been one complaint about neurodevelopmental services, and this related to communication.

Learning disability

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

Overall, there were 169 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 a 95.3% positive score; feedback included that staff provided support, *"The team is supportive, easy to reach and engage, they are sharing information and working in collaboration and partnership with us to support meet and meet service user's needs."* there were comments for improvements including wait time was too long, wanting easy read letters, more activities and wanting to be more involved in their care. The 1 response that received with a score below 5 left no comments.

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

Eating disorders

There were no complaints received for the Eating Disorder Services.

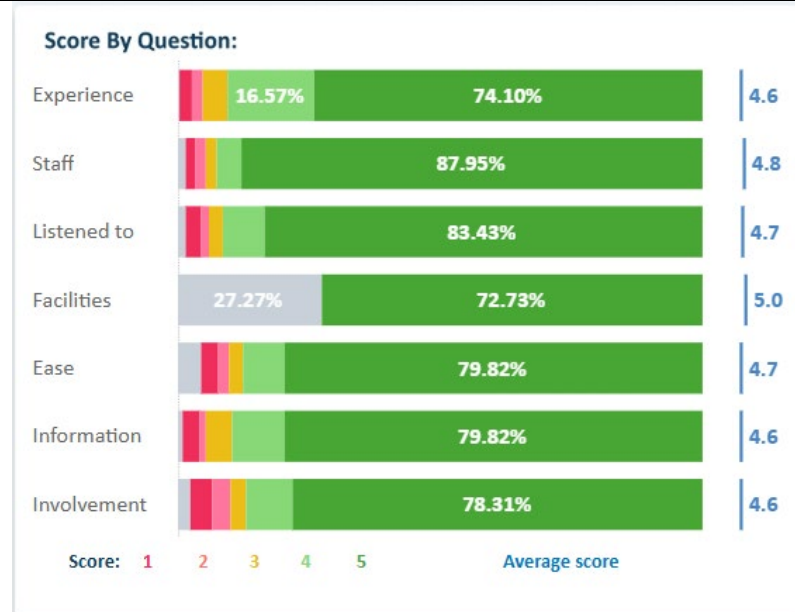
Of the 38 feedback responses received, 37 scored a 5 with comments such as “[name removed] has totally changed how I think about myself. We have worked through all my preconceptions about weight so that I have a much healthier view about myself. She is kind and patient and insightful. I’m very glad I did this.” “I have had nothing but care and on going support from all members of the BEDS team but I would like to mention my keyworker Lauren and Tinashe who have gone above and beyond with the care I am still receiving. I can’t thank them enough and hope they are aware just how special they are to me as well as all the other ladies attending the day programme.” “All of the experiences I have had with BEDS has been really good. My 1;1 sessions with [Name Removed] have been particularly great as she understood me and helped me to better understand myself. An extremely worthwhile service which I am so grateful to have been able to access.” Areas for improvement included wanting better out of hours support and shorter wait times.

Mental Health Division

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

Table 3: Summary of patient experience data.

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



14 Formal Complaints were received into the division; in addition, there were 8 informal/locally resolved complaints. 7 complaints were closed during the Quarter. 4 of these were either fully or partially upheld and they were across CMHTs and Talking Therapies.

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

The services receiving the majority of iWGC responses were Crisis Response Home treatment Team (CRHTT) East with 77 responses, CMHT Slough with 43 responses and Memory Clinic Bracknell with 40 responses.

Across the CRHTT East survey, the average 5-star score was 4.29 with 75.3% positive feedback, a slight decrease in the 5-star score and a slight decrease in the percentage positive feedback from last Quarter. 70 of the overall number of responses received (77) scored a 4 or 5-star rating with many comments about staff being supportive, listened, kind and helpful; *"The service was very good. They were very supportive. Signposted me to the appropriate services – but also said I could ring them if I needed their support again."* *"They were there when I needed them. They did what is expected when a person is in crisis – and I was in crisis – and they really helped."*

This Quarter, questions relating to information and feeling involved were least likely to be positive with areas for improvement and dissatisfaction with the service about not being supportive, felt like staff didn't care and didn't feel listened to.

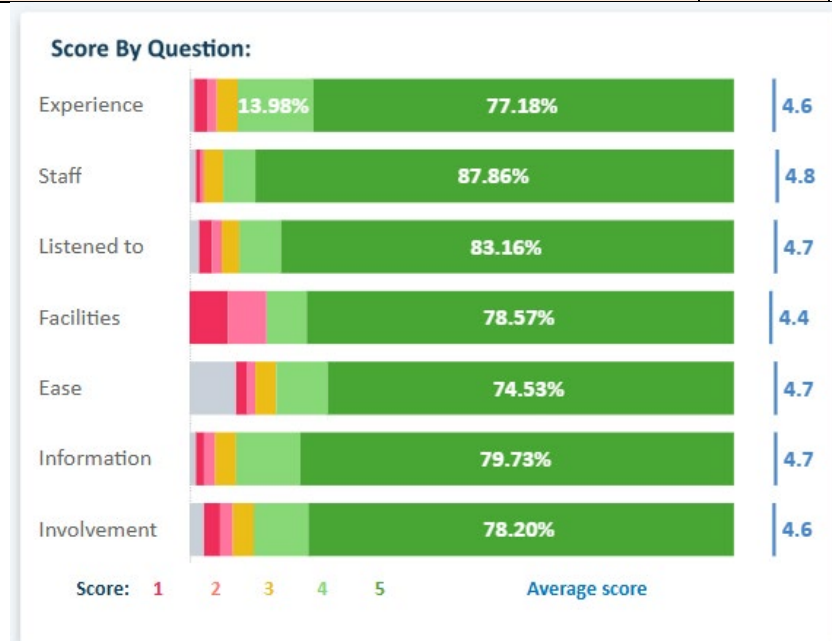
The Memory Clinic – Bracknell. received 97.5% positive score (4.95-star rating) and received positive feedback about staff being friendly, helpful, and listened. *"We were treated very well and made to feel at ease by the lady in question - well done! Following the appointment at the Memory Clinic we were met by [Name removed], who made us feel welcome and made us relax. She was very good with her questions and overall she was a very good and caring person. My wife said what a nice lady"*

CMHT received 76 responses (Bracknell 24, Slough 43, and WAM 9) with 92.1% positive score and 4.67 star with 5 of the total responses scoring less than a rating of 4; comments included *"Reception staff itching out of responsibility for their job. Only meant to meet and greet out-patients on entry to building and alert by informing professionally educated and experienced psychiatrists of out-patient arriving for appointment!,"* *"Receptionist was dismissive and short in her tone, not necessary at all. People need to be in jobs that they enjoy and support others, not leave me feeling worse mental health."* And *"[Name Removed] ignores me, she never communicates with me what she's going to do. She's failed to help me at all since becoming my SW and she can't spell my name.."* There were several positive comments that staff were caring, professional, helpful and listened examples of comments are *"[name removed] has been on amazing support for me while navigating as very difficult time, he's always kind and considerate of my needs, which can change week to week",* *"I hoped there would be an amazing for how I felt overall. I finally feel I've got, not just the right help for me but the best version of it in [name removed]. I genuinely feel good about life moving forward and until now I've honestly only been able to imagine how that might feel. The most positive 2 hours of my year so far not including my children. Obviously, I know there's a road ahead. But I feel that I'm finally on the right road"* And *"The doctor I saw was brilliant he listened to me. He explained everything so well with regards to my diagnosis and medication. He's even agreed to see me again in 4 weeks to review me and my new medication. Thank you again for listening to me and coming to a very good outcome."* Some of the suggestions for improvement included receptionists were unhelpful and communication needs improvement. Further work is being conducted with Mental Health services to improve uptake as part of the wider patient experience improvement plan.

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

Table 4: Summary of patient experience data.

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



14 Formal Complaints were received into the division; in addition, there were 10 informal/locally resolved complaints. 17 complaints were closed during the Quarter. 9 of these were either fully or partially upheld and they were from services across the geographical localities and services but three were for West Berkshire CMHT.

The Mental Health West division has a wide variety of services reporting into it, including the Talking Therapies service and Court Justice Liaison and Division service (CJLD), as well as secondary mental health services. The 3 services with the most feedback through the patient survey were Talking Therapies Step 2 with 193 responses, CRHTT West with 135 responses and Talking Therapies Step 3 with 119 responses.

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

For CRHTT West there was an 85.9% positivity score and 4.49-star rating. There were lots of positive comments about staff listening, being helpful, and supportive, *"I had an amazing support from you, helpful. [name removed] was fantastic, really helped make me better. It reassured me and helped me understand myself better. really kind to me. Richmond was also fantastic. [name removed] was very helpful. They know what to say at the right time. They all did so much to help and I do not want your help to go unnoticed."* Some of the areas

for improvement included read clients notes so they do not need to repeat themselves, would like more help rather than medication, wanting more appointments.

The Older Adult Mental Health Service and Memory Clinic combined have received a 98.4% positivity rating (4.89-star rating) some of the feedback included *"I was seen promptly after arrival which was slightly earlier than appointment. The Dr gave a review of what he knew and asked if anything had changed. I undertook a series of cognitive tests which were very well explained. Dr then went through the results of brain scan again explaining the findings. He asked if I had questions and answered those that I had. Overall I felt at ease with the Dr."*

There were 33 responses received for West CMHT teams with 81.8% positivity score and 4.52-star rating, 27 of these were positive with comments received that staff listened and were supportive, there was 1 negative response for West Berkshire and Wokingham with reviews stating that patients felt like staff were not honest and did not give them information regarding their diagnosis.

Most comments were very positive about the staff, including that they listened, were kind and supportive. Several of the comments/areas for improvement were they wanted therapy or counselling and wait to be seen was long. For example, *"Always felt safe and able to discuss my feelings. I always feel listened to. I was always asked about my medication and how it was working etc."*

For Talking Therapies, the overall scores were 89.35% positivity and 4.65 star rating with the Talking Therapies step 2 pathway getting the highest scores. Many of the comments were positive about staff having listened, and that they were helpful and understanding.

Examples of positive feedback about Talking Therapies included, *"I feel much better after consulting talking therapies and applying CBT to my day to day chores. I also loved the Silver cloud platform which was extremely helpful and useful during hard days."* *"My assessment with [Name removed] was a very positive experience she made me feel totally at ease in the questions posed to me completely and thoroughly explained what she felt would be the best way for me is and overall a very pleasant and knowledgeable person."* and *"I had a friendly, professional, kind young lady , called [name removed] talking with me . She done the first and second assessment, assuring that I am safe and she gave me the emergency contact number and information. She put me in the waiting list for Talking Therapy and she advised me to access the emergency number any time . I felt listened and reassured . Thank you so much! "* Patients reported that they felt *"I felt listened to and I was informed of the next steps and sent the information I was told I would be sent. "*

Op Courage

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

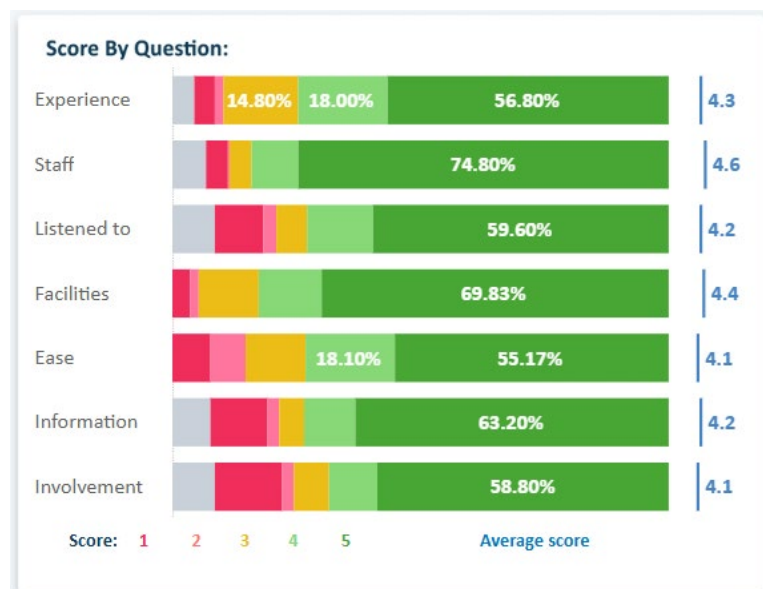
Op COURAGE received 44 responses during the Quarter, their patient survey responses gave a positivity score of 100% (4.91-star rating), none of the reviews scored less than 4.

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	289	*250		
Response rate	%	133.8%	136.6%		
iWGC 5-star score	Number	4.15	4.27		
iWGC Experience score – FFT	%	74.4%	74.8%		
Compliments	Number	18	19		
Formal Complaints Rec	Number	9	8		
Formal Complaints Closed	Number	10	7		
Formal Complaints Upheld/Partially upheld	%	20%	28.5%		
Local resolution concerns/ informal complaints Rec	Number	1	0		
MP Enquiries Rec	Number	0	2		

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



The satisfaction rate was 74.8% with 52 of the 252 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to involved received the least positive scores with overall 5-star rating for this question being 4.1 and 58 of the 250 giving a score of 3 or less to this question.

The Ease question asks whether they felt involved in their care, comments relating to ease of access and information also received lower scores with some comments relating to patients wanting more information, food could be improved and would like more activities.

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

There were 8 Formal Complaints received for mental health inpatient wards during the quarter across all wards.

There were 7 Formal Complaints closed during the quarter and of these two were partially upheld or upheld.

There were many positive comments received in the feedback including comments such as staff were friendly, helpful, kind and caring. There were some comments for improvement about listen to patients, more staff and wards being noisy. Examples of the feedback left are *"I found that all the nurses and other staff were very caring, understanding and friendly and they always had time to listen to you and help you however they could"* *"I was impressed with the professionalism & friendliness of the staff. They all follow protocol & procedure which made this stay a safe experience. Thank you."* *"Staff were lovely, kind, patient and attentive; the full schedule of varied activities and holistic approach to treatment with OT, outdoor and group activities as well as medical attention by Doctors and Nurses was superb all- round; NHS, you are all amazing!!!"*

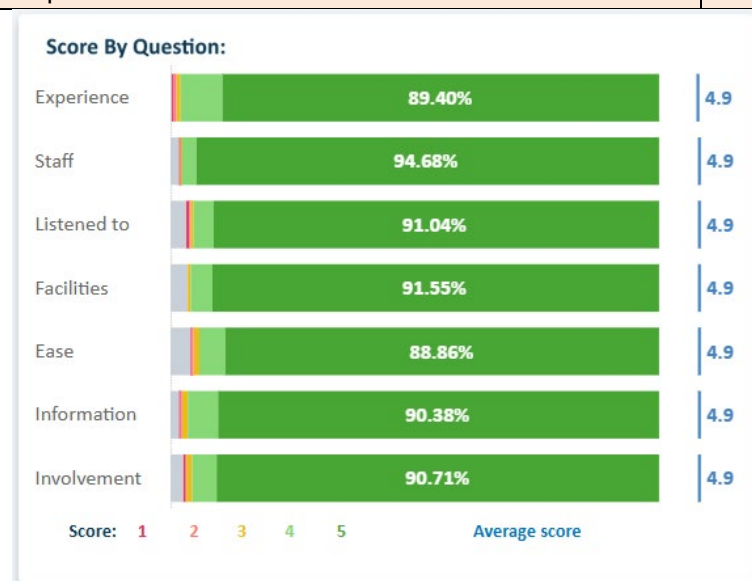
In addition to the feedback about the wards, there were 14 responses for a Place of Safety and the average score was 4.21, with only 1 feedback giving a score of less than 4/5. Some comments received were Honestly, the support I have received from here has been outstanding! Every single need has been taken care of and I have been very looked after!" *"Put me at ease as was very scared. Very friendly staff. Great support."*

Community Health Services Division

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

Table 6: Summary of patient experience data.

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



The 6 Formal Complaints received this quarter; there was no more than one per service. Five complaints were closed with two being either upheld or partially upheld. The overarching theme for complaints that were found to be upheld this quarter was communication.

The Hearing and Balance Service received 92 responses to the patient experience survey with a 96.7% positive score and 4.88-star rating.

East Community Nursing/Community Matrons received 456 patient survey responses with a 98.3% positive scoring, many comments were about staff being kind and professional, for example *"The nurse was efficient, kind, and gentle. It can be difficult when my catheter is changed but she made me feel better."* *"You are always early or on time - as you know I like that. You are all very professional and kind. You lift my spirits and make me happy all day"* *"[Name removed] was outstanding so kind and caring she helped me so much today , I felt so down and in so much pain , that she did everything for me today from reading a letter to me to contacting my GP , she was brilliant and I'm so grateful"* There were also some comments around wanting more visits from the nurses for example *"Come more regularly. Even when I have not got any wounds."*

The wards received 115 feedback responses (42 responses for Jubilee ward 95.2% positive score and 73 responses for Henry Tudor ward with a 100% positive score). Positive comments were received in relation to staff being caring, helpful and friendly. Two of the responses scored less than 4, comments for improvement related to needing more staff, answering the bell, too noisy and lack of parking for visitors.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 98.4% (4.90-stars), comments were very complimentary about staff being professional and helpful, *"Professional informative approach. Explanations of treatment. Additional suggestions for self-help to incorporate into daily routine. A very pleasant, cheerful, and smart practitioner."* The reoccurring improvement suggestion for this Quarter was for shorter waiting time.

Outpatient services within the locality received a positivity score of 97.9% with 4.91 stars from the 723 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"Each member of the team had time for me as a person, I was not treated as just another case to be dealt with as quickly as possible. Exams and treatments were clearly explained and followed up."*

The Diabetes Service received 231 feedback responses with 97.4% positivity and some lovely comments including Both presenters took time to listen to questions & comments and answer them sympathetically, mindful of the person who was commenting, asking the question & understanding they might be frightened or frustrated, created a safe space for everyone to ask questions/share experiences." Alongside some helpful suggestions for the service to consider around people being late to the groups and *"There was supposed to be a nurse but there was not. Maybe more group work for interaction. Hard to stay concentrated when listening for a long time."*

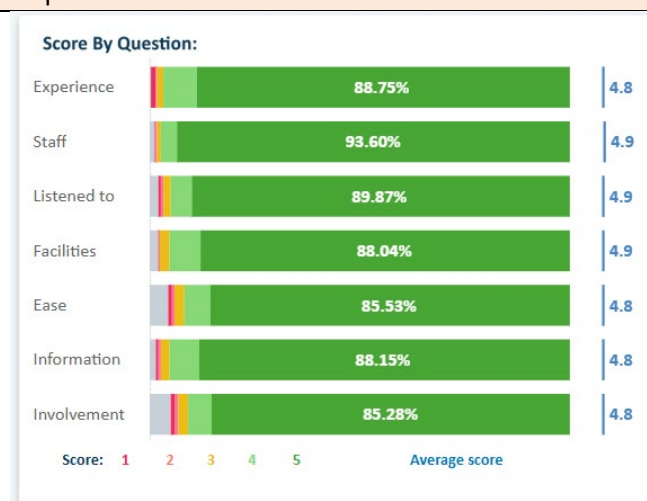
The Assessment and Rehabilitation Centre (ARC) also received positive feedback including *"I had sessions with three different practitioners. They were very easy to rate from excellent, good, and satisfactory. This is based on the time of the session, to the involvement and attitude of those staff concerned. I will name [name removed] as my excellent teacher. I spoke to a senior member of staff about the satisfactory element; this judgement is on overall session by her."*

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



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 96.8% positive satisfaction and 4.86-star rating and the question on staff receiving a 97.6% positive scoring from the 3485 responses received.

There were 9 Formal Complaints received in Q2, these were split across several different services. The only service with more than one complaint was Ascott Ward. The complaints both involved communication, and one was about the appropriateness of the discharge location. The overarching theme for complaints that were found to be upheld this quarter was communication.

The community hospital wards have received 256 responses through the patient survey receiving an 94.9% positive score and 4.64-star rating, (12 responses scored three and below) questions around information and involvement receive the most results of three and below. Comments include *"Oakwood Unit was exactly the care I needed in my rehabilitation process recovering from a non-weight bearing broken leg. The range of support services from medical, physios, OTs, social care was appropriate and 'joined up' working seamlessly as a multidisciplinary team. The nursing staff were caring, knowledgeable and kind, without exception. The food was excellent and facilities well designed. I was well prepared to go back to my home environment. I cannot thank Oakwood enough!," "From arrival on the ward my husband was treated with kindness & respect. All the staff were professional but also friendly and welcoming in difficult circumstances. Overall it was a good experience. He enjoyed all the activities, help and guidance in preparation for coming home."* *"Everyone went above and beyond. The care and help was exceptional. The encouragement very*

helpful. Lovely people doing 110% to enable me to do my best. The garden was most appreciated. Very lucky to have Wokingham hospital. Thanks to all.” And *“Call bell, tea and food were always within reach, excellent. Brilliant food, brilliant bed making. Treated my Wife very well. Gabby the pharmacist was amazing.”* there were some individual comments where patients were less satisfied with answer bell quicker, listen more, food needed improvement and more staff. Comments for reviews with responses that scored below 4 included More staff, poor communication, did not feel listened to, discharged rushed, wanted to be more involved in their care, beds were uncomfortable and want more. There were four reviews which received a score of 1, 1 review did not give reason for their score.

There were no Formal Complaints for the Out of Hours GP service.

WestCall received 3265 responses through the iWGC questionnaire this Quarter (93.96% positive score, 4.82-star rating, 16 scores received below 4. Positive comments included *“The 111 operator was very helpful and was able to book me in for a face-to-face appointment that same evening. The urgent care were so kind and helpful when I arrived and treated me effectively so I could start my treatment asap.”* *“I was treated by [Name removed]. I had been to see a doctor the day before but symptoms worsened. [name removed] reassured me that the diagnosis and treatment was correct but it needed more time to kick in. He was very kind and polite and gave me plenty of his time. I have visited the NHS before and been made to feel guilty for having taken their time or going in when I should not have. [Name removed] was the opposite, made me feel welcome and I cannot speak highly enough of him or his professionalism and I am very grateful to him.”* *“111 doctor arranged an appointment within 2 hours. Staff were excellent from reception to nurse to doctor. I had a sense they really cared. I was quickly diagnosed with a kidney infection and left reassured and with medication. Outstanding.”* Areas for improvement included better signage around hospital, wait times long and need more doctors.

The Podiatry Service received 187 patient survey responses. Most responses were very positive receiving five stars (overall 97.3% positivity 4.90-star rating) with examples including *“The podiatry team were professional, polite, helpful and had good communication skills. The podiatry clinic appeared to be organised and had good hygiene standards.”* *“Doctor I saw was very understanding and listened to my needs. She asked me questions to get an understanding of the issue. I felt listened to and taken seriously and I understand clearly what the next steps are for treatment!”* and *“I would like to say thank you to the Nurse for being so kind and dealing with empathy. Podiatrist Mr Abdul was such a nice and professional. He was so supportive and helped to relieve my pain due to ingrown toenail by cutting the side of it causing infection. Much appreciated the services and support.”*

There were 2 formal complaints for the Community Nursing Service. These related to attitude of staff.

To provide some context across our East and West District Nursing teams combined there were 15,303 unique patients this Quarter.

765 responses were received for Community nursing (98.4% positive score and 4.94/5 stars) Lots of comments included nurses were kind, caring, and friendly, *“Our nurse was knowledgeable and very kind and patient. She dealt with some unexpected (concerning) symptoms efficiently and fast and gave me all the information I needed to take matters forward with my GP. Very reassuring, 100% satisfied.”*, *“Always treated very well, everything about my treatment plan has gone well. [name removed] has made this so much easier, I can't thank her enough.”* and *“I am extremely grateful to you and all your team for your continued support and helping trying to make Mum's situation a little bit more bearable it means a lot to have such great support when I know how stretched you are in all directions*

so I just wanted to take this opportunity to thank you all so much.” There were several positive comments about nurses being caring and there were very few suggestions for improvement; some nurses rush visit and would like to be given more notice if an appointment is changed.

MSK Physio has received one Formal Complaint in the Quarter. The service has received 502 patient survey responses with a 98.0% positive score (4.89 -star rating), very few areas for improvement were included in the feedback there were a few suggestions including long wait times, waiting area was too small and lack privacy in the rooms and the overall feedback was extremely positive with lots of comments about staff were helpful, professional, friendly and kind.

Bladder and Bowel (continence) services received 95 survey responses with 96.8% positivity and 4.89 star rating, with comments about staff listening and being helpful.

Demographic profile of people providing feedback.

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q2 attendances
Asian/Asian British	9.20%	12.63%	10.08%
Black/Black British	5.75%	1.05%	3.14%
Mixed	2.30%	2.10%	3.34%
Not stated	6.90%	5.26%	8.98%
Other Ethnic Group	2.30%	2.11%	1.98%
White	73.57%	76.85%	72.48%

The table above shows that during this quarter there was a slightly higher % of complaints received by Black/ Black British people in relation to %, this is the same as in the previous quarter. Those identifying 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. 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 are working with the EDI Team to ask for the experiences of people in the CommUNITY forum in terms of what encourages or discourages giving their feedback.

Table 9: Gender

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q2 attendances
Female	45.98%	55.79%	55.87%
Male	52.87%	21.05%	44.08%
Non-binary/ other	0%	1.05%	0%
Not stated	1,15%	22.11%	0.05%

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

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

Table 9A: Gender by outcome code

Gender - as stated	Not Upheld	Partially Upheld	Upheld	Grand Total
Female	38.46% (decrease from 46.43%)	42.31% (increase from 35.71%)	19.23% (increase from 17.86%)	100.00%
Male	38.46% (decrease from 46.67%)	46.15% (increase from 33.33%)	15.38% (decrease from 20%)	100.00%
Not stated	35.29% (decrease from 38.46%)	47.06% (increase from 46.15%)	17.65% (increase from 15.38%)	100.00%
Grand Total	36.84% (decrease from 44.64%)	43.86% (increase from 37.50%)	19.30% (increase from 17.86%)	100.00%

The above demonstrates no significant difference between gender when looking at whether complaints are upheld or not.

New for quarter two, below is the information for complaints closed in the Quarter, by ethnicity. It is difficult to draw definite conclusions given that the ethnicity is not known for a number of complaints and there are very few complaints where ethnicity is known to be non-white British. This data needs to be explored further and increased efforts made to gain ethnicity data for all complainants to enable accurate analysis and conclusions.

Table 9A: Ethnicity by outcome code

Ethnicity - as stated	Not Upheld	Partially Upheld	Upheld	Grand Total
Asian or Asian British - Any other Asian Background	50% (1)	50% (1)	0.00%	100.00%
Black or Black British - African	0.00%	50% (1)	50% (1)	100.00%
Black or Black British - Other Black Background	0.00%	100% (1)	0.00%	100.00%
Not Known - Waiting for first appointment/not recorded	20% (1)	60% (3)	20% (1)	100.00%
White - any other white background	0.00%	100% (2)	0.00%	100.00%
White - English/Welsh/Scottish/Northern Irish/British	46.67% (7)	33.33% (5)	20% (3)	100.00%
Not stated	41.38% (12)	41.38% (12)	17.24% (5)	100.00%
Other ethnic category	0.00%	0.00%	100% (1)	100.00%
Grand Total	36.84%	43.86%	19.30%	100.00%

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q2 attendances
0 to 4	5.75%	33.69%	6.49%
5 to 9	0%		2.40%
10 to 14	4.60%		4.07%
15 to 19	5.75%		5.39%
20 to 24	10.34%	3.16%	3.40%
25 to 29	6.90%		3.26%
30 to 34	11.49%	5.26%	3.83%
35 to 39	2.30%		4.03%
40 to 44	9.20%	8.42%	3.78%
45 to 49	6.90%		3.85%
50 to 54	4.60%	12.63%	4.23%
55 to 59	3.45%		4.76%
60 to 64	8.05%	12.63%	5.18%
65 to 69	4.60%		4.98%
70 to 74	4.60%	13.68%	5.80%
75 to 79	4.60%		8.35%
80 to 84	5.75%	5.26%	9.46%
85 +	0%		16.73%
Not known	1.15%	5.26%	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, this is a trend following previous reporting periods. Interestingly, we are seeing more patient feedback from people over 60 years old being received via paper, which could indicate more proactive staff promotion of the survey in this way. The Patient Experience Team have been supporting the Immunisation service to collect paper feedback at the clinics they hold in schools, which is showing as an increase in school age patient survey feedback.

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

Ongoing improvement

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

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

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

Some examples of services changes and improvements are detailed below. The Head of Service Engagement and Experience is attending the Senior Leadership Team meetings for both Prospect Park Hospital and Community Mental Health Services to support their collection and reporting of patient experience activities.

Service	You said	We did
Ascot and Windsor Wards, Wokingham Community Hospital	Hand wipes at mealtimes.	These are provided at all meals and are available in the dining room at the bedside and hand hygiene for patients are encouraged.
	More information about the ward.	Booklet designed, currently being printed but should be on the ward in October.
Oakwood Ward	More information to be given to patients on what planned treatment is and the goals of the treatment.	To communicate to patients' expectations on admission, therapy goals, and treatment. Therapy Team devised a Therapy information leaflet to be disseminated once approved by Marcomms .
	Patient was registered blind and highlighted communication concerns.	Create a personalised digital communication card –RNIB. Communication card can be individualised according to patient's needs.
Henry Tudor Ward and Jubilee Ward	Lack of additional seasoning at Mealtimes	Reiterated to staff to ensure additional seasoning is placed on pts meal trays and tables in the dining room.
	You would like to be informed of Discharge Plans before your NOK	Reminder that patients must be informed of the discharge date

		as soon as we know and before NOK are informed.
Talking Therapies	Sessions feeling “tick boxy” and generic	Following a theme from a small number of clients that their appointments felt rushed and robotic at times, we have planned to review therapist skills around expressing genuine empathy in CSS sessions.
	Technology/Noise Issues During Appointments	IWGC highlighted concerns from some clients regarding signal problems with phones, poor connections, and background noise during appointments. Our clinicians either work from home or in the office, where we provide the internet. We have confirmed with the team the back-up plans for contacting clients should there be any technology issues. We have also reminded the team to keep noise to a minimum in office spaces and to ensure they are using the appropriate noise-cancelling headphones provided by the service.
	Sessions too short or infrequent at Step 2	The service is following national guidelines for session length at Step 2. We will be reviewing the length of our wellbeing assessments in three months to consider whether these should be increased. We are also currently reviewing data regarding the frequency of therapy sessions at Step 2.
	Disclosures of alcohol misuse as barrier to support	Clients expressed that they felt judged and unsupported when they were turned down from the service after disclosing that they were consuming alcohol or taking substances. The senior leadership team is currently reviewing the need for training around substance use to ensure fair access to the service.
Health visiting	It was not clear what the Health Visiting antenatal offer was	The antenatal welcome letter has been redesigned so that important information and signposting is clear

School Nursing	Young people wanted to know about school nursing and how the services can be accessed	A termly newsletter is now being shared with young people through school
Immunisation team	Some of the wording in the flu triage form was not clear	Listening to the queries that these questions generated , we have reworded the form for 2025
	Experience feedback forms are not suitable for pupils with Special Educational Need (SEN)	We now provide easy read forms for use with pupils
	The mental capacity assessment form needs updating to better be able to assess the mental capacity of pupils	Working with specialist school and speech and language therapists we have developed a pictorial aid to help staff assess a young persons capacity.
Family Safeguarding	You were confused around the range of differing services involved with you and your family	Developed an ‘ at a glance’ overview for parents receiving support from multiple services across health and social care to help them understand the differences across services and their remit
CAMHS getting Help Mental Health Support Teams	Young people would like to see what their practitioner looks like ahead of meeting with them	Staff posters have been produced to display in waiting areas used for clinical work. Photos are now also used in the ‘ meet the Practitioner, and ‘Your first appointment’ leaflets that are sent to young people ahead of the appointment
Intermediate care	You were not clear about Length of service or number visits you would receive	We will ensure that we explain this to you when you at the start of your time in the service.
Court Liaison and Diversion	feedback from HMP Winchester detainee survey that mentioned prison leavers commenting on not being clear how Reconnect will be supporting them once released	We have reviewed the service leaflets and ensure the care plan is recorded in this leaflet and shared with the prison leavers
Orchid Ward	We would like more activities	We have recruited an Activity Coordinator to assist with this

15 Steps

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

Summary

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

Further, targeted work is required to improve the recording of patient demographics in relation to complaints, as this will enable us to more accurately analyse data in terms of any differential experience. We have narrative within our survey to encourage people completing our staff survey to complete the demographic data which was agreed in collaboration with our EDI team and staff networks.

Berkshire Healthcare wants to ensure that all of their services are easily available and suitable for everyone. We are aware that certain groups of people struggle to access good healthcare. To help us achieve this, it is important to ask about things like age, gender, sexual orientation and religion (sometimes referred to as 'demographics').

We hope you feel able to provide this information (or tell us why you don't want to) which will help Berkshire Healthcare improve patient experience for everyone.

Any feedback provided is not directly identifiable to you, unless you choose to include this level of information in your response. All feedback is completely anonymous and will not be linked to any of your personal data or clinical records.

Continuing to increase feedback in general will enable services to understand the experience of those using their services and to use this for improvement. This 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 Two 2025/26

ID	Geo Locality	Service	Description	Outcome code	Outcome	Subjects
10040	Reading	Adult Acute Admissions - Snowdrop Ward	Pt unhappy on the ward from food, personal belongings going missing, medication error and Dr not listening. Says they have physical health issues which are not being addressed. CQC - forwarded concerns regarding loss of property, bullying from staff member and not given medication when requested, also believe they have not received sectioning paperwork plus sexual assaults against staff	No Further Action	Complainant withdrew complaint	Care and Treatment
10156	Reading	Community Hospital Inpatient Service - Oakwood Ward	Complainant asking for their time on the ward to be investigated as they felt under cared for and that, at times, their safety and health was compromised. This included being given medication they were allergic to and people entering their room whilst they were asleep.	Partially Upheld	To improve communication within our Team; Discuss to staff during team meetings and our daily safety Huddles. Inconsistency in application of our protocol during medicine administration; Spot checking /shadowing nurses on their drug rounds. Maintaining patients' privacy and personal space; Feedback sent to the facilities department.	Communication
10074	Bracknell	CMHT/Care Pathways	Patient raising concerns in relation to her therapist, she says she was unprofessionally dressed and described them as a 'terrible therapist.' She is also concerned that when she requested a new clinician this person contacted her again instead of a manager. She did not respond to this and has therefore been left without any support.	Upheld	The complainant was genuinely inconvenienced by the treating clinician who made a booking error and needing to rebook a follow-on treatment appointment, to a day when the service user needed to work. When offered to see a different clinician on a different day, she was accepting of this as an outcome.	Attitude of Staff
10106	Reading	CAMHS - Rapid Response	Parent disagrees with the YP's discharge from PPH that was bought in on a S136. 2 independant Dr's and an AMHP had said they should stay under a section 2 but a different Dr overturned this decision and the pt was sent home. Parent states community CAMHS is not working so they need to try something different.	Not Upheld	Not Upheld.	Discharge Arrangements
10150	Wokingham	Community Hospital Inpatient Service - Ascot Ward	It is felt the reponse is full of inaccuracies and they would like a more considewred response ORIGINAL COMPLAINT BELOW Concerns raised in relation to the appropriateness of the discharge placement. The placement provider is concerned that they raised before the patient was discharged to their care that they could not meet their needs but this was not taken into consideration.	Not Upheld	Although concerns were raised about the suitability of his independent living accommodation, interim support and equipment were arranged, and social services were engaged to explore longer-term solutions. Rehousing process is outside the hospital's control. It is not the purpose of the hospital team to source different accommodation for patients if their home if safe and appropriate, unless a patient is deemed to have 24 hour care needs. In this case we would work closely with Social Services to help patients and their families with this but the patient, in discussion with all these people was not deemed to require this.	Discharge Arrangements
10085	Slough	Crisis Resolution and Home Treatment Team (CRHTT)	Feels the response was dismissive, believes we have not learned anything as they called Crisis, made the call handler aware they were recording the call and their tone changed. ORIGINAL BELOW Complainant concerned about the lack of crisis support for her son and the impact this is having on her own mental health. She is very concerned about her son's safety and risk to himself.	Not Upheld	Following a review of staff actions and communication, it has been confirmed that staff followed appropriate clinical and safeguarding guidelines.	Care and Treatment
10158	Reading	Adult Acute Admissions - Rose Ward	Patient is stating that the Trust are not allowing their assistance dog on the ward. Also that they have asked for a fob for their room and this has not been supplied.	Not Upheld	Not Upheld.	Care and Treatment
10181	West Berks	Community Hospital Inpatient Service - Highclere Ward	Unhappy with all previous responses especially the DASH form	Partially Upheld	There was no change in the outcome from the previous complaint.	Care and Treatment
10141	Reading	CMHT/Care Pathways	Private MH diagnosis. CMHT - Qu as to if Olanzapine should have been prescribed for a pre-diabetic pt. Crisis - believes nurse gave inaccurate and unsafe advice around clonazepam. Wants to know why NICE guidance was not followed and wants pts to be listened to	Not Upheld	The patient was provided medication advice in accordance with the plan recorded by the Doctor. It was evident that she had ongoing concerns about her prescribed medication, and it was therefore suggested that a home visit visit was carried out on the same day to review her needs and to clarify her concerns, which was the appropriate action to take. Advice provided was guided by and consistent with medication plan by the Doctor	Medication
10118	Slough	District Nursing	pt believes DN no1 lied saying the pt was not home. Why was the pt left over the weekend? Unhappy with DN no2 who redressed the leg	Not Upheld	Not upheld.	Attitude of Staff

10100	Reading	Health Visiting	Complainant unhappy with the accusatory attitude of the HV on the vist dated 8 July	Partially Upheld	<p>The staff member who witnessed the incident was asked if she wished to comment but she did not respond to the email. There were discrepancies in both parties account of the incident. The incident has had an emotional impact on both parties involved.</p> <p>The member of staff involved completed a datix in terms of the verbal abuse she experienced.</p> <p>No evidence of bias or unprofessional conduct was found but there is learning that could be implemented to reduce the possibility of further incidents.</p>	Attitude of Staff
10066	Reading	Adult Acute Admissions - Bluebell Ward	Via CQC too - complaint raised against several staff members. Aleging being treated like an animal, defrauded and defamed and abused,	Not Upheld	Information on use of force to be shared / discussed with complainant and evidenced on RIO.	Abuse, Bullying, Physical, Sexual, Verbal
10138	Wokingham	CAMHS - ADHD	complainant wishes the YP prioritised due to the long wait, they feel the waiting time has been miss managed	Consent Not Granted	No consent received	Waiting Times for Treatment
10089	Reading	Health Visiting	<p>Feels the point around the complainants refusal to remove the NG tube has not been addressed</p> <p>ORIGINAL COMPLAINT</p> <p>complaint about alleged false claims from the HV regarding removal of an NG tube</p>	Partially Upheld	<p>Correct procedures were followed in relation to the safeguarding referral following evidence provided by other professionals within the MDT.</p> <p>Following advice from the Assistant Head of Safeguarding, there are some areas where the process was not completely followed: According to the fab-ill-flowchart.pdf, the paediatrician should have taken the lead, and the referral should have come from them, with BHFT input forming part of the integrated chronology. BHFT safeguarding team had some awareness of this case — primarily through supervision with CYPIT and general discussions between the HV manager and the Named Professional. However, they did not have the level of oversight that would be expected, particularly in terms of being included in the professionals meeting. Given the nature of the concerns, and the policy around fabricated or induced illness, involvement from the safeguarding team should have been more structured and clearly defined.</p>	Communication
10120	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Complainant believes pt was misdiagnosed 35 years ago as they have now been diagnosed with ADHD. Complainant believes we can answer what has happened over the years without accessing pt records.	Not Upheld	The challenges the patient experienced reflect the wider national issues regarding adult ADHD and autism services. There is exceptionally high demand for autism and ADHD services nationally and we have seen large increases in referrals to our services in Berkshire Healthcare Trust. The volume of referrals we receive outstrips the service capacity and this has resulted in waits that are much longer than we would like. It is not uncommon for ADHD or autism to be recognised later in life, especially when someone has already been navigating other mental health challenges. These conditions can sometimes overlap with each other, making it harder to identify neurodevelopmental differences. Awareness of how autism and ADHD present, especially in women and girls, has also changed significantly in recent years and this has led to growing awareness, better training for professionals, and increased advocacy, especially from women sharing their lived experiences.	Care and Treatment
10122	Reading	Eating Disorders Service	pt left in a poor state, unable to access treatment for signifcant period of time contributing to worsening condition, forced to pursue private treatment. Family wish reimbursement of past and future expenses	Partially Upheld	<p>Recommendation for Team Lead BEDS to meet with patient and family to discuss how BEDS can support.</p> <p>Information provided regarding the NHS Resolution website should they wish to make a claim. https://resolution.nhs.uk/services/claims-management/advice-for-claimants/</p>	Access to Services
10157	West Berks	Physiotherapy Musculoskeletal	<p>Unhappy with the response, wishes for a review by a different IO</p> <p>ORIGINAL BELOW</p> <p>Concerns raised in relation to the patient feeling as if an appointment they had caused an increase in pain for them which has not settled</p>	Not Upheld	the IO noted that the exercises were modified during the appointment in response to the discomfort the patient was experiencing, and the clinical records indicate that they had already reported an increase in lower back pain and limitations with walking prior to this session. The investigation found that the exercises documented in your notes are clinically appropriate for addressing both hip and lower back pain.	Care and Treatment
10144	West Berks	Crisis Resolution and Home Treatment Team (CRHTT)	Complainant concerned that his wishes are not being taken into consideration by his clinician and has requested his father not be involved in his care	Local Resolution	Matter resolved in a local meeting with the team	Attitude of Staff
9356	Wokingham	CAMHS - Specialist Community Teams	Complaint referred to PHSO	Referred to other organisation	Closed with no further action	Care and Treatment
10078	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	family feel there is a lack of professionalism, proactive support. Poor communication with the family and shortage of experience staff have all led to an escalation in pt MH deterioration.	Upheld	<p>Working group to be set up to look at a SOP to support clinical staff surrounding repatriation and guidance for carers and clinicians.</p> <p>Review the care and treatment of the patient with the named worker when he returns from sick leave.</p>	Care and Treatment

10179	Wokingham	Integrated Pain and Spinal Service - IPASS	OOA pt previously under IPASS Sept/Oct 2019. Pt obtained MRI scan in South Africa showing they had 2 bulging disc's. Pt believes the service made them believe the concerns were psychological and not physical. Pt states they were not referred to physio. wants a proper diagnosis and treatment.	Not Upheld	The patient moved out of area and was therefore not eligible for further support from the service. The advice to speak to his GP was therefore appropriate and there was no concern from the investigation about the clinical care he received before discharge	Care and Treatment
10124	Wokingham	Community Hospital Inpatient Service - Ascot Ward	poor care and treatment given to the pt and fellow pt's on the ward	Consent Not Granted	No consent given	Care and Treatment
10185	Reading	Continence	Pt believes they were shown blue disposable pull ups in the meeting not washable pants	Not Upheld	Not Upheld.	Communication
10143	Windsor, Ascot and Maidenhead	Musculoskeletal Community Specialist Service	Pt suffering with knee issues for over 18 yrs. expecting a specialist appt, keeps being given regular physio which they say does not work. Pt says this is now affecting their MH. 4 points to answer	Not Upheld	Following investigation, a triage decision was appropriately made based on the clinical information provided by the patients GP. Upon receipt of additional information from the patient a specialist appointment was immediately offered. The triage correspondence was sent and processed appropriately and no error can be identified from BHFT to account for why the patient sadly did not receive the letters. There is no identified mishandling of care for any BHFT services.	Care and Treatment
10148	Reading	District Nursing	Concerns raised in relation to the dismissive attitude of a member of staff which led to the patient being denied care from the service. They also raised concerns that the team manager did not contact them as they requested	Not Upheld	Not Upheld.	Attitude of Staff
10067	West Berks	CMHT/Care Pathways	Complainant disputes a number of elements of the previous complaints response ORIGINAL COMPLAINT: concerned medication is not working, lack of call back from staff member, when eventually called felt to be very aggressive and sharp, no empathy and did not listen then cut the call off	Partially Upheld	It was acknowledged that the conversation was extremely difficult and upsetting. The meeting with clinicians explained the diagnosis and offered reassurance that prescribed medication was appropriate for current diagnosis. There is no written evidence to suggest that there has been calls were not responded to, other than 2 calls for the Doctor.	Communication
10082	Windsor, Ascot and Maidenhead	Crisis Resolution and Home Treatment Team (CRHTT)	Pt believe CMHS made up a referral which has meant Crisis are harrassing and bullying them. They say they had to leave their house and stay in hotels and the Trust should compensate £25,000	Not Upheld	It was found that due process was followed with this patients care	Abuse, Bullying, Physical, Sexual, Verbal
10069	Bracknell	Children's Occupational Therapy - CYPIT	Delays in receiving the report and the provision starting, poor communication, provisions documented not delivered. 10 points to answer. Apology wanted	Partially Upheld	Co-production Reminder to all clinicians about co-production of goals, in particular with children and young people (CYP) who are able to participate and can articulate their wants, needs and aspirations. This will be shared via the CYPIT East team channel, recapped at whole team meeting and revisited during Care Aims refresher trainings Communication Reminder to all clinicians and admin to ensure the language used in all communication (including reports) is clear and accessible. Clinicians should consider that parents/carers may have additional needs themselves that need to be accommodated as a reasonable adjustment. Reminder to clinicians that being open and honest with our service users is best practice as this will reduce frustrations. This will be shared via the CYPIT East team channel, recapped at whole team meeting. Reports Reminder to all clinicians: Making sure reports are updated appropriately e.g. not writing a whole new report when an updated therapy plan would suffice. Ensure Appendices are clear and do not overwhelm with the amount of information included. This will be shared via the CYPIT East team channel, recapped at whole team meeting. Admin Time Ensure Locum staff have protected admin time to avoid delays in reports being sent out (already actioned). Reminder to all clinicians to notify their Line Manager if they are getting behind on reports. This will be shared via the CYPIT East team channel, recapped at whole team meeting.	Care and Treatment
10109	Reading	Adult Acute Admissions - Bluebell Ward	Friend unhappy with discharged as family felt the pt was not well enough. 3 days later the pt took an overdose and is currently in Hospital. Friend also unhappy with the insufficient support from the Crisis team.	Serious Untoward Incident Investigation	This moved to a Patient Safety Process	Discharge Arrangements

10086	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Serious delay of 5 months in forwarding this complaint to the complaints department. Concerns regarding attitude of Dr being dismissive, incompetant and having a harmful approach. Pt was given ADHD medication when there was no formal diagnosis giving them kidney issues. Catalogue of pyschiatrists leaving so having to repeat everything 3 times, no call backs despite numerous promises. Investigation into why the service did not pass this on is also required	Partially Upheld	<p>The clinician was unaware of any issues but expressed regret for any distress caused and reaffirmed his intention to provide appropriate care. The ADHD referral remains pending and has been flagged for completion.</p> <p>It was confirmed that ADHD medication was not prescribed; instead, Mirtazapine was initiated. A medication review was later prompted by her GP due to side effects and liver function concerns. Referral pathways were found to be unclear, with a referral made to the Managing Emotions Programme, though the complainant believed she was being referred to Talking Therapies.</p> <p>Significant communication gaps and inconsistent follow-up were identified, partly due to staffing changes, including leave, sickness, and locum turnover. These disruptions impacted continuity of care and are being addressed through service improvement measures.</p> <p>An urgent outpatient appointment with a consultant psychiatrist has been recommended and will be scheduled within two weeks, following the arrival of a new locum consultant on 25th July. The patient has also commenced the Managing Emotions group programme and the clinican has been advised to follow up on the referral for ADHD assessment.</p>	Care and Treatment
10061	Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward	Relative concerned about attitude of staff, and provision of medication and physiotherapy.	Consent Not Granted	Closed due to lack of consent	Attitude of Staff
10011	Reading	Adult Acute Admissions - Rose Ward	Discharge planning, complainant feels pt has been placed in an unsafe environment	Partially Upheld	<p>Wokingham Integrated team has reviewed local processes so that a social care practitioner speaks to all Wokingham inpatients, The responsible LA column has been added to the bed management spreadsheet to recognise that some people are under a CMHT in one area but get there social care from another and correct identification of both is important. In Wokingham both health and social care colleagues have oversight to reduce the chance of errors.</p> <p>Teams to ensure they send copies of plans and discharge summaries and contact details to the patient as well as the GP and that RiO is updated with the correct address even if it is a temporary address.</p>	Discharge Arrangements
10104	West Berks	Community Hospital Inpatient Service - Donnington Ward	Deceased pt - Unhappy with the treatment of the pt whilst on Donnington Ward and the Rainbow Rooms, prior to their death	Partially Upheld	<p>The clinical care was appropriate. This was a very difficult admission for the patient and their family due to their prognosis. There were opportunities to assure and support the family missed as they were raising concerns this could have been a time to give them more support about what was expected to happen.</p> <p>There was a slight delay in pain relief being given after the request from the family, due to the nurse being on the drug round. Again, given the circumstances and balance with caring for all patients on the ward, this could have been expedited.</p>	Care and Treatment
10084	Slough	Sexual Health	Terrible experience - Atitude of clinican, did not respect the pt's privacy and dignity. Received medication for things the Dr said they wouldn't be testing for.	Partially Upheld	<p>Misinterpretation of the attitude of the health care professional.</p> <p>Accurate information regarding window periods and need to test after certain time period was discussed.</p> <p>Lack of clear diagnosis due to the time period that had lapsed since symptoms.</p>	Attitude of Staff
10073	Windsor, Ascot and Maidenhead	Community Team for People with Learning Disabilities (CTPLD)	Complainant remains concerns that we are in breach of acts and is asking for a start date for therapy ORIGINAL COMPLAINT: Angry at wait times for adult psychology. No provision of therapy for 6 months, wishes to know when it will start and if we will fund private therapy.	Partially Upheld	The service carried out a triage for this referral by liaising with the referrer. The outcome of the triage was not communicated to the referrer, client and her system in a timely way. On reviewing this case it would have been more appropriate for the service to have carried out an initial assessment at the point of referral which would have enabled the client and her family be more involved in the process and enabled sharing of appropriate resources for the client to support whilst waiting.	Care and Treatment
10063	Wokingham	CAMHS - ADHD	Waiting times, family are unhappy they have had to spend on private care and wish it reimbursed. Poor communication with the family	Partially Upheld	The nurses have caseloads between 120-160 depending on banding. Wokingham locality all clinicians are at capacity so difficult to allocate to new cases	Waiting Times for Treatment
10070	Windsor, Ascot and Maidenhead	Talking Therapies - PWP Team	Requesting a statement be removed from medical records regarding suicidal thoughts	Partially Upheld	We will make a clinical entry in the notes to record the client's disagreement that she has ever experienced thoughts of not wanting to be here or to self-harm and we can update her GP to that affect.	Medical Records
10039	Bracknell	District Nursing	Attitude of DN from refusing to put on protective shoe covers, to putting injection in the wrong arm and generally being argumentative and unhelpful	Consent Not Granted	Closed due to lack of consent	Attitude of Staff
10072	West Berks	Crisis Resolution and Home Treatment Team (CRHTT)	Family unhappy with the lack of therapy being offered/provided to YP. Believes our actions are against many 'Acts'.	Not Upheld	Not Upheld.	Care and Treatment

10083	Reading	Other	DATA BREACH - Pt letter uploaded to the wrong pt with the same name but different NHS numbers and addresses. Person who has the letter on their records wishes for it to be removed as nothing to do with them and is having extreme consequences	Upheld	Consultant Psychiatrist has spoken with the technician from T-PRO to ensure the same does not happen again. GP Letter to be removed from the complainants record.	Medical Records
10093	West Berks	CMHT/Care Pathways	Pt feels they need a compliant capacity assessment which they thought the appt was for. Pt felt unheard, unsupported. Wants Support person under resonable adjustment of equality act. Wants appt of 30th June removed from records. wants different psychiatrist. Loss of earnings requested	Upheld	All appointments purpose to be clear from the outset. Discussion with patient about their reason for attending, expectations. All appointments letters/communications to advise that patients can bring someone with them if they wish. All new patient appointments must be face to face to enhance assessment, rapport and understand visible presentation.	Communication
10033	West Berks	CAMHS - ADHD	unhappy there was no welcome pack with the initial letter regarding the up coming appt. Unhappy with the way the appt was conducted	Partially Upheld	The service has reflected on the complaint and experience to identify learning and actions: •We will review the physical health questionnaire and how we use it to ensure consistency in this and avoid the risk of any confusion or overreaction. •A training session for the ADHD Team has been arranged for September – this will be provided by a GP with a special interest in ADHD and will focus on assessment and management of chest pain/potential cardiac issues in children and young people. •Identified there was a longer than expected gap (3 weeks) before the information was discussed in supervision. This has been followed up with the team to remind everyone to raise any concerns promptly and where needed to raise these ahead of the next booked supervision session.	Communication
10129	Unknown	Talking Therapies - PWP Team	Complainant concerned about their experience with a therapist as they found that they were dismissive, lacking empathy and made harmful assumptions. They also found they frequently interrupted and misused psychological concepts in an emotionally unsafe way where the patient often had to defend or explain themselves, rather than explore safely	Local Resolution	Resolved locally	Attitude of Staff
10054	Reading	Adult Acute Admissions - Snowdrop Ward	Pt wishes to know why they have a diagnosis of schizophrenia, why they were forced to take medication, they state they were abused whilst in PPH. Also say they sent complaints to snowdrop ward that were not responded to	Partially Upheld	Overall the investigation found that the patients care plan remains focused on supporting her treatment compliance, addressing risk factors linked to relapse, and maintaining open channels of communication to resolve concerns constructively. The multidisciplinary team continued to monitor her progress, ensuring that appropriate safeguards are in place to mitigate risk and promote recovery in a manner that respects her dignity and wellbeing.	Care and Treatment
10045	Reading	Community Physiotherapy	Unhappy the response does not cover the Dr chanting at the pt ORIGINANL COMPLAINT BELOW Pt left traumatised, invalidated and deeply concerned about the standard of care and culture within the clinic, feels the behaviour breaches the Equality Act 2010	Upheld	Despite differing perceptions, it is clear that the patient and his mother had an unsatisfactory experience at the Pain Clinic appointment and emerged feeling upset and humiliated. They did not feel that their needs were understood or addressed, both in terms of the reason for the appointment and the environment in which it took place. The patient is aware that the clinician is leaving BHFT and the Pain Clinic in the coming week and doesn't feel the need to take the complaint further. He and his mother are keen that other people should not have the same experience as they had. Had they not been leaving, we could have used future supervision sessions to reflect on any further learning.	Attitude of Staff
10036	West Berks	Community Team for People with Learning Disabilities (CTPLD)	Unhappy that the feeding tube brand has been changed as causing unnecessary problems for the pt	Not Upheld	Nutricia to provide further feedback regarding the concerns that were raised and to gain an understanding from them on the equipment and its safe use for her son.	Support Needs (Including Equipment, Benefits, Social Care)

10037	Reading	Psychological Medicine Service	hostile and dismissive attitude from MH staff, complainant questions if it had anything to do with their ethnicity. family didn't feel listened to. Pt given lorazepam injection and discharged. Pt later traveled to Bristol unsupervised and upon arrival was taken to hospital where he was detained under the MHA on a sec 2 after 2 nights he was transferred to another Psychiatric hospital	Partially Upheld	<p>There is some evidence that the patient received hostile and dismissive attitudes from the nurse involved. Additionally, there is evidence that the Emergency Department is not a confidential space and unfortunately the Psychological Medicine Service do not have a designated side room for their psychiatric assessments to take place. This is however something the Psychological Medicine Service have been working with Royal Berkshire Hospital for a long time and is not something that could have been prevented.</p> <p>There was a failure to perform a Mental Health Act Assessment, although clinicians completed thorough assessments and organised appropriate crisis level support in the community from the evidence both in interviews with the clinicians and from reviewing RiO notes, a Mental Health Act assessment may have been appropriate given the level of deterioration in mental state and the risks he was presenting with.</p>	Care and Treatment
9993	Reading	Children's Speech and Language Therapy - CYPIT	Discharged from OT and now SLT. Feels the therapist did not interact with the pt in a way the family felt was correct. Does not want a report going to the new school from the therapist and wishes another therapist to review.	Upheld	SALT's manner had been poor that day. Family offered a re-assessment session before transition/discharge.	Communication
10001	West Berks	CMHT/Care Pathways	Patient concerned that the treatment they have received does not meet the NICE guidelines for the OCD pathway as thier symptoms are getting worse and not better.	Partially Upheld	<p>Further consideration for IO to have called client back in terms of the feedback and concerns that were expressed subsequent to the initial complaint made.</p> <p>CBT offer that was being provided by Doctor was in accordance with the trust guidelines on CBT</p>	Care and Treatment
10121	Reading	Mental Health Integrated Community Service	lack of communication prior to assessment appointment and the overall delay in treatment	Upheld	it was found that this failed contact occurred due to IT issues and not being unable to contact via Webex, a system MHICS uses to contact patients. This has since been in communication with IT to try and resolve this issue	Communication
9968	West Berks	Crisis Resolution and Home Treatment Team (CRHTT)	Pt unhappy at people turning up unannounced at the place they are staying as it is jeopardising whether they can stay there. Believes if services need them they should call	Partially Upheld	IO apologised to Complainant for how he felt about the delivery of care by CRHTT. He appreciated the need especially for the initial unannounced but pointed out to the distress caused by subsequent unannounced visit when he had already expressed his needs and worries.	Care and Treatment
10087	Reading	CAMHS - Rapid Response	Complainant concerned by interaction with staff during YP's appointment.	Referred to other organisation	Police involvement	Communication
9995	Slough	CMHT/Care Pathways	Concerns raised in relation to a home visit that took place despite specific requests from the patient that for their privacy they did not want anyone visiting them at home	Upheld	The social worker did not have consent to conduct a home visit and apologised for this oversight. However, the complainant's preference against home visits from health professionals is noted in the case note on RiO. Unfortunately, there is no alert, making it easy for this information to be overlooked.	Communication
10050	Slough	CAMHS - ADHD	Parent unhappy as YP's referral was not processed	Upheld	<p>Patient's mother was incorrectly advised that the referral for her daughter, sent to Community Paeds by the school SENCO, had been forwarded to CPE as she did not meet the criteria for Community Paediatrics. The error only came to light when she contacted CAMHS ADHS two years later about the referral.</p> <p>Since then, a thorough investigation has occurred and an action plan put in place, to mitigate against the same error happening again. The action plan has been completed. The patient has been offered a prioritised appointment and is therefore not disadvantaged in terms of her place on the waiting list.</p> <p>Apologies given, alongside confirmation of when she should expect an assessment for her daughter, and details of the measures put in place to stop a similar error occurring.</p>	Care and Treatment
10059	Unknown	Urgent Community Response - UCR	Concerns raised in relation to the lack of jointed up care between UCR and other services. They are concerned that UCR support was withdrawn whilst the patient was still clinically unwell and highly vulnerable	Not Upheld	The patient was clinical optimised prior to discharge and it was appropriate for her to be discharged with an onward referral made to the Community Matron team.	Care and Treatment
9999	Reading	CAMHS General	Complainant is concerns for the YP and wishes an urgent review of their care, an explanation into the safeguarding concerns, and clarity as to who holds responsibility	Not Upheld	The investigation found that CAMHS/SCT responded appropriately to all safeguarding events that came to our attention. The care was found to be adequate as was the crisis response.	Care and Treatment
10028	West Berks	CMHT/Care Pathways	believes historic diagnosis is incorrect, wishes reassessment plus a copy of the original assessment report	Upheld	Complainant is requesting a full assessment by a Psychiatrist for clear diagnosis which would indicate the most effective clinical treatment offer. As this is not clear form her contact with MHS to date and a number of symptoms have been suggested that could inform clinical formulation, she will be given a full diagnostic OPA.	Communication

10055	Wokingham	CAMHS - ADHD	ADHD Assessment with diagnosis took place in March 2025 by the out sourced company 'Problem Shared'. YP needed medication but the company could not prescribe. Complainant cannot understand why BHFT are using a company that cannot complete the job as now they need to go on to an wait list for the medication	Local Resolution	Closed as local res	Medication
10023	Wokingham	CMHT/Care Pathways	lack of support and communication from CMHT	Partially Upheld	it was agreed that they will be allocated a new named worker, she will attend bipolar group, and once it is complete, she will have another assessment of her needs if clinically indicated. CMHT staff will do their very best in trying to respond to her calls when she is struggling as quickly as it is clinically possible.	Care and Treatment
10046	Reading	A Place of Safety - Patient Admitted to POS	Pt brought to PPH from CJL&D but was discharged by PPH Dr's. Family asked BHFT to liaise with the Priory but they did not. Complainant does not understand why this was allowed to happen	Not Upheld	We did not receive consent so were only able to provide a limited response but this outlined that after review there was evidence policy was followed	Care and Treatment
10065	Reading	Talking Therapies - PWP Team	Pt does not understand why we allegedly won't do anything when we say we did it wrong ORIGINAL COMPLAINT BELOW Scheduled appt, therapist called from a private number leaving a message stateing they would call back despite pt advising not to leave a message. Therapist said they had sent an email, but nothing received. Pt feels telephone appts for them are difficult due to disabilities	Partially Upheld	The complainant's issue regarding the staff member leaving a voicemail when he has indicated to the service that voicemails are not to be left, and that the staff member reported that they would call him back and did not do this is upheld. The complainant's additional issues regarding the staff member and Silvercloud cannot be upheld as there is no clear evidence that these issues occurred in the manner the complainant has described them or that his concerns regarding the suitability of Silvercloud and CBT were not discussed with the complainant.	Care and Treatment

Appendix 2: complaint, compliment, and PALS activity

All formal complaints received.

	2024/25						2025/26								
Service	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Q2	Compared to previous quarter	Q2 no. of contacts	% contacts Q2	Q3	Q4	Total for year	% of Total
Acute Inpatient Admissions – Prospect Park Hospital	8	3	11	5	27	11.74	8	6	↓	134	4.48			14	93.33
CAMHS - Child and Adolescent Mental Health Services	10	13	3	5	31	13.48	8	4	↓	1534	0.26			12	80.00
CMHT/Care Pathways	12	13	7	9	41	17.83	10	10	No change	3553	0.28			20	133.33
Common Point of Entry	2	3	0	1	6	2.61	0	1	↑	1645	0.06			1	6.67
Community Hospital Inpatient	4	4	4	1	13	5.65	1	5	↑	489	1.02			6	40.00
Community Nursing	6	3	1	1	11	4.78	1	3	↑	14799	0.02			4	26.67
Crisis Resolution & Home Treatment Team (CRHTT)	5	3	2	8	18	7.83	3	9	↑	4754	0.19			12	80.00
Older Adults Community Mental Health Team	1	0	0	1	2	0.87	0	1	↑	1930	0.05			1	6.67
Out of Hours GP Services	2	2	3	5	12	5.22	2	0	↓	5008	0.00			2	13.33
PICU - Psychiatric Intensive Care Unit	0	2	2	0	4	1.74	0	1	↑	7	14.29			1	6.67
Urgent Treatment Centre	1	0	0	0	1	0.43	0	0	No change	4088	0.00			0	0.00
Other services during quarter	17	18	17	12	64	27.83	18	18	No change	116974	0.02			36	240.00
Grand Total	68	64	50	48	230	100	51	58						109	

Informal Complaints received

Division	Month Received			Grand Total
	July	August	September	
Children Young People and Families	2	1		3
Mental Health	5	5	4	14
Mental Health Inpatients	2	2	3	7
Physical Health	2	2	2	6
Grand Total	11	10	9	30

Locally resolved concerns received.

Division	Month Received			Grand Total
	July	August	September	
Children Young People and Families	4		4	8
Mental Health East				
Mental Health West	2	1	1	4
Physical Health	10	8	10	28
Grand Total	16	19	15	45

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	2024/25						2025/26						
	Q1	Q2	Q3	Q4	Total for year	% of 24/25	Q1	Q2	Q3	Q4	Higher or lower than previous quarter	Total for year	% of 25/26
Consent not granted	0	1	0	0	1	0.53	2	4				6	5.17
Locally resolved/not pursued	0	1	1	0	2	1.07	2	3			↑	5	4.31
Not Upheld	19	24	29	14	86	45.99	24	19			↓	43	37.07
Partially Upheld	9	29	19	13	70	37.43	19	21			↑	40	34.48
Upheld	12	3	7	3	25	13.37	8	10			↑	18	15.52
SUI	1	1	1	0	3	1.60	0	1			↑	1	0.86
Other	0	0	0	0	0	0.00	0	3			↑	3	2.59
Grand Total	41	58	57	30	187		55	61				116	100.00

62% of complaints closed last quarter were either partly or fully upheld (excluding those which were not completed through the formal complaint process. This is compared to 54% in Q1. These were spread across several differing services with no themes identified.

Complaints upheld and partially upheld.

Service	Main subject of complaint							Grand Total
	Access to Services	Attitude of Staff	Care and Treatment	Communication	Discharge Arrangements	Medical Records	Waiting Times for Treatment	
Adult Acute Admissions - Rose Ward					1			1
Adult Acute Admissions - Snowdrop Ward			1					1
CAMHS - ADHD			1	1			1	3
Children's Occupational Therapy - CYPIT			1					1

Children's Speech and Language Therapy - CYPIT				1				1
CMHT/Care Pathways		1	4	4				9
Community Hospital Inpatient Service - Donnington Ward			1					1
Community Hospital Inpatient Service - Highclere Ward			1					1
Community Hospital Inpatient Service - Oakwood Ward				1				1
Community Physiotherapy		1						1
Community Team for People with Learning Disabilities (CTPLD)			1					1
Crisis Resolution and Home Treatment Team (CRHTT)			1					1
Eating Disorders Service	1							1
Health Visiting		1		1				2
Mental Health Integrated Community Service				1				1
Other						1		1
Psychological Medicine Service			1					1
Sexual Health		1						1
Talking Therapies - PWP Team			1			1		2
Grand Total	1	4	13	9	1	2	1	31

Care and Treatment complaint outcomes.

Service	Outcome of Complaints about Care and Treatment			Grand Total
	Not Upheld	Partially Upheld	Upheld	
A Place of Safety - Patient Admitted to POS	1			1
Adult Acute Admissions - Rose Ward	1			1
Adult Acute Admissions - Snowdrop Ward		1		1
CAMHS - ADHD			1	1
CAMHS General	1			1
Children's Occupational Therapy - CYPIT		1		1
CMHT/Care Pathways	1	3	1	5
Community Hospital Inpatient Service - Donnington Ward		1		1
Community Hospital Inpatient Service - Highclere Ward		1		1
Community Team for People with Learning Disabilities (CTPLD)		1		1
Crisis Resolution and Home Treatment Team (CRHTT)	2	1		3
Integrated Pain and Spinal Service - IPASS	1			1
Musculoskeletal Community Specialist Service	1			1
Physiotherapy Musculoskeletal	1			1
Psychological Medicine Service		1		1
Talking Therapies - PWP Team		1		1
Urgent Community Response - UCR	1			1
Grand Total	10	11	2	23

PHSO/LGO

The table below shows the PHSO activity since April 2024:

Month opened	Service	Month closed	Current stage
Sept-24	Community Dental Service	May	Closed
Sept-24	CMHT/Care Pathways	Ongoing	Final report received

Oct-24	Older Adults Inpatient Service - Rowan Ward	Aug-25	Closed
Oct-24	IPS - Individual Placement support	June-15	Small financial remedy offered but declined
Dec-24	District Nursing	Ongoing	Documents requested by PHSO
June-25	Place of Safety	Ongoing	Documents sent to LGO
June-25	Place of Safety	Ongoing	Documents sent to LGO

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 Q2 we received one complaint via the CQC relating to restraint and injection on Bluebell Ward.

Compliments

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

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

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 and has begun involvement with the Trust sustainability group. PALS is also involved in the transition project which is being rolled out across the Trust.

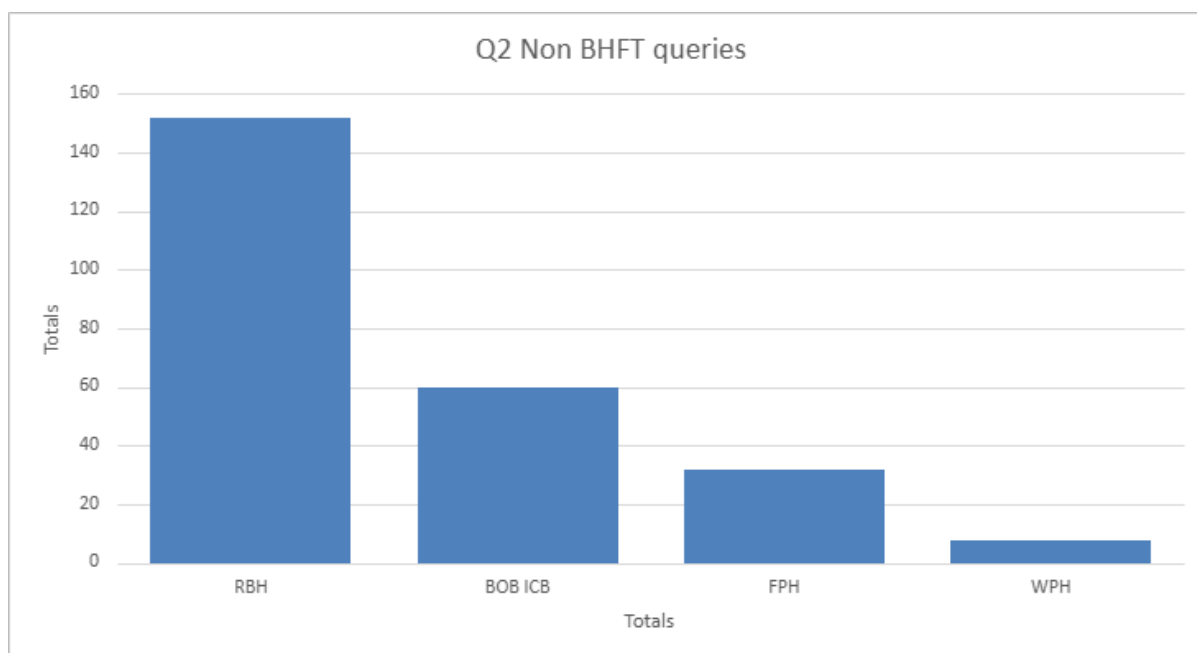
PALS also responds to postings on the Patient Opinion website which refer to Trust services. Arrangements have been made to attend Trust sites across Berkshire to ensure equity of access. The PALS Manager is also attending PALS services in East and West Berkshire to improve communication and identify best practice.

PALS also attended the Community Appointment Day in Slough, which was an opportunity to be immediately available to patients and to forge links with Trust and external local organisations.

There were 445 queries recorded during Quarter two. All of these were acknowledged within the five working day target. The recording of queries has improved with the involvement of other team members. Team members have been collaborating 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.

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.

In addition, there were 294 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. Most queries originated from the Royal Berkshire Hospital.



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	34
CAMHS ADHD	14
Continence	13
Physiotherapy MSK	13
District Nursing	9
Physiotherapy Adult	8
Gateway	8
Hearing and Balance	8
Urgent Treatment Centre	8
MCSS	8
Talking Therapies	8
CDS	8

Appendix 3

15 Steps; Quarter Two 2025/26

The 15 Steps programme was relaunched in April 2024, and during quarter two, there were 9 visits:

Mental Health Services Division		
Prospect Park Hospital		
Ward	Positives	Observations
Daisy Ward	<p>We were welcomed to the ward with a smile from the staff that we came into contact with.</p> <p>Clear information on visiting and process were on the outer door.</p> <p>The ward appeared calm.</p> <p>The ward appeared well organised and was not cluttered.</p> <p>Ward felt very calm.</p> <p>Information on how to give feedback was available.</p>	<p>It would be good to see some positive patient feedback on display.</p> <p>It would be good to see more 'You said, we did' on display.</p>
Rose Ward	<p>We were welcomed to the ward with a smile from the staff that we came into contact with.</p> <p>Photos of staff and their interests is welcoming.</p> <p>Clear information on visiting and process were on the outer door.</p> <p>The ward appeared busy but calm.</p> <p>The ward appeared well organised and was not cluttered.</p> <p>Call bells answered promptly.</p> <p>Staff were seen interacting with patients on the ward, who appeared settled and happy.</p> <p>Information on MHA and IMHA/Advocacy is accessible in the communal area.</p> <p>Information on how to give feedback was available.</p> <p>There are multiple garden areas which are all well used by patients.</p>	<p>It would be good to see some positive patient feedback on display.</p> <p>It would be good to see more 'You said, we did' on display.</p> <p>Some of the noticeboards needed a tidy up</p>
Rowan Ward	<p>We were welcomed to the ward with a smile from the staff that we encountered.</p> <p>Clear information on visiting and process were on the outer door.</p> <p>The ward appeared calm.</p> <p>The ward appeared well organised and was not cluttered.</p>	<p>It would be good to see some positive patient feedback on display.</p> <p>QMIS board needs to be updated.</p> <p>Door had the sign upside down.</p>

	Ward felt very calm.	More information on Advocacy would be good to see.
Community Physical Health Services		
Service	Positives	Observations
Diabetes East	<p>Clear directions to the department</p> <p>Photo board of staff was good but needed slight updating.</p> <p>Small garden area well-kept with seating available.</p> <p>Staff welcoming and friendly. Were not aware of 15 steps but explanation given.</p> <p>Department was calm and well organised.</p> <p>TV in waiting area displaying diabetes related information.</p> <p>IWGC displayed throughout</p> <p>Information boards had good information on travel with diabetes plus other relevant topics.</p>	<p>Parking at site was pressured.</p> <p>It would be good to see some “you said, we did” displayed.</p> <p>Larger banner advertising IWGC but no access to the QR code which might be useful if further banners were being made.</p>
Hearing & Balance	<p>Signage in the department was clear and large.</p> <p>Receptionist and Manager were very welcoming.</p> <p>Children’s areas very welcoming and well decorated conducive for young patients.</p> <p>Area was bright and clean.</p> <p>Appeared calm despite some IT issues trust wide.</p> <p>Patients giving positive feedback on service despite IT problems.</p> <p>“You said we did” on a notice board and on television.</p> <p>Appropriate leaflets available.</p> <p>Work underway in developing a sensory area.</p>	<p>Parking at King Edward is very pressured.</p> <p>A lot of work going on at the site meaning it was quite difficult to find access to the department from main reception.</p>
Podiatry, Kind Edward	<p>Waiting area clean and tidy. Lots of appropriate instructions for patients.</p> <p>Clear names of staff displayed. Could benefit from photographs for easier identification.</p> <p>Patients aware of processes for appointment and where to wait (patient discussion).</p> <p>IWGC clearly displayed.</p> <p>Appeared calm and organised.</p> <p>Staff were engaged in clinic work but were accommodating and informative.</p> <p>Appropriate leaflets available.</p>	<p>Parking at the King Edward site is very pressured.</p> <p>Signage to podiatry department was not clear from the main reception area.</p> <p>Disabled toilet signage was poor, just a picture of a wheelchair. Not really clear it was a toilet.</p>
Community Dental, Bracknell	<p>Met by both a dental nurse and dentist. No receptionist available.</p> <p>The dentist spoke about the pride and passion in her role and the extras she records in notes when managing</p>	<p>Strip lighting was quite overpowering in the waiting area.</p> <p>No QR code available for IWGC although other</p>

	<p>complex patients to improve patient experience and treatment.</p> <p>Excellent display boards in the waiting area with some eye-opening figures of sugar content in certain foods.</p> <p>List of dentists and nurses in the department with their registration numbers. Unsure if this was an essential requirement.</p> <p>Selection of chairs in good condition</p> <p>Area very light and airy.</p> <p>Air conditioning in clinic room making it pleasant for patients and staff. Also addresses the aerosol generating work of dentistry.</p> <p>Advised to sign in and out for safety purposes.</p> <p>Staff approachable and knowledgeable.</p>	<p>methods of recording were.</p>
Physiotherapy, Bracknell	<p>Parking and access to building good, all on single level.</p> <p>Waiting area clean and bright with plenty of seating including for those less able and bariatric.</p> <p>Staff all approachable.</p> <p>There was no one at reception but clear instructions of what to do if a patient.</p> <p>IWGC access clearly displayed.</p> <p>Clear photographs of staff working in the department.</p> <p>Good evidence of QMIS work.</p> <p>Good range of equipment available for treating patients</p> <p>QR code access for self-treatments available as required.</p>	<p>Treatment area was a bit untidy although clean.</p>
Podiatry, Bracknell	<p>Team leader was very welcoming and spoke with passion about her service.</p> <p>Good signage from main reception. Parking was ok but quite some distance from the main reception and clinic area.</p> <p>Air conditioning in the room enabling comfort for both patients and staff.</p> <p>Side entrance can be used by less able clients as it is quite a walk from the car park.</p> <p>Signage of who was working today.</p> <p>Staffing was consistent which helped with the positive feedback from patients.</p> <p>Leaflets available. Some in rooms to allow staff to explain more clearly and reduce patient anxiety.</p> <p>IWGC feedback visibly displayed.</p> <p>You said we did visibly displayed.</p>	<p>On entering the podiatry area there was a lady who was quite rude and abrupt. She worked for the GP practice there not the trust.</p> <p>Toilets not well signposted.</p>

	No receptionist on duty but clear instructions as to what patients should do in the department to say they were there.	
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Report to Council of Governors For Quarter 2 2025/6

December 2025



Chief Executive Highlights Update

Local:

- **Theresa Wyles, Chief Operating Officer** – We are delighted to share that, following a national recruitment campaign, Theresa Wyles has been permanently appointed as our Chief Operating Officer. Theresa has been part of Berkshire Healthcare for almost 26 years and stepped into the interim COO role in March. Throughout her career, she has brought exceptional leadership and clinical expertise to every role she's held. Her commitment to our organisation and her passion for delivering outstanding care continue to make a real difference for the people of Berkshire.
- **Steve McManus, Chief Executive Officer, Royal Berkshire Hospital** is to step down next July after nearly a decade at the helm of the organisation. He has championed a decade of transformation, investment and innovation which has seen the Trust gaining an outstanding reputation on the national and international stage for world class research, leading-edge patient care and pioneering initiatives. The Board has a huge responsibility to ensure Steve's successor continues to drive forward the Trust's agenda as we work to implement the Government's ambitious 10 Year Plan.
- **Veteran Aware 1 Year Review** BHFT are proud to have been listed as an exemplar under the NHS Veteran Aware re-accreditation review. The review noted the significant work undertaken by the organisation and the commitment to the military community with significant evidence in terms of continuous improvement and raising awareness of the healthcare needs of the Armed Forces Community across wider teams and departments. In addition, our strategy and implementation plans are being used by the National NHS Veteran Aware Team as Best Practise.

Chief Executive Highlights Update

National:

- **NHS Providers and NHS Confederation** set to merge into a single body to represent NHS Organisations with an aim to provide an influential voice for NHS leaders and supporting its members to drive improvement.
- **Key Role announcements:**
 - Sir Julian Hartley has stepped down from his role at CEO for the CQC, Arun Chopra to step in to the Interim role.
 - Tim Orchard has been named Group CEO for the Northwest London Acute Provider Group which encompasses 4 Trusts (Imperial College, Chelsea and Westminster, London Northwest, and the Hillingdon Hospitals trusts)
 - DHSC/NHSE have announced a 17-Strong Joint Executive team co-chaired by DHSC permanent secretary Sam Jones and NHSE CEO Sir Jim Mackey
- **NHSE Legal enforcement action**— NHS England has taken legal enforcement action against one of England's biggest teaching trusts over concerns about its leadership and governance. Officials singled out quality and governance problems raised in relation to maternity services at Leeds Teaching Hospitals Trust, which are also subject to an independent inquiry. A Recent CQC well-led review identified “perceived or real culture related to the organisation’s balance between the priorities of quality and finance”

National Continued:

- **10 Year Plan** – A suite of guidance will be published over the coming months to support delivery of 10YHP ambitions. These include:
 - The NHS Medium Term Planning Framework for 2026/27 to 2028/29 has been released on 24th October 2025
 - The strategic commissioning framework was released on the 4th November 2025.
 - Draft new foundation trust framework for consultation (shared on 12th November 2025).
 - A system archetypes blueprint (due in November).
 - A draft Model Neighbourhood framework (due in November).
 - An integrated health organisation (IHO) blueprint (due 'later this year').
 - NHSE England will also publish:
 - a national neighbourhood health planning framework to guide collaborative planning locally;
 - model neighbourhood health centre archetypes offering options to optimise existing estates and new build solutions.
- **University Hospitals Sussex Foundation Trust** - The Care Quality Commission (CQC) is prosecuting the Trust over an incident in 2022 where a young person absconded from an acute children's inpatient ward at Worthing Hospital. The prosecution alleges a failure to provide safe care and treatment, resulting in avoidable harm, under Regulations 12(1) and 22(2) of the Health and Social Care Act 2008. This case adds to a growing list of CQC prosecutions against NHS Mental health trusts for failing to prevent patient self-harm.

Advanced Foundation Trusts

- **NHS Announces Advanced Foundation Trusts and Integrated Health Organisations**

NHS England has announced eight high-performing trusts that will be assessed in the first wave of the **Advanced Foundation Trust Programme**:

- **Berkshire Healthcare NHS Foundation Trust**
- **Dorset Healthcare University NHS Foundation Trust**
- **Central London Community Healthcare NHS Trust**
- **Northamptonshire Healthcare NHS Foundation Trust**
- **Northumbria Healthcare NHS Foundation Trust**
- **Alder Hey Children's NHS Foundation Trust**
- **Norfolk Community Health and Care NHS Trust ***
- **Cambridgeshire Community Services NHS Trust ***

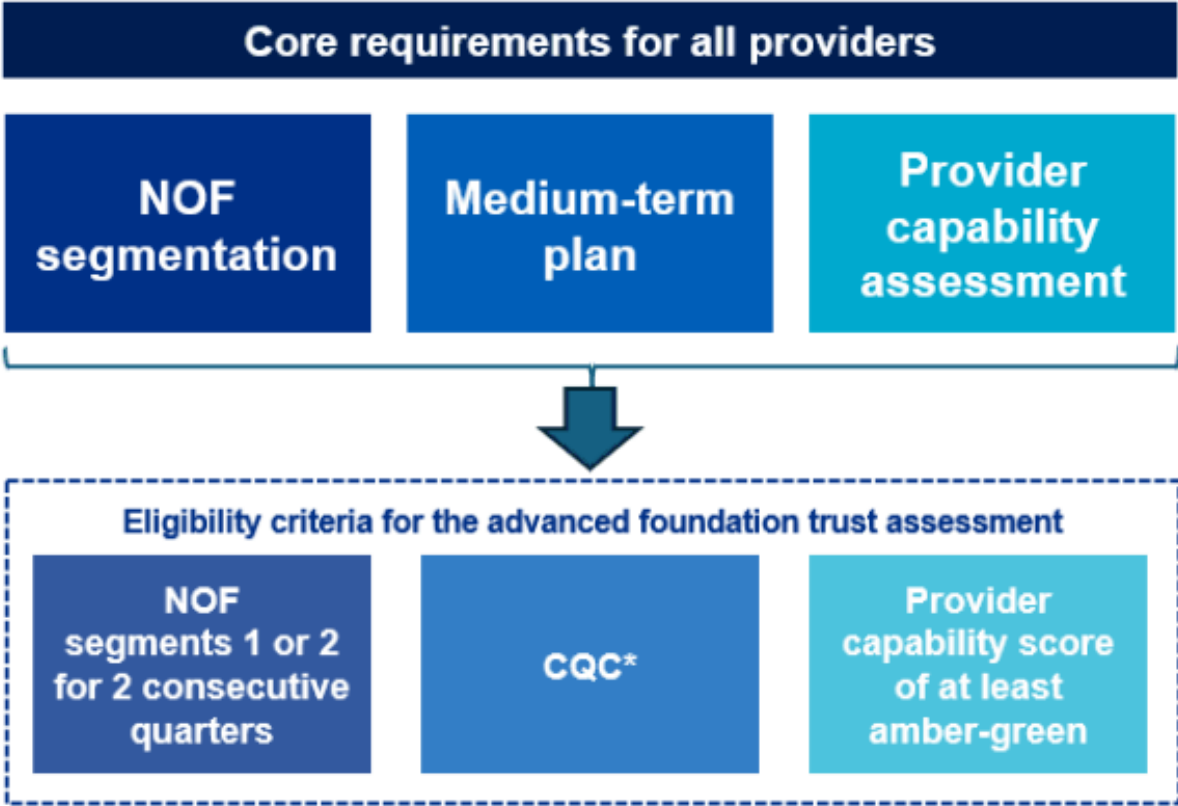
(*These two trusts are proposing to merge on 1 April 2026.)

These organisations have all demonstrated strong leadership, financial sustainability, and high-quality care under the NHS Oversight Framework and Care Quality Commission ratings. Successful applicants will gain greater autonomy and financial freedoms, with some also being considered for **Integrated Health Organisation (IHO)** designation to manage local health budgets from 2027.

Benefits of AFT Status

- Greater strategic and operational autonomy
- Financial flexibilities
- Different regulatory relationship
- Opportunity for Integrated Health Organisation contracts

Advanced Foundation Trusts – Eligibility & Assessment



Triangulated with soft intelligence, third party information, CQC intelligence and understanding of the trust board’s arrangements in relation to active engagement with stakeholders, including patients and service-users, carers (including unpaid), staff, volunteers, and the local community.

Advanced foundation trust assessment

Builds on provider capability assessment across same 6 domains:

- strategy, leadership and planning
- quality of care
- people and culture
- access and delivery of services
- productivity and value for money
- financial performance and oversight

Medium-term financial plan

- forecast surplus within 3 years
- capability and track record in effective delivery of capital schemes

IHO designation

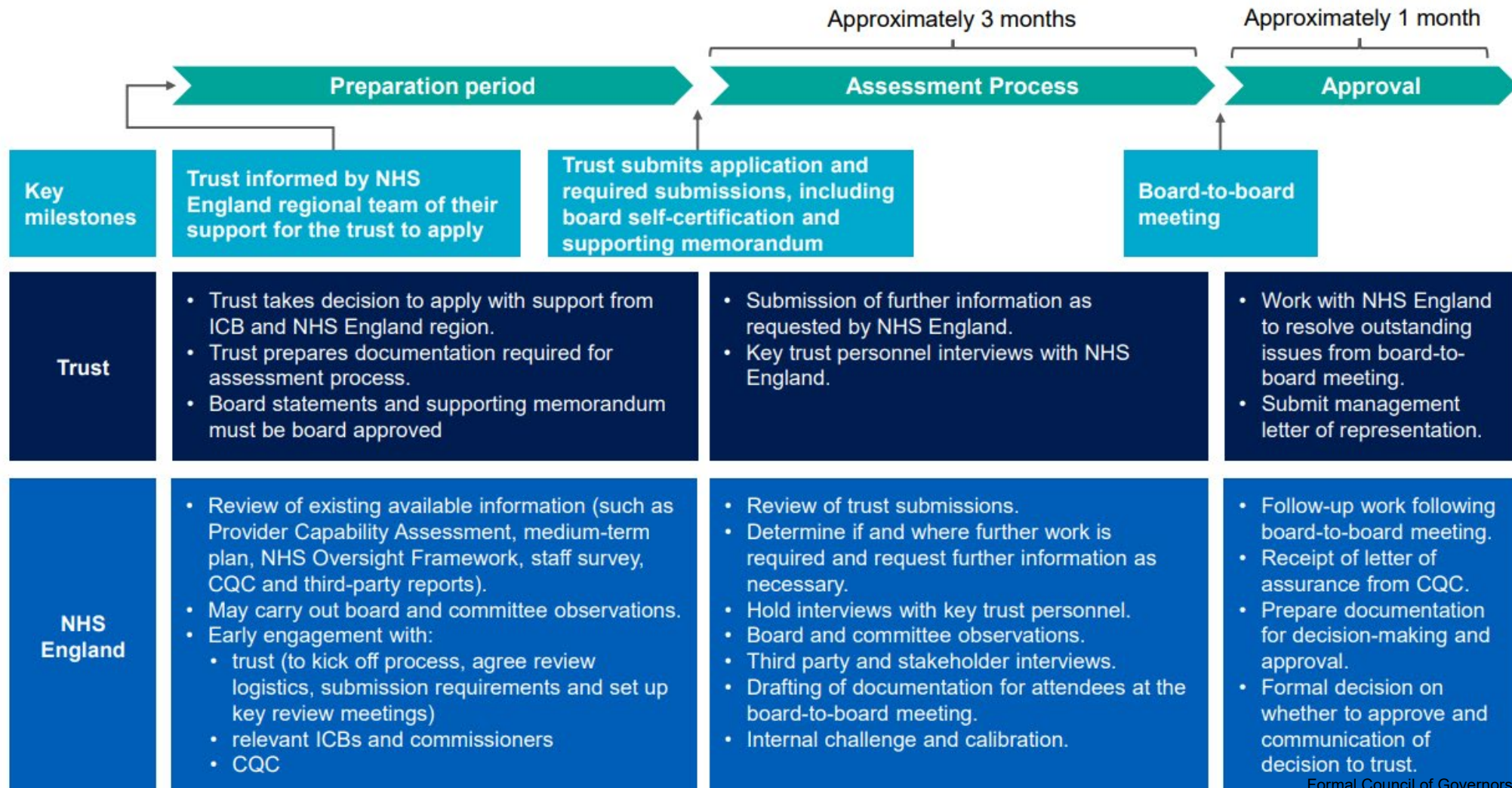
Builds on the advanced foundation trust assessment to test potential to take on responsibility for population health and support within systems:

- leadership and board capability
- population health management
- digital and analytical capability
- management of population health budget and risk
- partnership working
- governance

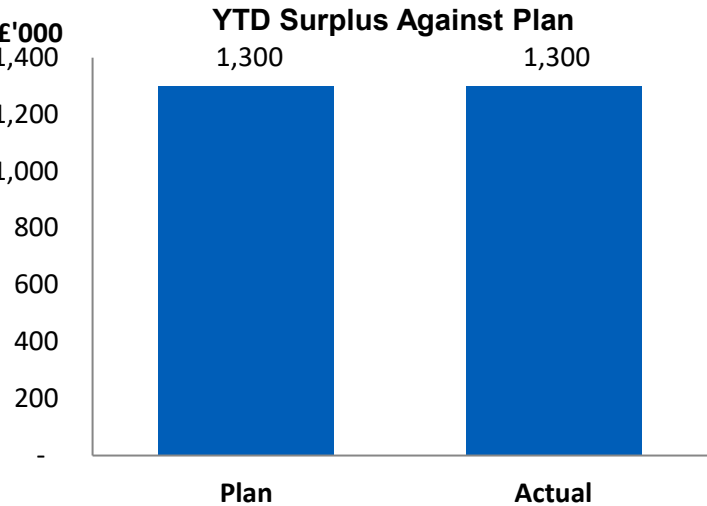
* "Good" or "outstanding" Care Quality Commission (CQC) rating from the trust's most recent CQC Well Led assessment, with no site or service rated inadequate.

Advanced Foundation Trusts - Timeline

Indicative timeline for the advanced foundation trust assessment process



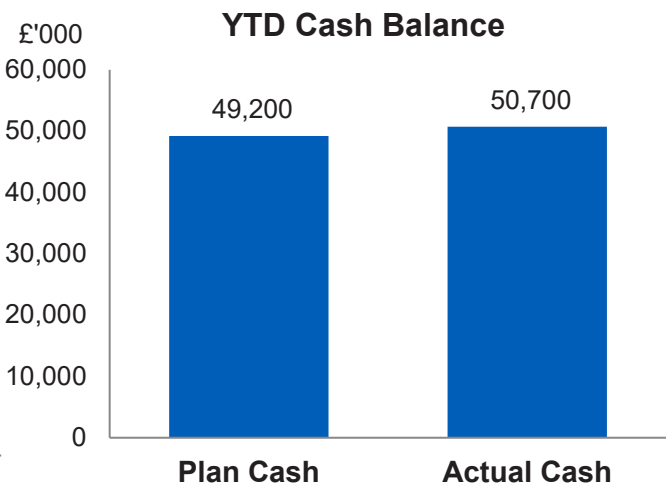
Financial Summary September 2025



Year to Date

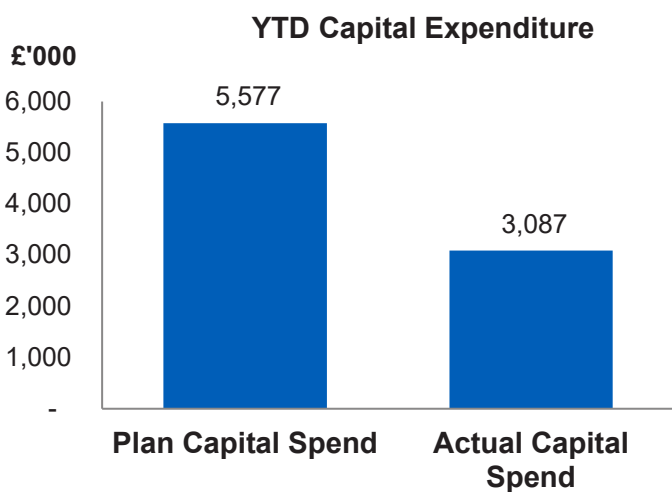
The Trust has delivered a surplus of £1.3m against a planned surplus of £1.3m

The efficiency program has delivered efficiencies of £8.7m against a YTD plan of £8.7m



Cash

Our cash balance at the end of Q2 is £1.5m better than plan



Capital Spend

The capital plan is £2.4m behind Capital Departmental Expenditure Limit control total and £2.5m behind plan including all spend. This relates to delay in spend on the Jubilee programme and delay in lease commencement for Chalvey and completion of Bracknell Health Space Project

True North Driver Metrics

Quarter 2 2025/26

True North Driver Metrics



Berkshire Healthcare
NHS Foundation Trust

			Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sept-25
Breakthrough Rapid Tranquilization (Intra-Muscular)	39	Internal	25	30	48	20	58	56	62	43	33	87	40
Patient Experience													
Positive Patient Experience Score %	95% compliance	External	95%	94.71%	95.19%	95.89%	95.39%	94.52%	94.71%	94.79%	96%	95.03%	86.09%
Patient Experience Compliance Rate %	10% compliance	External	4.10%	5.20%	5.89%	7.29%	7.79%	8.5%	7.79%	8.69%	8.90%	8.40%	5.80%
			Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sept25
Breakthrough Mental Health: Acute Average Length of Stay (bed days)	<42	External	40.52	36.00	42.25	40.04	63.10	30.75	32.84	55.28	49.85	42.96	38.78
			Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sept25
Breakthrough Mental Health: Older Adult Average Length of Stay (bed days)	<80	External	144.92	122.13	95.33	77.45	87.56	82.15	109.82	81.82	81.86	73.33	109.60
			Nov24	Dec24	Jan25	Feb25	Mar25	Apr25	May25	Jun25	Jul25	Aug25	Sept25
Breakthrough Community Inpatient Average Length of Stay (bed days)	<21	External	24.40	24.97	26.04	24.12	23.90	25.05	23.71	23.95	22.35	23.12	25.34

True North Driver Metrics

Supporting our Staff													
Metric	Threshold / Target	External/Internal	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25
Breakthrough Physical Assaults on Staff	36 per month	Internal											
			38	57	50	60	92	97	58	101	89	87	59
Staff turnover (excluding fixed term posts)	10%	External											
			11.57%	11.51%	11.57%	11.16%	11.09%	10.59%	10.44%	10.07%	10.02%	10.29%	10.35%

Efficient Use of Resources													
YTD variance from control total (£'k) (NOF Scoring)	0	External											
			-2	-1	-3000	-3000	-3000	0	0	0	0	0	0
Active Inappropriate OAPS at end of month (NOF Non Scoring)	New target (25/26) : Q1 - 3, Q2 - 3, Q3- 3, Q4 - 3 - 1 per month	External	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25
			0	1	1	1	0	0	0	0	0	0	0

Counter Measure Summary for Driver Metrics



Berkshire Healthcare
NHS Foundation Trust

Rapid Tranquilisation – This is a new breakthrough objective in 2025/26, with a threshold of 39 per month. In September 2025 33 incidences related to three patients on Rose ward. As part of Quality Improvement an A3 and Counter Measures were presented at a Restrictive Interventions group and agreed and work commenced on 25th September 2025. Wards have agreed a tool for recording counter measure usage.

Mental Health Adult and Older Adult Length of Stay – Adult Mental Health reduced to below the target, however Older Adults remained above target. Teams identified key themes that contribute to extended length of stay, will do value stream mapping with focus on 3 areas.; admission avoidance, MH deterioration and identifying early 2) if admitted - support work to optimise treatment in timely manner to get patient ready for discharge 3) when ready ensure community teams are ready to receive them and plan for a worker to pick up case. Next steps – look at data set last 12m patients discharged to review themes. The team are going to look at any gender variation on length of stay.

Community Health Length of Stay –Focus on communications and timely escalation. Sharing of improvement ideas and learning across all wards. Discharge issues with external parties such to be escalated. Reading and Windsor and Maidenhead Unitary authorities were the top contributors. . Reading and Windsor and Maidenhead were the top contributors Whilst the target is 21 days the team in a recent visit by NHS England were commended for the efforts and recognised nationally. Reading and Windsor and Maidenhead were the top contributors.

Counter measure summary for Driver metrics

iWantGreatCare - The iWGC platform refresh continues to be underway. The Patient Experience Team identified an error with the SMS modality for collecting feedback which meant that a number were not sent during September and October. This has been rectified and the backlog sent.

Physical Assaults on Staff – Big reduction on Mental Health Wards to 26. Snowdrop ward top contributor with 10 assaults. Rapid Improvement event took place on 7th/8th October 2025 to look at root causes including lack of activities for patients and poor communications around medication and leave. Feedback from patients was included at the event and highlighted the need better communication to manage expectations such waiting for requests for things and being treated with dignity and respect. Counter measures include improved risk assessment during huddles. Safe wards implementation. Updating “who’s caring for me” information.

Oversight Framework – the next release of Quarter 2 results and the league table will be in December 2025

Board Assurance Framework Risk 2025/26 Summary



Berkshire Healthcare
NHS Foundation Trust

Strategic Ambition	Risk Description
Workforce We will make the Trust a great place to work for everyone Patient Safety We will reduce waiting times and harm risk for our patients	Risk 1 – Workforce Due to national workforce shortage 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.
Patient Safety We will reduce waiting times and harm risk for our patients Efficient Use of Resources We will use our resources efficiently and focus investment to increase long term value	Risk 2 - Demand and Capacity There is a risk that the Trust will fail to transform services and that some services, even after making internal efficiencies and productivity gains will be unable to keep up with increased demand leading to increased waiting times thus increasing the risk of harm to patients.
Patient Experience and Voice We will leverage our patient experience and voice to inform improvement	Risk 3 – Patient Voice There is a risk that that the Trust will fail to “hear the patient voice” and take account of patient experience when shaping, adapting, and designing services leading to services which do not meet the needs of all groups of patients and their families leading to inequality of access and poorer health outcomes.
Health Inequalities We will reduce health inequalities for our most vulnerable patients and communities	Risk 4 – System Working There is a risk is of perpetuating uncertainty and loss of strategic impact for patients from political directive to abolish and integrate NHSE with DHSC, reduce costs and change purpose of consolidated Integrated Care Boards (into “strategic commissioners”) and NHSE regions (into performance and oversight). All being done in absence of a clear target system operating model or detailed NHS plan, levers and funding for reform. Risk translates locally into reorganisation distraction and performance pressure in medium term that holds back progress of system partners driving integration and improvement benefit for patients, communities and health inequalities.

Strategic Ambition	Risk Description
<p>Health Inequalities</p> <p>We will reduce health inequalities for our most vulnerable patients and communities</p>	<p>Risk 5 – Health Inequalities</p> <p>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.</p>
<p>Efficient Use of Resources</p> <p>We will use our resources efficiently and focus investment to increase long term value</p>	<p>Risk 6 – Finance</p> <p>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.</p>
<p>Efficient Use of Resources</p> <p>We will use our resources efficiently and focus investment to increase long term value</p> <p>Patient Safety</p> <p>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</p> <p>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>